

# Navigating the menopause: The experiences of women prison governors

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**Menopause is a significant life transition that many people will experience, yet it remains a topic shrouded in silence, particularly in the workplace. As women make up a substantial proportion of the global workforce, with 16.37 million women aged 16 and over employed in the UK in December 2024, understanding and addressing the impacts of menopause on their professional lives is crucial.<sup>1</sup> The natural biological process of menopause (when periods stop due to lower hormone levels) and perimenopause (when a person has symptoms, but their periods have not ended) typically occurs between the ages of 45 and 55 for people who were born female.<sup>2</sup> It can bring a range of physical and emotional symptoms that can affect job performance, wellbeing, and career progression. These can include feelings of anxiety, mood swings, hot flushes, difficulties in sleeping, and brain fog; with these often having a significant impact on relationships and work.<sup>3</sup> Despite its inevitability, menopause is often overlooked in workplace policies and discussions, or policies and processes exist but are not adequately used, leaving many women having to navigate this challenging phase on their own.**

This article aims to shed light on the perimenopausal and menopausal experiences of women who hold senior prison governor positions in HM Prison and Probation Service (HMPPS) in England and Wales.<sup>4</sup> It explores what support is available for people, their experiences of such support and how the sometimes-debilitating symptoms of menopause have impacted on their job roles. The article also includes contributions from men who spoke about how their job

roles were impacted by menopause and concludes with recommendations for HMPPS's consideration.

The data for this article comes from a larger project examining the equality, diversity, and inclusion (EDI) experiences of prison operational managers and governor grades in England and Wales.<sup>5</sup> To recruit participants, we collaborated with the Prison Governor's Association (PGA), the main trade union for senior operational managers in HMPPS. Before starting the project, we consulted with two members of the PGA National Executive Committee (NEC) to understand the need for our inquiry. Both individuals had extensive experience with the PGA and handling EDI-related casework, demonstrating that such a project was warranted. In terms of the distinct and individual needs of women, one commented:

'There is still not an acceptance that being a woman is different. So, I think if you're a woman and you follow the male white man's mode, I think you're accepted more than if you're a woman who is trying to juggle childcare and who is menopausal...and if you demonstrate the difficulties that some of these things bring to the work environment, then that's not acceptable.' (NEC 2)

When asked to recount cases they had been involved in, both NEC participants mentioned women's workplace experience of menopause, in addition to other EDI matters. One detailed the hidden and debilitating impact, with some women finding it challenging to perform their job roles as effectively as they had in the past. The other recounted a particular case:

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1. Francis-Devine, B., Zaidi, K., & Murray, A. (2025). *Women and the UK economy*. House of Commons Library.
  2. Toze, M., & Westwood, S. (2024). Experiences of menopause among non-binary and trans people. *International Journal of Transgender Health*, 26(2), 447–458.
  3. NHS. (2022). *Menopause*. Retrieved from <https://www.nhs.uk/conditions/menopause/>.
  4. Note: we did not have any participants who identified as female who said they related to the protected characteristic of gender reassignment. For the purpose of this article, we refer to women participants on the basis of their self-description when discussing the menopause, although it is noted that this may not be representative of non-binary or trans people.
  5. Harrison, K., Smith, L., Mason, R., Ward, S., and Wilson, C. (2024). Equality, Diversity and Inclusion Experiences amongst Prison Governors' Association members: Raw data report. Lincoln: University of Lincoln.

'I had one woman who was going through menopause and her office didn't have a window...and she's boiling hot...she went to the governor, male governor, and said, look, can I have an office with [a] window in it? I need to be able to open the window. I'm in the menopause. I get flushes. I need it. He said 'no, I'm not going to displace somebody else so you can have their office.' (NEC 2)

On a policy and process level HMPPS has made some progress in terms of supporting people who are entering menopause. This includes adjusting the annual physical fitness test policy and publishing information in relation to menopause in the occupational health (OH) user guide. There is a HMPPS menopause toolkit, with staff also encouraged to get support from OH, the employee assistance programme, and the championing women in the workplace group.<sup>6</sup> While such change is positive, we were interested to see how these policies and support were being experienced at the frontline. We believe this is the first study which details the perimenopausal and menopausal lived experiences of senior prison managers working for HMPPS in England and Wales.

