Sparking a new chapter of brilliance and resilience.

MENOPOWER

MenoPower Activity: 2.2 Development of the Training Pack

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Training Pack: Introduction

Menopause is not a niche health issue; it's a universal reality for half the workforce, with cascading effects on health, careers, and organisational resilience (EMAS, 2023; Eurostat, 2022). Most workplaces operate as if menopause doesn't exist. Yet, in today's labour market, women over 45 represent one of the fastest-growing segments. This oversight comes at a staggering cost: lost productivity, preventable talent attrition, and needless human strain. Recent research and government reports highlight the significant workplace and economic impacts of menopause (Griffiths et al., 2013; UK Government, 2023; NHS Confederation, 2024).

The MenoPower Training Pack was developed to transform this status quo. Structured across four evidence-based modules, it provides a complete roadmap, from understanding menopause's biological and psychological dimensions to implementing structural, cultural, and strategic workplace solutions. The pack follows a deliberate, science-backed arc:

Module 1: Medical & Health Perspectives

Anchored in the Biopsychosocial Model (Engle, 1977) and Health Belief Model (Rosenstock, 1974), this module explores menopause as lived experience, hormonal shifts, psychological changes, and symptom navigation. It establishes the foundation for understanding the *individual body and mind* at the centre of menopause.

Module 2: Menopause and The Workplace

Drawing on Social Identity Theory (Tajfel & Turner, 1979) and the Job Demands-Resources Model (Demerouti et al., 2001), this module shifts focus to *institutional systems*, showing how workplace cultures, roles, and resources shape menopausal experiences, and why 40% of affected employees report weekly disruptions (O'Neill et al., 2023).

Module 3: Creating a Supportive Environment

Focused on *cultural transformation*, this module showcases good practice: flexible scheduling, physical comfort measures, and inclusive norms that enable belonging and retention (Verdonk et al., 2021; Griffiths et al., 2013).

Module 4: Strategies for Employers

Designed for decision-makers, this module translates awareness into strategic action. It introduces legal frameworks such as the Work-Life Balance Directive (EU Directive 2019/1158) and emerging global standards like ISO 45003 (ISO, 2021), offering tools to embed menopause into policy, compliance, and workforce planning.

Through case studies, from NHS hospitals to Fortune 500 companies, participants will discover what works and how to adapt it. Designed for both employees and employers (with Module 4 targeting decision-makers), the programme builds shared empathy and accountability.

Why now?

- By 2025, more than 1 billion women worldwide will be postmenopausal, reflecting a major demographic shift (FP Analytics, 2025; Meno Martha, 2025; UN DESA, 2024).
- In the UK, menopause-related challenges contribute to billions in employer costs, including lost productivity, attrition, and absenteeism (Griffiths et al., 2013; UK Government, 2023; NHS Confederation, 2024).
- 83% of women say workplaces fail to provide adequate support (British Menopause Society, 2024).

MenoPower is about more than education; it's about fairness. It ensures that no colleague has to choose between their health and their career. By the end of this training, organisations and individuals won't just understand menopause; they will be equipped to lead through it with confidence and integrity.

Together, we can create workplaces where menopause is understood, supported, and no longer a barrier to success.

Module 1: Medical & Health Perspectives

Quick Start:

This module isn't here to give personal medical advice, but it is here to give you the confidence to recognise symptoms, understand the broad range of treatment and support options, and know where to go for reliable information.

Who should use this module?

- *Employees wanting to understand symptoms, health impacts, and workplace implications*
- *HR, managers, or wellbeing leads seeking a factual baseline*

Where am I?

Start here to place yourself or someone you support on the menopause journey, understand what to watch for, and why it matters (at a glance).

- *Menopause definitions (stages, symptoms) concise explanations and terminology & The Good Things About Menopause Infographic*
- *What should I watch for? Menopause and related symptoms can look different for everyone. Familiarising yourself with these helps recognise*

signs in yourself, colleagues or loved ones.

- *Why does it matter? Because how we experience and manage menopause is about more than just biology. Workplaces, relationships, and cultural attitudes shape wellbeing for everyone in the community.*
- *Links between health and work capacity: The Health Belief Model shows how our beliefs about symptoms, available resources, and social support influence whether people seek help, which in turn affects wellbeing, productivity, and job retention.*
- *Pillars of Wellbeing: Use this as your daily check-in for wellbeing (shhh.. you don't have to be menopausal to benefit). Each pillar supports overall health, and small steps in any area can make a big difference!*

Use this with:

- *Symptom Mapping Worksheet (download link)*
- The Menopause Map: *Questions for your Health Care Provider*
- MITRA Pillars of Wellness: *The Wheel of Life Tool*
- Myth or Fact Digital Activity Sheet

Module Overview

Key Words

Menopause, perimenopause, menopause symptoms, hormone changes, healthcare access, workplace health, MSK health, health literacy, cardiovascular risk

Target Audience

Male and female employees. HR professionals, line managers, Health & Safety officers, First Aid personnel.

Learning Objectives

By the end of this module, participants will:

1. Understand the biological, hormonal and medical foundations of menopause and perimenopause.

2. Identify common symptoms and health risks associated with menopause across physical and mental health domains.

3. Become familiar with evidence-based medical and non-medical treatment options, including lifestyle interventions.

4. Recognise the importance of lifestyle and personalized care in managing menopause effectively.

Introduction and Context

Section Objective:

To explain why menopause matters in the workplace and provide an overview of key health perspectives.

Brief Introduction

Menopause is a natural and inevitable phase of life that marks the end of a woman's reproductive years. While it is a universal biological event, women experience menopause very differently. For some, this transition may involve significant physical and psychological challenges, including hot flushes, anxiety, and sleep disruption, which can affect their well-being and performance at work (Zeng et al., 2025; Khadilkar, 2019). While these symptoms can also influence experiences in the workplace, this module focuses on understanding the internal, biopsychosocial changes of menopause. Later modules will explore how these individual experiences intersect with workplace and organisational contexts.

The workforce is evolving: women over 50 are the fastest-growing demographic in many labour markets, particularly across Europe (Eurostat, 2022). Yet, health systems and workplace environments often lag behind these demographic realities. This module aims to bridge this gap by providing all participants with accurate, evidence-based knowledge about the physiological changes and health implications of menopause, regardless of gender or life-stage. By improving understanding of available care pathways and treatment options, this module empowers individuals and employers to make informed decisions about support strategies in the workplace (NHS, 2023a; EMAS, 2023; CUH, 2025). Furthermore, the importance of including male employees is integral to the success of any cultural shift.

Menopause also carries increased long-term health risks. Sleep disorders are common during this stage and correlate with other symptoms (Zeng et al., 2025), highlighting the need for personalised care and integrated support. This module advocates for early preventative measures to address long-term health risks such as cardiovascular disease and osteoporosis (Davis et al., 2015).

INFO BOX: Stigma and Barriers

Menopause is more than physical symptoms, it also affects mood, cognition, relationships, and is powerfully shaped by workplace culture and personal beliefs about health.
Myths, stigma, and concerns about being judged can make people less likely to seek support: even when help is available. Silence and misunderstanding in the workplace can amplify these barriers.

Changing this culture starts with:

- Encouraging workplace-wide, stigma-free conversations about menopause.
- Providing access to reliable, evidence-based information and support channels.
- Using language, signs, and communications that are always clear, factual, and inclusive.

How someone experiences menopause at work is shaped by policies, culture, and workload, not just biology. By reducing stigma and supporting openness, you help ensure everyone feels confident seeking help.

Relevant Statistics & Research:

The number of women experiencing menopause is increasing, reflecting broader demographic trends. This underscored the importance of understanding the diverse individual experiences of menopause (Eurostat, n.d.). Experiences with menopause vary widely. Studies show women report an average of 10.7 menopausal symptoms, with specific combinations and severity differing greatly. Frequently mentioned symptoms include sleep disturbances (81.8%), vasomotor symptoms (hot flushes/night sweats) (80.7%), forgetfulness or memory problems (75.6%), and psychological symptoms such as low mood (66.6%) and anxiety (59.7%) (O'Neill et al., 2023). Given the complex, individualistic physiology of menopausal symptoms, medical approaches should be tailored to each person's needs.

Medical treatments can trigger early or premature menopause. Approximately 3% of women experience early menopause (before 40) for medical reasons, and another 6%

experience premature menopause between 40 and 44, often due to medical treatments or surgery causing ovarian failure (Rocca et al., 2023).

Sleep disorders in perimenopausal women are strongly associated with symptoms like hot flushes and depression, compounding the overall health burden (Zeng et al., 2025). Menopausal transition also increases long-term health risks. Declining oestrogen levels contribute to a higher incidence of cardiovascular disease and osteoporosis, highlighting the need for early preventative measures (Davis et al., 2015).

Key Concepts and Theoretical Frameworks

This module leans on two complementary frameworks: the *Biopsychosocial Model (BPS)* and the *Health Belief Model (HBM).*

The Biopsychosocial Model

The *Biopsychosocial Model* (Engel, 1977) understands menopause as a **complex health transition** affecting:

- Biological (e.g., hormonal changes)
- Psychological (e.g., mood and cognition)
- Social (e.g. work environment, stigma) dimensions.

This holistic perspective highlights how these interconnected factors shape individual experiences and health outcomes, not just biology alone.

The Health Belief Model

The *Health Belief Model* (Rosenstock, 1974) offers insight into how women:

- Assess symptoms
- Perceive risks
- Decide whether to seek medical care.

It emphasises **perceived severity, perceived barriers and benefits**, and **cues to action**, all of which influence health-related decision-making. Together, these frameworks help explain the variability in how menopause is experienced and demonstrate why accessible health information, open conversation, and supportive colleagues and managers matter.

Local Workplace Spotlight: Frederick University (Cyprus, Higher Education)

Local workplaces often reflect the principles behind the Biopsychosocial and Health Belief Models in action. At Frederick University this has taken two forms. First, the university has made a public commitment to diversity and inclusion by signing the Diversity Charter Cyprus and, in its Ministry of Labour submission, embedding health and safety culture into curricula and workplace practices. Second, in 2024, the university partnered with MITRA to deliver menopause awareness and wellness workshops for staff ("Εμμηνόπαυση και Ευεξία: Διαχείριση Συμπτωμάτων & Δημιουργία Υποστηρικτικών Περιβαλλόντων – Menopause and Wellness: Managing Symptoms & Creating Supportive Environments").

These initiatives demonstrate how accessible information, structured dialogue, and supportive practices can reduce stigma, empower employees to seek help earlier, and foster an inclusive workplace environment (see Annex C for full documentation).

- **Goal:** Build an inclusive culture where women's health and wellbeing are openly supported.
- **Action:** Diversity Charter commitment, integration of health and safety in curricula, menopause awareness workshops with MITRA.
- **Impact:** Normalised dialogue on menopause, encouraged early help-seeking, strengthened confidence in workplace support, and reinforced the university's reputation as a supportive employer.
- **Copy This:** Partner with a local NPO/NGO or trainer to run a short awareness session; it delivers visibility, normalises conversation, and signals institutional commitment at minimal cost.

*ALLYSHIP BOX: **What Practical Male Allyship Looks Like***

Male allyship is crucial

Colleagues and managers who will never personally experience menopause can play one of the most powerful roles in shaping workplace culture. Turning awareness into everyday action means:

- *Check in regularly with teammates about their wellbeing; listen supportively and*

without judgment.

- *Remember: Silence is not comfort. Some may not speak up. Your willingness to ask and validate can break stigma.*
- *Signpost to reliable sources: When someone raises an issue, guide them to official policies, HR contacts, or trusted online/printed resources instead of giving personal medical advice.*
- *Be flexible: Support requests for changes, like temporary tweaks to work hours, uniforms, or shift patterns, show you take health impacts seriously.*
- *Normalise the topic: As a manager or team leader, include menopause in staff training, induction, or group discussions. Say clearly that workplace adjustments are encouraged and confidential.*
- *React with respect: When menopause is mentioned, never dismiss, minimise, or joke, model the respectful response you want others to follow.*
- *Visible support matters: When men make allyship visible, in discussion, policy, or daily example, it signals menopause is everyone's business and everyone's responsibility. This helps all staff feel safe, supported, and empowered to seek help if needed.*

Quick Wins for Small Workplaces

If you're in a small or low-resourced setting, practical support need not be expensive or complex:

- *Peer Support: Set up informal peer circles (even two colleagues) for regular check-ins or shared tips.*
- *Flexible Breaks: Offer extra or more flexible breaks during the workday to anyone managing troublesome symptoms.*
- *Share Free Resources: Print/download and display menopause information sheets in staff spaces (see toolkit or annex).*
- *Policy on a Page: Draft a simple, one-page commitment to support staff undergoing menopause, and share it with your team.*
- *Buddy System: Pair up willing staff as 'wellbeing buddies' for day-to-day support.*

Every action counts. Small steps like these can make a big difference in comfort, retention, and morale for your whole team.

Case in Practice: Lund University (Sweden, Higher Education)

GOAL: Understand staff health barriers and reduce stigma around menopause.
ACTION: Conducted staff survey, reviewed HR policies, ran awareness training sessions.
IMPACT: Identified disclosure barriers; shaped inclusive communication strategy.

COPY THIS: Start with a short anonymous survey to find out what stops staff from talking. **Allyship Angle**: Ask staff how colleagues can show allyship in reducing stigma and making menopause easier to talk about.

VOICE (Composite, Private University Workshop with MITRA, Cyprus 2024):
Several participants noted that having menopause explicitly included as a workshop and being asked interactive questions and activities was meaningful, since it is rarely raised in their professional context.
Framework link: This illustrates the Health Belief Model's "cue to action", simply naming menopause and providing interactive activities made participants more likely to see it as relevant. It also reflects the social dimension of the Biopsychosocial Model, as silence and stigma in professional culture can determine whether people seek help.

Why This Matters, And What Can You Do?

- Notice that symptoms may show up physically, emotionally, and socially.
- Understand that *workplace adjustments* or *open conversations* may be just as effective as medical options for improving wellbeing.
- Don't underestimate the impact of kindness, flexibility, and reliable information.

Understanding Treatment Options

Medical and Beyond: Navigating Options

Medical interventions for menopause must reflect the full biopsychosocial context in which symptoms occur. Hormone Replacement Therapy (HRT) is the primary treatment for menopausal symptoms and works by replacing the hormones oestrogen and progesterone, which decline during menopause (NHS, 2023a). There are two main types: oestrogen-only HRT, typically recommended for women who have had a hysterectomy and combined oestrogen-progesterone HRT, prescribed for women with a uterus to reduce the risk of endometrial cancer risk (NHS, 2023a).

The decline in key hormones during menopause can affect multiple aspects of health. For example, a decrease in oestrogen can lead to hot flushes, bone loss, and dry skin, while declining progesterone can disrupt sleep and mood regulation, leading to fatigue and irritability. A reduction in testosterone may cause lower energy levels and decreased libido. (Davie et al., 2015).

HRT is clinically effective at alleviating physical symptoms such as hot flushes, sleep disruption, and joint pain (NHS, 2023a). It may also support cognitive and emotional function, potentially improving concentration and emotional stability (NHS, 2023b). While long-term use of combined HRT is associated with a small increased risk of breast cancer (estimated at approximately 5 extra cases per 1000 women using combined HRT for 5 years), the benefits often outweigh the risks for most women under 60. Oestrogen-only HRT carries little or no increased breast cancer risk, and risks such as blood clots and stroke, are generally low particularly when using transdermal options like patches and gels (NHS, 2023b). Regular breast screening and prompt reporting of abnormal bleeding are recommended as part of informed care (NHS, 2023b).

The *Health Belief Model* helps explain inconsistent uptake of HRT. Women may overestimate perceived risks or face barriers such as conflicting information, stigma, or difficulties accessing healthcare, which can reduce the likelihood of pursuing treatment.

For those who cannot or choose not to use HRT, several non-hormonal options are available. These include SSRIs and SNRIs (antidepressants), gabapentin, acupuncture and cognitive behavioural therapy (CBT). CBT in particular, aligns with the psychological dimension of the biopsychosocial model by addressing sleep problems, low mood, and anxiety, and is recommended by NICE (2024). Mindfulness techniques may also help regulate stress responses through cortisol modulation (CUH, 2025). Increased awareness of these alternatives may act as a cue to action, encouraging health-seeking behaviour.

Case in Practice: IKEA of Sweden AB (Retail)

GOAL: Normalise menopause as part of everyday workplace wellbeing.
ACTION: Delivered manager training, awareness workshops, and a company-wide comms campaign.
IMPACT: Increased openness among co-workers; policies updated to cover menopause explicitly.
COPY THIS: Add one menopause module into existing staff training or manager induction. **Allyship Angle**: When managers include menopause in training, it signals allyship at leadership level, showing staff that support is cultural, not just individual.

VOICE: Reddit contributor, u/Bard_Bomber, r/Menopause (2025)
"I'm in the Netherlands working for a large company, and there is a lot of support and open conversation around menopause (and other women's health issues that affect work). There is a huge emphasis on wellbeing and I've seen the HR policies shifting to reflect improved understanding of menopause and perimenopause."
Framework link: This demonstrates the Biopsychosocial Model, where organisational culture (social environment) influences menopause experience and wellbeing. It also aligns with the Health Belief Model: HR policies and open conversation act as "cues to action," legitimising health needs and prompting people to seek care.

In Practice this Means:

- *Signpost credible resources.*
- *Support colleagues with openness and flexibility.*
- *Use what you've learned to normalise conversations and informed decision-making in your context.*

Recognising and Supporting Mental Health During Menopause

Menopause is frequently accompanied by psychological symptoms such as anxiety, irritability, low mood, and cognitive changes often described as 'brain fog' (O'Neill et al., 2023). These experiences are sometimes misunderstood or downplayed, which can delay care and increase emotional distress. Viewed through a biopsychosocial lens, psychological wellbeing is integral to overall health, not secondary to it.

Interventions such as counselling, mindfulness-based practices, and antidepressants can help manage these symptoms by improving emotional regulation and reducing stress. Practices that lower cortisol levels, such as meditation, CBT, and guided relaxation, may be especially useful during perimenopause. Health literacy, emotional validation, and supportive communication can all function as cues to action in the Health Belief Model, enabling earlier help-seeking and better psychological outcomes.

Managing Long-Term Health Risks

Menopause is associated with an increased risk of conditions such as osteoporosis, cardiovascular disease and the musculoskeletal syndrome of menopause (MSM), which includes joint pain and muscle loss (Lorentzon et al., 2022). Biopsychosocial factors, from stress and lifestyle to nutrition and exercise, shape long-term risks like osteoporosis and cardiovascular disease (Lorentzon et al., 2022).

HRT has been shown to reduce osteoporosis risk by 28-50%, depending on fracture type and study parameters (Lorentzon et al., 2022). For those experiencing MSM or other age-related changes, physical activity and healthy lifestyle habits are essential. Preventative care, such as bone density scans, cardiovascular screenings, and early lifestyle interventions, can reduce long-term health risks. Embedding health education and personalised care into clinical encounters can serve as cues to action that improve uptake of preventative strategies.

Lifestyle Tweaks That Make a Difference

Lifestyle changes such as regular physical activity, adequate sleep, and stress reduction have strong clinical backing for symptom relief (CUH, 2025). These low-risk, high-benefit approaches are often underused, despite their potential to improve daily functioning.

According to the *Health Belief Model, unless* women recognise the value of these strategies (perceived benefit) and feel confident they can implement them within the constraints of daily life (low perceived barriers), sustained behaviour change is unlikely. Providing accurate, empowering health information and normalising these practices can increase engagement and promote long-term health.

Clarifying Medical Definitions:

Why Does This Matter?

Clearly understanding menopause stages and terminology helps you spot symptoms, communicate confidently, and seek (or offer) the right support.

As the Biopsychosocial Model reminds us, menopause is shaped as much by psychology and social context as by biology.

The Health Belief Model adds that clear definitions are cues to action; they help people recognise symptoms, seek timely support, and take informed steps for their health.

Menopause Definitions: At a Glance

- **Menopause** is the permanent end of menstruation, typically confirmed after twelve months without a period. In the United Kingdom, menopause usually happens between the ages of 45-55, (average: 51) (Liverpool Women's NHS Foundation Trust, 2021; NHS England, 2022). It may result from natural ageing or be medically induced through surgical procedures (e.g., ovary removal), or

medical treatments such as chemotherapy (Liverpool Women's NHS Foundation Trust, 2021).

- **Perimenopause** is the transitional period before menopause, when hormone levels fluctuate. Signs may include irregular periods, hot flushes and mood changes (NHS England, 2022). It usually starts in the mid-40s, but can begin earlier (Liverpool Women's NHS Foundation Trust, 2021; NHS England, 2022).
- **Postmenopause** begins one year after the last period. Hormonal levels stabilise but risks like osteoporosis and heart disease increase. Some symptoms (e.g. hot flushes, joint pain) can continue. (Liverpool Women's NHS Foundation Trust, 2021; NHS England, 2022).
- **Primary Ovarian Insufficiency (POI)**, sometimes called premature ovarian failure, refers to impaired ovarian function before 40 (Mayo Clinic, 2023; MedlinePlus, 2024; ACOG, 2014). It is distinct from premature menopause because intermittent ovarian activity and fertility may continue (Mayo Clinic, 2023). Causes include autoimmune disease, genetic conditions such as Turner Syndrome, chemotherapy, or unknown factors (ACOG, 2014; MedlinePlus, 2024). Treatment typically focuses on restoring oestrogen levels and preventing complications.
- **Premature Menopause** is the irreversible end of menstruation and fertility before age 40. It may be due to natural causes, medical treatments, or surgical removal of the ovaries (Better Health Channel, 2024; Mayo Clinic, 2023; MedlinePlus, 2024).

In summary:

Understanding the different terms and stages, across physical, psychological, and social factors, makes it easier to spot patterns, have the right conversations, and get support. When people know what they're experiencing, they're more likely to take effective action and overcome barriers to care.

