

Adult Social Care Menopause Guidance for Managers and Staff.



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1. Introduction

With a predominately female workforce in health and social care many of whom are in their late 40s and 50s, a significant number will be suffering menopausal symptoms.

Trans, non-binary, and intersex people can also experience the menopause. In addition to this there is approximately 1 to 10 per cent of the population who experience early menopause or premature ovarian insufficiency. (see appendix 5)

We recognize that the menopause can bring issues for individuals which can impact upon their work, it is to the benefit of us all that we as an employer work with staff, to maximise wellbeing and retention.

Approximately 77% of women experience menopause symptoms and nearly a quarter of these are reported as severe. Over 70% of women report that they feel unsupported at work, even though one in five (19 per cent) say their symptoms have a detrimental effect on their work. One in ten women said they have even considered leaving their job. 14% had reduced their hours and 8% had not applied for promotion. 44% of women said their ability to work had been affected.

This guidance has been created in partnership with staff consultation to improve our response to menopause across the sector.

Our guidance recognises the potential impact on wellbeing at work and consequently the risk of losing excellent staff who might otherwise have been retained and seeks to raise awareness with managers and colleagues to ensure that staff receive a sympathetic and supportive response so that appropriate ways of support can be offered, and it defines the guiding principles for our staff and managers.

Menopause symptoms are severely impacting on women's wellbeing and working life. 77% of women experience one or more symptoms they describe as very difficult. 69% say they experience difficulties with anxiety or depression due to the menopause, 84% have trouble sleeping and 73% experience brain fog.



2. Definition - (see appendix 1)

The menopause transition is a natural phase of life when women and some trans and non-binary people stop having periods because of hormonal changes, a decrease in oestrogen levels. It usually occurs between the ages of 45 and 55 and typically lasts between four and eight years, although it can last longer. Premature menopause can happen naturally for 1 in 100 individuals (or because of illness or surgery). This may also be more common in trans, non-binary or intersex workers where hormonal treatments or surgeries may affect the age at which menopause starts.

- **Menopause:** a biological stage that refers to the time in life when periods stop and the natural reproductive cycle ends. Usually, it is defined as having occurred when there has not been a period for 12 consecutive months (for those reaching menopause naturally). The changes associated with menopause occur when the ovaries stop maturing eggs and secreting oestrogen and progesterone.
- **Perimenopause:** The time leading up to menopause when ovulation cycles and periods can be irregular, continuing until 12 months after the final period. The perimenopause is also known as the menopausal transition or climacteric.
- **Post menopause:** The time after menopause has occurred, starting when there has not been a period for 12 consecutive months.

As a result of the greater numbers of women in the workforce, many women are working more years in peri and post menopause than in their fertile years. The need to manage both work and family and/or caring responsibilities as mentioned above can present significant challenges at this time of life, when we may feel we need to work longer to generate sufficient pension support.

Evidence suggests that many staff still feel uncomfortable discussing menopause at work. Recent studies indicate that women may hide and/or self-manage their symptoms, and how their work performance might be affected, or work harder to compensate.



3. Symptoms of menopause – (see appendix 9)

The body can be affected by menopause in numerous ways, causing a myriad of symptoms, some of which will affect performance at work more specifically and as a result will potentially require consideration more than others. (See appendix 2). The 6 most common symptoms are:

- Hot flushes/night sweats
- Fatigue
- Concentration problems
- Anxiety
- Insomnia
- Recall/memory problems



During menopause mental health symptoms can present as low mood, anxiety, sleep problems, which then lead to tiredness, fatigue, a cycle that is exacerbated as the symptoms continue. Brain fog leading to reduced concentration, poor information retention and a reduced ability to learn can significantly affect confidence adding to low mood. Existing or pre-existing conditions may be exacerbated, for example, depression.

These symptoms can impact on an individual's performance in terms of coping strategies, pressure of dealing with deadlines and especially where there are changing priorities. They may also experience a lack of confidence, anxiety, or panic disorder.