### Literature review

As part of the wider research project, a scoping review of the published literature pertaining to the EDI experiences of prison staff was conducted using five electronic databases: Academic Search Complete, APA PsycINFO, Scopus, Applied Social Sciences Index and Abstracts (ASSIA), and SocINDEX. While a total of 746 papers were retrieved from the initial searches, after duplications had been removed and the relevance of the article checked through the reading of abstracts, we were left with 36 papers. Of these, none concerned the menopausal or perimenopausal experiences of prison or correctional staff. The only reference to a study the authors could find was Potts and colleagues who in 2022 announced they were to conduct interviews with 30 female menopausal prison officers working in prisons in England and Wales, but to date, this has not been published.<sup>7</sup>

### Methodology

To address the research aims of exploring the EDI experiences of prison managers, the primary research comprised of two parts. Firstly, the initial data collection process involved the distribution of a questionnaire to all PGA members (n=1,090) exploring the various components that may influence an individual's EDI experiences within the workplace, and the relationship these experiences have with workplace wellbeing and intentions for future work. Two hundred and fifty-nine (24 per cent) PGA members completed the survey. While the survey did not specifically ask about menopause, in general we found that those who felt more included at work tended to have higher levels of wellbeing, highlighting the importance of creating workplace environments and cultures that promote diversity and inclusion.

Upon completion of the survey, participants were secondly invited to talk about their EDI experiences in a follow-up interview and 34 PGA members accepted this opportunity. 23 participants identified as male (68 per cent) and 11 (32 per cent) identified as female. While this is not a large sample, the split between male and female participants is representative of those who are members of the PGA. Interview participants identified with a

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broad range of protected characteristics apart from gender reassignment, which may mean we are not able to represent the experiences of non-binary or trans people in this exploration of menopause. From these 34 participants, nine spoke about menopause with this consisting of five (55 per cent) women and four (45 per cent) men, highlighting how the menopause can affect the working lives of both sexes. To demarcate responses from different people, we gave each interview a number and these are reflected in the labels assigned to each quote (e.g., 'PGA 1'). All interviews were conducted and recorded either through Microsoft Teams or telephone. Interviews were conducted between July and November 2023 and lasted between 25 and 112 minutes, with the mean length being 65 minutes. All transcripts were entered into NVivo version 14 for coding with the analytical strategy adhering to

6. HC Deb, 10 March 2022, cW

7. Potts, J., Stevens, M., Cronshaw, S. & Van Hout, M-C. (2022). Menopause behind locked doors – a phenomenological study of UK prison officers. *Faculty of Business and Law Research Day*. Available at <https://openjournals.ljmu.ac.uk/BLResearchDay/article/download/856/476>

the principles of qualitative content analysis.<sup>8</sup> The evaluation received approval from the University of Lincoln Ethics Application Service.

### Research findings

The results of the content analysis were arranged into four areas; support available, experiences of that support, the impact for women, and the impact for men.

#### Support available

Support was largely categorised into formal support offered by HMPPS and informal support offered on a more local or personal basis. The three organisational initiatives mentioned were the menopause toolkit, supporting women in menopause (SWIM) and a peer-led forum which was a support for women and allies' network (SWAM). While little was said about the two latter forums, one participant did acknowledge the work that HMPPS was undertaking to try to support menopausal and perimenopausal women:

'We are a bit better at thinking about the menopause, and how it's impacting work...because if we don't do that stuff, we are not going to then change the culture where women don't feel accepted in what is already a male dominated environment.' (PGA 14)

Outside of the organisational initiatives, women tried to ensure they were being as supportive as they could to each other, with one explaining how she ran 'a menopause lunch...I don't want people to go through things that I have been through' (PGA 29). Another noted how, even though it was not part of her job role, she had been doing some work around menopause:

