# People and Talent Policy

## Menopause Policy

|  |  |  |
| --- | --- | --- |
| **Version Control** | **Changes Made** | **Author** |
| Version 1  Feb 2024 | Updated guidance | Emily Grey  People and Talent |

### Introduction

The aim of this policy is to encourage an environment where individuals experiencing menopause symptoms feel confident enough to raise any issues and enquire about adjustments at work. The menopause is a natural stage of life for a person with a female reproductive system.

Cumbria Fire & Rescue Service aims to promote a greater understanding of the menopause and seeks to eradicate any exclusionary or discriminatory practices.

This policy also aims to provide useful guidance for employees impacted by family members who are going through menopause.

**Please note:** Where the word ‘menopause’ is used throughout this policy and corresponding documents, it is to be taken as referring to perimenopause, menopause, and post-menopause.

### Scope

This policy is aimed at any employee experiencing menopausal symptoms.

**Note:** The menopause is not a specific protected characteristic under the Equality Act 2010, however if an employee is put at a disadvantage and treated less favourably because of their menopause symptoms, this could be discrimination if related to a protected characteristic, for example:

* age
* disability
* gender reassignment
* sex

Please contact the HR team for guidance.

### Principles

The service aspires to ensure this policy:

* Is supportive for all employees experiencing menopause, both directly and indirectly (for example, where a loved one is experiencing menopause and the employee is affected)
* Promotes an environment where menopause carries no stigma and people experiencing menopause are supported in a compassionate and confidential way.
* Promotes a working environment which is, as far as is reasonably practicable, safe and without unnecessary risk to the health of Cumbria Fire & Rescue Service (CFRS) personnel or the communities they serve.
* Provides information on how to access confidential support and advice for employees who are experiencing menopause, including for those with loved ones going through the menopause.
* Is fit for purpose and in line with the most up to date understanding of menopause.
* Does not discriminate against any equality strand part of the Equality Act 2010.
* Is in line with CFRS Core Code of Ethics, our values, and our behaviours.

### Employee Responsibilities

All personnel have a duty to ensure that:

* They are aware of the details of this policy.
* Any associated training/learning is completed in the required timeframe.
* They advise their managers, or a relevant manager, if they are experiencing menopause symptoms and require support, especially if it may affect their capacity to carry out their work safely and effectively.
* The Code of Ethics is demonstrated at all times when discussing menopause, specifically ‘Dignity & Respect’ and ‘Equality, Diversity and Inclusion.’
* They Where they have reasonable cause to believe that the performance of another member of the workforce is impacted by menopause, such concerns are brought immediately and confidentially to the attention of an officer-in-charge, line manager, or outside the line management chain as appropriate. Please contact HR for advice.

### Manager Responsibilities

Management will as far as is reasonably practicable ensure that:

* A safe working environment is provided for all employees, including psychologically safe.
* The policy is enforced and supported in a manner evident to employees.
* The policy is administered fairly and consistently to all.
* The Code of Ethics is demonstrated at all times when discussing menopause, specifically ‘Dignity & Respect’ and ‘Equality, Diversity and Inclusion.’
* When an individual identifies they require support, either for themselves or a loved one, any support and necessary management action is taken.
* Management will seek HR advice as soon as possible.
* Any associated training/learning for managers is completed in the required timeframes.
* The policy is communicated effectively and that employees are made aware of the policy and guidelines and adhere to relevant procedures.
* All employees are effectively made aware of where internal and external support is available.