Training Content & Delivery Guide

Medical & Health Perspectives of Menopause

Type of activity	This module uses the MITRA "Menopause Matters: Empowering Wellness & Managing Symptoms" slide deck as the core presentation tool. It integrates interactive group and individual activities, including the Myth or Fact icebreaker and the Symptom Mapping Worksheet, to encourage participant reflection and engagement. Sessions are conversational and participatory, avoiding passive lecturing, and designed for adult learning with practical workplace application in mind.
Objective	Participants will: 1. Gain a clear understanding of menopause stages, key symptoms, and biological changes. 2. Recognise common and silent menopause symptoms including physical, psychological, and cognitive domains. 3. Challenge common menopause myths to reduce stigma and build accurate knowledge. 4. Reflect on symptoms personally or observationally through symptom mapping. 5. Identify at least one practical action or learning takeaway for themselves or their workplace support.
Delivery format	Designed for flexibility, suitable for in-person, virtual, or hybrid delivery. Activities can be adapted to group sizes and formats, using breakout rooms or chat, where online. Emphasis is on active participation, discussion, and reflection using the slide deck alongside the worksheet and quiz.
Description	**Step 1: Icebreaker: Myth or Fact? (15 mins)**

	• Begin by engaging with a set of "Myth or Fact?" statements about menopause. Reflect on each statement, decide whether you believe it's a myth or a fact, then check the correct answers and brief explanations. • Purpose: This activity challenges common misconceptions, reduces stigma, and opens up awareness of menopause realities. **Step 2: Key Definitions & Menopause Overview (15 mins)** • Review the MITRA slide deck sections that introduce menopause stages, hormone changes, and typical symptoms. • Consider the key definitions (menopause, perimenopause, postmenopause) and note any concepts that are new or particularly relevant. **Step 3: Biology & Symptoms (15 mins)** • Go through the slides exploring biological changes during menopause, with attention to physical, psychological, and cognitive symptoms. • Reflect on how these changes might affect health, wellbeing, and everyday life. **Step 4: Symptom Mapping Activity (30 mins)** • Use the Symptom Mapping Worksheet, which includes a body outline and a categorized list of symptoms. • Indicate which symptoms you recognize, have experienced, or have observed in others. You can mark these on the body outline or simply tick/list them.

	• Feel free to add any additional symptoms not listed, as experiences can vary widely. **Step 5: Wrap-Up & Key Takeaway (15 mins)** • Take a moment to identify one insight, strategy, or practical action you want to remember or apply in the future, whether at work, home, or in supporting others. • Summing up reinforces learning and encourages practical engagement with menopause awareness. **Key Concepts:** • Menopause stages: perimenopause, menopause, postmenopause • Menopause symptoms: physical, psychological, cognitive • Common myths and facts about menopause • Personal and workplace impacts of menopausal symptoms • Empowering actions and supportive practices
Duration	1.5-2 hours
Required materials	• MITRA Slide Deck: "Menopause Matters: Empowering Wellness & Managing Symptoms" • Myth or Fact Activity Downloadable or Digital quiz • Symptom Mapping Worksheet: Downloadable
Facilitator tips	• Use clear, non-technical language. Define medical terms briefly and accessibly. • Encourage openness and respect during personal sharing/reflections.

	• Facilitate myth-busting with supportive explanation, aiming to reduce stigma. • Draw connections between symptoms and workplace relevance; emphasize practical supports. • Keep activities interactive and paced to maintain attention and participation. • For virtual sessions: use breakout rooms for small group symptom mapping or discussion; use chat for Myth or Fact responses. • Prompt participants to reflect personally or supportively, acknowledging diverse experiences including male and younger participants.
Adaptations and variations	• Shorter sessions: Focus on Myth or Fact icebreaker, slide overview, and a brief symptom mapping reflection. • Virtual delivery: Use digital polls, annotation tools, and breakout rooms; record sessions if appropriate. • Advanced groups: Add discussion of medical treatment options from slides or recent research; encourage sharing of workplace policy ideas. • Anonymous participation: Use anonymous questions or polls to encourage sharing on sensitive symptoms.

Case Studies Table (Summary):

Organisation	Context	Key Intervention	Key Outcome
Lund University	Higher Education, Sweden	Staff survey, HR policy review, menopause awareness training	Identified barriers to disclosure; informed inclusive communication strategy

IKEA of Sweden AB	Retail, Sweden	Menopause training workshops, internal communication campaign, manager Education	Increased openness among co-workers; policy updates on health-related support

For full case study details, see Case Study 6: Lund University **and** Case Study 7: IKEA of Sweden AB **in** Annex A: Case Studies (Full List & Details), **where you can also find a complete list of all case studies.**

Actionable Steps and Best Practices

Employers

Practical steps to help employers create a workplace that accommodates the unique health needs of employees experiencing menopause.

1. Develop a Menopause Health & Workplace Checklist

- Key Symptoms & their impact on work.
- General health screening recommended for midlife women.
- Signposting to psychological support and lifestyle interventions.

2. Support Preventative Health & Wellbeing

- Encourage employees to use a menopause symptom tracker (available link in the resources below via The Menopause Charity), to track symptoms and discuss them with their GP.
- Provide information on routine health checks available locally.
- Promote access to mental health support and signpost to local wellbeing services.

3. Make Reasonable Workplace Adjustments

- Allow for flexible working, relaxed uniform policies, access to rest areas, and adjustments to temperature or ventilation.
- Train managers to have supportive conversations and handle menopause-related issues sensitively.

4. Establish Clear Support & Follow-Up Procedures

- Ensure employees know how to raise menopause-related issues and request adjustments confidentially.

- Assess via a questionnaire how symptoms affect work and identify further support needs.
- Review and record menopause-related absence separately from general sickness to identify patterns to make reasonable adjustments and demonstrate proactive support.

Best Practices:

Embed menopause into existing Health & Safety Policy & Framework. By embedding these steps into existing structures, organisations can address menopause holistically, ensuring health and safety beyond compliance, retention and wellbeing.

1. Add menopause-specific clauses to existing policy, covering adjustments, support mechanisms, and anti-discrimination measures.

2. Conduct menopause-sensitive workplace evaluations (assess temperature, ventilation, uniform fabrics, and access to restrooms and quiet spaces).

3. Educate staff and managers by offering sessions on menopause symptoms, workplace rights, and available resources. Additionally, equip leaders to handle sensitive discussions and approve adjustments, while also implementing awareness campaigns.

4. Create safe channels for feedback like anonymous submissions of menopause-related concerns via HR.

5. Expand support programs already in place to include menopause and promote early lifestyle interventions.

6. Modify the physical environment with menopause in mind.

7. Foster inclusivity from the top down, while also empowering bottom-up solutions where employees become co-creators of a supportive workplace culture by leading peer-led groups and collective learning initiatives for menopause. Ensure support for all genders and consider intersectionality (e.g., race, age, disability, gender) in policy and resources, recognising that intersecting identities influence an individual's experience of menopause.

8. Update your Health & Safety Policy and Framework regularly by utilising employee feedback via surveys or focus groups to identify gaps. This will also ensure alignment with emerging research and legislation.

Employees

Practical steps to help employees take proactive steps in monitoring their well-being, seeking necessary adjustments, and ensuring continued support from both healthcare providers and employers.

1. Track Symptoms & Health

- Use a menopause symptom tracker (available link in the resources below via The Menopause Charity) to monitor symptoms and prepare for health appointments.
- Keep a diary of how symptoms affect your work.

2. Prioritise Preventative Health

- Schedule health checks and discuss menopause-related risks with your GP.
- Adopt healthy lifestyle habits: regular exercise, balanced diet, stress management.

3. Self-Advocacy & Seeking Support

- Share your symptoms and diary with your manager or HR to discuss possible adjustments.
- Ask about your employer's menopause policy and available support.

4. Follow-Up & Ongoing Support

- If symptoms worsen or impact your work, request a review of workplace adjustments.
- Seek peer support.

Best Practices to take a proactive approach for health & well-being during menopause in the workplace:

1. Take responsibility for learning about menopause symptoms and treatments, and seek out workplace resources related to menopause support.

2. Familiarise yourself with your company's health & safety policy and framework to utilise available health and wellbeing resources, such as mental health support,

exercise programs and menopause-specific resources. If these resources are not available, advocate for them and raise awareness of the need to have them in place.

3. Be confident in requesting adjustments that will help you manage menopause symptoms. This can include asking for more frequent breaks or a more flexible work schedule during challenging symptom flare-ups.

Assessment and Reflection Activities

Knowledge Check:

At the end of this module, take a moment to test your understanding of the biological, psychological, and social dimensions of menopause. This short quiz will help reinforce key medical definitions, symptom patterns, treatment options, and relevant health frameworks.

Please read each question carefully and choose the best answer. The answer key is available in Annex B at the end of this pack.

Questions:

1. **Menopause typically begins between the ages of:**

   a) 35 and 40

   b) 40 and 45

   c) 45 and 55

   d) 60 and 65

2. **What is the medical definition of menopause?**

   a) The onset of the first hot flush

   b) 12 months + 1 day after a woman's final period

   c) The period leading up to a woman's final period

   d) When hormone replacement therapy (HRT) is prescribed

3. **Which of the following hormones typically decline during menopause? (Select all that apply)**

   a) Oestrogen

   b) Progesterone

c) Insulin

d) Testosterone

4. **What is the term for the stage before menopause when symptoms such as hot flushes, sleep disruption, and mood swings may begin?**

   a) Postmenopause

   b) Perimenopause

   c) Climacteric

   d) Menarche

5. **Which of these is a cognitive symptom commonly reported during menopause?**

   a) Hot flushes

   b) Brain fog

   c) Joint pain

   d) Weight gain

6. **Premature Ovarian Insufficiency (POI) refers to menopause that occurs:**

   a) After the age of 55

   b) Before the age of 40

   c) Between the ages of 40 and 45

   d) Only due to surgical hysterectomy

7. **Which of the following is a non-hormonal treatment option for managing menopause symptoms?**

   a) Oestrogen patch

   b) Combined HRT

   c) SSRIs/SNRIs

   d) Progesterone cream

8. **What role does Cognitive Behavioural Therapy (CBT) play in menopause management?**

a) Improves bone density

b) Helps with muscle stiffness

c) Alleviates mood disturbances and improves sleep

d) Reduces the frequency of hot flushes

9. **Which factors contribute to increased musculoskeletal (MSK) vulnerability during menopause?**

a) Hormonal changes that affect bone and joint health

b) Age-related loss of muscle mass

c) Sedentary lifestyle and job strain

d) All of the above

10. **Which of these is a reliable menopause resource for further guidance?**

a) TikTok wellness influencers

b) Wikipedia

c) NHS website

d) Random online forums

Self reflection:

Instructions:

Reflect on how menopause-related health affects not only you personally but also your role within the workplace community. Whether you're an employee or employer, male or female, understanding the medical aspects of menopause and how it interacts with the work environment is crucial for fostering an inclusive, supportive culture.

Self-reflection Prompt:

- How can your workplace proactively support employees in managing menopause, before symptoms become disruptive? (TIPS: think about how preventative wellness programs, education, and early intervention can reduce the impact of menopause-related symptoms before they manifest fully. How can your workplace culture shift to prioritising proactive health management to *all* employees?)

- What actions can be taken to integrate menopause into your organisation's broader health & safety strategy, alongside other natural life stages like maternity, breastfeeding and ageing? Think about how senior leadership, HR, and employees can collaborate to ensure menopause is a central part of the organisational wellness strategy. How can you create inclusive health policies that recognise menopause as a natural life event requiring support?
- How could you act as a health ally for your colleagues? What is one practical action you could take to support menopause inclusion, even if you will not experience menopause yourself?

This exercise is designed to foster personal reflection on your experiences and encourage actionable steps for improvement. Take the time to consider how menopause is experienced in your workplace, and how policies and practices could be adjusted to support all employees. We encourage you to share your reflections with your team or management to ignite thoughtful conversations about creating a more inclusive and supportive workplace for everyone.

Module 2: Menopause and The Workplace

Quick Start:

This module isn't here to provide legal or HR advice, but it is here to give you (or your team) the confidence to recognise menopause as a workplace issue, understand who's affected, and take meaningful action for inclusion and retention.

Who should use this module?

- *HR, Diversity & Inclusion, and managers designing or updating workplace policies and support.*
- *Employees, supervisors, or anyone who actively supports colleagues or wants to make their team more inclusive.*

Where am I?

Start here to position yourself or your team at the beginning of your menopause-in-the-workplace journey; see why it matters, what to look for, and how to make practical change.

- *5 Ways Menopause Shapes the Workplace: Menopause at work, why care? Because menopause can impact performance, retention, and fairness in every sector.*
- *Venn Diagram: Where Inclusion Happens. Belonging, workload design, and fairness must align for a workplace to be truly menopause-inclusive.*
- *Who is affected? Local data and stats: See where women work, by age and sector to target inclusion where it matters most.*
- *Intersectionality Infographic: Understand how age, job, and personal background combine to shape each employee's experience and risk of exclusion.*
- *Why does it matter? EU Workplace Gap Infographic Silence and stigma can cause real organisational losses, from burnout to talent drain.*
- *Organisational Justice Infographic. Fair policies and a respectful tone build trust and performance; one broken pillar, and retention suffers.*
- *Job design matters; JD-R Infographic: High job demands and low support = burnout; flexibility and resources restore balance.*
- *First Actions: Social Identity & Disclosure Decision Tree: Use this to see how workplace culture shapes if/when people speak up; and what happens when*

they can.

Use this with:

- Webinar Recording & Viewing Guide**:** *Menopause Awareness & Solutions*
- Vodafone's Menopause Toolkit
- Personal Reflection Worksheet
- Workplace Inclusion Checklist
- Case Study Analysis: NHS England & SAP Germany

Module Overview

Key Words

Menopause, organisational culture, workplace accommodations, inclusive workplace culture, employee well-being, diversity equity and inclusion, structural inequity, ageism.

Target Audience

Human Resources professionals, line managers, Diversity & Inclusion offices, business leaders, Health & Safety officers, male & female employees.

Learning Objectives

Upon completing this module, participants will be able to:

1. Identify how menopause affects work dynamics, policy gaps, and inclusion in a relational and structural way.
2. Spot the impact of stigma and silence on how employees talk about menopause, or don't.
3. Recognise how a lack of menopause support can lead to unfair performance evaluations and the loss of skilled employees.
4. Learn how to build a culture where menopause is acknowledged and respected.

Introduction and Context

Brief Introduction

Menopause is a workplace and leadership issue, not just a health concern. As more women remain active into their 50s and 60s, workplaces must address menopause openly and supportively. Too often, silence and stigma persist, impacting employee wellbeing and business outcomes (Carrot Fertility, 2023; SHRM, 2023).

This module focuses on how workplace policies, leadership, and culture shape, or erase, the menopausal experience. The challenge isn't menopause itself, but how organisations respond. Without supportive policies and open leadership, menopause becomes a hidden burden, leading to silence and talent loss (Police Federation UK, 2024; Onuava, 2024).

Menopause inclusion is essential for diversity, equity, and workforce planning. Organisations committed to these values are encouraged to explicitly include menopause in their inclusion efforts (EMAS, 2023; SHRM, 2023). Importantly, menopause intersects with other identities like age, race, socioeconomic status, and disability, which will be explored in this module.

Look for these tip boxes throughout the module. They offer practical steps you can use right away.

TIP *BOX*
If You're Experiencing Menopause: Steps You Can Take

- *You're not alone. It's okay to acknowledge how it affects your work.*
- *Check what support your workplace offers, policies, programmes, or networks.*
- *If you're unsure, talk confidentially with HR or a trusted manager. Asking for support is always reasonable.*

Cyprus Labour Force Evidence & Menopause in the Workplace: A Snapshot

(Updated August 2025: Latest Data, Evidence, and Local Context)

Why Local Data Matters

Menopause affects a large share of the working population in both Cyprus and Lithuania, yet neither country has workplace-specific legislation or national tracking of

its impact (CYSTAT, 2024; EMAS, 2023). Understanding where women work, and in what numbers, is essential for targeting workplace menopause support.

Table 1: CYPRUS Labour Force Key Indicators

(CYSTAT, Q1 2025)

LFPR measures women's participation relative to the total female population of working age, while "women employed (%)" measures women as a share of all employed people.

Indicator	Value	Source/Note
Total employed	493,272	All employed persons, Q1 2025
Women employed	230,252 (46.67%)	All employed women, Q1 2025
Female LFPR (15+) (Labour Force Participation Rate)	59.3%	Labour Force Participation Rate for women age 15+
Female Employment rate 20-64	74.6%	Women ages 20–64
Female Employment rate 55-64	69.9%	Women ages 55–64
Women in services sector	81.1%	% of all employed women in Services
Public sector jobs	77,034	Broad Public Sector, Q1 2025
Women in public sector	36,205 (47%)	Approx. from CYSTAT tables

Why this matters:
These figures provide the most up-to-date national snapshot of women's participation in the workforce. They highlight two immediate priorities for menopause inclusion:

1. Sectoral targeting: focus on service-based and public-sector workplaces where women's employment is most concentrated and age diversity is common.
2. Inclusion for under-counted groups: ensure migrant and non-EU women in low-visibility, low-regulation jobs are not excluded from workplace programmes.

Table 2: Where Women Work - Headline Findings

Table 2 (full in Annex D) maps the sectors with the highest share of female employees, broken down by citizenship.

Key Takeaways

- Domestic/household activities are almost entirely staffed by women (96-100%), overwhelmingly non-EU nationals.
- Elementary work employs more women than any other category, about two-thirds of workers in all citizenship groups.
- Clerical, education, and health/social care roles are strongly female-majority and often benefit from structured HR systems.
- Services & Sales employ large numbers of women in diverse roles and working conditions.

For full percentages, absolute numbers, and detailed sector breakdowns, see Annex D, Table 2.

Table 3: Strategic Role of the Public Sector

Public Sector Employment by Gender, Cyprus, Q1 2025 (CYSTAT, Broad Public Sector Employment)

Category	Total Employees	Strategic Note
Broad Public Sector (all)	77,034	Largest national employer, reaching every community.
Central Government	66,447	Includes much of Education and Health & Social Care, both female-majority and age-diverse, though also present in private sector.
Non-Profit Organisations	11,134	High public contact, social/cultural/health services, often woman dominated
Local Authorities	5,515	Municipal/community services; many female-majority roles (administrative, secretarial, cashier, community support).
Publicly Owned Enterprises (SOEs)	4,938	Utilities, transport, and other essential services; more male-majority overall but strategic for awareness.

Why this matters

The public sector in Cyprus is a high-leverage starting point for menopause-friendly workplace change.

- **Scale**: Over 77,000 employees, reaching every community.
- **Female concentration**: Education, Health & Social Care, and many Local Authority roles are female-majority and age-diverse, despite also having significant private-sector presence.
- **Local authority relevance**: Roles such as administrative staff, clerks, municipal secretaries, cashiers, and community support workers are predominantly female, based on occupational gender data.
- **Policy influence**: Public sector adoption can set a visible precedent for private-sector uptake.

Note: Female-majority subsector evidence is drawn from national Labour Force Survey occupational data, not direct disaggregation in CYSTAT's Broad Sector tables.

Table 4: Migrant Women's Employment - Headline Findings

Labour Market by Sector, Cyprus 2021 (Latest Available)

Key Takeaways

Non-EU women are overwhelmingly concentrated in *domestic work* and other low-visibility sectors with minimal workplace protections.

- Many migrant women in hospitality, retail, cleaning, caregiving, and elementary roles lack access to structured HR systems or formal health policies.
- Employment conditions for non-EU domestic workers are often tied to visa status, further limiting access to workplace adjustments.

For full sectoral breakdowns and percentages, see **Annex D – Table 4**.

Why It Matters Now: The European Context

Europe's workforce is ageing, with more women aged 45 to 64 active in the labour market (Eurofound, 2025; Eurostat, 2023). Yet, workplace support for menopause has not kept pace. Menopausal women hold key roles across sectors, but often lack adequate workplace support, leading to reduced retention and missed opportunities

for inclusion. Addressing menopause at work is now both a demographic imperative and a strategic priority for equity and sustainability.

A Growing European Movement for Change

The European Menopause and Andropause Society (EMAS) urges organisations to create menopause-friendly workplaces that support wellbeing and retain talent through its Menopause and Work Charter. At the EU policy level, while no comprehensive data on menopause in the workplace yet exists, the European Agency for Safety and Health at Work (EU-OSHA) recognises menopause as a factor in women's occupational health and safety (Parliamentary question-E-000279/2022). Directives like 89/391/EEC (workplace health and safety) and 2006/54/EC (equal treatment) prohibit discrimination and encourage employers to address psychosocial risks, including those related to menopause.

Several EU Member States, including Cyprus and Lithuania, are updating labour laws and workplace policies to promote gender equality and safer working conditions for ageing workers. These developments provide a clear framework for employers willing to act (European Commission, 2022; Eurofound, 2025).

Leadership and Organisational Responsibility

Leadership plays a critical role. Leaders who talk openly, learn, and promote psychological safety create cultures where menopause is acknowledged and managed, not hidden. The UK's upcoming Employment Rights Bill (2026) will require more formal support for menopausal workers, including flexible working and workplace adjustments (Moore Kingston Smith, 2025; Weightmans, 2024). This signals a broader European trend toward action on menopause at work.

Relevant Statistics & Research:

Although menopause is a universal life stage, its impact on work is often overlooked. O'Neill et al. (2023) report that approximately 40% of menopausal employees experience weekly disruption at work, with fatigue (54%) and sleep disturbances (47%) most commonly affecting focus, memory, and communication. Yet, most workplaces don't address these challenges.

Disclosure remains difficult: only 31% of women feel comfortable discussing menopause with their employer and just 15% of U.S. companies offer menopause-specific support (Society for Women's Health Research (2021); SHRM, 2021). Similar patterns are seen across Europe, especially in the private sector, where silence is driven by discomfort, stigma, and gendered ageism.

Despite holding key roles and responsibilities, many menopausal employees manage symptoms alone. Nearly a quarter (23%) of working women have considered quitting due to menopause or menstrual symptoms, citing poor support and lack of understanding (Simplyhealth, 2023). Many stay silent, fearing they'll be seen as unproductive or unreliable (Hoomph, 2024). This has real consequences: lower performance ratings, missed promotions, and even job loss, whether voluntary or not (Hoomph, 2023).

The organisational impact is significant. In a 2022 multinational study, 17% of menopausal women said they had left their job or seriously considered leaving due to unmanaged symptoms and lack of support (Alzueta et al., 2024). Some research suggests the number could be as high as 50% (Royal London, 2023; Simplyhealth, 2023). These losses cost organisations valuable experience, leadership, and stability, even if they don't show up in official statistics.