4. Protected Characteristics – (see appendix 5)

We recognise that people of diverse gender expressions and identities experience menopause. This is therefore not just an issue for female colleagues - although the physical and psychological symptoms of menopause do mainly affect women, menopause can also directly and indirectly affect others both within the workplace and at home. The menopause affects 51% of the population. This can include male and female colleagues, non-binary and intersex colleagues, family members, and same sex partnerships.

Non-binary and intersex employees and the menopause

Transgender, non-binary and intersex workers may experience the menopause, either due to age related hormonal changes or hormone treatments and surgeries. Some trans, non-binary and intersex workers may not wish to disclose their menopausal symptoms as this may mean disclosing their trans or intersex status. It can therefore be particularly difficult for these employees to access support and/or ask for adjustments. Within each of these groups people's needs will be different and so it is important to listen to people on an individual level and allow them to take the lead on their required adjustments. Further detail of the potential impact on people from different communities can be found in Appendix 5.

Menopause at work is covered by equality legislation related to age and gender and to the duty to provide a safe workplace under Health and Safety legislation.

5. Guiding Principles for Managers

Principle 1 - Values based statement

- A clear value based organisational leadership statement that recognises the menopause is a workplace issue- this needs to be communicated to staff: Here are a couple of examples you could use as a baseline for your individual organisational statement:
- The business case for staff experiencing the effects of the menopause clear and it is essential that we support and retain our valued and skilled staff and promote their wellbeing and absence management.
- We recognise how prioritising and improving the wellbeing our staff this will impact positively on the people we support.

Principle 2 - menopause policy (see Appendix 9)

- Review any existing menopause policies/guidance or create an organisational menopause policy- this confirms your organisational commitment for the menopause as a workplace issue.
- A menopause policy will enable effective management of sickness/absence.
- A menopause policy enables clarity for staff. See Appendix 8 - for Policy Template

Principle 3 - Support (see Appendices 1 and 2)

- The creation of Menopause support group/Menopause Cafe are a very beneficial, enabling understanding and belonging.
- Menopause Champions/buddies- increasing knowledge, skills, and support within your teams.
- Supervision conversations
- Local and regional menopause support networks
- Regional Health and wellbeing hubs

Principle 4 – Duty of Care: (see Appendix 4)

Employers have a duty of care to the people they employ.

Be aware of responsibilities under the Health and Safety at Work Act 1974

Management of Health and Safety at Work Regulations 1999.

Equality Act 2010.

Staff may need adjustments to their working environment.

Principal 5 - There is 'No one size fits all' approach

Menopause symptoms are highly individual; they can be sensitive and cause embarrassment, so it is entirely understandable for staff to feel unable to share and explore sensitive and personal symptoms with their managers. There are options to help you do this:

- Seek advice and guidance from your GP - check with your medical centre to identify a GP with a specialist Menopause knowledge.
- Approach someone in the workplace with whom you do feel comfortable discussing your issues who could support you in the conversation - e.g. a colleague, other manager.
- Differences like gender and culture may be a barrier to raising this issue so it might be that there is a more senior manager you can discuss it with first. The intention would not be to avoid your line manager but to explore what might be possible and explore support or discuss what might be addressed with your immediate line manager.
- Use of confidential menopause template and checklist - (Appendix 2)

If individuals do feel able to discuss symptoms, the suggestions below may be helpful to raise with the line manager.

- Sharing your experience and/or symptoms with colleagues to promote understanding if you feel comfortable.
- Recording and monitoring your symptoms and/or their severity may be helpful to understand how your wellbeing may be affected and how you can seek support.
- Considering a change in working hours or pattern or remote working if/when you are office based.
- Whether you could work from home more frequently or at short notice when your symptoms are bad.
- Consider a reduction in travel or increased comfort breaks, dialling into some meetings.
- Creation of Menopause Buddies and Champions.

If a member of your team does change working pattern or flexibilities to support wellbeing and/or symptoms management, we expect all staff to behave in a professional, responsible, and sensitive manner and be supportive and respectful.