'We've got a really young staff group, however, there are people who are my age, I'm nearly 50, there are a group of us and actually, we don't do anything about that; and there's no acknowledgement about the

older end of the staff. For me, it is about getting a few people involved.' (PGA 22)

PGA 22 also importantly acknowledged how generally people were better equipped to support staff with issues they were more personally aligned with, showing the importance of lived or relevant experience when developing informal support networks:

When it comes to the maternity stuff, I have to refresh my mind every single time...but that's because at nearly fifty, that is not at the forefront of my mind, whereas if somebody came to me tomorrow and said something about the menopause, because of what I have been reading about: uniform changes, showers, the Disability Discrimination Act, I would probably be able to help them quicker than if somebody said to me 'I'm pregnant' (PGA 22).

The hidden and debilitating impact, with some women finding it challenging to perform their job roles as effectively as they had in the past.

#### Experiences of support

Experiences of formal support were mainly focused on the menopause toolkit and in particular what participants referred to as the 'menopause passport'. One governor described the idea of the passport as being 'great' but added that 'my manager's reaction to it is not so great' (PGA 28). She explained:

'...because of the perimenopause, I have trouble sleeping, and I travel almost 50 miles to work...and some days, like last night, when it feels like you've had about 40 minutes sleep, it is really difficult. So, my previous manager sat down and did a passport where it was agreed that on days when I was having trouble with sleep, I could work from home.' (PGA 28)

While this was initially working well and was supportive of her individual needs, her current line manager:

8. Hsieh, H., & Shannon, S. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277-1288.

'Doesn't like senior managers working from home...if I was 20 years younger and I had a childcare issue, I could... [but] there isn't a broad acceptance amongst governing governors, I don't think, about the menopause... So, I've come into work on so many occasions fatigued, and not being able to work from home because the governor doesn't like it.' (PGA 28)

She felt that this lack of knowledge and understanding was mainly because 'most governing governors are still men' (PGA 28), with her passport being initially agreed with a woman. While she acknowledged the existence of SWIM and SWAM, she explained how the level of understanding needed to make any real difference for women was not evident 'at the top of our tier' (PGA 28). She also thought it was because many people did not like talking about the menopause and therefore it was a subject which needed to be more openly spoken about. This was also emphasised by another participant:

'If your line manager that you're having a conversation with is male or much younger, they would not understand. The only people that understand what menopause feels like is people that have been through menopause...having the conversation with your line manager if he is male, when it isn't being talked about more openly in society, would just be an awkward conversation, they would want to get away from it as quickly as possible.' (PGA 17)

While the menopause toolkit is a national initiative, how it is implemented in HMPPS seemed to largely depend on the care and understanding of individual line managers, with some being much better at this than others.<sup>9</sup> While PGA 28 had not been fully supported by her current line manager, she tried to ensure those she lined managed in turn were treated with care and respect:

'We always agree when she needs to work from home, that she can do. She probably does that once or twice a fortnight.' (PGA 28)

For others, support from their line managers had been brilliant, although there was nevertheless scepticism whether this was due to the individual involved rather than the broader organisational policies:

'In the Prison Service we talk a lot about the menopause, I don't know whether we do that because it's presentation or whether there would be any action. I know if I spoke to [line manager] and said that I needed this and this to be able to function properly, he would do what he could to be able to arrange those things. Would I think that other people in the organisation would take it that seriously? I don't know.' (PGA 17)

Despite this level of current support, PGA 17 was still reticent to talk about her needs and was fearful of how confidential reports could be used if she ever sought help from OH:

'I would think carefully about where that would go from a report perspective, because actually what you don't want is that somebody has written in your OH report that you are not really coping. For me, my menopause symptoms are having a direct impact on my ability to carry out my job

but if anyone knew, that would be career limiting.' (PGA 17)

The general view, therefore, was that while there was a menopause toolkit, general understanding and support was still lacking, with it being almost shameful to have to speak to a line manager to ask for help:

'For females, I think it makes us feel vulnerable, that somebody is going to judge us based on that, and I just think that is not a position that I would ever want to put myself in.' (PGA 17)

Those who felt more included at work tended to have higher levels of wellbeing, highlighting the importance of creating workplace environments and cultures that promote diversity and inclusion.