Taken together, these findings show that menopause challenges are shaped by how organisations respond. Without clear policies, training, and supportive leadership, companies risk losing skilled employees, missing out on talent, and perpetuating unfair treatment.

Tip Box

TIP *BOX* *How to Support a Colleague*
• *Avoid jokes or dismissive comments.* • *Respect their privacy but be open to listening without judgement.* • *Offer practical help when possible, like swapping shifts, extending deadlines, or adjusting meeting times.*

- *Speak up if you notice their requests for support are being overlooked or dismissed.*

Key Concepts and Theoretical Frameworks

Workplace responses to menopause go beyond health. They reflect deeper institutional beliefs about who belongs, who gets support, and what 'good work' means. This section introduces three frameworks that reveal why menopause is often overlooked and how organisations can drive meaningful change: Social Identity Theory, the Job Demands-Resources (JD-R) Model, and Organisational Justice Theory.

Importantly, menopause intersects with multiple social identities such as race, socioeconomic status, and disability, which compound the workplace challenges faced by many employees. Research shows that menopausal experiences are shaped by a mix of factors like age, gender, ableism, and job expectations, creating layers of inequality that many workplace policies don't fully address (Atkinson et al., 2020; Riach & Jack, 2021). Studies from healthcare and higher education sectors in Australia highlight the need for policies that support menopausal women facing these combined challenges, highlighting how these overlapping identities increase stigma and exclusion (Riach & Jack, 2021). New research on menopause and neurodivergence underscores the importance of personalised, inclusive support that acknowledges diverse employee needs (Gottardello & Steffan, 2024). Because of this, using an intersectional approach is essential to ensure menopause support is fair and works for everyone.

These frameworks are especially relevant for HR, line managers, and DEIB practitioners who want to transform equity commitments into practical change.

TIP *BOX*

Why This Matters to You (Even If You're Not a Manager)

- *These frameworks help explain why support for menopause can feel inconsistent or hard to find.*
- *If you've hesitated to speak up, doubted your performance, or felt isolated, you're likely responding to wider workplace issues, not personal weakness.*
- *Understanding this can help you ask better questions, seek support, and advocate for change.*

Theoretical Frameworks

1. Social Identity Theory (Tajfel & Turner, 1979)

Social Identity Theory shows that people define themselves by group memberships, like age, gender, and role, which shape perceptions of competence and belonging. Menopausal employees may not fit dominant norms, (such as constant availability, or emotional neutrality), leading to:

- Internalised stigma and reluctance to disclose symptoms (Steffan & Potočnik, 2025);
- Social distancing or exclusion from key projects or leadership roles;
- Impression management, with women leaders hiding symptoms to appear resilient (Hearn & Collinson, 2021).

True inclusion means challenging narrow definitions of professionalism at all life stages.

Male Allyship: Expanding the Ingroup

According to *Social Identity Theory*, people feel included when they believe they belong to the group that sets the tone at work. Allyship helps reshape that tone. When men openly support conversations about menopause, they help remove the stigma, make it easier for others to speak up, and treat menopause as a regular part of workplace inclusion.

For practical strategies on allyship in action, check out the Male Allyship section in Module 1.

2. Job Demands-Resources (JD-R) Model (Bakker & Demerouti, 2007)

The JD-R Model views jobs as a balance of demands (like workload or emotional effort) and resources (like support or flexibility). Menopausal symptoms, including fatigue, sleep disturbance, and cognitive fog, add demands often invisible in performance reviews. Without adjustments, this imbalance can lead to burnout, presenteeism, and lower productivity. O'Neill et al. (2023) found 40% of menopausal employees experience weekly work disruption, with supportive managers lessening the impact.

Helpful workplace resources include:

- Flexible schedules for rest or appointments
- Menopause-aware, empathetic leadership
- Peer networks or employee groups that normalise disclosure.

This model highlights that menopause is a **workplace design issue** not just a personal health matter.

TIP *BOX* *Try This: Small Changes for Daily Support*
• *Take short breaks to manage symptoms and recharge.* • *Use flexible start times or hybrid work if needed.* • *Keep a simple symptom diary, it can help with conversations about adjustments.*

Note: The JD-R Model will be revisited in Module 4 for organisational interventions.

3. Organisational Justice Theory (Greenberg, 1987)

Organisational Justice Theory emphasises that fairness, in outcomes, processes, and interpersonal treatment, builds trust and motivation. Menopause inclusion often falls short due to:

- **Distributive injustice:** penalising employees without considering health impacts
- **Procedural injustice:** unclear or missing support policies

- **Interactional injustice:** dismissive or avoidant manager responses (‘*It’s part of life, just get on with it*’)

Fairness can be built through transparent accommodations policies, respectful communication, and equal access to support.

Justice frameworks show that menopause inclusion is essential to organisational integrity and strong employer-employee relationship.

Synthesis: Framing Menopause as a Systemic Workplace Issue

These frameworks reveal that menopause challenges are not just personal, they’re shaped by culture, job design, and fairness. Here’s how each framework highlights barriers and opportunities for change:

Framework	Organisational Insight
Social Identity Theory	Stigma persists where professionalism is narrowly defined
JD-R Model	Symptoms escalate under high demands unless balanced by resources
Organisational Justice	Fair, empathetic treatment builds trust and improves retention

TIP *BOX*

Take Action: Start the Conversation

- ❖ *Talk to someone you trust at work, one supportive chat can make a difference.*
- ❖ *Ask HR or your manager about menopause-related support or initiatives.*
- ❖ *Join or start an employee group focused on women’s health, age inclusivity, or neurodiversity.*
- ❖ *Share this module with colleagues or managers who may not be aware of these issues.*

Workplace Examples: How Menopause Inclusion, or Exclusion Shows Up Organisationally

While theory helps us understand systemic patterns, real-world examples show how organisational responses, or their absence, shape outcomes for menopausal employees. The following cases illustrate both the risks of inaction and the potential for inclusive design, drawing on the core frameworks explored in this module.

1. NHS England: Normalising Menopause Through Organisational Justice

NHS England has taken a comprehensive approach to menopause inclusion by developing formal policies that include line manager training, workplace adjustments, and awareness campaigns.

The NHS Menopause Improvement Programme supports:

- Compassionate conversations
- Flexible scheduling, and
- Equitable access to occupational health services

This reflects key principles of Organisation Justice Theory, ensuring fair processes and respectful interpersonal treatment (NHS England, 2022; NHS Employers, 2024).

For example, Sherwood Forest Hospital NHS Foundation Trust implemented research-based intervention educating managers and destigmatising menopause, which improved staff wellbeing and organisational culture (NHS England, 2022). These efforts align with legal frameworks such as the Equality Act 2010 and Health and Safety at Work Act 1974, which protect employees from discrimination and require employers to safeguard health and welfare (ACAS, 2023).

2. SAP (Germany): Strategic Design Using JD-R Model

At the software company SAP, menopause support is central to the company's wellbeing and inclusion strategy. Employees have access to flexible work arrangements, confidential support, and health insurance covering menopause-related care. These supports are strategic investments grounded in the Job Demands-Resources (JD-R) Model (Bakker & Demerouti, 2007).

Menopause symptoms, such as fatigue, brain fog, and mood swings, increase job demands, yet most performance reviews do not account for these factors (van de Scheur, 2022). What makes the difference are job resources: supportive managers, flexible schedules, and control over the work environment help prevent burnout and presenteeism.

SAP trains managers to understand menopause and incorporate it into team planning, encouraging a culture of support that gives employees more control and reduces pressure. According to the JD-R Model, increasing resources lowers stress and boosts engagement (van de Scheur, 2022). By integrating menopause into everyday management, SAP reduces stigma and retains experienced talent.

3. When Inaction Drives Talent Loss: Evidence from the Private Sector

When workplaces ignore menopause, employees withdraw, either by quietly disengaging or leaving their jobs altogether. Nearly one in four working women have considered quitting due to menopause-related symptoms (Simplyhealth, 2023; Hoomph, 2024). Many stay silent, fearing they'll be seen as unreliable.

This isn't about individual weakness. Social Identity Theory explains that when people feel they don't fit workplace norms, their confidence and engagement decline, leading them to pull back.

In such environments, even senior or essential staff report missed promotions, poorer performance reviews, and eventually stepping back or leaving. The talent loss is real. Addressing this requires recognition, supportive policies, and committed leadership. Failing to act risks losing valuable talent and undermining workplace equity.

Conclusion: Why Menopause Belongs in Every Workplace Strategy

Menopause affects work. As more women remain in the workforce into their 50s and beyond, its impact on focus, attendance, and long-term career progression is becoming impossible to ignore. Left unaddressed, these impacts can contribute to burnout, disengagement, and premature exits, all costly for employees and employers alike.

Yet workplace silence remains common. Many avoid disclosing symptoms due to stigma or fear of being seen as less capable. This silence can lead to unmanaged stress, reduced performance, and unrecorded turnover.

Menopause is not just a personal or health issue. It is a structural challenge shaped by organisational culture, leadership norms, and job design. Supporting menopausal employees is not an optional add-on; it's a core component of equity, retention, and sustainable workforce strategy.

When managers are prepared, policies are inclusive, and cultures encourage psychological safety, employees are more likely to stay engaged and perform at their best. Inclusion across the life course must include menopause.

From Insight to Action: Start Today

- ***Map the landscape**: Identify where midlife and older women are concentrated in your organisation and review whether those teams have access to supportive policies.*
- ***Spot the friction points**: Look for areas where working conditions (e.g. temperature, uniforms, shift work) could make symptoms harder to manage.*
- ***Normalise the conversation**: Introduce menopause as part of wider wellbeing discussions in meetings, onboarding, or training.*

Your Role, Your First Moves

Want practical, role-specific first steps for menopause inclusion? Download *Your Role, Your First Moves* for managers, HR, safety officers, employees, and SME owners.

Training Content & Delivery Guide

Menopause and The Workplace	
Type of activity	This module uses group discussion and real-world examples to examine how menopause affects workplace culture. Participants reflect, share, and map both personal and systemic experiences. Activities include case studies, group tasks, and role-based planning. Each part builds awareness and supports practical action.

Objective	By the end of this module, participants will: • Understand menopause's influence on workplace dynamics, inclusion, and communication. • Identify cultural and systemic barriers like stigma and silence. • Apply Social Identity Theory, Job Demands-Resources, and Organisational Justice to their workplace context. • Commit to practical changes for enhancing menopause inclusion in their teams or roles.
Delivery format	The session can be delivered in-person, online, or hybrid, adaptable for teams, managers, or individuals as peer learning or self-paced modules.
Description	**Step 1: Engage with the Webinar (45 mins)** • Watch *First Practice Management's* "Menopause Awareness & Solutions: Empowering Employees" webinar, either individually or in a group. • As you view, follow the Webinar Viewing Guide & Framework Mapping Table document, which **pinpoints key timestamps** and the related *Social Identity, Job Demands-Resources, and Organisational Justice frameworks*. ◦ Pause at suggested points, respond to prompts, and take notes directly on the guide. **Step 2: Deepen Understanding of Frameworks (30 mins)** • Actively use both the webinar and the accompanying Webinar Viewing Guide & Framework Mapping Table as your core learning materials. The video and guide together introduce and contextualise the three frameworks with real workplace examples.

	• Engage with provided discussion prompts (as an individual, in a group, or via online polls) such as:
	  • *Which framework most resonates with your experience?*
	  • *Can you think of a time when workplace support or lack thereof influenced outcomes?*
	  • *How do cultural norms or procedural supports in your workplace align with or challenge these frameworks?*
	• For groups: Use tools like Slido to match frameworks to actual or illustrative cases.
	
	Step 3: Reflect Personally (30 min)
	
	Move to the Personal Reflection Worksheet: Menopause, Inclusion, and the Workplace .
	
	• Use this worksheet to explore your own role, feelings, and observations. It's suitable whether you're working solo or sharing reflections in a peer group.
	• Focus on how your insights from the webinar and frameworks shape what you see or could do in your workplace.
	
	Step 4: Assess Organisational Climate (30 min)
	
	• Use the Workplace Inclusion Checklist. This structured tool assesses your organization's (or team's) current maturity against the three frameworks.
	• Complete the checklist after personal reflection, alone or as a group, and discuss results to identify both strengths and areas for growth.
	• Use outcomes to suggest targeted improvements or as a basis for action planning.

Step 5: Case Study Analysis: What Happens When We Act (or Don't)? (35 min)

- Explore how real organisations have responded to menopause in the workplace, through proactive inclusion or design-based support.
- Download the resource and follow instructions and activities: Menopause Inclusion Case Studies: NHS England & SAP Germany

Step 6: Personal Role Reflection: What Can I Do? (20 Min)

Access the worksheet: Menopause, Inclusion, and the Workplace

Ask participants to:

- Identify one barrier they observe or experience in their role
- Make one specific, achievable commitment (e.g. "Raise menopause during our next team health check-in")

Step 7: Wrap-Up & Next Steps (15 min)

- Take a moment to identify one idea, insight, or perspective from this session that changed how you think about menopause at work.
- This step reinforces that menopause inclusion is shaped by culture, workplace design, and fairness, not just individual experience. Encourage participants to note something they want to reflect on, raise in conversation, or apply in their own context.

Call to Action: What's one conversation you could start next week?

Key Concepts to Reinforce:

- Menopause is a **workplace design** issue, not just a health issue

	• Silence sends a message; **stigma thrives where conversation is absent** • Trust and fairness matter more than perfect policy • Menopause belongs in leadership, **retention**, and **DEIB** strategy
Duration	Time required to complete the activity 2-3 hours
Required materials	• **Webinar Recording:** *Menopause Awareness & Solutions: Empowering Employees via First Practice Management* *Watch The Webinar* Note Well: Use alongside the Webinar Viewing Guide & Framework Mapping Table for targeted Time Stamps. Access the guide here • **Personal Reflection Worksheet:** Menopause, Inclusion, and the Workplace Encourages individual insight and workplace application. Download Worksheet • **Workplace Inclusion Checklist** A practical tool to assess organisational strengths and identify areas for improvement. Access Checklist • **Case Study Analysis:** Menopause Inclusion Case Studies: NHS England & SAP Germany
Facilitator tips	To ensure an engaging and effective session, consider the following best practices: • Use plain, inclusive language, avoid jargon. • Foster a safe, respectful space for open discussion. • Encourage sharing of different perspectives and experiences.

Adaptations and variations	To tailor this module to different audiences and workplace settings, consider the following modifications: 1. Format Adaptations • Shortened Session: If time is limited, focus on key topics • Extended Workshop: For in-depth learning, expand the session into multiple modules with case studies and expert talks. 2. Audience-Specific Customisation • For Employees: Focus on lived experience, psychological safety, peer support, and awareness. • For Managers and HR Teams: Focus on team dynamics, communication skills, and flexible working. • For Employers & Senior Leaders: Focus on strategic relevance, organisational culture, risk mitigation, and retention 3. Industry-Specific Adjustments: This module can be adapted to specific sectors by adjusting language, examples, and group tasks to reflect real work environments and challenges. 4. Accessibility Considerations • Provide closed captions for video materials and transcripts for presentations. • Offer content in multiple languages if needed. • Ensure flexibility for participants who may need breaks due to menopause-related symptoms. By incorporating these adaptations, the session can be made more relevant and impactful for different workplaces and participants.

Case Study Table (Summary):

Organisation	Context	Key Intervention	Key Outcome
Vodafone Group PLC	Global, Telecoms	Global menopause policy, manager training, flexible work, Menopause Toolkit, EAP, employee peer network	Increased comfort discussing menopause; recognised as a global leader in corporate inclusion; peer community with 400+ members
Santander UK	Finance, UK	Internal campaigns, manager training, menopause peer networks, tailored awareness and support resources	Increased employee confidence; internal surveys showed employees felt more supported

For full case study details, see Case Study 14: Vodafone Group PLC **and** Case Study 8: Santander UK **in** Annex A: Case Studies (Full List & Details), **where you can also find a complete list of all case studies.**

Actionable Steps and Best Practices

For Employers, HR, and Managers

- **Address Stigma and Silence Directly**
  - Initiate organisation-wide conversations about menopause as a standard part of inclusion; not as a taboo, "private" topic. Embed discussions into existing Diversity, Equity, and Inclusion (DEI) initiatives.
  - Share anonymised stories or case studies (with permission) that communicate common experiences to reduce isolation and normalise discourse.
- **Embed Menopause into Equity and Inclusion Strategy**
  - Explicitly include menopause in DEI statements, codes of conduct, and training. Make clear commitments to counter stigma, gendered ageism, and intersectional inequity in policy and culture.
  - Invite feedback on how different identities (age, race, disability, job status) interact with menopause experiences and adapt initiatives accordingly.
- **Train Leadership for Psychological Safety**

- Provide targeted workshops for all leaders on psychological safety, active listening, and responding to menopause disclosure. Model empathetic leadership, from the top, by sharing learning journeys and feedback.

- **Reframe Performance Discussions**
  - Train managers to assess performance fairly: avoid penalising time off or visible symptoms and recognise when symptoms (e.g., brain fog, fatigue) may affect outcomes.
  - Adopt transparent processes to request and record adjustments specifically for menopause, ensuring fairness and privacy.
- **Create Visible, Accessible Support Points**
  - Assign menopause "champions" in HR or management, clearly signposted so employees know who to approach for confidential support or to raise concerns.
  - Regularly review the adequacy of support by inviting anonymous feedback on inclusion, stigma, and culture.

For Employees (All Genders and Roles)

- **Raise Awareness: Share, Listen, Encourage**
  - If safe, share observations about menopause at work with trusted colleagues, participate in awareness campaigns, or join employer-led listening sessions.
  - Listen to colleagues' experiences with openness and respect; avoid judgment, jokes, or minimising.
- **Challenge Internalised Stigma**
  - Reflect on your own assumptions about age, professionalism, gender, and health. Identify places where you may silence yourself or others and take intentional steps to challenge these patterns.
- **Advocate for Fairness and Inclusion**
  - Ask how policies and practices address menopause and bring suggestions for improvement to managers or DEI leaders.
  - Offer feedback (anonymously if needed) about ways to make support more accessible and stigmas less powerful.

Universal Best Practices for Building an Inclusive Workplace

Normalise Conversation, Make It Routine: Integrate menopause into onboarding, wellness communications, and leadership development, ensuring it's treated like any other workplace inclusion topic.

Center Intersectionality: Recognise and plan for the fact that menopause intersects with other identities; work with resource groups (e.g., disability, race/ethnicity, LGBTQ+, neurodiversity) for co-designed solutions.

Regularly Check and Improve Workplace Culture: Ask employees, through short surveys or small group conversations, how safe, respected, and included they feel at work, especially about menopause. This helps you spot any problems, misunderstandings, or stigma, not just health symptoms. Use what you learn to make your workplace even more supportive and fair for everyone.

This section is designed to help organisations and individuals move beyond policy and physical accommodation, focusing specifically on changing workplace culture, normalising conversation, dismantling stigma, and making menopause a core part of fairness and inclusion work. Unlike the other modules, it centers on the cultural, relational, and justice aspects critical for long-term change and retention.

Assessment and Reflection Activities

Knowledge Check:

At the end of this module, take a moment to test your understanding of the organisational, relational, and cultural dynamics that shape menopause at work. This short quiz will help reinforce key concepts including stigma, disclosure, inclusion frameworks, and the impact of workplace culture on menopausal experiences.

Please read each question carefully and choose the best answer. The answer key is available in Annex B at the end of this pack.

Questions:

1. **Why should menopause be addressed as a workplace and leadership issue, not just a health concern?**
    a. Because it only affects productivity at home

   b. Because it impacts employee wellbeing, retention, and business outcomes
   c. Because only managers experience menopause
   d. Because it is a rare occurrence in the workforce

2. **Which of the following is a common reason employees do not disclose menopause symptoms at work?**
   a. Lack of symptoms
   b. Fear of being perceived as weak or unproductive
   c. Too many support options
   d. Mandatory disclosure policies
3. **Which of the following best explains why many employees do not disclose menopause symptoms at work?**
   a. They have no symptoms
   b. They fear being seen as unreliable
   c. Disclosure is mandatory
   d. They expect immediate promotion
4. **What is the main focus of the Job Demands-Resources (JD-R) Model in relation to menopause?**
   a. Balancing job demands and available resources to prevent burnout
   b. Promoting only physical health
   c. Encouraging employees to work longer hours
   d. Ignoring emotional wellbeing
5. **Which of the following best describes the impact of silence and stigma around menopause in the workplace?**
   a. Increased innovation
   b. Improved communication
   c. Burnout, disengagement, and attrition
   d. Higher salaries
6. **What is a recommended action for managers to support menopausal employees?**
   a. Ignore symptoms and maintain strict schedules
   b. Provide flexible work arrangements and foster psychological safety
   c. Only offer support to senior staff.
   d. Avoid discussing menopause

7. **Social Identity Theory helps explain which of the following workplace phenomena?**
    a. How employees define themselves and are included or excluded based on group norms
    b. The financial cost of menopause
    c. The effectiveness of medical treatments
    d. The need for more vacation days
8. **What is a key principle of Organisational Justice Theory in the context of menopause?**
    a. Fairness in outcomes, processes, and interpersonal treatment
    b. Strict uniformity in all policies
    c. Only supporting employees with visible symptoms
    d. Prioritising productivity over wellbeing
9. **Which of the following is NOT a practical tip for supporting a colleague experiencing menopause?**
    a. Offer practical help, like adjusting meeting times
    b. Make jokes about menopause
    c. Respect their privacy and listen without judgement
    d. Speak up if support requests are overlooked
10. **Why must menopause be included in workplace diversity, equity, and inclusion strategies?**
    a. It is a legal requirement in all countries
    b. It only affects a small group of employees
    c. It is central to retaining talent and ensuring fairness across the workforce
    d. It is a temporary trend

Module 3: Creating a Supportive Work Environment

Quick Start:

This module isn't here to provide legal or HR advice but gives you practical steps and real-world strategies to create a supportive, inclusive environment—helping all employees, especially those experiencing menopause, to thrive at work.

Who should use this module?

- *HR professionals, managers, employers, and anyone responsible for workplace culture or wellbeing.*
- *Employees, peer supporters, or anyone wanting to make positive change for themselves or colleagues dealing with menopause.*

Where am I?