Sickness Absence to be coded to the Menopause for data information and informing forward planning.



6. Expectations of managers

If an employee chooses to approach you to discuss issues with their menopause it may be as a line manager or as a manager they feel able to discuss their situation with – for instance due to a shared culture - you must appreciate that the symptoms experienced are very personal, no one individual can be compared with another and as a result of the highly personal nature of symptoms the member of staff may not wish to discuss with their line manager. When an employee shares issues about the menopause, you should gain an understanding of what the employee is likely to need from you. You can use the information provided in this guidance to help you start a conversation about the menopause, advise that staff can access resources via the Menopause information sites listed as part of this guidance. These are helpful for signposting advice to staff. Use the Symptoms template (Appendix 2) to enable the conversation.

You should:

- Ensure that all information shared by the employee is treated in the strictest confidence and is not shared further without the employee's consent.
- Listen to and gain an understanding of any concerns your employee has about their issues or symptoms, avoiding assumptions.
- Discuss timescales and leave requirements if this has been raised as part of the discussion. It is worth underlining that perimenopause and menopause symptoms do not have an indicative timeline for resolution.
- Take account of individual and business needs but be supportive when dealing with requests for work flexibility or leave, being mindful of the importance of being supportive of attendance at appointments and the unpredictability of symptoms.
- If more support is needed, you will find it helpful to agree a support plan to identify the adjustments made to the working arrangements of that staff member.



7. Line managers top tips for good practice:

- Be prepared to discuss the points that the member of staff brings to them - promote supportive conversations about the menopause and its effects and be aware of the personal nature of these conversations: this can be a subject that requires sensitivity and must be kept under review as there is no defined end date. **(Use Appendices 1 and 2)**
- Be open to a request to have someone to support them in the conversation because of the personal nature of the discussion.
- Recognise that every experience of the menopause will be individual. Do not use your own personal experience, or that of any friends, relatives, or other staff members to measure whether you believe that the staff member's symptoms are reasonable.
- Consider any changes impacting performance, attendance, or behaviour and whether the impact of menopause and its distressing symptoms may be an issue – do not launch capability or conduct processes before these elements have been reasonably considered.
- Provide dedicated time and quiet space for 1:1s; promote avenues of support, signposting and links to organisational resources such as associated guidance, flexible working, special leave, and any changes to the working environment such as quiet spaces that you can facilitate. **(Use Appendices 1 and 2)**
- Set and demonstrate expected standards of behaviour.
- Where additional support is required, provide information on specific health and wellbeing services.
- Promote a culture and environment that values diversity, shows dignity, respect, fairness, and equality.
- Do not tolerate or express what you consider to be 'workplace banter'.
- Be aware most cisgender women (and some trans, non-binary and intersex colleagues) will experience a menopause; specific information is available via the **(Menopause Network and appendix 5.)**
- Be aware there is a subjective range of symptoms from vasomotor (hot flushes) to mental ill-health, dryness of the eyes, excessive bleeding, brain fog and aphasia (losing words mid-sentence); all of which could present colleagues in a less favourable way.
- Discuss and agree any reasonable flexible working arrangements request - consider night sweats and/or insomnia which may require working from home or flexible working hours. Any issues that have been raised in terms of home working space, flexibility, caring responsibilities, and anxiety for example because of working more distanced may need longer term support.
- Short notice leave of absence may be required to manage exacerbation of symptoms; lengthy periods of back-to-back meetings may need built in comfort breaks if heavy bleeding is experienced.
- Reasonable adjustments may be part of our formal organisational offer in relation to disability and should be considered in instances where required for menopause. **(See appendix 6)**
- Work with the employee to consider physical working areas that minimise the distress they may suffer – considering, for instance, access to ventilation and private space when needed.

8. Guiding Principles for all Staff (see appendix 9 and 4)

Workplace should be committed to supporting and maximising the wellbeing of its workforce and the provision of fair, respectful, and inclusive working environments for all. This guidance is underpinned by the principles of support, culture, and awareness. It aims to provide information and support for employees who are directly and indirectly affected. Menopause Toolkit (Appendix 2) and an awareness training pack.