9. Davis, S. R., Taylor, S., Hemachandra, C., Magraith, K., Ebeling, P. R., Jane, F., & Islam, R. M. (2023). The 2023 Practitioner's Toolkit for Managing Menopause. *Climacteric*, 26(6), 517-536.

Coupled with this was also the view that prison governors in particular could not complain about the situation and were expected to just get on with it:

'A senior manager is a bit like the Queen, you're expected to just turn up and wave and smile at everyone, you are not supposed to have any feelings, and if you are ill, you just get on with it, you're not supposed to have menopause.' (PGA 28)

Some of our woman participants would thus rather hide than be open about the difficulties they were facing.

### Impacts on women

In addition to formal and informal support mechanisms, women participants also explained how the symptoms of perimenopause or menopause had affected their ability to carry out their roles:

'The biggest issue for me is brain fog, which being in a massively complex prison is not helpful...I do full staff briefings; I have 300 people in the room...I have to write things down because otherwise I just lose it...That is probably the worst symptom and the one that bothers me the most, because I wonder whether sometimes I am making myself clear because of the brain fog that happens.' (PGA 17)

This was emphasised by an NEC member who spoke passionately about the impacts of menopause on women:

'I've represented people who said, 'I need something. I'm struggling in the menopause because they say they're going down the poor performance route because they're not performing as they should'. Well, when you're in the thick of the menopause, you don't perform as you used to. It can be very debilitating.' (NEC 2)

Other impacts included forgetting words, hot sweats, and tiredness through lack of sleep. While it was acknowledged that theoretically menopause

symptoms were not classed as a disability, in reality it felt like it was, with one participant explaining how 'menopause is a bit of disability because it does impact on your ability to function at 100 per cent' (PGA 17).

Women also explained how the lack of support they had received from HMPPS, and line managers, had made them feel isolated, lonely, and frustrated. One went further, explaining how she was ready to leave the Service:

'I think organisationally, we haven't changed. We have had lots of policies, practices and strategies, but actually when it comes down to it, we don't implement them. I enjoy my job, but if I had an opportunity to leave then I would take it. It is frustrating. The whole thing: the lack of respect for women, the lack of respect for the menopause, for older women doing a difficult job, all of that.' (PGA 28)

### Impacts on men

The men who spoke about the menopause did so in a number of contexts. One participant's comments were in relation to the protected characteristic of age and how in his experience HMPPS was not doing enough to support those staff who were growing older. He acknowledged that some work had been undertaken to support women who were going through menopause but argued this opportunity could have also been used to focus on age and general support for prison staff as they grew older, but this was not how it had worked out:

'The emphasis was on making adjustments for women who have reached a certain age, and it was about the effects of reaching a certain age...it struck me as ironic that it wasn't about the age, it was about the effects of it. I thought there's an opportunity here, take it! But they didn't take it...It was quite right to say let's make adjustments for women who are experiencing menopause, absolutely, but I just think it was another missed opportunity to talk about age.' (PGA 7)

Other men spoke about menopause in the context of how they now had a better understanding of its impact on their colleagues, mainly due to their own

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wives having been through it. This had enabled them to think more about the needs of those women they line managed in terms of what their additional needs might be:

‘It’s absolutely horrific to watch someone you care about go through that...I’ve had staff who have gone through that, and I have provided them with desk fans, the opportunity to go outside when it’s raging hot, you suddenly start having hot flushes and all those other things.’ (PGA 6)

This was also emphasised by PGA 17 who explained how her line manager’s understanding came from the fact his own wife was experiencing similar challenges:

‘I was having a conversation over a period of time with [line manager], and I kept getting halfway through a conversation and then forgetting what I was talking about, and he said — I’m going to tell you that that is a menopause symptom, you probably just want to go and have it checked out. He was absolutely right.’ (PGA 17)