Start here to see practical workplace challenges and solutions, why support matters, and what real inclusion looks like.

- *Why menopause matters—Infographic: Key facts on why menopause support is everyone's business, not a "private" issue.*
- *What does an inclusive workplace look like?: See what a supportive environment really means in practice.*
- *Core challenges at work | More barriers here: Common obstacles faced by menopausal employees.*
- *DEI matters! Infographic: Why diversity, equity, and inclusion should always cover life-stage needs like menopause.*
- *How to spot and solve key barriers: Use this quick checklist to assess whether your environment feels safe, open, and supportive.*

Use this with:

- Scenario Activity Handout: Practical, workplace-specific scenarios to discuss in a group or reflect on individually.
- Presentation slides 'Menopause in the Workplace: A Guide 4-managers'
- Toolkit for Workplace Accommodations & Guidance

Module Overview

Key Words

Sensitivity training, flexibility, inclusive workplace, well-being, work-life balance,

Target Audience

Women employees (specifically those experiencing menopause or perimenopause)
Employers (HR professionals, managers and decision makers)

Learning Objectives

By the end of this module, participants will:

1. Understand the importance of creating a supportive work environment for menopausal employees.
2. Learn effective communication strategies for discussing menopause in the workplace.
3. Gain insights into implementing workplace adjustments and creating a sensitive, inclusive work culture.
4. Develop skills to foster a culture of empathy and understanding, thereby improving employee well-being and productivity.

Introduction and Context

Brief Introduction

A woman's menopause is a normal biological stage that usually happens around the age of fifty, however it might vary from person to person. Along with major physical, emotional, and psychological changes, it signifies the end of a woman's reproductive years (Verdonk 2022). Many women suffer from symptoms like anxiety, mood swings, memory loss, hot flushes, night sweats, and exhaustion, which can significantly impair their quality of life and capacity to perform well at work. Even though the proportion of working-age women going through menopause is rising, many workplaces still lack the support networks, resources, and systems needed to handle the difficulties that accompany this normal transition (Griffiths, et al., 2013).

This module is designed to support both employers and employees to establish a work environment that is understanding, inclusive, and supportive of menopausal women's particular needs. This module gives participants the skills to identify the difficulties

menopausal workers encounter and to put strategies in place that can lessen those difficulties by teaching both groups about menopause and its effects on the workplace. Menopause's effects on a woman's career are frequently undervalued or misinterpreted. Even though they are not usually obvious, menopausal symptoms can negatively impact an employee's engagement, productivity, and general work experience. Reduced attention, poorer work performance, higher stress levels, and increased absenteeism can all be caused by fatigue, memory problems, hot flushes, anxiety, and mood swings. Research shows that menopausal women often report higher levels of workplace stress, more frequent absences and lower job satisfaction, largely due to lack of awareness, accommodations and support from their employers (Griffiths et al., 2013).

The need for workplace regulations around menopause is becoming more evident as the number of women in the workforce continues to increase, particularly those over 50. Women between the ages of 55 and 64 make up the fastest-growing segment of the European labour force, according to Eurostat (2022). Although many of these women are still underrepresented in workplace conversations about diversity, especially when it comes to menopause, this trend is predicted to continue. Menopause is frequently left out of discussions about diversity, employee health, and workplace well-being, despite being a normal and normal aspect of a woman's life.

Furthermore, fostering a supportive and inclusive workplace environment benefits not only menopausal employees but also the entire organisation. Putting menopause-friendly policies into place supports larger diversity and inclusion objectives and promotes a more just, compassionate, and effective work environment. Businesses that proactively help menopausal workers by providing accommodations like temperature control, flexible work schedules, or quiet areas for breaks show that they care about their well-being, which can raise spirits and create a feeling of community among all staff members. Organisations may prevent possible attrition costs, lower absenteeism, and foster an environment where all workers—regardless of gender, age, or health status—are encouraged to give their best work by accepting menopause as a necessary component of workplace inclusion. Better work satisfaction, employee retention, and organisational success follow from this.

Key Concepts and Theoretical Frameworks

The importance of creating supportive work environments for employee well-being

Creating supportive work environments is crucial for fostering a healthy, productive, and thriving workforce. In addition to enhancing workers' well-being, a supportive work environment also raises job satisfaction, engagement, and long-term organisational performance. Workplaces must implement inclusive policies that guarantee all employees, regardless of their origin or unique circumstances, feel appreciated, understood, and supported in the increasingly diverse workforce of today (Harter et al, 2002). It is often known that job satisfaction, employee well-being, and general productivity are all related. Employees are more likely to be interested, motivated, and dedicated to their work when they feel valued and supported. Better work performance and organisational results follow from this. On the other hand, burnout, absenteeism, low morale, and increased turnover rates can result from employees not receiving help, especially when it comes to personal health issues or work-life balance. organisations may lower stress, increase job satisfaction, and retain top talent by creating an atmosphere that puts each employee's health and wellbeing first (Maslach and Leiter, 2016).

The modern workforce is changing, which is reflected in the increased emphasis on workplace inclusion and employee wellness. Businesses nowadays are realizing more and more that having a welcoming and encouraging workplace is not only morally required, but also advantageous from a commercial standpoint. According to research, inclusive and varied organisations typically have higher levels of creativity, problem-solving skills, and employee retention (Shore et al, 2018). In order to provide work environments where all employees may flourish, employers are realizing how important it is to address a range of health and well-being issues, such as mental health, physical disability, and age-related challenges.

Diversity, Equity, and Inclusion (DEI) frameworks are at the core of these supportive practices. DEI programs place a strong emphasis on the value of fostering an atmosphere in which all workers are treated fairly and with respect, regardless of their gender, ethnicity, age, or health. DEI is about giving everyone the chance to thrive and contribute to the success of the business, not only about representation (Shore et al,

2018). organisations may create a culture that embraces diversity, encourages equity, and offers inclusion to all workers by implementing DEI principles. This will empower everyone to perform at their highest level. This strategy is especially crucial for meeting the needs of workers going through major life changes, like menopause, because it guarantees that they receive the assistance they need to continue being engaged and productive employees (Gavin, et al, 2016).

The importance of creating supportive work environments for employee well-being

Menopausal women face unique challenges in the workplace due to the significant hormonal and physiological changes that occur during menopause and perimenopause (Safwan, et al. 2024). A woman's menstrual cycles terminate with menopause, which usually happens around age 50. However, the transition can take years and include a variety of symptoms. Hormone fluctuations during the perimenopause, the time before menopause, can affect a woman's physical and mental well-being. Numerous symptoms, including hot flushes, night sweats, exhaustion, mood swings, memory issues, anxiety, and joint pain, might be brought on by these hormonal changes (NHS). Because of the wide range of severity and duration of these symptoms, menopause is a very personal experience.

Beyond the physical and emotional effects, there are also psychological factors to consider (Safwan, et al. 2024). Women going through menopause may feel alone or ashamed, especially if the topic is not publicly discussed at work. Women may find it more difficult to seek help or adjustments due to this closed communication, which can intensify feelings of fear or uncertainty (Hogervorst, et al. 2022). Due to the physical and psychological difficulties of menopause, many women also fear that they will be seen as less competent or dedicated to their work, which can further erode their sense of self-worth and community (Faubion, et al. 2023).

Because of these challenges and difficulties, menopausal women need specialised help that takes into account their unique needs. This support should include emotional and psychological assistance in addition to practical adjustments like temperature control or flexible work schedules. It is crucial to establish a transparent, compassionate workplace where women may talk about their symptoms without worrying about stigma or condemnation. Additionally, creating guidelines and

materials that promote mental health, physical comfort, and work-life balance can greatly aid menopausal women in feeling appreciated, understood, and capable of giving their best efforts at work. Employers can promote an inclusive workplace culture that helps both the individual worker and the company overall by offering this customized support. More supporting strategies related to menopause in the workplace will be further explored later in the module.

How menopausal symptoms affect work performance

Menopausal symptoms can significantly affect an individual's performance and well-being at work (Verdonk, 2022). Menopause, which usually starts with perimenopause, brings with it a number of emotional and physical changes that can interfere with day-to-day employment. These adjustments, frequently combined with a lack of understanding or support from coworkers, can lead to a decline in job satisfaction, a rise in stress levels, and a loss in productivity (Kopenhager and Guidozzi, 2015). Fatigue, memory problems, hot flushes, mood swings, and joint pain are the most prevalent symptoms during this transition, and they can all impair a woman's capacity to function at her best at work.

Fatigue is one of the most common symptoms, and it can negatively affect a person's energy levels and general productivity at work (Faubion, et al. 2023). Many women experience fatigue throughout the day due to hormonal changes and sleep issues like night sweats. Concentration and focus may consequently deteriorate, making it challenging to maintain concentration or solve complicated problems. This weariness can be especially problematic in high-demand positions or jobs that require long hours, as it can cause delayed work completion, decreased productivity, and a general lack of desire (Faubion, et al. 2023). Furthermore, exhaustion can exacerbate feelings of inadequacy and dissatisfaction by making it difficult for people to manage their workload or fulfil deadlines (Faubion, et al. 2023).

A further noteworthy symptom is memory loss and what is commonly referred to as “brain fog” (Maki and Jaff, 2022). During menopause, many women experience issues with focus, memory recall, and mental clarity. Routine tasks, like recalling specifics or making snap decisions, can become more difficult. Errors, delays, and a general drop in productivity can be caused by this cognitive deterioration. Brain fog can have a

particularly detrimental effect on both individual and team performance for people in jobs that call for multitasking, fast thinking, or handling complicated projects. The psychological effects of feeling ‘mentally scattered’ can also cause low self-esteem and a lack of faith in one's professional skills (Deeks, 2003).

Hot flushes and night sweats are other symptoms that can create significant disruptions to work performance (Safwan, et al. 2024). These abrupt flares of extreme heat and perspiration, frequently coupled with light headedness or other discomfort, can induce physical discomfort that impairs concentration on work-related tasks. Hot flushes’ unpredictable nature can cause anxiety, particularly in situations where women are in front of others or clients and may feel self-conscious or ashamed. The inability to regulate the temperature of the workspace or take regular breaks in a traditional office setting might aggravate these symptoms, making it more difficult to remain attentive and productive, while trying to hide it at the same time.

Other signs that can affect workplace dynamics include mood swings and elevated anxiety levels (Verdonk, 2022). During menopause, hormonal changes can cause abrupt mood swings that might range from melancholy or worry to anger and frustration. These emotional swings may cause conflict or misunderstandings in relationships with coworkers, supervisors, and clients. Women may occasionally experience feelings of stigma or isolation, especially if they are uncomfortable talking to others about their problems, which is most likely the case. If the emotional toll becomes too great, this lack of open communication may cause increased stress, decreased job satisfaction, and even absence, which of course can eventually affect job performance.

Lastly, menopausal women frequently complain of bodily discomfort and joint and musculoskeletal pain (Watt, 2018). A lot of women have joint pain and stiffness, especially in the hands, knees, and lower back. This may impede mobility or dexterity and make it difficult to sit or stand for extended periods of time, which can significantly affect women in many different working environments, such as retail and customer service, healthcare, teaching, etc. Joint pain can cause persistent discomfort and hinder performance in employment requiring physical labour, long desk hours, or frequent travel. A woman's capacity to attend meetings, participate completely in team

activities, and perform the physical duties of her job may also be impacted by her inability to move freely.

When combined, these symptoms may present menopausal women with a wide range of difficulties at work (Kopenhager and Guidozzi, 2015). They can cause emotions of irritation, loneliness, and lack of support in addition to impairing a person's capacity to carry out their work efficiently (Deeks, 2003). Women may struggle to meet expectations in the absence of appropriate accommodations, which may have an impact on their retention and general job happiness (Verdonk, et al. 2022). Therefore, employers who want to create a welcoming and encouraging workplace where all workers, regardless of age or health, may flourish and make significant contributions to the organisation's success must identify and address these symptoms.

Creating a supportive work environment for menopausal employees

Creating a supportive work environment for menopausal employees requires a holistic approach that addresses both the physical and psychological challenges they may face (Safwan, et al. 2023). organisations must put in place policies and workplace modifications that mitigate the negative effects of menopause-related symptoms, which can have a substantial influence on engagement, productivity, and general well-being. Physical workplace accommodations, management and staff sensitivity training, a strong inclusive culture, access to health-related resources, and established policies acknowledging menopause as a workplace concern are all components of a well-structured support system. Employers can increase menopausal workers' job satisfaction and retention while creating a more just and efficient work environment for everyone by implementing these factors (Safwan, et al. 2023).

Offering practical workplace accommodations that help mitigate the physical and cognitive challenges associated with menopause is one of the most immediate ways to support menopausal employees (Jack, et al. 2016). Traditional work environments can be difficult to navigate due to symptoms like fatigue, hot flushes, joint pain, and brain fog, so adjustments should be made to enhance comfort and productivity. For example, flexible work arrangements can be very beneficial because menopause is a time when fatigue and sleep disturbances are common and rigid schedules may not always align with an individual's energy levels (Maki and Jaff, 2022). Offering flexible working hours, remote work options, or hybrid models allows employees to adjust their

start and end times, work from home on difficult days, or take short breaks as needed, greatly improving their ability to manage symptoms while still being productive (Atkinson, et al. 2021).

Another important component of designing a workplace that is menopause-friendly is temperature management (Jack, et al. 2016). Office settings might become uncomfortable due to hot flushes and nocturnal sweats, which can cause distraction and impair focus. Companies can help their workers by giving them access to fans, temperature-controlled areas, or seats next to windows that let in fresh air. Menopausal workers may also find it easier to control their body temperature during the day if office dress standards permit layering and breathable materials. Workplaces that are comfortable also help to reduce discomfort. Having specific calm areas where menopausal workers may take brief breaks might be quite helpful, as many of them suffer from anxiety, sensory overload, or brain fog. These spaces offer a peaceful setting where staff members can rest before refocusing on their work.

Ergonomic workplace modifications can also help with physical symptoms like muscle tightness and joint discomfort (Watt, 2018). Menopausal workers may find it easier to work comfortably for longer periods of time if they have access to ergonomic chairs, sit-stand desks, and supported keyboards. For workers who suffer from chronic pain, employers can also think about modifying task assignments to reduce physically demanding activities (Jack, et al. 2016).

As mentioned earlier, women going through menopause face extremely difficult psychological challenges. As a result, establishing a supportive and inclusive culture is just as important as making tangible modifications (Deeks, 2003; Jack, et al. 2016). Reducing stigma and promoting empathy can be greatly aided by sensitivity training for supervisors and coworkers. Many menopausal workers are reluctant to talk about their symptoms or ask for modifications for fear of coming out as weak or unprofessional. An atmosphere where workers feel comfortable talking about their requirements without fear of criticism can be established by educating the workforce about menopause, its symptoms, and the difficulties it brings. In order to highlight that menopause is a workplace condition that requires consideration and support, this training ought to be incorporated into larger diversity, equity, and inclusion initiatives

(Jack, et al. 2016). See also *'What Practical Male Allyship Looks Like'* in Module 1 for actions everyone can use to support menopause inclusion.

Access to health-related resources is an essential part of workplace support, besides training. To offer instructional workshops on managing menopause, mental health support, and symptom-relieving lifestyle choices, organisations can collaborate with medical practitioners. Providing menopausal workers with access to counselling services, employee assistance programs (EAPs), or even on-site wellness activities like yoga or mindfulness classes can help them manage stress and preserve their general wellbeing (Mastrangelo, et. al. 2007; Gangadharan, et al. 2024). Long-term support can be ensured by formalized organisational policies that acknowledge menopause as a workplace concern (Atkinson, et al. 2021). Employers should make it clear that workers who are experiencing symptoms have the right to request reasonable accommodations relating to menopause as part of their larger health and wellness policies. More open conversation about menopause in the workplace can also be promoted by creating clear channels of communication so staff members can speak with HR or designated support staff about their requirements (Atkinson, et al. 2021).

By implementing these strategies, organisations and companies can establish a work environment that firstly acknowledges and recognises the challenges associated with menopause and actively seeks to assist affected employees. Besides enhancing the wellbeing of menopausal employees, acknowledging menopause as a valid workplace concern also makes the workplace healthier, more inclusive, and therefore, more productive for everyone.

Conclusion: Prioritising menopause inclusive workplaces for organisational success

Creating supportive work environments for menopausal employees is not just a matter of individual well-being - it is a strategic necessity that contributes to the overall health, inclusivity, and productivity of an organisation (Atkinson, et al. 2021). As we have seen, menopause can cause a variety of symptoms that have a big impact on an employee's engagement, performance, and job satisfaction. Employers risk losing experienced, talented workers at a pivotal point in their careers when they ignore and fail to identify these needs. On the other hand, companies enable workers to function at their highest level (regardless of the obstacles they may encounter) by putting in

place considerate accommodations and cultivating an informed, compassionate culture. Investing in menopause friendly practices and policies, sends a clear message: that the organisation values its employees across all life phases and is dedicated to their long-term success. Although they are easy to execute, practical adjustments like open lines of communication, access to quiet or temperature-controlled places, and flexible work schedules can have a profound impact. Similarly, giving teams the vocabulary and information to lessen the stigma associated with menopause and educating managers to react with empathy has a cascading impact that improves morale, trust, and teamwork everywhere (Safwan, et al. 2024).

Crucially, supporting menopausal workers directly supports more general diversity, equality, and inclusion (DEI) goals (Laker and Rowson, 2024). The lived experiences of all employees, including those who might be navigating stigmatized or often ignored health changes, are taken into account in a truly inclusive workplace. By taking proactive measures to combat menopause, firms show that they are truly invested in equity and belonging rather than just responding to performance goals or compliance (Atkinson, et al. 2021). In summary, acknowledging menopause as a real workplace concern and implementing inclusive strategies in response is both a strategic benefit and a moral obligation. Supporting menopausal workers benefits the entire staff by increasing retention, fostering greater loyalty, and creating an environment where everyone is valued, noticed, and given the tools they need to succeed.

Training Content & Delivery Guide

Creating a supportive work environment	
Type of activity	Interactive training session including a mix of mini lectures, group discussions, scenario analysis and reflection exercises.
Objective	The main educational aim of this session is to raise awareness and equip participants (employers, HR staff and team leaders) with knowledge, sensitivity and tools to create

	inclusive and supportive workplace environments for perimenopausal women.
Delivery format	It can be conducted in person, virtual or hybrid mode (content is adaptable for all formats). The training is designed as a group activity with opportunities for small group work and individual reflection.
Description	This training module is designed to foster awareness, empathy, and practical understanding around menopause and perimenopause in the workplace. Through a blend of informative input, collaborative discussion, and scenario-based exercises, participants will engage with the social, emotional, and professional challenges faced by menopausal individuals. The aim is to build the capacity of managers, HR professionals, and team members to create inclusive and psychologically safe environments, grounded in principles of Diversity, Equity, and Inclusion (DEI). The session unfolds in six structured phases: 1. Introduction (15-30 minutes): The facilitator opens the session with a brief overview of menopause and perimenopause, defining the terms and setting the tone for the discussion. This segment also explains the significance of addressing menopause in the workplace, highlighting how silence and stigma can negatively impact individuals and team dynamics. Here you can add an ice-breaker activity. For example, everyone introduces themselves and shares one fact they know about menopause. In that way, not only will participants feel comfortable but also, they will try to familiarize themselves with the theme of the module.

2. Context and facts (20 minutes):

Participants are presented with key data points related to menopause in the workforce, for example, statistics on age demographics, absenteeism, and workplace retention. The group then reflects on how societal taboos and a general lack of awareness have contributed to a culture of silence, often leading to misunderstanding or marginalization of those experiencing menopause.

3. Theoretical framework (20 minutes):

This segment introduces participants to relevant DEI principles, connecting them directly to the experiences of menopausal individuals. Through guided discussion, the facilitator explores the intersection of gendered ageism and unconscious bias, encouraging participants to consider how these forces shape attitudes, workplace policies, and behavior—often in invisible ways.

4. Scenario based group activity (30 minutes)

Participants are divided into small groups and given realistic workplace scenarios involving menopause-related challenges. Each group is tasked with identifying:

- The core issues or barriers present in the scenario
- The impact these may have on the individual undergoing menopause, but also the team
- Supportive strategies, solutions and measures that could be implemented

After 20 minutes of discussion within the groups, each group shares the analysis and proposed strategies with the larger group, allowing for cross-learning.

5. Practical strategies and best practices (15 minutes)

	The facilitator presents a toolkit of practical strategies that the workplace can adopt to be more inclusive and supportive. This includes: flexible work arrangements, clear communication practices, sensitivity training and awareness campaigns and inclusive policies with accessible language Real life examples of successful workplace initiatives and inclusive language tips are also shared to inspire concrete action. 6. Reflection and action planning (15 minutes): To close the session, participants are invited to reflect individually on how the insights gained could be applied in their own work context. They are encouraged to write down one key takeaway and one specific action step they will implement. A brief sharing round follows, giving participants the opportunity to commit publicly to their next steps and build collective momentum. Key concepts: - Menopause and perimenopause - Workplace inclusivity - Gendered ageism - Diversity, equity and inclusion (DEI) - Psychological safety - Flexible and sensitive management practices Time required to complete the training: 2-3 hours (based on the discussion time).