Support is available to everyone via the following:

- Informal support and signposting can also be accessed via Staff and local Networks
- Training/briefing and awareness raising sessions will be provided for all managers and staff both at recruitment, in management development and as an advocated best practice approach. All staff training. Skills for Care offer
- If you are experiencing issues at work that could be Menopause related, such as increased sickness absence or an impact on your working life – seek help. This could be your GP, Manager or HR.
- If you are experiencing Menopause symptoms, please don't be embarrassed to come forward for help and support. Employers need to recognise that the menopause can be a challenging time for some staff and there may be adjustments made to support you at work.
- As an organisation we recognise that some of you are unwilling to disclose menopause-related health issues to line managers and will make alternative arrangements.
- Confidential menopause email template



9. Appendices 1 to 9

Appendix 1 - The symptoms of menopause

During menopause, a person's **brain and mood** can be affected causing: low mood, depression, and anxiety; sleep problems which then leads to tiredness, fatigue and/or dizziness; brain fog leading to reduced concentration, poor information retention and a reduced ability to learn; unexplained mood swings, irritability, and emotional outbursts. These symptoms can impact on an individual's performance in terms of coping strategies, pressure of dealing with deadlines and priorities. They may also experience a lack of confidence, anxiety, or panic disorder.

Individuals can experience **hair** loss or hair can become thin, lacklustre, and brittle. Some have **mouth** problems such as bleeding gums and a dry mouth. This can lead to bad breath. They may also experience taste changes and strange oral sensations including a burning tongue.

The **heart** can be affected, causing palpitations and an increased risk of heart disease. The **lungs** can be affected as they may develop new allergies or existing allergies can become worse. For example, asthma, hay fever, dermatitis (see skin/nails below).

The **abdomen** and **gut** can be affected as people may gain weight, develop bloating, abdominal cramps, irritable bowel syndrome (IBS), sickness or nausea and women can experience **urogenital problems** which bring about greater urgency and/or more frequent trips to the toilet.

Irregular **periods** can be brought about by an unpredictable pre-menstrual tension and menstrual cycle, heavy bleeding, water retention and bloating.

Individuals can suffer from general **skin** itchiness and formication (feels like something crawling about under the skin), allergies such as dermatitis and thinning skin. Also, nails can become dry and brittle.

People develop problems with their **muscles, joints, nerves, and bones**. This can lead to muscle pain and weakness, joint pain, osteoporosis / loss of bone density and nerve function may be affected.

Some can suffer from sudden changes to **body temperature**, which include daytime sweats and flushes; sudden heat or redness in face; night-time sweats and flushes.

Other symptoms of the menopause (of which there are at least 34 recognised as part of the menopause) can also include loss of libido, vagina dryness and or atrophy, weight gain, bladder symptoms, such as urgency, frequency and mild incontinence, breast pain and headaches.



Appendix 2.

Mapping the symptoms of menopause for yourself or to support a conversation about wellbeing at work

Symptoms of menopause are very individual and can be embarrassing. Sensitive conversations are needed to explore what support may be helpful to maximise wellbeing. Included below is a template (guide) to assist with understanding how to support staff experiencing issues through the menopause. This list demonstrates how and when symptoms may impact on the individual. **This list should be supported with an introduction that underlines the sensitive and confidential nature of the discussion and what mechanisms or routes to support there are in addition (such as Occ Health specific support). Managers shall reiterate that support can be kept under review as symptoms change.**

Symptom	Location you have the symptom (if both tick both)		Severity of the symptom				How frequently do you experience the symptom					Adjustments you feel may assist (Examples included)
	Home	Work	Mild	Moderate	Intense	Severe	Less than monthly	Weekly	Daily	Hourly	Constant	
Hot flushes												Fan/ extra uniform/ close to a window/ access to showers if applicable
Night Sweats												Flexible shift times
Irregular Periods												Procedures allowing for flexibility without drawing attention (Panel meetings etc.)
Loss of Libido												
Vaginal Dryness												
Mood Swings												Inform the team/colleagues to be mindful. Quiet/ Private breakout room.
Fatigue												Flexibility and sensitivity
Hair Loss												

Joint Pain							t						
Burning Tongue													
Electric Shocks													
Digestive Problems													
Gum Problems													
Muscle Tension													
Brittle Nails													
Itchy Skin													
Tingling Extremities													
Osteoporosis													

Appendix 3.