Another key point which came from male participants was the importance of including both men and women in HMPPS led initiatives such as SWIM and SWAM. This was seen as an opportunity to help create open discussions about menopause as participants noted that generally, men were ‘uncomfortable talking about it’ (PGA 6). Such conversations therefore needed to be more normalised within the workplace so women could be properly supported. This normalising was also thought to be enhanced through women senior leaders talking about their menopausal and perimenopausal workplace experiences. PGA 4 described this as:

‘...really powerful . . . what a learning curve, and the generations before us just didn’t talk about it, and we need to, people need to understand it better.’ (PGA 4)

Sharing ideas on how women could be supported in the workplace with men were also key, with one male participant explaining how as a prison governor

he had to ‘be ready to address a wide range of issues’ (PGA 25) with his staff population. While he had experienced some of his women officers saying, ‘You don’t know anything about the menopause’ (PGA 25), he did always try and offer as much support as he could, but had found that in some cases women, when asked what they needed, had said:

‘Well, I can manage. That is not always the right answer because you might not be able to manage as well. It is quite difficult. It is just looking for that support. Somebody will have that relationship with that person. I will say ‘can we just discuss this and see what we can do to resolve it’.’ (PGA 25)

While we do not know why the women refused offers of help, it could be due to the perceived negative consequences of asking for support, as identified by PGA 17.

### Recommendations

Recent guidance from the Equality and Human Rights Commission has stated that employers should offer reasonable adjustments to women who are experiencing symptoms of either menopause or perimenopause.<sup>10</sup> This includes providing rest areas, granting flexible working requests, allowing women to wear cooler clothes (perhaps through relaxing uniform policies), and permitting women to work from home when possible. While the menopause is not generally considered to be a disability, if the symptoms have a long-term and substantial impact on a woman’s ability to carry out her normal day-to-day activities, these symptoms can be considered to amount to a disability. When this is the case, any employer who fails to make reasonable adjustments could be liable for disability discrimination. Support and reasonable adjustments should therefore be consistent and well implemented across an organisation such as HMPPS to ensure women, and those who do not identify as women but may face menopause symptoms, have their needs met.

The main recommendations from our research focus on the following:

- ❑ Ensure that institutional policies and practices, such as workplace adjustment passports, are

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10. Equality and Human Rights Commission. (2024). *Menopause in the workplace: Guidance for employers*. Retrieved from <https://www.equalityhumanrights.com/guidance/menopause-workplace-guidance-employers>

implemented consistently and are available to all who need it without prejudice.

- ❑ remote existing guidance and explore any gaps in information to line managers so they have the knowledge to support staff with menopause symptoms, so people do not have to rely on individual knowledge or experience.
- ❑ Create a working environment where reasonable adjustments to 'normal' working practices are implemented consistently, used appropriately, and reviewed regularly in line with guidance, with such adjustments reflective of individual need.
- ❑ Ensure that where reasonable adjustments and flexible working arrangements are set, these should not be changed unless there are valid reasons to do so, and any such reasons should be provided in writing to the person in question.
- ❑ Encourage all staff regardless of gender to become involved in SWIM and SWAN initiatives so that conversations about the menopause are normalised and everyone regardless of sex or age has a better understanding of how people experiencing menopause in the workplace can be supported.

## Conclusion

Our study of the perimenopausal and menopausal experiences of senior prison managers is small, not just because of the number of participants involved but also due to it being a part of a much larger data set that did not contain references outside of binary genders. Despite this, it is the only current study of its kind in the UK, making our data on the experiences of women in relation to menopause uniquely important. This gap in the evidence base is significant and so we take this opportunity to issue a call for future research in this area. Initiatives such as those mentioned above can help to ensure there is a change of culture where women feel equally as valued as men, older women feel equally as valued as younger women, and those experiencing (peri)menopausal symptoms regardless of gender are supported at work. By fostering a more inclusive and supportive work environment, HMPPS can ensure that people of all ages, and genders, are valued and are supported throughout all stages of their careers.

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