Duration	Time required to complete the training: 2-3 hours (based on the discussion time).
Required materials	- Scenario activity handout - Presentation slides - Toolkit for workplace accommodations
Facilitator tips	- Create a safe and respectful atmosphere for open discussion. - Encourage active listening and validate diverse perspectives - Be prepared to navigate discomfort as the topic may be new or sensitive for some people - Emphasize the importance of translating awareness into action
Adaptations and variations	For shorter sessions: focus on scenarios and group discussion For virtual settings: use breakout rooms and collaborative tools like Miro For smaller groups: make it more conversational/reflective For male-dominated environments: add a pre-discussion about the role of allies in supporting menopause friendly workplaces

Case Study Table (Summary):

Organisation	Context	Key Intervention	Key Outcome
Microsoft Corporation	Tech Sector, Global	Partnership with Maven to provide personalised	Over 3,000 menopause interactions globally;

(with Maven Clinic)		menopause and reproductive health services across 58 countries; included hormone therapy and counselling	90% return-to-work rate for mothers; 4.99/5 satisfaction score
Thistle Marine (Employment Tribunal)	Manufacturing, UK (Scotland)	None: failure to support menopausal employee; legal case filed by employee for dismissal and harassment	£37,000 tribunal payout; reputational damage; highlighted legal risks of neglecting menopause

For full case study details, see Case Study 15: Microsoft Corporation (with Maven Clinic) **and** Case Study 21: Thistle Marine (Employment Tribunal) **in** Annex A: Case Studies (Full List & Details), **where you can also find a complete list of all case studies.**

Actionable Steps and Best Practices

Employers

1. Checklist for Creating a Menopause-Friendly Workplace

To guide employers in creating a supportive environment, here's a checklist for ensuring the workplace is inclusive and accommodating for employees experiencing menopause:

Menopause-Friendly Workplace Checklist:

- **Education & Awareness:**
  - Ensure all employees are educated about menopause and its potential impact at work.
  - Offer training programs for managers and staff to raise awareness and reduce stigma.
- **Workplace Flexibility:**
  - Offer flexible working hours or remote working options where possible.
  - Allow adjustments to work schedules to accommodate medical appointments or days when symptoms are more severe.
- **Climate Control & Comfort:**
  - Ensure that workplaces are well-ventilated and temperature-controlled to help manage hot flushes.

- Provide access to fans, water stations, and comfortable break areas.

- **Privacy & Sensitivity:**
  - Ensure employees have access to private spaces for breaks if needed.
  - Train managers to approach the topic of menopause with sensitivity and discretion.
- **Clear Communication Channels:**
  - Establish a clear, confidential process for employees to communicate their needs or concerns related to menopause.

2. Best Practices for Employers & HR

Best Practices for Creating a Supportive Environment:

- **Provide Menopause-Specific Policies:**

Create and implement policies that specifically address menopause-related concerns. This could include guidelines for flexible working hours, menopause-related leave, or temporary role adjustments.

- **Offer Menopause Education and Training:**

Provide training to employees and managers on the physical and psychological symptoms of menopause, emphasising the importance of empathy, support, and flexibility in the workplace.

- **Implement Mentoring or Peer Support Programs:**

Encourage employees who are open to discussing their experiences to become menopause advocates or mentors. Peer support can reduce isolation and provide practical advice.

- **Conduct Regular Employee Feedback Surveys:**

Implement confidential surveys to assess employee needs regarding menopause support and gather feedback on current initiatives to improve workplace practices.

3. Policy Recommendations for HR & Top Management

Key Policy Recommendations:

- **Menopause Leave and Flexible Working Hours:**

Consider providing specific leave for menopause-related health issues, such as appointments or days when symptoms are particularly severe. Encourage flexible work arrangements, including the option for remote work.

- **Healthcare Support and Access to Resources:**

Offer health and wellness programs, such as access to menopause-specific medical consultations or employee assistance programs (EAPs). Collaborate with

external specialists or organisations to provide resources for those navigating menopause.

- **Develop Anti-Discrimination Policies:**

Create anti-discrimination policies that specifically protect against bias or stereotyping related to menopause. Ensure that these policies are clearly communicated and enforced across the organisation.

- **Review and Update Benefits Programs:**

Ensure that health benefits and insurance plans cover menopause-related treatments or therapies, including hormone replacement therapy (HRT) and mental health support.

Employees

1. Guidance on Self-Advocacy & Communicating in the Workplace

Self-Advocacy Tips:

- **Know Your Rights:**

Familiarize yourself with your legal rights around workplace accommodations, especially concerning menopause-related symptoms. Know that you can request adjustments to your work environment or schedule if necessary.

- **Communicate Openly and Confidently:**

If you're comfortable, talk to your manager or HR about how menopause is affecting your work. Approach the conversation with facts and be specific about what accommodations or adjustments might help.

- **Use Supportive Resources:**

Take advantage of available resources such as HR policies, employee assistance programs, or support groups. These resources can help you navigate any challenges you're facing and provide guidance on how to handle difficult conversations.

- **Request Confidentiality:**

If you are discussing menopause with your manager or HR, make sure you ask for confidentiality and understand the process for handling any disclosures about your health.

2. Best Practices for Managing Menopause at Work

Practical Strategies for Managing Symptoms:

- **Stay Hydrated and Take Breaks:**

Drink plenty of water to stay hydrated, especially during hot flushes. Take regular breaks to move or cool down if necessary.

- **Dress in Layers:**

Wearing layers can help you regulate your body temperature. You can easily remove or add clothing as needed, particularly when experiencing hot flushes.

- **Use Relaxation Techniques:**

Practice mindfulness or deep-breathing exercises to help manage stress and anxiety, which can be exacerbated during menopause.

- **Maintain Open Communication:**

If certain aspects of your role are becoming difficult to manage due to menopause, don't hesitate to discuss temporary adjustments with your manager.

3. Tips for Engagement in the Workplace Staying Engaged and Empowered:

- **Leverage Your Experience:**

Use your experience to advocate for change in your organisation. You can also mentor colleagues who may be experiencing similar challenges or raise awareness on the topic within your team.

- **Set Boundaries and Prioritize Self-Care:**

Know when to set boundaries to prevent burnout. It's important to balance work responsibilities with self-care to avoid feeling overwhelmed.

- **Focus on Your Strengths:**

Menopause can be a time of personal transformation. Embrace the opportunity to reflect on your strengths and how you can continue to contribute meaningfully to your team.

- **Stay Informed:**

Stay up-to-date on the latest resources, research, and best practices for managing menopause. Joining a menopause support group or reading relevant articles can keep you informed and empowered.

Assessment and Reflection Activities

Knowledge assessment:

At the end of this module, take a moment to test your understanding of the key concepts we've discussed. This assessment will help you gauge your grasp of the material and its practical applications in creating a supportive workplace for

menopausal employees. Please read each question carefully and choose the best answer.

Questions:

1. **Which workplace adjustment best supports employees experiencing hot flushes?**
   a) Providing access to temperature-controlled workspaces
   b) Offering standing desks
   c) Introducing team-building exercises
   d) Implementing a dress code requiring uniforms

2. **Why is menopause often excluded from diversity and inclusion conversations in the workplace?**
   a) It is a health issue with little impact on work
   b) It is not considered relevant to employees under 50
   c) Menopause is often stigmatised and not openly discussed
   d) All of the above
3. **Which of the following accommodations could best support menopausal employees in the workplace?**
   a) Providing ergonomic chairs
   b) Offering flexible working hours
   c) Providing access to temperature-controlled spaces
   d) All of the above
4. **What is the relationship between employee well-being and organisational performance?**
   a) Poor well-being has no impact on performance
   b) Supporting well-being improves engagement and job satisfaction
   c) Well-being support only improves employee retention
   d) Employee well-being is irrelevant to performance outcomes
5. **What is one way to combat stigma related to menopause in the workplace?**
   a) Banning discussions about menopause
   b) Implementing sensitivity training for managers and employees

c) Limiting the focus on diversity programs

d) Ignoring menopause as a workplace issue

6. **Which of the following is a key feature of a menopause-friendly workplace culture?**

a) Strict dress codes

b) Open communication and psychological safety

c) Mandatory overtime

d) Ignoring personal health issues

7. **How can organisations ensure that feedback from menopausal employees informs policy development?**

a) By conducting anonymous staff surveys and focus groups

b) By ignoring feedback

c) By only asking managers for input

d) By avoiding discussion of menopause

8. **What is the benefit of providing training to line managers about menopause?**

a) It helps managers support staff with appropriate adjustments

b) It increases stigma

c) It reduces productivity

d) It is only useful for HR staff

9. **Which of the following is an example of a practical workplace adjustment for menopause?**

a) Flexible start and finish times

b) Removing all break times

c) Increasing workload

d) None of the above

10. **What is one way to measure the impact of menopause support initiatives in the workplace?**

a) Tracking absenteeism and retention rates

b) Ignoring employee feedback

c) Reducing communication

d) Avoiding data collection

Self-reflection:

Instructions: Now that you've reviewed the key points in this module, take a moment to reflect on how you can implement the strategies discussed in your own workplace. This exercise will help you develop concrete actions to create a more inclusive environment for menopausal employees.

Self-reflection Prompt:

- How can you apply the strategies discussed in this module to create a more inclusive and supportive environment for menopausal employees in your own workplace?
- What specific actions can you take within the next month to improve awareness, offer support, or foster a more open conversation about menopause at work?

This exercise is meant to encourage personal reflection and prompt actionable steps. Consider sharing your thoughts with your team or management to start meaningful conversations about workplace accommodations and inclusivity.

Module 4: Strategies for Employers

Quick Start:

This module isn't about legal theory; it's a practical guide for leadership, HR, and decision-makers. Use these evidence-backed tools and visuals to benchmark your workplace, close support gaps, and lead real change for menopause inclusion.

Who should use this module?

- *Senior management, HR, Health & Safety, DEI, and workplace policy-makers*
- *Anyone responsible for organisational wellbeing, talent, or retention strategy*

Where am I?

Start here to grasp why menopause matters for organisations, where the biggest gaps (and wins) are, and how to move from talk to measurable action.

- *Why menopause? Impact & Support Gaps: See why 77% of working women report challenges at work, the current support gap, business impacts, and why policy alone isn't enough.*
- *How work conditions make the difference: High job demands drive burnout and exits; high resources enable retention and thriving. Use this Job Demands–Resources model visual for instant workplace diagnosis.*
- *What does a healthy, supportive workplace look like?: The Salutogenic Model infographic shows how predictability, flexibility, and open dialogue create resilience, reduce stigma, and foster health.*
- *5 Strategic Tools for Menopause Support: Action checklist for employers (adjust, flex, train, integrate, support) summed up from the module's strongest evidence.*
- *5 Ways This Training Equips Employers: Track your progress, understand impact, redesign jobs, apply frameworks, close gaps, and drive strategic change across your organisation.*

Legal Foundations: Workplace Obligations & Beyond:

- *See the Legal Frameworks Infographic: Quickly review which EU, international, and national laws underpin menopause inclusion, understand the difference between minimum requirements and best practice.*

Use this with:

- "Being Menopause Friendly" Garlick & Baughurst Slide Deck

- Menopause Workplace Support: Audit & Action Planning Tool: Benchmark your progress and quickly locate high-impact areas for improvement.
- Self-Audit & Personal Action Planning

Module Overview

Key Words

Menopause, workplace support, retention, organisational culture, flexi-work, stigma, workplace health, MSK Health, occupational health, job demands

Target Audience

HR professionals, line managers, senior leaders, top management, Health & Safety Officers, DEI Officers

Learning Objectives

By the end of this module, participants will:

1. Understand the workplace impact of menopause and the rationale for employer responsibility.

2. Recognise how job demands and job resources influence menopausal experience and work outcomes.

3. Become familiar with evidence-based strategies for reducing stigma and supporting employee wellbeing.

4. Identify key adjustments and interventions aligned with legal, ethical, and business priorities.

5.Reflect on their own workplace context and outline next steps for improving support.

Introduction and Context

Brief Introduction

Menopause is a significant life transition that intersects with critical career stages for many employees. Most women experience menopause often during peak working years, making it not only a personal health matter but also an organisational concern. Recent research estimates that menopause symptoms cause significant productivity

losses and increased absenteeism, costing organisations billions annually in lost workdays and turnover (Faubion et al., 2024). The physical, psychological, and cognitive symptoms associated with menopause can affect attendance, performance, confidence, and retention, particularly in unsupportive or high-pressure workplace environments (Viotii et al., 2021).

Despite growing awareness, many employers still lack clear strategies, policies, or training on how to support menopausal employees. Stigma, silence, and outdated assumptions are often the case, creating barriers to disclosure and accommodation (Great Place to Work, 2025). Research shows that the presence of job resources, such as flexible working, autonomy, supportive management, and open culture, can mitigate the impact of menopause-related challenges (Peeters, 2011; Strijbosch, 2011). These findings align with broader occupational health models, including the Job Demands-Resources (JD-R) model (Demerouti et al., 2001) and the Salutogenic Model of Health, both of which frame menopause support as a matter of job design, organisational climate, and employee empowerment (van de Scheur, 2022).

Relevant Statistics & Research:

Research consistently shows that menopause affects not only individual health and well-being, but also workplace performance, engagement, and retention, particularly when job demands are high and organisational support is lacking.

Recent evidence underscores the scale and complexity of menopause as a workplace issue. In a U.S. study of 351 working women aged 40-65, 77.7% reported work related-challenges due to menopause, with 56.8% citing reduced productivity and 51.2% fearing perceptions of incompetence (Alzueta et al., 2024). Over 70% of participants experienced moderate to severe symptoms (e.g., fatigue, anxiety, brain fog) that interfered with daily life and work (Alzueta et al., 2024). These findings align with a cross-sectional study of 407 Irish hospital workers, where 65% reported reduced work performance due to symptoms like fatigue, poor concentration, and memory issues, and 18% took sick leave (O'Neill et al., 2023). In the UK, one in ten women have left a job due to menopause symptoms, with many others reducing hours or declining promotions (theHRDirector, 2024).

Workplace conditions and culture play a critical role. Supportive environments, often characterised by flexible scheduling, autonomy, and informed management, are linked to lower exhaustion, higher engagement, and better retention (van de Scheur, 2022; Alzeuta et al., 2024). These findings are best explained by the Job Demands-Resources (JD-R) Model, which Alzueta et al. (2024) explicitly use to show how job demands (e.g., inflexible schedules) and resources (e.g., supportive policies) mediate outcomes like burnout and turnover.

The Salutogenic Model of Health adds further context by emphasising the need for workplaces to foster predictability, meaningfulness, and manageability (van de Scheur, 2022). However, the JD-R model provides the most actionable framework for employers, as demonstrated by Alzueta et al. (2024), who found that formal policies and managerial training could address the stark gap between employee needs (65-68% desire support) and current implementation (2-6.3%).

Together, these findings call for systemic changes, including redesigning work conditions, training leaders and top management, as well as embedding menopause-aware policies across sectors.

Key Concepts and Theoretical Frameworks

Theory and Definitions

This module draws primarily on the Job Demands-Resources (JD-R) Model (Demerouti et al., 2001), contextualised by the Salutogenic Model of Health (SMH) (Antonovsky, 1987). Together, these frameworks provide a dual lens for understanding the challenges menopausal employees face and designing systemic workplace solutions.

The JD-R Model distinguishes between *job demands*, i.e. elements of a job that require sustained physical, emotional, or cognitive effort such as time pressure, workload, and interpersonal conflict, and *job resources*, which are aspects that help employees manage those demands, such as autonomy, managerial support, and role clarity (Strijbosch, 2011). High job demands are linked with increased stress, burnout, and diminished work ability, particularly for employees managing chronic conditions like menopause. Conversely, the presence of sufficient job resources can buffer the negative impact of these demands and enhance employee engagement and retention.

Complementing this, the Salutogenic Model, developed by Antonovsky (1987), introduces the concept of a *sense of coherence*, which includes *comprehensibility* (the extent to which an individual perceives life as structured and predictable), *manageability* (the belief that one has the resources to cope), and *meaningfulness* (the extent to which one finds life challenges worth engaging with). Work environments that foster a strong sense of coherence, through open communication, predictability, and emotional support, can improve health outcomes and psychological resilience during menopause (van de Scheur, 2022). A *health-promoting environment*, in this sense, is one that not only mitigates stressors but actively supports employees in finding meaning, agency, and confidence in managing health challenges.

Together, these models provide a dual lens: the JD-R model is especially suited for identifying and mitigating workplace risk factors, while the SMH offers principles for building strength-based, proactive and human-centered interventions.

Findings

Evidence from recent studies highlights the widespread nature of menopausal symptoms in the workplace and the significant gaps in current support systems. Alzueta et al. (2024) found that over 77% of working women experience menopause-related challenges at work, including fatigue, anxiety, musculoskeletal pain, and cognitive difficulties. These symptoms are strongly associated with reduced concentration, impaired job performance, and emotional exhaustion. However, only 2-6% of participants reported that their workplaces offered any formal policies, accommodations, or education related to menopause, despite over 65% expressing a desire for such support.

A complementary study by Viotti et al. (2021) using the JD-R framework demonstrated that the presence of menopausal symptoms can moderate the relationship between high job demands and reduced work ability. In environments where job demands are not offset by adequate job resources, menopausal symptoms are more likely to cause burnout, absenteeism, and premature workforce exit. In contrast, environments that provide autonomy, support from colleagues and supervisors, and flexible job structures show a marked reduction in these negative outcomes.

These findings indicate a clear discrepancy between employee needs and institutional responses, suggesting that organisational awareness, leadership competence, and structural flexibility are central to effective menopause support.

Practical Implications

The integration of these frameworks suggests that workplace strategies should move beyond individual coping and toward systemic changes that enhance both resources and coherence.

Recommended strategies include:

1. Adjusting Job Roles and Expectations: When employees experience symptom flare-ups, employers can temporarily reduce workload, assign less critical tasks, or adjust project deadlines to reduce cognitive and emotional strain, as demonstrated by interventions that prioritise employee autonomy and workload adjustment (Alzueta et al., 2024).

2. Flexible Working Arrangements: Providing options such as hybrid work, staggered hours, or microbreaks accommodates fluctuating energy levels and supports retention, a strategy supported by research linking schedule-flexibility to improved work ability and retention (van de Scheur, 2022).

3. Managerial Training: Implementing targeted training programs for managers and supervisors increases awareness, empathy, and communication skills regarding menopause-related challenges. Training should include recognising symptoms, responding to disclosures sensitively, and understanding legal obligations. This is critical, given evidence that supportive leadership reduces burnout and turnover (Viotti et al., 2021).

Male Allyship: What Practical Male Allyship Looks Like

According to Social Identity Theory, people feel included when they believe they belong to the group that sets the tone at work. When men openly support conversations about menopause and model respectful, flexible responses, they help remove stigma, foster trust, and make it easier for everyone to speak up or ask for support, transforming workplace culture for all.

Check out the ALLYSHIP BOX: What Practical Male Allyship Looks Like (Module 1)
Originally written for men, but open to and useful for everyone, this resource offers:

- Everyday actions for male managers, team leaders, and colleagues to support menopause inclusion.
- Quick wins for small workplaces, peer support, flexible breaks, sharing resources, and buddy systems.
- Tips for leaders: How to normalise the topic, respond respectfully, and make visible support the cultural norm.

Everyone can use and model these actions. Leadership isn't about title or gender, but daily, visible commitment to inclusion.

4. Policy Integration: Embedding menopause awareness into broader workplace health strategies and diversity, equity, and inclusion (DEI) policies ensures that support is institutionalised rather than ad hoc. Policies should clearly outline available accommodations, confidentiality, and anti-discrimination measures (Society for Women's Health Research, 2025).

5. Safe Disclosure and Support Channels: Offering both informal and formal channels for disclosure and support, such as access to HR, peer support groups, or confidential advice lines, helps reduce stigma and enables employees to seek help without fear of career penalty aligns with the Salutogenic Model's emphasis on predictability and psychological safety (van de Scheur, 2022).

Legal and Ethical Considerations (Europe)

In the European Union, menopause is increasingly recognised as a workplace issue under both equality and occupational health legislation. Employers are required to ensure safe and healthy working conditions in line with the Framework Directive 89/391/EEC (Council Directive 89/391/EEC, 1989), which obliges employers to assess and manage all workplace risks, including those related to psychosocial health and gender-specific needs such as menopause. In addition to legislative obligations, organisations can also align with emerging international standards such as ISO 45003, the first global standard focused on psychological health and safety at work (ISO, 2021). While not mandatory, ISO 45003 offers a proactive framework for identifying and managing psychosocial risks, including those arising from menopause-related stressors. Referencing this standard can help employers embed menopause within broader wellbeing and occupational health strategies, demonstrating future-focused leadership aligned with international best practices. Furthermore, Directive

2006/54/EC on equal treatment of men and women in employment (Directive 2006/54/EC, 2006) prohibits discrimination on the basis of sex, which can include discriminatory practices related to menopause. Member states implement these directives through national laws. For example, in Germany, the General Equal Treatment Act (Allgemeines Gleichbehandlungsgesetz, [AGG], 2006) prohibits discrimination based on sex and requires employers to take appropriate measures to prevent such discrimination. Ethically, organisations are expected to foster inclusive, supportive environments that respect employee dignity and privacy, ensuring menopause does not become a barrier to career progression or wellbeing (European Menopause and Andropause Society [EMAS], 2021).

Note: In the UK, menopause-related discrimination may fall under the Equality Act 2010 (Equality Act 2010, 2010), which protects against discrimination based on sex, age, and disability.

Metrics and Evaluation

To evaluate the effectiveness of menopause support programs, employers should track multiple indicators. Rates of absenteeism and presenteeism before and after implementing interventions, provide insights into productivity impacts (Faubion et al., 2024; O'Neill et al., 2023). Employee retention and turnover rates among women aged 45-55 can highlight systemic retention challenges, while uptake and satisfaction levels with support resources, reflect program accessibility and quality (Alzueta et al., 2024). Anonymous staff surveys assessing workplace climate and menopause-related support offer qualitative and quantitative feedback on inclusivity. Finally, participation rates in training and awareness programs quantify engagement and help refine outreach strategies.

Training and Communication Strategies

Effective training programs should be mandatory for managers and HR personnel while remaining accessible to all employees. Core content must address the biological and psychosocial dimensions of menopause, including symptom recognition, empathetic response protocols, and legal obligations under relevant equality and occupational health frameworks. Training should also emphasise communication skills for sensitive discussions and signposting to internal resources (e.g., workplace adjustments) and external support networks. Beyond training, regular communication

campaigns, delivered like newsletters, posters, or webinars, can normalise menopause as a workplace health priority and reduce stigma, as evidenced by best practices from organisations like Great Place to Work (2025) and the Society for Women's Health Research (2025).

Local Workplace Spotlight: Wade Adams Contracting (Cyprus, Construction)

Workplace strategies often reflect the principles behind the Job Demands–Resources (JD-R) and Salutogenic Models in action. At Wade Adams Contracting, management recognised that inadequate training and overconfidence in "routine" tasks were key drivers of accidents in high-risk construction sites. To address this, the company implemented bi-weekly *Toolbox Talks*: 30-minute, on-site safety briefings for all employees and subcontractors, rotating across topics such as PPE, scaffolding, chemical handling, and risk assessments. Each session is documented under ISO 9001:2015 and ISO 45001:2018 standards, ensuring consistency and accountability.