A note about COVID-19

According to current medical advice, COVID-19 is not likely to be a significant additional risk to menopausal women per se, but menopause is a time women begin to have increased risk for heart disease and type 2 diabetes, once they lose the protective effects of oestrogen. These could mean an increased risk for women who may contract COVID-19.

Women in menopause could potentially see an increased vulnerability to severe symptoms although there is early work to explore the role of oestrogen in having a protective function, so women who are not on hormone therapy during menopause might be more at-risk than those without a decline in oestrogen.

Appendix 4:

References and additional information including the law and the menopause

There are more women in the workforce than ever before, in the women make up over 75% of the workforce and nearly half of all very senior managers are women. As women are working longer, they are often managing the demands of work and home life whilst also dealing with caring responsibilities (around 25% of women also have a caring role) at the same time as menopause.

- Under the Equality Act 2010, menopause is largely covered under three protected characteristics: age, sex, and disability discrimination.
- The Health and Safety at Work Act 1974 provides for safe working, which extends to the working conditions when experiencing menopausal symptoms.
- Acas has introduced new codes of practice surrounding flexible working.

Discrimination may be direct or indirect.

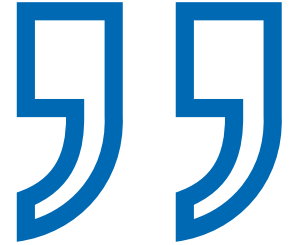
- Direct discrimination: an employee is treated less favourably because of a protected characteristic, so in the case of menopause, it could relate to gender or age.
- Indirect discrimination is where a provision, practice or criteria is discriminatory in relation to a protected characteristic. So, even if a neutral policy (for example, flexible working) is applied across the organisation, it may be considered to place some women at a particular disadvantage compared with men.

Disability refers to; A physical or mental impairment, which has a substantial and long-term adverse (12 months or more) effect on the ability to carry out normal day-to-day activities. In the case of menopause, we do not have a firm deadline for symptoms to decline or end. In this case menopause can easily fall within the disability definition.

The law and the menopause

The menopause is... an important gender- and age-equality issue and should be part of an organisation's approach to developing inclusive workplaces that support women's progression at work throughout their employment lifecycle.

From the CIPD guidance 'The Menopause at Work: a guide for people professionals' www.cipd.co.uk/menopause



The Equality Act

Under the Equality Act 2010 it is unlawful to discriminate against people at work because of a protected characteristic. The protected characteristics include age, disability, and sex.

Age discrimination is when you are treated differently because of your age. Indirect age discrimination may be the result of a rule or policy which puts people within a certain age group at a disadvantage.

Sex discrimination is when you are treated differently because of your sex. Indirect sex discrimination may happen when an organisation has a particular policy or way of working that applies in the same way to both sexes, but which puts a woman at a disadvantage because of her sex unless it can be objectively justified.

Therefore, if a woman experiencing the menopause is treated detrimentally because of menopausal symptoms and these are not considered within policies or practices, it could potentially give rise to sex and age discrimination.

Case law

In the case of *Merchant v BT PLC* 2012, the employee was found to have suffered from direct sex discrimination and an unfair dismissal. Ms Merchant was dismissed for poor performance, but her manager failed to consider her menopausal symptoms, even though she had given the manager a letter from her GP outlining her impaired concentration. The manager should have investigated her health problems linked to her menopause further but instead he made stereotypical assumptions based on his knowledge of the experience of his wife and a colleague.