### Process

1. This policy should be implemented with any relevant Mental Health and Wellbeing Guidance.
2. It is vital to remember that a person who is experiencing menopausal symptoms, may not feel it appropriate or comfortable to discuss their situation with a manager of a different gender. They need to be made aware that alternatives are available, and they can contact the HR team for confidential advice and support or if they feel comfortable to, they can discuss the matter with a manager of the same gender.
3. Managers should arrange to meet with an employee in a supportive setting and should ask the employee about any mental and physical health condition that they may have or be experiencing. This could be undertaken as part of their regular one to ones. The discussion should be documented.
4. There are some common treatment options included in **Appendix B**, however managers should avoid advising employees on treatment and instead encourage supportive discussion around them.
5. Any specific needs that are identified (including agreed workplace adjustments) should be recorded and reviewed at least annually, this could form part of regular supervision meetings. Managers will need to maintain confidentiality in handling health information relating to the menopause.
6. It is important to consider that an employee themselves may not be going through the menopause, it could still be affecting them if someone in their personal life is. Managers should still have a supportive and confidential discussion with an employee if they share that someone in their life is experiencing the menopause and it is affecting them.
7. **Available Support**
   1. **Operational staff (Grey Book)**
8. Each case will be reviewed on an individual basis and where possible managers will endeavour to adjust operational duties where possible, utilising reasonable adjustments and modified duties.
9. This will be agreed between the employee and the employee’s line manager, and in some circumstances with a relevant female presenting manager if the employee requires this support.
10. The relevant manager will ensure there is appropriate cover, and the employee feels no pressure to return to operational duties before they are ready. Where this is the case, an occupational health referral should have been completed and appropriate advice considered.
11. Managers should contact the HR team for advice.
    1. **Corporate Staff (Green Book)**
12. Each case will be reviewed on an individual basis and where possible, managers will implement adjustments in line with Agile Working to support the employee.
13. This could be working at home, another office or using flexi time when experiencing particularly severe symptoms.
14. Managers should contact the HR team for advice.
15. **Personal Protective Equipment and Uniform**
16. CFRS is aware that some elements of the standard uniforms for operational and corporate staff may exacerbate some individuals menopause symptoms and that it may be beneficial to have the option to wear natural materials rather than synthetics.
17. Whilst there are some limits to what alternatives can be offered, any individuals who are affected are encouraged to contact Stores who will be able to provide support and advice on alternatives. In situations where no suitable alternatives can be sourced individuals will be given permission to purchase their own, providing they are compliant with the standards of dress policy, and could claim a refund of the cost up to the service uniform cost which is currently £13.70.

Appendix 1: Menopause Guidance

### What is the Menopause?

1. The menopause marks the time when an individual’s periods end. It is a natural part of ageing and usually happens between the ages of 45 and 55 and the average age for a person to reach the menopause in the UK is 51. However, 1 in 100 experience the menopause before the age of 40. Most people experience menopausal symptoms for approximately 4 years but in some cases, this can last for as long as up to 8 years.
2. The Stages of [menopause](https://www.nhs.uk/conditions/menopause/):

|  |  |
| --- | --- |
| Pre-Menopause | The time in life before any menopausal symptoms occur. |
| Perimenopause | A phase during which menopausal symptoms occur due to hormone changes. Periods usually start to become less frequent over a few months or years before they stop altogether. |
| Menopause | The point at which menstruation (i.e. having a period) stops, and a person has not had a period for 12 consecutive months. |
| Post-Menopause | The time in life after 12 months with no periods. |
| Surgical menopause | A menopause resulting from certain medical treatments, such as chemotherapy, gender reassignment or surgical operations to remove the womb or the ovaries. |

1. Symptoms of Menopause

Anyone going through the menopause will have a different experience. The symptoms and level of severity will differ from person to person. Below is a list of the most common symptoms but there is a comprehensive list in **Appendix B.**

* Hot flushes which can start in the face, neck, or chest, before spreading upwards and downwards. At night they are felt as night sweats. Most flushes only last a few minutes and may cause sweating to the face, neck and chest become red and patchy. These can be uncomfortable, disruptive and embarrassing. Hot flushes can start before the menopause and last for several years after the last period. The flushes can be accompanied by a quicker or stronger heart rate.
* Sleep disturbance can be caused by the night sweats, although it can also be caused by the anxiety felt during the menopause. Sleep loss can cause irritability, lack of concentration and tiredness during the day.
* Anxiety, low mood, depression, and irritability can be linked to menopause and can impact on both home and work life. This can affect people who have not suffered in this way previously.

1. Talking about the menopause
2. The menopause is not openly discussed in our society and there still exists bias around it, particularly with gender and age, and some may find it difficult to talk about it with their manager and colleagues. This can lead to employees feeling the need to take time off work to deal with symptoms without disclosing the real reason. Encouraging individuals to talk about their situation with their line manager or another supportive individual can really help.
3. Individuals experience the menopause differently and so presumptions shouldn’t be made, instead ask what, if any, support, or adjustments may be required.
4. It is important to consider the effect of menopausal symptoms at work and how they impact on the way employees do their job. Doing so will better enable us to consider what adjustments may be necessary to support employees who are going through the menopause.
5. A list of helpful terminology has been compiled in **Appendix C.**

### Training

The service will provide dedicated training for managers, allowing them a more factual understanding of the menopause, confidence to approach menopause conversations, and advice on how to supportively manage any employees going through it.