These initiatives demonstrate how embedding short, structured training into routine work reduces job demands (uncertainty, unsafe practices) and strengthens job resources (predictability, skills, empowerment). The outcome has been measurable: long accident-free stretches of up to 480 days without a lost-time injury, alongside a strengthened culture of trust and safety (see Annex C for full documentation).

The same principle applies to menopause strategies: short, ongoing awareness sessions can normalise dialogue, reduce stigma, and build organisational resilience.

- **Goal:** Reduce accidents caused by inadequate training and foster a proactive safety culture.
- **Action:** Bi-weekly Toolbox Talks on rotating safety priorities, ISO-compliant documentation, and staff empowerment.
- **Impact:** Accident-free stretches up to 480 days, fewer near-misses, empowered workers, and a culture of predictability and trust.
- ***Copy This:*** *Integrate short, regular "awareness talks" into workplace routines on topics like menopause or wellbeing; they normalise dialogue, embed learning, and demonstrate visible leadership commitment at minimal cost.*

Intersectionality and Inclusivity

Menopause is not experienced uniformly. Intersectional factors such as ethnicity, disability, socioeconomic status and sexual orientation can influence symptom severity, access to support, and workplace experiences. For example, lesbian individuals may face unique challenges related to hormonal therapies, while trans men may experience induced menopause through hormone treatments or surgeries, requiring specific medical and psychological support (Makadon, 2011; Obedin-Maliver et al., 2011). Employers should ensure that policies and resources are accessible to all, including non-native speakers, shift workers, those in manual roles and those who identify as LGBTQ+. Consulting with diverse employee groups and co-designing interventions can help ensure inclusivity and relevance (van de Scheur, 2022; Alzueta et al., 2024).

Limitations and Areas for Future Research

While the JD-R and SMH frameworks offer robust models for workplace support, further research is needed to explore how these interventions perform across different sectors, job types, and cultural contexts. Intersectional considerations, such as ethnicity, socioeconomic status, disability, and sexual orientation, remain underexplored in the menopause literature and may influence both symptom experience and access to resources (van de Scheur, 2022). Specifically, there is a critical need for research that examines the menopause experience of lesbian and bisexual women, trans men, and non-binary individuals, as well as the effectiveness of tailored interventions for these groups. Additionally, longitudinal studies are necessary to evaluate the sustained impact of workplace interventions over time and to inform policy development grounded in long-term wellbeing outcomes.

Training Content & Delivery Guide

Strategies for Employers	
Type of activity	Interactive scenario-based and reflective training session, using a mix of videos, self-assessment, case studies, and action planning. Activities are designed to support adult learning and real-world application.

Objective	This session aims to help participants: 1. Understand the impact of menopause in the workplace, including key statistics and relevant EU legal frameworks. 2. Identify workplace factors that affect menopausal employees, using practical mapping tools. 3. Learn from real-world case examples of menopause support and distinguish effective strategies. 4. Develop a simple, actionable plan, to support menopause inclusion in their own organisation. 5. Build confidence to advocate for menopause-friendly workplaces.
Delivery format	E-learning, Asynchronous Workshop, or an in-person workshop, or blended.
Description	**Step 1: Introduction & Personal Reflection (20 mins)** Introduction and Icebreaker. ● Read the short introduction in this module. ● **Watch:** MenoHealth: How to become a menopause friendly employer ● **Reflect:** What are the biggest risks and barriers to menopause support in your workplace? Discuss in the group or make a note for yourself. **Step 2: Audit Your Workplace: Mapping Demands & Resources (30 mins)** ● **Open** the Audit & Action Planning Tool. ● **Complete** *Part 1: Menopause Workplace Support Checklist*. For each item, mark Yes / No / Needs Improvement.

	○ Items are grouped under practical workplace areas (e.g., Job Demands, Practical Support, Policies, Training & Awareness). • **Why:** You're using the audit to see which *job demands* (stressors) and *resources* (supports) affect menopausal employees, this links to the **Job Demands-Resources** (JD-R) and **Salutogenic models**. • **Tip:** Use the EMAS Menopause at a Glance infographic for a summary of workplace priorities.. **Step 3: Learn from Practice & Examples (25 mins)** • **Read** Case Study 22: Partille Municipality (from the Training Pack). • **Reflect:** What did this workplace do well? What could be adapted to your setting? • **Optional: Watch** NHS: Menopause Support: Workplace Conversations **Step 4: Identify Priorities for Improvement (25 mins)** • **Review** your *Menopause Workplace Support Checklist* results. • **Spot the patterns:** Are most "gaps" in a particular workplace area (e.g., support, awareness, policy)? • **Think:** Improving which area would most help your colleagues? • **Note:** Grouping your findings using the 5 Pillars overview will give you extra clarity. **Step 5: Action Planning (25 mins)** • **Draft** one concrete action to improve menopause support in your workplace using *Part 2: Menopause Workplace Action Plan Template (with Sample Objectives & Actions)* in the tool. • **Examples:** "Add menopause info to the induction process" or "Raise awareness in the next team briefing."

	• **Decide:** Who else could support or champion the change? Is this a team or leadership issue? • **Link:** Consider how your action *reduces job demands* or *increases resources*, or *builds a more salutogenic (healthy, meaningful) environment*. **Step 6: Review & Pledge (20 mins)** • **Reflect** on how your understanding of workplace menopause support has changed. • **Make a pledge:** Commit to one realistic step you'll take in the next 30 days. • **Share** your idea with a peer, or keep it as your private commitment. **Key Concepts:** • Why menopause support matters in the workplace • The Job Demands-Resources (JD-R) model and Salutogenic (health-promoting) approach • How to spot workplace risks and resources that impact menopause experience • Practical action planning and small changes for real improvement • (Optional) 5 Pillars framework, as an organising tool for your reflection and results
Duration	2-3 hours (flexible based on discussion and group size)
Required materials	• **Slideshare Presentation Slides:** "Being Menopause Friendly" Garlick & Baughurst Slide Deck Note Well: Slide 6: Overview of the 5 Pillars (Policy, Engagement, Training & Awareness, Support, Environment)

	• **Menopause Workplace Support: Audit & Action Planning Tool:** Includes the detailed checklist grouped by core areas and mapped to the 5 Pillars Download Tool • Activity Instructions and Template Access Activity File
Facilitator tips	• Foster a safe, respectful space for open discussion. • Encourage sharing of different perspectives and experiences. • Be prepared to address sensitive topics with empathy and clarity. • Emphasise practical application and real-world relevance.
Adaptations and variations	• For live sessions: use breakout groups where relevant and interactive discussions. • For small organisations: Simplify the mapping and action plan exercises. • For different audiences: Tailor examples and scenarios to fit participants' roles and workplace contexts.

Case Study Table (Summary):

Organisation	Context	Key Intervention	Key Outcome
Partille Municipality	Public Sector, Sweden	Nurse-led support, manager training, paid sessions during work hours	1% sick leave drop; over €260,000 saved; programme made permanent
Future Superannuation Group Pty Ltd	Finance, Australia	6 days paid menopause/menstrual leave, flexible work, leadership advocacy	Destigmatised health leave; improved wellbeing; cited in national advocacy

For full case study details, see Case Study 22: Partille Municipality **and** Case Study 26: Future Superannuation Group Pty Ltd **in** Annex A: Case Studies (Full List & Details)**, where you can also find a complete list of all case studies.**

Actionable Steps and Best Practices

Practical steps for an organisation's strategies to support menopausal employees.

1. Integrate Menopause into holistic Health & Wellbeing Programs

- Move beyond basic policies by integrating menopause management into the broader health and wellness strategy of the organisation (mental health, stress management, ageing).
- This should include preventative health programs to encourage employees to take charge of their well-being.
- Tie menopause to overall health strategies.

2. Utilise Data for Continuous Improvement

- Implement a data-driven feedback system for tracking menopause support success. Use employee surveys to gauge satisfaction, monitor productivity metrics, and track absenteeism or adjustment requests to measure the effectiveness of policies and programs.

3. Foster Employee-Led Menopause Advocacy

- Create an employee-led advocacy network, where individuals can take an active role in promoting menopause awareness, developing peer mentorship programs, and leading workplace wellness initiatives focused on menopause.

Best Practices:

- Embed menopause into broader Diversity & Inclusion Policies as part of gender equality, similar to maternity, breastfeeding, and ageing policies. Menopause clauses can be incorporated into D&I training.
- Develop an all-encompassing wellness program that includes mental health support, lifestyle coaching, and access to advice.
- Build multiple feedback and support channels, like email support and employee resource groups. This gives employees a variety of options to get assistance in ways that feel most comfortable for them.

- Make sure policies are adaptive and based on regular employee feedback. Use focus groups, surveys, and workshops to collect qualitative and quantitative data ensuring that any measures are continuously updated to align with employee needs.
- Provide resources for employees to create menopause awareness campaigns, promoting a sense of shared responsibility for creating a supportive environment.

Assessment and Reflection Activities

Knowledge assessment:

At the end of this module, take a moment to test your understanding of the key concepts we've discussed. This assessment will help you gauge your grasp of the material and its practical applications in creating a supportive workplace for menopausal employees. Please read each question carefully and choose the best answer.

Questions:

1. What is one of the main reasons menopause is often excluded from workplace diversity and inclusion discussions?

   a) It is considered a health issue with minimal impact on work

   b) It's primarily relevant to employees under 50

   c) Menopause is often stigmatised and not openly discussed

   d) None of the above

2. Which of the following is NOT typically considered a job demand that may be exacerbated by menopausal symptoms?

   a) High workload

   b) Lack of flexibility

   c) Supportive management

   d) Role ambiguity

3. Which of the following accommodations is most effective in supporting menopausal employees?

   a) Providing ergonomic chairs

   b) Offering flexible working hours

   c) Offering temperature-controlled spaces

   d) All of the above

4. How can employers ensure menopause is supported as part of a broader wellness strategy?

   a) By making menopause a medical health issue

   b) By integrating it into existing health and safety policies alongside other health initiatives like mental health or ageing

   c) By only offering menopause-related leave

   d) By focusing solely on symptoms without offering preventative care

5. What does the Job Demands-Resources (JD-R) Model suggest about supporting menopausal employees?

   a) High job demands and low job resources lead to increased symptoms and reduced productivity

   b) Reducing job demands is enough to address menopause-related challenges

   c) Only job resources are needed to buffer the impact of menopause

   d) Menopause is not relevant to the JD-R Model

6. Which framework highlights the importance of work environments that foster predictability, manageability, and meaningfulness for employees?

   a) Salutogenic Model of Health (SMH)

   b) Job Demands-Resources (JD-R) Model

   c) Biopsychosocial Model

   d) Health Belief Model

7. Which action can HR and managers take to reduce stigma around menopause in the workplace?

a) Offer sensitivity training and awareness programs for staff

b) Limit discussions to only HR departments

c) Discourage any mention of menopause in team meetings

d) Focus only on the physical symptoms without addressing psychological of cognitive effects

8. What should be included in a comprehensive menopause support action plan for employers?

   a) Only workplace accommodations like flexible working

   b) A clear communication initiative, structural adjustments, and a monitoring strategy.

   c) Regular health screenings and medical consultations

   d) Ignoring feedback from employees on their specific needs

9. How should managers handle menopause-related discussions with employees?

   a) By ignoring the issue unless it directly affects work performance

   b) By offering generic advice without asking for specific needs

   c) By fostering open, empathetic conversations and offering tailored adjustments

   d) By enforcing a strict policy that all employees must report menopause-related issues

10. Why is it important to implement intersectionality when designing menopause policies in the workplace?

    a) To recognise that all employees experience menopause in the same way

    b) To acknowledge that factors like ethnicity, disability, and gender identity influence the menopausa experience and support needs

    c) To focus only on the majority group's needs

    d) None of the above

Self reflection:

Instructions:

Reflect on how menopause-related health affects not only you personally but your role as an employer or manager within the workplace. Whether you are leading a team or contributing to the organisational strategy, understanding the medical aspects of menopause and how they interact with the work environment is crucial for promoting an inclusive, supportive, and productive workplace.

Self-reflection Prompt:

- Reflect on how your organisation currently addresses menopause. Are there clear policies in place? What accommodations or resources are available to employees experiencing menopause? How do they integrate into the broader wellness strategy of the organisation?
- As a leader, what actions can you take to empower employees and promote an inclusive work culture? How can you model supportive behaviours and encourage empathy from colleagues while ensuring menopause is seen as a natural life event rather than a health issue? What leadership practice can be adopted to promote menopause awareness across all levels of the organisation?
- What policy changes would be beneficial to introduce or adjust in your organisation?

This exercise is designed to foster personal reflection on your role as an employer or manager and encourage actionable strategies for creating a supportive work environment. Take the time to consider how menopause is experienced in your workplace and how policies and practices could be adjusted to better support all employees.

Training Pack: Conclusion

From Awareness to Action

Menopause is not just a private transition; it's a collective workplace reality. When ignored, the consequences are serious, for individuals and organisations alike. Organisations lose talent, productivity, and momentum. In fact, 1 in 10 women have left their jobs due to unmanaged symptoms, a preventable loss of experience and expertise (UK Government, 2023; Fawcett Society, 2022). But when workplaces respond with empathy and thoughtful design, menopause becomes a catalyst for innovation in inclusion.

The MenoPower Training Pack has offered a roadmap, from understanding individual experiences and systemic barriers to building supportive cultures and future-ready strategies. Whether you're a frontline manager, policy-maker, or HR leader, the tools are now in your hands.

Supporting menopausal employees isn't just right, it's smart. Organisations with proactive menopause strategies report lower turnover, higher job satisfaction, and increased engagement in this demographic (Griffiths et al., 2012; NHS Confederation, 2024). These changes don't require massive budgets, just leadership, clarity, and accountability.

Crucially, menopause does not affect all employees equally. Experiences are shaped by race, disability, socioeconomic status, and gender identity. A truly inclusive strategy recognises this diversity and is co-created with those most affected.

The future of work is inclusive, and with MenoPower, you're not just preparing for it, you're helping create it.

Resources & Further Reading

References

ACAS. (2023). Menopause and the law: Menopause at work. Advisory, Conciliation and Arbitration Service. https://www.acas.org.uk/menopause-at-work/menopause-and-the-law

Adom, D., & Compson, J. (2023). Legal protections for menopausal employees in the *UK. Journal of Employment Law, 15(*2), 123-135. https://www.littler.com/news-analysis/asap/women-workplace-whats-changed-and-changing-uk-and-europe

Alzueta, E., Menghini, L., Volpe, L., Baker, F. C., Garnier, A., Sarrel, P. M., & de Zambotti, M. (2024). Navigating menopause at work: A preliminary study about challenges and support systems. *Menopause, 31*(9). https://doi.org/10.1097/GME.0000000000002415

American College of Obstetricians and Gynecologists (ACOG). (2014). Primary ovarian insufficiency in adolescents and young women (Committee Opinion No. 605). https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/07/primary-ovarian-insufficiency-in-adolescents-and-young-women

Antonovsky, A. (1987). *Unraveling the mystery of health: How people manage stress and stay well.* Jossey-Bass.

Atkinson, C., Beck, V. A., Brewis, J., Davies, A., & Duberley, J. (2020). Journal, 31(1), 49-64. Menopause and the workplace: New directions in HRM research and HR practice - Atkinson - 2021 - Human Resource Management Journal - Wiley Online Library

Avis, N. E., Coeytaux, R. R., Isom, S., Prevette, K., & Morgan, T. (2016). Acupuncture in Menopause (AIM) Study: A Pragmatic, *Randomized Controlled Trial. Menopause (New York, N.Y.), 23*(6), 626–637. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4874921/

Bard_Bomber. (2025, March). *I'm in the Netherlands working for a large company, and there is a lot of support and open conversation around menopause (and other women's health issues that affect work). There is a huge emphasis on wellbeing and I've seen the HR policies shifting to reflect improved understanding of menopause*

and perimenopause. [Online forum comment]. Reddit. https://www.reddit.com/r/Menopause/comments/1jkdoa2/comment/mjvf50y/?utm_source=share&utm_medium=web3x&utm_name=web3xcss&utm_term=1&utm_content=share_button

Better Health Channel. (2024). Premature and early menopause. https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/premature-and-early-menopause

British Menopause Society. (2023, August). *"What is the Menopause?" Factsheet*. 17-BMS-TfC-What-is-the-menopause-AUGUST2023-A.pdf

Cambridge University Hospitals (CUH). (2025). Menopause: A healthy lifestyle guide. https://www.cuh.nhs.uk/patient-information/menopause-a-healthy-lifestyle-guide/

Canadian Centre for Occupational Health and Safety (CCOHS). (2025). Menopause and work. https://www.ccohs.ca/oshanswers/psychosocial/menopause.html

Carrot Fertility. (2024) Menopause in the workplace: A report from Carrot Fertility https://www.get-carrot.com/blog/menopause-in-the-workplace-2024-a-report-from-carrot-fertility

Catalyst. (2024). *Closing the menopause support gap: Workplace strategies.* https://www.catalyst.org/insights/2024/closing-the-menopause-support-gap

Cleveland Clinic. (2024). Hormone therapy for menopause symptoms. https://my.clevelandclinic.org/health/treatments/15245-hormone-therapy-for-menopause-symptoms

Cronin, C., Abbott, J., Asiamah, N., & Smyth, S. (2023). Menopause at work—An organisation-based case study. *Nursing Open, 10*(12), 7620–7631. DOI: 10.1002/nop2.2058

Davis, S. R., Lambrinoudaki, I., Lumsden, M., Mishra, G. D., Pal, L., Rees, M., & Santoro, N. (2015). Menopause. *Nature Reviews Disease Primers, 1*(1), 15004. https://www.nature.com/articles/nrdp20154

Deeks, A. A. (2003). Psychological aspects of menopause management. *Best Practice & Research Clinical Endocrinology & Metabolism*, *17*(1), 17–31. https://doi.org/10.1016/s1521-690x(02)00077-5

Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The Job Demands−Resources Model. (PDF) The Job Demands–Resources Model of Burnout

Employment and activity by sex and age - Quarterly data. AllThatStats. (n.d.-b). https://www.allthatstats.com/en/statistics/lfsi_emp_q/employment-and-activity-by-sex-and-age-quarterly-data/

Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. https://www.drannejensen.com/PDF/publications/The%20need%20for%20a%20new%20medical%20model%20-%20A%20challenge%20for%20biomedicine.pdf

Equality and Human Rights Commission (EHRC). (2025). Menopause in the workplace: Guidance for employers. https://www.equalityhumanrights.com/guidance/menopause-workplace-guidance-employers

European Institute for Gender Equality. (2024). Gender equality index 2024: Lithuania. https://eige.europa.eu/gender-equality-index/2024/country/LT

European Menopause and Andropause Society (EMAS). (2021). Global consensus recommendations on menopause in the workplace: A European Menopause and Andropause Society (EMAS) position statement. Maturitas, 151, 55–61. https://www.menopause.org.au/images/docs/EMAS_Global_consensus_recommendations_on_menopause_in_the_workplace.pdf

European Menopause and Andropause Society (EMAS). (2023). Non-hormonal management of menopausal symptoms: Position statement. https://www.emas-online.org/wp-content/uploads/2021/04/nonhormonal.pdf

European Menopause and Andropause Society (EMAS). (2025). Menopause in the Workplace ://emas-online.org/menopause-in-the-workplace/

Eurofound. (2025). Working conditions and sustainable work: Keeping older workers in the labour force. European Foundation for the Improvement of Living and Working

Conditions. https://www.eurofound.europa.eu/en/publications/2025/keeping-older-workers-labour-force

Euronews. (2023). The rise of elderly workers: The Europeans defying retirement norms. https://www.euronews.com/next/2023/02/22/the-rise-of-elderly-workers-who-works-beyond-the-age-of-65-or-75-in-europe

Eurostat. (2022). Population structure and ageing. Population structure and ageing - Statistics Explained - Eurostat

Eurostat. (n.d.). Employment rates by sex, age and educational attainment level. https://data.europa.eu/data/datasets/cvoehcv8r8ui9jzq4q?locale=en

Faubion, S. S., Enders, F., Hedges, M. S., Chaudhry, R., Kling, J. M., Shufelt, C. L., Saadedine, M., Mara, K., Griffin, J. M., & Kapoor, E. (2023). Impact of menopause symptoms on women in the workplace. *Mayo Clinic Proceedings*, *98*(6), 833–845. https://doi.org/10.1016/j.mayocp.2023.02.025

Fawcett Society. (2022). Menopause and the workplace. Menopause and the Workplace

FP Analytics. (2025). The Health and Economic Impacts of Menopause: Policies and Investments to Advance Care, Opportunity, and Equity. https://impactsofmenopause.com/

Frederick University. (2022). Frederick University joins the Diversity Charter Cyprus. https://www.frederick.ac.cy/en/latest-news/71-our-university-joins-the-diversity-charter-cyprus

Frederick University. (2024). Καλλιέργεια θετικής κουλτούρας [Cultivation of positive culture]. In Ministry of Labour, Welfare and Social Insurance, Cyprus; ΔΙΑΓΩΝΙΣΜΟΣ ΠΑΡΑΔΕΙΓΜΑΤΩΝ ΚΑΛΗΣ ΠΡΑΚΤΙΚΗΣ 2024 (Good Practice Competition 2024). https://www.mlsi.gov.cy/mlsi/dli/dliup.nsf/All/E3A3230CF4E45C83C2258C220021880F/$file/0-SIMMETEXONTES%202024.pdf

Gottardello, D., & Steffan, B. (2024). Fundamental intersectionality of menopause and neurodivergence experiences at work. Maturitas. https://doi.org/10.1016/j.maturitas.2024.108107

Great Place to Work. (2025). *How to address menopause in the workplace.* https://www.greatplacetowork.com/resources/blog/support-menopausal-women-workplace

Greenberg, J. (1987). A taxonomy of organizational justice theories. Academy of Management Review, 12(1), 9–22. https://www.jstor.org/stable/257990

Griffiths, A., MacLennan, S. J., & Hassard, J. (2013). Menopause and work: An electronic survey of employees' attitudes in the UK. *Maturitas*, *76*(2), 155–159. https://doi.org/10.1016/j.maturitas.2013.07.005