The tribunal decided that the manager would never have adopted "this bizarre and irrational approach with other non-female-related conditions" or treated a man suffering from ill-health with comparable symptoms in this way.

Under the Equality Act, a disabled person is defined as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.

Employers have a duty to make reasonable adjustments for disabled workers, where failure to do so would place the disabled worker at a substantial disadvantage compared to non-disabled workers. They must not treat employees less favourably than others because of a disability.

In some circumstances, menopausal symptoms may meet the Equality Act definition of disability.

Case law

In the case of *Davies v Scottish Courts and Tribunals Service*, the employee was found to be unfairly dismissed and to have suffered from disability discrimination. The tribunal considered that Ms Davies was disabled as defined by the Equality Act because of the substantial and long-term menopausal symptoms which caused memory loss and confusion.

A mix-up occurred at work about whether her medication had been added to a jug of water or not. The workplace disciplinary panel decided that she had deliberately misled them, and she was dismissed for gross misconduct. This dismissal meant that the employee was treated unfavourably because of something arising in consequence of her disability i.e., the menopausal symptoms. The employment tribunal found that the action of dismissal was not justified.

ACAS has introduced new codes of practice surrounding flexible working.

Health and Safety at Work Act 1974 and The Management of Health and Safety at Work Regulations 1999

The Act requires employers to ensure the health, safety and welfare of all workers. The Regulations require employers to assess the risks of ill health (including stress related conditions) arising from work-related activities, ensuring that the hazards are removed, or proper control measures are put in place to reduce the risk so far as is reasonably practical.

Therefore, employers should include the consideration of specific risks for women experiencing the menopause.



Appendix 5

Trans women, trans men and non-binary people and the menopause

Trans women (women who were assigned male at birth) undertaking hormone therapy are likely to take this for life. They may experience menopausal like symptoms, especially if their hormone therapy is interrupted or unstable.

Trans men (men who were assigned female at birth) will experience an age-related menopause process if they do not undertake hormone therapy and retain their ovaries. If trans men have their ovaries and uterus removed, they may experience a premature menopause. These symptoms are also affected by hormone therapies, for example taking testosterone. This is important to remember as trans men may more commonly experience the menopause at an early age (eg. 20-30 years old) which can add another barrier to seeking care and adjustment.

Non-binary people may also experience menopause and these experiences will depend on a variety of factors including their sex assigned at birth and their medical treatments. Whilst it is not appropriate to ask about these things it is important to be aware of them and allow space for the individual to take the lead on the support and adjustments they may require.

Intersex people may also experience menopause and these experiences will depend on a variety of factors including their sex assigned at birth and their medical treatments. Whilst it is not appropriate to ask about these things it is important to be aware of them and allow space for the individual to take the lead on the support and adjustments they may require.

Menopausal symptoms will be related to the individual's age and the time in their life that they have undergone transition related treatments. The menopause may also induce dysphoria for trans individuals (dysphoria is when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender. This may be so intense it can lead to depression and anxiety and have a harmful impact on daily life.) This should be considered when talking to trans and non-binary people about the menopause. If a trans, non-binary or intersex person does disclose their menopausal symptoms and their trans or intersex status, it is important that this information is not passed on to others without their consent. For trans people who have a Gender Recognition Certificate it is illegal to disclose their trans status without consent.

The recent Women and Equalities Select Committee (WESC) report identified that non-binary and trans people felt their experiences were not reflected in narratives around the menopause, but this is under-researched.



Appendix 6

Women with disabilities and the menopause

Although there has been little research into the matter, it has been reported by women with disabilities and those with pre-existing health conditions, that the Menopause can aggravate existing health conditions and even trigger new ones.

Examples include women with Diabetes who find it more difficult to keep blood sugar levels stable, or conditions such as Multiple Sclerosis, mental health, skin conditions, chronic fatigue syndrome can be exacerbated.

The nature of the individual's disability can make it difficult to get the medical support they need or possibly recognise the symptoms as being Menopause related.

Women with disabilities are more affected by menopause symptoms.