To supplement this policy, the Service will promote health initiatives in conjunction with OH and Staff Networks, which will include raising employees’ awareness of menopause, the signs and symptoms of menopause, and how to seek confidential guidance, and advice.

The Service will provide information on the sources of support available for those experiencing menopause or any employee seeking assistance relating to menopause.

**Appendix A** contains information on menopause treatments and websites which employees may find helpful.

1. Workplace Adjustments
2. Workplace adjustments will need to be fully considered for employees going through the menopause and experiencing symptoms. It has to be understood that whilst the service aims to provide a supportive environment for all employees, it may not always be possible to offer alternative work settings.
3. Guidance on workplace adjustments can be found in the Absence and Wellbeing Guidance.
4. The purpose of a workplace adjustment is removing barriers, wherever possible, to enable an individual to do their job. The adjustment should be tailored to address the barriers/issues experienced specifically by that individual and should be identified through the discussions with the individual and other relevant experts (where appropriate).
5. It is essential to avoid making assumptions as the menopause symptoms vary. There is a list of potential workplace adjustments in **Appendix D.**
6. Adjustments to the workplace are not always needed but if they are, this is a positive way to keep valued employees in the workplace and continuing to deliver in their role. Menopause lasts for a phase only and it is important not to lose staff through sickness or as leavers through lack of understanding and support.
7. Managers should contact the HR team for advice.
8. Managing an Employee’s absence
9. The menopause will impact an employee’s physical and mental health, and this may cause an employee to have increased absences from work.
10. The menopause is not covered by the Equality Act 2010, however if an employee is put at a disadvantage and treated less favourably because of their menopause symptoms, this could be discrimination if related to a protected characteristic, for example age, disability, gender reassignment, or sex.
11. It is advised managers take into account all protected characteristics when managing absence related to menopause. Managers should refer to the Absence and Wellbeing Procedure for information on a person centred approach to managing absence.
12. Please contact the HR team if you have any concerns or queries.
13. Menopause and Transgender Health

Menopause can affect anyone who has a reproductive system, regardless of how that person identifies.

People who might be affected by menopause may be:

* **Transgender or ‘Trans’–** ‘Trans’ is an umbrella terms used to describe people whose gender is not the same as the sex they were assigned at birth, or whose gender expression differs from their assigned gender.
* **Cisgender** – Cisgender is a term used to describe people whose gender is the same as the sex they were assigned at birth.
* **Non-Binary** – This is an umbrella term used to refer to a person who has a gender identity that is not binary (i.e. male or female). Some non-binary people may identify as having no gender identity or being genderless (agender), while others may identify in between male or female or as having a gender that is different to male and female. Some people are "gender fluid" meaning that their gender identity moves between two or more gender identities in different circumstances.
* **People with 'variations of sex development' (VSD)** – some people might prefer to identify as intersex or use the term 'differences in sex development' (DSD)
  1. **Transitioning**

Some people within the Trans community will take steps to transition and this is an individual experience, not a singular process. This can be living in line with their gender identity and may include steps such as social, psychological, legal, administrative, and medical.

This means that some trans and non-binary people will experience menopause even though they are presenting as a gender that does not menstruate, and this can be a challenging experience.

Trans people who undergo medical procedures, including hormone therapy, often start their transition at pre-menopausal age and will never go through menopause in terms of the hormone depletion effects. This is because gender affirming hormones are typically given for life.

Managers should not make any assumptions around Trans employees and their transition process. Managers should also be sensitive, supportive, and confidential when discussing transitioning and menopause with employees. HR can be contacted for guidance with this.

1. Testosterone Deficiency

Andropause (often referred to as late onset hypogonadism or testosterone deficiency syndrome) refers to the symptoms that people experience as their testosterone production levels decrease with age.

Andropause is not an equivalent of the menopause; however, evidence shows testosterone levels start to decline steadily after the age of 40.