Harter, J. K., Schmidt, F. L., & Hayes, T. L. (2002). Business-unit-level relationship between employee satisfaction, employee engagement, and business outcomes: A meta-analysis. *Journal of Applied Psychology*, *87*(2), 268–279. https://doi.org/10.1037/0021-9010.87.2.268

Henpicked. (2020). Why diversity and inclusion matter in menopause support. https://menopauseintheworkplace.co.uk/articles/why-diversity-and-inclusion-matter-in-menopause-support/

Hill, K. (1996). The demography of menopause. *Maturitas, 23*(2-3), 113-127. PII: 0378-5122(95)00968-X

Hogervorst, E., Craig, J., & O'Donnell, E. (2022). Cognition and Mental Health in menopause: A Review. *Best Practice & Research Clinical Obstetrics & Gynaecology*, *81*, 69–84.

https://doi.org/10.1016/j.bpobgyn.2021.10.009

Hoomph. (2024) Menopause in the workplace: Breaking the silence [PDF] https://www.hoomph.co.uk/assets/menopause-in-the-workplace/hoomph-menopause-in-the-workplace-breaking-the-silence.pdf

International Menopause Society. (2025). *For Women (Current Leaflets)*. https://www.imsociety.org/for-women/leaflets/

International Menopause Society. (2025). *Leaflets Archive*. https://www.imsociety.org/leaflets-archive/?v=471c1f3fc1dd

ISO (2021). ISO 45003:2021 Occupational health and safety management, Psychological health and safety at work, Guidelines for managing psychosocial risks. International Organisation for Standardisation. https://www.iso.org/standard/64283.html

Jack, G., Riach, K., Bariola, E., Pitts, M., Schapper, J., & Sarrel, P. (2016a). Menopause in the workplace: What employers should be doing. *Maturitas*, *85*, 88–95. https://doi.org/10.1016/j.maturitas.2015.12.006

Jack, G., Riach, K., Bariola, E., Pitts, M., Schapper, J., & Sarrel, P. (2016b). Menopause in the workplace: What employers should be doing. *Maturitas*, *85*, 88–95. https://doi.org/10.1016/j.maturitas.2015.12.006

Joshi, S., & Vaze, N. (2010). Yoga and menopausal transition. *Journal of Mid-life Health*, *1*(2), 56. https://doi.org/10.4103/0976-7800.76212

Khadilkar, S. S. (2019). Musculoskeletal disorders and menopause. *The Journal of Obstetrics and Gynecology of India,* *69*(2), 99–103. https://doi.org/10.1007/s13224-019-01213-7

Kopenhager, T., & Guidozzi, F. (2015). Working Women and the Menopause. *Climacteric*, *18*(3), 372–375. https://doi.org/10.3109/13697137.2015.1020483

Laker, B., & Rowson, T. (2024). Making the invisible visible: why menopause is a workplace issue we cannot ignore. *BMJ Leader*, leader-000943. https://doi.org/10.1136/leader-2023-000943

Liverpool Women's NHS Foundation Trust. (n.d.). Menopause fast facts booklet. https://www.liverpoolwomens.nhs.uk/media/5350/menopause-fast-facts-booklet.pdf

Lorentzon, M., et al. (2022). Menopausal hormone therapy reduces the risk of fracture regardless of falls risk or baseline FRAX probability—results from the Women's Health Initiative hormone therapy trials. *Osteoporosis International,* *33*(11), 2397–2408. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9568435/

Makadon, H. J. (2011). Ending LGBT invisibility in health care: The first step in ensuring equitable care. *Cleveland Clinic Journal of Medicine,* *78*(4), 220-224. https://cdn.mdedge.com/files/s3fs-public/issues/articles/media_425bec3_220.pdf

Maki, P. M., & Jaff, N. G. (2022). Brain fog in menopause: A Health-Care Professional's guide for decision-making and counseling on cognition. *Climacteric*, *25*(6), 570–578. https://doi.org/10.1080/13697137.2022.2122792

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*, *15*(2), 103–111. https://doi.org/10.1002/wps.20311

Mayo Clinic. (2023). Premature ovarian failure: Symptoms and causes. https://www.mayoclinic.org/diseases-conditions/premature-ovarian-failure/symptoms-causes/syc-20354683

MedlinePlus. (2024). Primary ovarian insufficiency. https://medlineplus.gov/primaryovarianinsufficiency.html

Menopause Support UK. (n.d.). *Patient Info Hub*. https://menopausesupport.co.uk/?page_id=17128

Ministry of Labour, Welfare and Social Insurance. (2023). National health and safety strategy 2021–2027. https://www.mlsi.gov.cy/mlsi/dli/dliup.nsf/All/B208115A0B53109FC22580B3002FB4D9/$file/HEALTH_AND_SAFETY_STRATEGY_2021_2027_EN.pdf

MITRA Project. (2024). Participant feedback from "*Εμμηνόπαυση και Ευεξία: Διαχείριση Συμπτωμάτων & Δημιουργία Υποστηρικτικών Περιβαλλόντων*" [Unpublished workshop evaluation data, Private University, Cyprus].

Moore Kingston Smith. (2025, March 18). Empowering menopausal women in the workplace: Navigating new legislation. https://mooreks.co.uk/insights/empowering-menopausal-women-in-the-workplace-navigating-new-legislation/

NHS. (2023a). Types of hormone replacement therapy (HRT). https://www.nhs.uk/medicines/hormone-replacement-therapy-hrt/types-of-hormone-replacement-therapy-hrt/

NHS. (2023b). Benefits and risks of hormone replacement therapy (HRT). https://www.nhs.uk/medicines/hormone-replacement-therapy-hrt/benefits-and-risks-of-hormone-replacement-therapy-hrt/

NHS. (n.d.). NHS choices. https://www.nhs.uk/conditions/menopause/

NHS Confederation. (2024). The economic case for investing in women's health services revealed. The economic case for investing in women's health services revealed | NHS Confederation

NHS Employers. (2024). Menopause and the workplace. https://www.nhsemployers.org/articles/menopause-and-workplace

NHS England. (2022). Supporting our NHS people through menopause: Guidance for line managers and colleagues. https://www.england.nhs.uk/long-read/supporting-our-nhs-people-through-menopause-guidance-for-line-managers-and-colleagues/

National Institute for Health and Care Excellence (NICE). (2024). Access to cognitive behavioural therapy (CBT). https://www.nice.org.uk/guidance/ng23/resources/access-to-cognitive-behavioural-therapy-cbt-13553197309

O'Neill, M. T., Jones, V., & Reid, A. (2023). Impact of menopausal symptoms on work and careers: a cross-sectional study. *Occupational Medicine, 73*(7), 476–482. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10540666/

Obedin-Maliver, J., Goldsmith, E. S., Stewart, L., White, W., Tran, E., Brenman, S., Wells, M., Fetterman, D. M., Garcia, G., & Lunn, M. R. (2011). Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. *JAMA, 306(*9), 971–977. https://doi.org/10.1001/jama.2011.1255

OSH Wiki. (2023). Older Workers. European Agency for Safety and Health at Work. https://oshwiki.osha.europa.eu/en/themes/older-workers

Pathfields NHS. (2025). *Menopause Information Pack*. https://pathfields.nhs.uk/patient-care-support/self-help/menopause-information-pack

Parliamentary question E-000279/2022, Answer given by Ms Dalli on behalf of the European Commission (3 May 2022). European Parliament, Official Register of Documents. https://www.europarl.europa.eu/doceo/document/E-9-2022-000279-ASW_EN.html1

Peeters, J. (2011). *Older working women: The relationship between job demands and burnout* [Master's thesis, Tilburg University]. http://arno.uvt.nl/show.cgi?fid=115912

Police Federation UK, 2024, Menopause Survey 2023 Headline Report. https://www.polfed.org/media/19691/final_menopause-2023-headline-report.pdf

Rees, M., et al. (2021). Global consensus recommendations on menopause in the workplace: A European Menopause and Andropause Society (EMAS) position statement. *Maturitas, 151,* 55–62. DOI: 10.1016/j.maturitas.2021.06.006

Riach, K., & Jack, G. (2021). Women's Health in/and Work: Menopause as an Intersectional Experience. International Journal of Environmental Research and Public Health, 18(20), 10793. https://doi.org/10.3390/ijerph182010793

Rocca, W. A., Grossardt, B. R., & Shuster, L. T. (2023). Frequency of premature and early menopause in a geographically defined population. *Journal of Women's Health, 32*(4), 345-350. https://pubmed.ncbi.nlm.nih.gov/36753871/

Rodrigo, C. H., et al. (2023). Effectiveness of workplace-based interventions to promote wellbeing among menopausal women: A systematic review. *Post Reproductive Health, 29*(2), 99–108. DOI: 10.1177/20533691231177414

Rosenstock, I. M. (1974). Historical origins of the Health Belief Model. https://doi.org/10.1177/109019817400200403

Royal College of Obstetricians & Gynaecologists (RCOG). (2018). *Treatment for Symptoms*. https://www.rcog.org.uk/for-the-public/browse-our-patient-information/treatment-for-symptoms-of-the-menopause/

Royal London. (2023, October). Menopause talent drain – half of women going through menopause are considering leaving work. [Press release and study summary]. https://www.royallondon.com/about-us/media/media-centre/press-

releases/press-releases-2023/october/Menopause-talent-drain-half-of-women-going-through-menopause-are-considering-leaving-work/

Safwan, N., Saadedine, M., Shufelt, C. L., Kapoor, E., Kling, J. M., Chaudhry, R., & Faubion, S. S. (2024). Menopause in the workplace: Challenges, impact, and next steps. *Maturitas*, *185*, 107983. https://doi.org/10.1016/j.maturitas.2024.107983

Shore, L. M., Cleveland, J. N., & Sanchez, D. (2018). Inclusive workplaces: A review and Model. *Human Resource Management Review*, *28*(2), 176–189. https://doi.org/10.1016/j.hrmr.2017.07.003

SHRM. (2023, October 9). Viewpoint: Understanding the Impact of Menopause in the Workplace. https://www.shrm.org/mena/topics-tools/news/inclusion-diversity/viewpoint-understanding-the-impact-of-menopause-in-the-workplace

Simplyhealth. (2023, November 9). 3.5 million women have considered quitting job due to menopause and menstrual health symptoms. https://www.simplyhealth.co.uk/news-and-articles/35-million-women-have-considered-quitting-job-due-to-menopause-and-menstrual-health-symptoms

Society for Women's Health Research. (2025). *Menopause workplace resource guide.* https://swhr.org/wp-content/uploads/2024/03/Women-Menopause-At-Work.pdf

Steffan, B. & Loretto, W. (2024). Menopause, work and mid-life: Challenging the ideal worker stereotype. Gender, Work and organisation. https://doi.org/10.1111/gwao.13136

Strijbosch, A. C. P. (2011). *The influence of menopausal complaints on employee well-being and the moderating effect of job resources* [Master's thesis, Tilburg University]. http://arno.uvt.nl/show.cgi?fid=115796

Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. (PDF) Tajfel and Turner Intergroup Conflict Theories 1997

theHRDirector. (2024). *Embracing change: Navigating menopause in the workplace.* https://www.thehrdirector.com/features/diversity-and-equality/embracing-change-navigating-menopause-workplace/

The Menopause Charity. (2024) *Menopause Symptom Checker* Menopause Symptom Checker - The Menopause Charity

The Menopause Society. (2025). Menopause glossary. https://menopause.org/patient-education/menopause-glossary

UK Government. (2023) Menopause and workplace productivity. Menopause and workplace productivity - GOV.UK

van de Scheur, V. (2022). *Support for menopausal women in the workplace: Perceptions of managers and menopausal women* [MSc thesis, Wageningen University]. https://edepot.wur.nl/569309

Verdonk, P., Bendien, E., & Appelman, Y. (2022). Menopause and work: A narrative literature review about menopause, work and health. *Work*, *72*(2), 483–496. https://doi.org/10.3233/wor-205214

Viotti, S., Guidetti, G., Sottimano, I., Travierso, L., Martini, M., & Converso, D. (2021). Do menopausal symptoms affect the relationship between job demands, work ability, and exhaustion? Testing a moderated mediation model in a sample of Italian administrative employees. *International Journal of Environmental Research and Public Health, 18*(19), 10029. https://doi.org/10.3390/ijerph181910029

Vodafone Toolkit: https://www.vodafone.com/sites/default/files/2021-10/vodafone-menopause-toolkit.pdf

Vodafone announces new global employee commitment on menopause: https://www.vodafone.com/news/public-policy-news/vodafone-announces-new-global-employee-commitment-menopause

Wade Adams Contracting (Cyprus) Ltd (2024). Good Practice Competition: Toolbox Talks, Regular Short Staff Training as Accident Prevention Strategy. Ministry of Labour and Social Insurance, Cyprus. *Παράρτημα ΔΙΑΓΩΝΙΣΜΟΣ ΠΑΡΑΔΕΙΓΜΑΤΩΝ ΚΑΛΗΣ ΠΡΑΚΤΙΚΗΣ 2024*. Submitted July 2024. 5-WADE ADAMS - 1.pdf

Watt, F. E. (2018). Musculoskeletal pain and Menopause. *Post Reproductive Health*, *24*(1), 34–43. https://doi.org/10.1177/2053369118757537

WebMD. (2025). Menopause glossary of terms. https://www.webmd.com/menopause/menopause-glossary-of-terms

Weightmans. (2024, February 26). Guidance on handling menopause in the workplace. https://www.weightmans.com/media-centre/news/menopause-guidance-introduced-by-the-equality-and-human-rights-commission/

Women's Health Concern. (2025). *Factsheets & Advice*. https://www.womens-health-concern.org/help-and-advice/factsheets/

Zeng, W., Xu, J., Yang, Y., Lv, M., & Chu, X. (2025). Factors influencing sleep disorders in perimenopausal women: A systematic review and meta-analysis. *Frontiers in Neurology, 16, Article 1460613*. DOI: 10.3389/fneur.2025.1460613

Legislation

Allgemeines Gleichbehandlungsgesetz [General Equal Treatment Act] (AGG). (2006, August 14). https://www.gesetze-im-internet.de/agg/

Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work. (1989). Official Journal of the European Communities, L 183, 1–8. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:31989L0391

Directive 2006/54/EC of the European Parliament and of the Council of 5 July 2006 on the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation (recast). (2006). Official Journal of the European Union, L 204, 23–36. https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32006L0054&from=EN

Equality Act 2010, c. 15. (2010). https://www.legislation.gov.uk/ukpga/2010/15/contents

Glossary

Core Medical & Health Terms

Menopause: The permanent end of menstruation, diagnosed after 12 months without a period, usually between ages 45–55.

Perimenopause: The transition phase before menopause when hormones fluctuate and symptoms often begin.

Postmenopause: The stage starting one year after the last period, when some symptoms may continue and long-term health risks increase.

Premature Menopause: Menopause before age 40, caused naturally or through medical treatment.

Primary Ovarian Insufficiency (POI): A condition where ovaries lose normal function before age 40; periods may be irregular or stop completely.

HRT (Hormone Replacement Therapy): Treatment using oestrogen and/or progesterone to relieve menopause symptoms.

Oestrogen: A key female hormone that declines during menopause, affecting bones, skin, mood, and more.

Progesterone: A hormone that drops during menopause, influencing sleep and emotional balance.

Testosterone: A hormone that also declines, linked to energy and libido.

Vasomotor Symptoms: Hot flushes and night sweats linked to hormone changes.

Cognitive Symptoms / Brain Fog: Difficulties with memory, focus, and mental clarity.

Musculoskeletal (MSK) Health: The condition of bones, muscles, and joints, often affected by menopause.

SSRIs / SNRIs: Antidepressants that can also help manage hot flushes and mood symptoms.

CBT (Cognitive Behavioural Therapy): A talking therapy that supports mood, stress, and sleep during menopause.

Workplace, Policy, and Organisational Terms

Work-Life Balance Directive (EU Directive 2019/1158): EU law promoting equality in family leave and flexible working.

Directive 89/391/EEC: The EU's core law on health and safety at work, requiring employers to protect workers from risks.

ISO 45003: International standard giving guidance on psychological health and safety at work.

Equality Act 2010 (UK): UK law protecting against workplace discrimination, sometimes used as a reference point.

European Pillar of Social Rights: EU commitment to fair working conditions, equality, and social inclusion.

Reasonable Adjustments: Practical changes at work (e.g. flexible hours, uniforms, rest breaks) that help employees manage health conditions.

Absenteeism: Missing work regularly, sometimes linked to unmanaged symptoms.

Presenteeism: Being at work but unable to perform fully because of health issues.

Employee Assistance Programme (EAP): Confidential workplace support service for employees' wellbeing.

Retention: Keeping employees in the workforce through supportive policies and practices.

EU-OSHA: The European Agency for Safety & Health at Work, which researches and promotes safer workplaces.

Theoretical Frameworks & Models

Biopsychosocial Model (BPS): Explains health as shaped by biological, psychological, and social factors.

Health Belief Model (HBM): Describes how people's beliefs about risks, benefits, and barriers influence health decisions.

Social Identity Theory (SIT): Explains how group membership and norms affect workplace inclusion and stigma.

Job Demands–Resources (JD-R) Model: Shows how the balance between job pressures and available resources impacts wellbeing and performance.

Organisational Justice Theory: Focuses on fairness in processes, outcomes, and interpersonal treatment at work.

Salutogenic Model of Health (SMH): Highlights factors that create wellbeing, especially a strong "sense of coherence" (life feels understandable, manageable, and meaningful).

Intersectionality: Recognises that overlapping identities (e.g. gender, race, age, disability) shape people's experiences at work and in health.

Specialist Workplace Concepts

Diversity, Equity, and Inclusion (DEI / DEIB): Practices that ensure fairness, respect, and equal opportunity.

Psychological Safety: A work climate where employees feel safe to speak openly without fear of stigma.

Occupational Health: The branch of healthcare that focuses on health, safety, and wellbeing at work.

Manager Training: Education for managers to recognise and support employees through menopause.

Menopause Champion: An employee trained as a point of contact and advocate for menopause support.

Menopause Peer Network: Staff group offering mutual support and shared resources.

Buddy System: Workplace practice pairing colleagues for peer support.

Workplace Climate: The overall culture, attitudes, and practices that affect wellbeing and inclusion.

Training Pack Tools

(Specific to the MenoPower Project)

Symptom Mapping Worksheet: A tool to help identify and track menopause symptoms.

Wheel of Life Tool: A reflection tool for reviewing wellbeing across life domains.

Menopause-Inclusion Checklist: A guide to evaluate how supportive a workplace is for menopausal staff.

Menopause Policy: A workplace document outlining commitments to support and non-discrimination.

Legal & Statistical Acronyms

LFPR (Labour Force Participation Rate): The share of working-age women active in the workforce.

CYSTAT: Cyprus Statistical Service, the country's official statistics authority.

Other Key Concepts

Stigma: Social disapproval that discourages open discussion of menopause.

Disclosure: Informing a manager or employer about menopause to access support.

Flexible Working: Options to vary hours, schedules, or locations.

Allyship: Active support from colleagues, especially men, to normalise menopause at work.

Employee Resource Group (ERG): Staff-led network for shared identity or experience, sometimes covering menopause.

Performance Review: Assessment of employee performance; can be shaped by whether menopause challenges are acknowledged.

Annex A: Case Studies (Full List & Details)

Case Study 1: North East London NHS Foundation Trust

Full name	North East London NHS Foundation Trust (NELFT) - Menopause at Work: An Organisation-Based Case Study
Year initiated/ended	Study published 12/2023 - ongoing workplace support and evaluation
Provider	NELFT (NHS Trust), research led by Camille Cronin et al.
Target group	NELFT employees (majority female workforce, especially those aged 41-55, including nurses and clinical staff experiencing peri/menopausal symptoms)
Location/Region	UK
Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	To explore and understand the organisational culture of a large healthcare employer in supporting staff experiencing perimenopausal and menopausal symptoms, and to identify strengths and gaps in current workplace support and well-being measures. The study provided in-depth, actionable insights into staff experiences, symptom prevalence and the effectiveness of existing support mechanisms, resulting in recommendations for more person-centred, flexible, and inclusive menopause support in healthcare settings.
Description *(In a clear step by step approach)*	**Needs assessment:** organisation-wide survey distributed to all staff (n=6905), focusing on demographics, symptom prevalence, and workplace impact. 167 survey responses were collected, including biographical and psychometric data. **Qualitative evaluation:** Seven managers from different levels interviewed to explore themes of access to support and workplace culture. **Policy/document review:** 13 internal documents on menopause support and HR policy were analysed. **Data analysis: Quantitative:** Prevalence and severity of menopausal symptoms, links to anxiety/depression, and

	impact on work. **Qualitative:** Manager interviews revealed cultural barriers, gaps in flexible working for patient-facing staff, and the need for more open conversations.
Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges, what obstacles prevented success, what went wrong etc.* *-what worked well?* *-what could be improved*	**Impact:** ● Identified that 66% of respondents experienced menopausal symptoms; 13% reported severe symptoms. ● Strong correlation between symptom severity and anxiety/depression scores. ● Highlighted the need for improved flexible working, particularly for clinical staff. ● Informed policy recommendations for NHS Trusts & similar large healthcare employers. **Validation:** ● Peer-reviewed, mixed-methods research published in a scientific journal. **Lessons learned:** ● A significant portion of the workforce requires more tailored, flexible, and supportive measures. ● Manager awareness and open dialogue are crucial for effective support. ● Systematic policy review and ongoing evaluation are needed for sustained improvement. **What worked well?** person-centred adjustments like tailored breaks were advocated for. **What could be improved?** clinical staff struggled with patient-facing role constraints like rigid schedules and managers lacked confidence in discussing menopause or implementing adjustments.
Success factors – for best practices	● Leadership commitment to staff well-being & inclusion. E.g., NELFT's Healthy Workplace

(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?	recognition (2018-2019) highlights its prioritisation of staff health, including menopause support. • Systematic, mixed-methods evaluation (surveys, interviews, policy review). E.g., Manager interviews exposed cultural barriers and gaps. • Willingness to adapt HR policies based on evidence and staff feedback. E.g., flexible working options, condensed hours and staggered shifts, were expanded post-study, particularly for clinical staff struggling with rigid schedules. • Integration of mental health & occupational health support. E.g. A wellbeing partnership like Superwellness provides holistic support, addressing both physical symptoms and psychological impacts.
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable?)*	• Ongoing monitoring of staff needs and policy effectiveness. • Embedding menopause support into broader staff wellbeing strategies. • Regular training for managers and HR. • Continues research and sharing of best practices across NHS Trusts.
Related resources developed	Peer-reviewed case study: Menopause at work—An organisation-based case study - PMC Internal menopause support documents are not publicly available, but are referenced in the study.
Access details	Author correspondence: Camille Cronin, School of Health & Social Care University of Essex, Colchester, UK. Email: camille.cronin@essex.ac.uk

(Website, contact mail, etc.)	Official website: Home | NELFT NHS Foundation Trust

Case Study 2: University of Leicester	
Full name	University of Leicester - Menopause Support in Higher Education
Year initiated/ended	2019 - ongoing
Provider	University of Leicester (in partnership with staff networks and HR)
Target group	Academic and professional services staff, with a focus on women experiencing perimenopause and menopause; also supports line managers and the wider university community.
Location/Region	UK
Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	To create an inclusive, supportive work environment for staff experiencing menopause, reduce stigma, and improve retention and wellbeing through evidence-based policy, staff networks, and education. The University of Leicester became the first UK university to launch a comprehensive menopause policy and guidance, received national recognition, and reported increased staff engagement and positive feedback. The initiative has been cited as a model for higher education institutions.
Description *(In a clear step by step approach)*	**Needs assessment:** Staff surveys and feedback identified menopause as a significant workplace issue affecting wellbeing, attendance, and career progression. **Policy development:** HR, in partnership with staff networks and occupational health, co-created a dedicated menopause policy and guidance for staff and managers.