22% of women with disabilities said they have left due to menopause symptoms, compared to 9% of women without disabilities. The Faucett society menopause in the workplace 2022 has significant sample information that has informed understanding of the issues and differences. The Faucett society research has reported that more than eight in ten women with disabilities reported difficulties in sleeping (92%) brain fog (85%), joint pain or stiffness (82%), anxiety and depression(82%).

Appendix 7

Black women and women minoritized groups and the menopause

Black women and women from minoritized groups may face barriers in accessing appropriate medical support, or having their symptoms taken seriously, not least because of racism within the workplace.

Evidence suggests that there may be some variations in the average age at when the Menopause takes place with women from minoritized groups.

Some studies suggest that symptoms may be more prevalent and more severe for Black women, although research is not clear on the reasons for this.

The Faucett society Menopause and the Workplace 2022 appears have provided sample information from Black and minoritized women, which has informed the most recent research findings. There is a lack of research on how the menopause impacts women from different minoritized groups. The Faucett society findings found that Asian and Black women were less likely to have trouble in sleeping (78% and 76% compared to white women), brain fog 60% and 53% compared with 74%, and anxiety and depression 61% and 52% compared to 70%. These findings do not account for lifestyle factors, other research has highlighted cultural differences and the extent to which women report their differences.

Karen Arthur and her podcast- Menopause whilst Black amplifies the voice of Black women and their experience and stories of the menopause.

Appendix 8

Policy Template available

This policy Template has been made available to adult social care organisations by Jacqui Mcburnie – Chair of the NHS/Improvement Menopause Network and member of the Cross Government Network Executive Steering Committee.

Appendix 9

Menopause Information, Reference, and Resources

Guidance references:

<https://www.womens-health-concern.org/help-and-advice/factsheets/menopause/>

Menopause Awareness Webinar:

[Menopause Awareness, Jacqui McBurnie](#)

The Fawcett Society

<https://www.fawcettsociety.org.uk/menopauseandtheworkplace>

Daisy Network

Daisy Network provides information and support to women diagnosed with Premature Ovarian Insufficiency, also known as Premature Menopause.

<https://www.daisynetwork.org>

The Menopause Exchange

The Menopause Exchange gives independent advice about the menopause, midlife and post-menopausal health. They send out a free quarterly newsletter with useful impartial help and support.

www.menopause-exchange.co.uk

NHS information

www.nhs.uk/conditions/menopause

www.nhs.uk/conditions/early-menopause

NICE guidelines on 'Menopause: diagnosis and treatment

NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.

www.nice.org.uk/guidance/ng23/ifp/chapter/About-this-information

Menopause Matters

An award-winning, independent website providing up-to-date, accurate information about the menopause, menopausal symptoms and treatment options.

www.menopausematters.co.uk

Women's Health Concern

A charitable organisation – the patient arm of the British Menopause Society – that aims to help educate and support women with their healthcare by providing unbiased, accurate information.

www.womens-health-concern.org

The Menopause Friendly Accreditation

can apply for The Menopause Friendly accreditation or membership.

<https://menopausefriendly.co.uk/membership-join>

ACAS

Advisory, Conciliation, and Arbitration Service

www.acas.org.uk

The Menopause Exchange

The Menopause Exchange gives independent advice about the menopause, midlife and post-menopausal health. They send out a free quarterly newsletter with useful impartial help and support.

www.menopause-exchange.co.uk

Menopause cafés

At a menopause café people, often strangers, gather to eat cake, drink tea and discuss menopause. The website includes guidance on how to set up your own menopause café.

www.menopausecafe.net

Manage my menopause

Website for tailored menopausal advice for individuals provided by experts.

www.managemymenopause.co.uk

My Menopause Doctor

A website that aims to help empower women with necessary information to make informed decisions regarding any treatment they may take to help turn the menopause into a positive experience that does not negatively impact their lives.

www.menopausedoctor.co.uk

Period Poverty Update

<https://www.refinery29.com/en-gb/period-poverty-cost-of-living>