Although this is unlikely to cause any mental and physical health problems, testosterone can also decline due to medications and lifestyle choices. The Service will provide support to employees who are diagnosed with this condition and experience adverse symptoms.

Further information is available at The ['male menopause'](https://www.nhs.uk/conditions/male-menopause/) - NHS (www.nhs.uk )

1. Legislation

A framework of legislative protection is an important backdrop that should act to ensure employers adopt best practices. This can help to prevent problems arising in the first place and help employers to work with employees to solve issues where they arise.

Menopause is not a protected characteristic in the Equality Act 2010 (the Act), but sex, age and disability are all characteristics which provide protection against unfair treatment of employees going through the menopause. As such, the Government does not believe further changes to the Equality Act are needed.

This is borne out by recent cases which show that employees have scope within the Act to challenge discriminatory treatment by employers - claiming under one or more of the three relevant characteristics.

**Relevant Legislation**

* Equality Act 2010 (HM Government, April 2010)
* Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 (HM Government, September 2011)

1. Data Protection and Privacy

This policy will be conducted in accordance with an equality impact assessment that the service has carried out.

Any confidential information will be stored in accordance with our data protection policy.

Employees have rights in relation to their data, including the right to make a subject access request and rights to have data rectified or erased in some circumstances. You can find further details of these rights and how to exercise them in our data protection policy.

1. Equal opportunities

This policy must not be used in a discriminatory manner against any employee. CFRS will take steps to ensure that employees' dignity is always respected.

CFRS are dedicated to increasing diversity in the workforce, including gender diversity. With the service actively encouraging gender diversity, we are committed to supporting accommodation, support, and de-stigmatisation of the menopause.

### Appendix 2 – Advice and Support

Please see below resources on where to seek advice and support for Menopause.

We also encourage staff to reach out to Trade Union resources for discussions on where to get support and advice.

The Firefighters Charity has been working hard to provide support to Firefighters in the UK experiencing menopause. This link has a wealth of information and resources available to educate on menopause[Fire Fighters Charity](https://www.firefighterscharity.org.uk/latest/menopause-how-friends-family-and-colleagues-can-offer-support/)

For people experiencing menopause:

|  |  |
| --- | --- |
| The Menopause Charity | [The Menopause Charity](https://www.themenopausecharity.org/) |
|  | [NHS website - menopause guidance](https://www.nhs.uk/conditions/menopause/) |
|  | [34 Menopause Symptoms](https://www.menopausenow.com/) |
|  | [Nice.org.uk guidance](https://www.nice.org.uk/guidance/ng23) |
|  | [Women's health concern website - factsheets on the menopause](https://www.womens-health-concern.org/help-and-advice/factsheets/menopause/) |
|  | [Project Aware website - managing exercise](http://www.project-aware.org/Managing/exercise.shtml) |
|  | [Menopause matters website](https://www.menopausematters.co.uk/menopause.php) |
|  | [Simply hormones website](https://simplyhormones.com/) |
|  | [Henpicked.net website](https://henpicked.net/) - an informal forum style alternative to the above professional help websites. |
|  | [British Menopause Society](https://thebms.org.uk/) |
| - Support for Premature Menopause | [Health Talks](https://healthtalk.org/menopause/early-premature-menopause) |
|  | [Transgender Health](https://rockmymenopause.com/get-informed/transgender-health/) |

For managers:

<https://www.cipd.co.uk/Images/line-manager-guide-to-menopause_tcm18-95174.pdf>

<http://www.fom.ac.uk/wp-content/uploads/Guidance-on-menopause-and-the-workplace-v6.pdf>

<https://www.fbu.org.uk/publications/fbu-good-practice-guidance-menopause-0>

<https://www.gmb.org.uk/menopause>

For people supporting someone going through menopause:

[Healthspan](https://www.healthspan.co.uk/advice/relationships-and-the-menopause)

For people going through Testosterone Deficiency

[Tackle Testosterone Deficiency](https://www.tackletd.com/)

The [‘Male Menopause’](https://www.nhs.uk/conditions/male-menopause/) - NHS

### Appendix B – Common Menopause Symptoms and Treatment Options

**Mental Health Symptoms**

Common mental health symptoms of menopause and perimenopause include:

* changes to your mood
* low mood
* anxiety
* mood swings
* low self-esteem
* problems with memory or concentration (sometimes referred to as ‘brain fog’)

**Physical symptoms**

Common physical symptoms of menopause and perimenopause include:

* hot flushes, when you have sudden feelings of hot or cold in your face, neck and chest which can make you dizzy.
* difficulty sleeping, which may be a result of night sweats and make you feel tired and irritable during the day.
* palpitations, when your heartbeats suddenly become more noticeable.
* headaches and migraines that are worse than usual.
* muscle aches and joint pains
* changed body shape and weight gain.
* skin changes including dry and itchy skin.
* reduced sex drive
* vaginal dryness and pain, itching or discomfort during sex.
* recurrent urinary tract infections (UTIs)
* sensitive teeth, painful gums, or other mouth problems

The information above was supported by research from the NHS.

**Treatment Options**

Some individuals do not need any assistance with the symptoms of the menopause and they can go through this natural stage with no requirement for medical interventions. However, there are a number of treatment options and it is vital that individuals are aware of all the different treatments available.

|  |  |
| --- | --- |
| **Treatment** | **Explanation** |
| Hormone Replacement Therapy (HRT) | There are a number of different types of HRT that can be prescribed. HRT is the main treatment for anyone suffering with symptoms of the menopause. HRT replaces hormones such as oestrogen, progesterone and testosterone – or can be a combination of all three – that the body no longer produces after the menopause and can be taken in many forms such as tablets, gel, or patches. It is shown to be extremely effective in providing relief to many of the menopausal symptoms but for some, there are side effects and risks. As a prescribed drug, a GP or nurse will discuss this on an individual basis. |
| Natural Treatments | There are several natural products available in chemists, supermarkets, and pharmacies. However, if an individual wants to use these remedies, it is advisable to discuss the full range of options with a GP. |
| Healthier Lifestyle | Making simple dietary and lifestyle changes can often improve menopausal symptoms. Combining aerobic activities, such as walking, with strength and flexibility exercises will also help maintain bone strength and muscle mass. There are also self-help alternatives such as strategies for managing stress, mindfulness, and relaxation techniques, going for a short walk whilst at work may also help. |

### Appendix 3 – Terminology & Glossary

It is key when discussing Menopause and gender, personnel use language that reduces harmful stigmatisation and enforces stereotyping. Simple changes can stop discrimination, encourage conversation, support people to seek help, and ensure we are treating everyone with dignity and respect.

If you are ever unsure with how to discuss Menopause or gender with someone, you can always ask them how they refer to it or themselves and the language they are comfortable with.

The below table has been created to help managers and employees when it comes to talking about the Menopause and gender, and it offers explanation as to why certain familiar terms are no-longer advised to be used.

|  |  |
| --- | --- |
| Andropause | Andropause (often referred to as late onset hypogonadism or testosterone deficiency syndrome) refers to the symptoms that people experience as their testosterone production levels decrease with age |
| Anxiety | A feeling of apprehension, fear, nervousness, or dread accompanied by restlessness or tension. |
| Bone Density | The amount of bone tissue in a segment of bone. Measuring Bone Density is the best way to evaluate bone strength and predict fracture risk.  [Add something in around menopause and bone density?] |
| Depression | A disorder marked by a persistent sad, anxious, or empty mood and feelings of hopelessness and helplessness that affects eating, sleeping, and activity. Major depression is not the same as the mood swings or feeling blue reported by some perimenopausal people. |
| Early Menopause (also known as Premature menopause) | Early menopause is when a person’s periods stop before the age of 45. It can happen naturally or be caused by treatment for other conditions. |
| Oestrogen | A variety of hormone chemical compounds produced by the ovaries, influencing the growth and health of female sex reproductive organs. |
| Gender | Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time. |
| Hormone Replacement Therapy | Hormone replacement therapy (HRT) is a treatment used to help menopause symptoms. It replaces the hormones oestrogen and progesterone, which fall to low levels as a person approaches the menopause. |
| Hot Flushes/Flashes | A sudden feeling of feverish heat, typically as a symptom of the menopause. |
| Hysterectomy | Surgical removal of the uterus. Does not result in menopause but ends menstrual periods and fertility. The term is often mistakenly used to describe removal of the uterus and both ovaries, which results in surgical menopause. |
| Induced menopause | The term induced menopause is used when menopause happens as a result of medical treatment. It can be induced in women of various ages, including young women who are years away from reaching menopause naturally. |
| Menopause | The final menstrual period, which can be confirmed after 12 consecutive months without a period. This time marks the permanent end of menstruation and fertility. It is a normal, natural event associated with reduced functioning of the ovaries, resulting in lower levels of ovarian hormones (primarily oestrogen). |
| Menstrual Cycle | The time each month (typically every 4 weeks) when an egg develops in the ovary, the lining of the uterus thickens, and the egg is released into the uterus. If the egg is not fertilized by sperm, the lining of the uterus (with the egg tissue) is shed through menstruation and the cycle begins again. This cycle typically becomes irregular during perimenopause and ends completely at menopause. |
| Non-Binary | Nonbinary people have a gender identity that does not fit into the male/female binary. They may identify as a mix of both genders, somewhere in between them, or neither. |
| Osteoporosis | Postmenopausal osteoporosis is a disease of older people, typically female, in which the bone density of the skeleton has decreased to a point where bone has become fragile and at higher risk for fractures, often with little or no trauma. In most, bone loss accelerates during the first few years after menopause, which is related to the decline in oestrogen levels. |
| Ovulation | The release of a mature egg cell from the ovary. |
| Perimenopause | A span of time that begins with the onset of menstrual cycle changes and other menopause-related symptoms and extends through menopause (the last menstrual period) to 1 year after menopause.  Perimenopause is experienced only with spontaneous (natural) menopause, not induced menopause. Also called the menopause transition. |
| Postmenopause | The span of time after menopause (the final menstrual period). |
| Premenopause | The span of time from puberty (onset of menstrual periods) to perimenopause. |
| Progesterone | Progesterone is a hormone released by the corpus luteum in the ovary. It has an important role in the menstrual cycle and is vital in maintaining the early stages of pregnancy. |
| Testosterone | Testosterone is a sex hormone that plays a key role in male development and masculine characteristics. |
| Transgender | Denoting or relating to a person whose sense of personal identity and gender does not correspond with their birth sex. |
| Transitioning | Adopt permanently the outward or physical characteristics of the gender one identifies with, as opposed to those associated with one's birth sex |

### Appendix 4 – Workplace Adjustments

Where possible CFRS will look at the possibility of providing adjustments to the workplace which make working through the menopause more comfortable. However, this may not always be possible. The following adjustments could be made:

* Provide private area/spaces available for women to rest / recover /make a telephone call to personal or professional support. Women going through the menopause may need to manage the impact of the symptoms, a private space to rest temporarily or talk with a colleague before they can return to their workspace.
* Flexibility and increased frequency in breaks - flexibility to take breaks or rest breaks will enable people managing impairments / conditions or pain to contribute more fully in the workplace. A member of staff with medication may want to take it in quiet / private space and at specific times. Other staff might benefit more from being able to take rest breaks when needed rather than at pre-determined times. Some may just need time to walk around and ease pain in arthritic joints / back pain.
* Where possible, facilitate a comfortable working environment for those suffering menopausal symptoms. This will include adequate drinking water supplies, temperature controlled areas, showers/ washing facilities, area to change, adequate access to toilet facilities.
* Staff going through the menopause may request to be positioned near a door or window or maybe provided with a desk fan where possible. Positioning within the office or in an area where they can get a breeze should be considered.
* Employees who are required to wear a uniform may request to adjust or partly remove certain items where possible, for example a scarf.
* Provision of additional uniforms may be considered to ensure individuals can change during the day. Pro Natural fibres like cotton are preferable to synthetic materials if an employee is experiencing hot flushes and sweating. Uniform made of natural materials may be considered.
* Flexible working arrangements may be considered for those that are experiencing debilitating symptoms. Menopause symptoms can increase in stressful situations and when the person is tired symptoms can increase. This also enables staff to work productively and manage the impact of their impairments. This may include flexibility for women who need medical treatment or to attend clinics, hospital or doctor appointments and also for women and men seeking advice relating to the menopause.
* Consideration to be given for flexible working arrangements rather than the usual set times including split shifts if the day to day business allows, later starts, earlier finishing times. Many staff have a best part of the day when they are able to work most productively on a task. Adjusting a shift to suit that time is a workplace adjustment. In the case of women going through the menopause who has trouble sleeping at night a later start may be appropriate.