	Awareness & Education: Launched university-wide campaigns, including Menopause Cafes, webinars, and training for managers. **Peer support:** Established a menopause staff network, providing a safe space for sharing experiences and advice. **Manager Training:** Delivered workshops and guidance to help managers support staff, make reasonable adjustments, and foster open conversations. **Ongoing Evaluation:** Regularly reviewed policy effectiveness through staff feedback, engagement metrics, and updates to resources.
Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges, what obstacles prevented success, what went wrong etc.* *-what worked well?* *-what could be improved*	**Impact:** ● Increased staff engagement and positive feedback on workplace culture. ● National recognition as a sector leader (e.g., Times Higher Education, Advance HE). ● Model cited in sector-wide guidance and adopted by other universities. **Validation:** ● Featured in sector reports, academic publications, and national media. ● Positive testimonials from staff and managers. **Lessons learned:** ● Co-production with staff is key for buy-in and effectiveness. ● Ongoing dialogue and visible leadership are crucial to reduce stigma. ● Regular review and adaptation ensure continued relevance and impact.

	What worked well? Policy co-creation with staff involvement ensured relevance and buy-in; the national recognition validated the model and manager training via workshops and guidance empowered them to implement adjustments confidently. **What could be improved?** Data-driven tracking like retention rates and absenteeism (quantitative metrics) would strengthen evidence of impact. Tailored solutions for academic staff like flexible teaching loads are needed beyond general policies. Intersectional support like LGBTQIA+ experiences were not explicitly addressed in policy or resources.
Success factors – for best practices *(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?*	• Senior leadership and HR commitment to gender equity and staff wellbeing. • Co-producing policy with staff networks and occupational health. • Embedding menopause support within broader equality, diversity, and inclusion strategies. • Sustained awareness campaigns and manager training. • Open, supportive culture that encourages disclosure and conversation.
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be*	• Policy embedded in university EDI and wellbeing frameworks. • Ongoing staff network and peer support activities. • Regular policy review and adaptation to staff needs. • Sharing best practice with other institutions and sector bodies.

institutionally, socially, economically and environmentally sustainable?)	
Related resources developed *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	University of Leicester Menopause Guidance (PDF) https://le.ac.uk/-/media/uol/docs/about-us/equalities/menopause-policy-v016-january-2022.pdf This sector-wide guidance features Leicester as a leading case study: Menopause Awareness and Higher Education - Advance HE (PDF, 2020) University of Leicester menopause search results for initiatives: Search | University of Leicester
Access details *(Website, contact mail, etc.)*	**As listed in the policy contact:** Nicola Junkin: Staff Health and Wellbeing Lead Cathy Howells: Occupational Health Service Manager Official website: A Leading UK University | University of Leicester

Case Study 3: ADM (Archer Daniels Midland)	
Full name	ADM (Archer Daniels Midland) - Menopause Support in the Workplace
Year initiated/ended	Initiated in 2022 (pilot), expanded 2023 - ongoing
Provider	ADM (internal HR, wellbeing team, and external partners such as Peppy Health)

Target group	ADM employees, with a focus on women in midlife experiencing perimenopause and menopause, including both office and frontline (factory/plant) staff.
Location/Region	UK & EU
Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	To improve retention, wellbeing, and productivity of midlife women by providing accessible menopause support, reducing stigma, and integrating menopause into ADM's global wellbeing strategy. The pilot program saw high engagement, positive feedback, and measurable improvements in staff confidence and wellbeing. The initiative was scaled up across ADM's UK and European operations and is cited as a model for manufacturing and STEM sectors.
Description *(In a clear step by step approach)*	**Needs assessment:** Internal surveys and focus groups revealed significant unmet needs among midlife women, including high rates of symptom-related absenteeism and reluctance to discuss menopause at work. **Pilot program launch:** Partnered with Peppy Health to provide confidential, app-based access to menopause specialists, webinars, and resources. It was piloted in selected UK sites with diverse roles (factory, plant, office). **Awareness & Training:** Ran internal campaigns, webinars, and manager training sessions to reduce stigma and build confidence in supporting affected staff. **Peer support:** Established menopause champions and peer networks to provide ongoing support and normalise conversations. **Evaluation & Scale-Up:** Collected quantitative and qualitative feedback to refine the program. They scaled up to additional sites and integrated menopause support into broader wellbeing and EDI strategies.

	Ongoing Review: Continual monitoring of engagement, feedback, and business outcomes.
Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges, what obstacles prevented success, what went wrong etc.* *-what worked well?* *-what could be improved*	**Impact:** • 100% of pilot participants reported increased confidence in managing menopause at work. • Significant reduction in reported stigma & increased willingness to seek support. • Positive feedback from both staff & managers; increased retention among midlife women. • Cited as a best practice by *Business in the Community* & sector bodies. **Validation:** • Featured in *Business in the Community's* 'Menopause at Work' best practice case studies. • Endorsed by Peppy Health & recognised in manufacturing/industry press. **Lessons learned:** • Confidential, app-based support is especially valued in male-dominated & shift based environments. • Manager training & visible leadership are crucial for reducing stigma. • Ongoing feedback & adaptation ensure continued relevance & impact. **What worked well?** There was high engagement with digital support tools & webinars; a strong uptake among frontline & office staff; and peer networks and menopause champions created a supportive culture **What could be improved?** A need for more tailored resources for shift workers and non-desk staff; more in-person support options were also desired alongside digital

	tools; continued work is needed to embed menopause into all aspects of EDI & health strategy.
Success factors – for best practices *(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?*	• Senior leadership commitment & visible support. • Confidential and accessible support both digitally and in-person. • Integration with broader wellbeing and EDI strategies. • Ongoing manager training and peer support networks. • Regular evaluation and adaptation based on staff feedback.
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable?)*	• Embedding menopause support in permanent wellbeing and EDI frameworks. • Ongoing investment in digital and peer support. • Regular review of engagement and outcomes. • Sharing best practices across ADM sites and with external partners. • Flexibility to adapt resources for diverse roles and geographical areas.
Related resources developed *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	*Business in the Community*, downloadable toolkit: bitc-toolkit-age-menopause-workplace-october2023.pdf Website Menopause in the Workplace - Business in the Community

	Peppy Health resources: Resources - Peppy Health
Access details *(Website, contact mail, etc.)*	Culture, Engagement & Inclusion | ADM Website: ADM Contact Form: ADM

Case Study 4: Brighton & Hove City Council	
Full name	Brighton & Hove City Council - Menopause@Work Programme
Year initiated/ended	Initiated in 2019, pilot programme ran until MArch 2025 (now closed, with ongoing local support).
Provider	Brighton & Hove City Council
Target group	All council employees, with a focus on women and people experiencing perimenopause and menopause, including those in SMEs across Brighton & Hove.
Location/Region	UK
Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	To raise awareness, reduce stigma, and provide practical support for menopause in the workplace, improve wellbeing, retention, and productivity for those affected. Achievement: • 94% of participants reported increased confidence discussing menopause at work. • 93% of workplaces gained a better understanding of how to support people experiencing menopause. • 89% of workplaces intended to take action after participating. • Programme cited as a catalyst for new policies and practical changes like uniform adjustments and flexible breaks.

Description *(In a clear step by step approach)*	**Needs assessment:** Staff and employer surveys, focus groups, and direct feedback revealed low confidence and lack of workplace adjustments for menopause. **Policy and guidance development:** Co-produced menopause policy and practical guidance for staff and managers, including a Menopause@Work toolkit and policy templates. **Awareness & Education:** Delivered CPD-accredited training, Menopause Cafes, webinars, and information sessions for staff managers, and produced posters, fact sheets, and intranet resources to normalise menopause conversations. **Peer support:** Established peer support networks, and signposted to local Menopause Cafes. **Manager Training:** Ran workshops to equip managers with knowledge and confidence to support staff and make reasonable adjustments. Workshops led to reported adjustments, however no public data is available for how many adjustments were implemented. **Ongoing Evaluation:** Collected participant feedback, tracked confidence and intent to act, but long-term outcomes remain unmeasured.
Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges, what obstacles prevented*	**Impact:** • 94% of participants reported increased confidence in discussing menopause. • 93% of workplaces gained a better understanding of support needs. • 89% intended to act, such as developing policies and introducing practical adjustments. • Positive testimonials from participants highlight improved culture and manager confidence. **Validation:**

success, what went wrong etc. *-what worked well?* *-what could be improved*	• Programme featured in *Business in the Community's* best practice case studies and in the Menopause@Work toolkit. • CPD-accredited training and policy templates widely adopted by local SMEs. **Lessons learned:** • Co-production with staff and unions ensures buy-in and relevance, but long-term cultural change requires ongoing investment. • Ongoing awareness-raising and visible leadership are vital for culture change. • Regular review and adaptation keep the programme effective and responsive. **What worked well?** Engagement with CPD-accredited training and Menopause Cafes. Peer support networks and practical resources improved confidence and reduced stigma. **What could be improved?** A need for more tailored resources for shift workers and non-desk staff; more in-person support options were also desired alongside digital tools; continued work is needed to embed menopause into all aspects of EDI & health strategy.
Success factors – for best practices *(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be*	• Senior leadership commitment & visible support. • Confidential and accessible support both digitally and in-person. • Integration with broader wellbeing and EDI strategies. • Ongoing manager training and peer support networks. • Regular evaluation and adaptation based on staff feedback.

successfully replicated (in a similar context)?	
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable?)*	• Embedding menopause support in permanent wellbeing and EDI frameworks. • Ongoing support networks and peer activities. • Regular review and adaptation to staff needs. • Sharing resources and learning with other councils and SMEs.
Related resources developed	From local partnerships *Brighton Chamber*: How to create a menopause friendly workplace - Brighton Chamber YouTube Q&A: How to create a menopause friendly workplace
Access details *(Website, contact mail, etc.)*	**Pippa Halley** Project Lead for Menopause@Work initiative at *Here*: hello@hereweare.org.uk **Laura Wood** Health Improvement Specialist at Brighton & Hove City Council healthylifestyles@brighton-hove.gov.uk https://www.brighton-hove.gov.uk/directory-entry/healthy-lifestyles-team Contact the council Brighton & Hove City Council website: Menopause at work

	Menopause@Work pilot programme (now closed) Menopause@Work redirect to *Here* Menopause support in the workplace Menopause at work

Case Study 5: Severn Trent Water	
Full name	Severn Trent Water Menopause Workplace Support Initiative
Year initiated/ended	Initiated in 2022 - ongoing
Provider	Severn Trent Water
Target group	Employees experiencing menopause, particularly those in field-based roles and line managers.
Location/Region	UK
Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	The primary goal of this initiative was to provide accessible and stigma-reducing support for employees experiencing menopause. It aimed to enhance employee wellbeing, improve retention, and integrate menopause into regular health and wellbeing conversations within the workplace. Achievement: • Engagement: High participation in workshops and training. • Manager Training: Line managers gained confidence in offering support, which helped reduce stigma. • Retention: Positive feedback suggests the program contributed to improved employee retention.
Description *(In a clear step by step approach)*	**Needs assessment**: identified a gap in menopause support, especially for employees in field-based roles. They used internal surveys to gauge interest and employee needs. **Partnership Formed**: Partnered with Henpicked and Menopause in the Workplace for expert-led workshops and resources. **Launch and Rollout:**

	2022: Launched with awareness workshops at Coventry HQ, featuring expert speakers and employee testimonies. **2023:** Mandatory manager training focused on supporting employees through workplace adjustments. **Access and Customisation:** Developed an internal support guide co-created by 25 employee volunteers, including advice on symptom management and workplace adjustments. **Global Implementation:** Initially rolled out in the UK, with plans to scale globally as the company grows. **Ongoing Evaluation:** The program is regularly evaluated through feedback surveys, ensuring it meets employee needs effectively.
Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges, what obstacles prevented success, what went wrong etc.* *-what worked well?* *-what could be improved*	**Impact:** • Reduced stigma around menopause and improved dialogue among employees. • Positive feedback on workshops and manager training, with increased confidence in supporting employees. • Enhanced talent retention as employees feel more supported. **Validation:** • High satisfaction ratings from employees and recognition from Menopause in the Workplace as a best practice. **Lessons learned:** • Flexibility: Flexible support is crucial, especially for employees in field roles with limited access to office resources. • Manager Training: Mandatory training ensures consistent support across the company. Continuous Feedback: Regular feedback helps the program evolve and stay relevant.

Success factors – for best practices *(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?*	• Strong Leadership Support: Senior leadership's backing is vital for success. • Inclusive Culture: Open conversations about menopause are essential to reduce stigma. • Training Infrastructure: Effective training ensures consistent support. • Employee Involvement: Co-creation of resources ensures relevance and practical use.
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable?)*	• Integration into Wellbeing Strategy: The initiative is embedded within the company's broader wellbeing efforts. • Global Rollout: Plans for global expansion ensure the initiative's sustainability. • Adaptability: The program can be adapted to meet evolving employee needs.
Related resources developed *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	News: Severn Trent leads the way in raising awareness of menopause in the workplace | News Releases | News | Severn Trent Water CEO Perspective Video: Menopause support: Severn Trent CEO Liv Garfield explains why it's important to listen to women

	Doing the right thing 2022 V2.pdf
Access details *(Website, contact mail, etc.)*	Website: Severn Trent Water

Case Study 6: Lund University	
Full name	Lund University Menopause Pilot Project (2024)
Year initiated/ended	Initiated in 2024-ongoing (pilot phase; report due 2025)
Provider	Lund University (in collaboration with Gerdahallen, local sports facility)
Target group	Lund University employees, with a focus on women aged 40-59 experiencing perimenopause and menopause
Location/Region	Sweden
Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	Intended goal: Address workplace challenges through education, exercise, and policy adjustments. Achievement: ● Policy change: Revised sick leave categories to better track menopause-related issues (now 40-49 & 50-59 age groups) ● It introduced innovative, holistic support: on-site exercise sessions, health promotion hours, and targeted education. ● Early feedback indicates improved symptom management and increased openness in workplace discussions, though quantitative outcomes like

	absenteeism rates, aren't yet available due to the project's ongoing status. • The project is recognised as a forward-thinking model in Sweden, and findings were presented at the Equality Forum 2025.
Description *(In a clear step by step approach)*	**Needs assessment**: An internal review and staff feedback identified menopause as an under-addressed issue, with symptoms often misattributed to 'exhaustion' in sick leave records. However, no baseline quantitative data on menopause-related absenteeism is available before the pilot. **Collaboration & funding**: Partnered with Gerdahallen for professional exercise support. The pilot was funded from the university's Sustainability Fund. **Exercise groups:** Structured strength training sessions (2-3 times/week) during work hours, targeting muscle loss, bone density, and symptom relief. Employees receive 1 hour per week of paid time for gym or medical yoga, with reimbursement available. **Educational lectures:** Topics include hormone therapy, diet, and workplace adaptations, delivered by medical and HR experts. There is also an emphasis on normalising menopause and reducing stigma. **Workplace adjustments:** These include, temperature control measures in offices, managers encouraged to discuss menopause during staff appraisals, focusing on rest and workspace needs, and the sick leave statistics were revised to better track menopause-related issues (now ages 40-59 are categorised). **Ongoing Evaluation:** Symptom management tracked via participant feedback. The final report and recommendations to be delivered to the Sustainability Fund in 2025.

Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges, what obstacles prevented success, what went wrong etc.* *-what worked well?* *-what could be improved*	**Impact:** ● Early participant feedback suggests exercise improves mood, cognitive function, and sleep, aligning with research on serotonin and menopause. ● Increased openness and willingness to discuss menopause at work. **Validation:** ● Project was highlighted in Swedish higher education and public health forums. ● Project leader Cherly Sjöström will present outcomes at the Equality Forum 2025. ● Comparable initiatives like IKEA Sweden's menopause guide and Partille Municipality's support programme, reinforce the project's relevance. **Lessons learned:** ● Integrating exercise and education into working hours is feasible and well-received. ● Tracking menopause-specific sick leave requires explicit policy change. ● Normalising menopause remains a cultural challenge in Swedish workplaces. **What worked well?** ● On-site, structured exercise sessions increased accessibility and engagement. ● Health promotion hour (paid time for wellbeing) incentivised the participation. ● Open lectures and manager involvement helped reduce stigma. **What could be improved?** ● Need for baseline and follow–up quantitative data on absenteeism, retention, and productivity.

	• Further integration of menopause support into broader wellbeing and EDI strategies. • Continued cultural change efforts to normalise menopause discussions, especially among male managers and younger staff.
Success factors – for best practices *(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?*	• Leadership and HR commitment, with dedicated funding (Sustainability Fund). • Collaboration with external health and fitness experts (Gerdahallen). • Integration of support into working hours, not just after-hours or voluntary. • Ongoing evaluation and willingness to adapt.
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable?)*	• Embedding menopause support in university health and wellbeing policies. • Allocating ongoing funding for exercise and educational programmes. • Regular review and adaptation based on employee feedback and outcomes. • Sharing findings and resources with other Swedish employers and public sector organisations.

Related resources developed *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	Project Website: About this project – A pause for menopause in the workplace Blogs: A pause for menopause in the workplace Equality Forum: LU is co-organiser of Equality Forum 2025 | Staff Pages How can Lund University become a more menopause-friendly workplace?
Access details *(Website, contact mail, etc.)*	Website: Home | Lund University Project Lead: Cheryl Sjöström cheryl.sjostrom@cec.lu.se Phone: +46 46 222 04 93

Case Study 7: IKEA of Sweden AB

Full name	IKEA Sweden - Global Menopause Guidelines for Co-workers (employees)
Year initiated/ended	Initiated in autumn 2024-ongoing
Provider	Ingka Group (IKEA Sweden and global IKEA retail operations)
Target group	All IKEA Sweden co-workers, with a focus on employees experiencing perimenopause and menopause; managers and People & Culture (HR) teams
Location/Region	Sweden
Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	**Intended goal**: To create a supportive, inclusive, and stigma-free environment for employees experiencing menopause and perimenopause, ensuring they can thrive and grow at work. The guidelines aim to break down stigma, encourage open dialogue, and provide managers with the resources needed to support affected co-workers. .

	Achievement: IKEA Sweden (as part of Ingka Group) launched Global Menopause Guidelines in autumn 2024, making it one of the first major Swedish employers to address menopause systematically at scale. The guidelines are designed to empower co-workers, equip managers, and reinforce IKEA's commitment to gender equality and inclusion. There are no public quantitative outcomes on retention or absenteeism as of May 2025.
Description *(In a clear step by step approach)*	**Needs assessment**: Recognition that menopause and perimenopause can significantly impact physical and mental well-being, career progression, and talent retention, especially as symptoms often occur between ages 45-55. Specific assessment data has not been published, however the decision to launch the guidelines was informed by internal staff feedback and sector trends. **Development and launch**: Ingka Group developed the Global Menopause Guidelines for all IKEA retail operations, including IKEA Sweden, in autumn 2024. Guidelines were introduced through internal communications, leadership endorsement, and People & Culture teams. IKEA's internal rollout details are not public. **Key components:** Guidelines encourage open conversations about menopause and perimenopause, aiming to break down stigma and normalise discussion at work. Managers and People & Culture teams are provided with resources and understanding to support coworkers during this life stage. There is an emphasis on inclusion, talent retention, and supporting employees' ability to thrive, regardless of life stage; however specific workplace adjustments are not detailed in public resources. **Ongoing evaluation:** Again, there are no public details

	available, however we can assume based on industry standard that impact is being monitored internally.
Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges, what obstacles prevented success, what went wrong etc.* *-what worked well?* *-what could be improved*	**Impact:** ● IKEA Sweden is recognised as a sector leader in Sweden for addressing menopause at work, referenced by other employers and in higher education case studies. ● The guidelines are cited as an example of best practice in the Nordic Menopause White Paper and by Swedish media. **Validation:** ● Public endorsement by Ingka Group's Chief People & Culture Officer, Ulrika Biesèrt, and coverage in sector and business news. ● Referenced by Lund University and Partille Municipality as a model for workplace menopause support. **Lessons learned:** ● Open dialogue and leadership commitment are essential for reducing stigma and supporting staff. As seen in similar cases, we can infer that ongoing engagement and adaptation will be needed to embed menopause support in workplace culture. **What worked well?** ● Leadership endorsement and clear communication of inclusion goals. ● Providing resources to both managers and employees, not just policy statements. ● Positioning menopause as a natural life stage, not a taboo or medicalised problem. **What could be improved?**

	• Public reporting of outcomes, like employee feedback, retention and absenteeism, would strengthen the evidence base. • Greater transparency on specific workplace adjustments and support mechanisms like leave policies. • Sharing downloadable resources or case examples externally for wider sector learning.
Success factors – for best practices *(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?*	• Strong leadership support and visible endorsement. • Integration of menopause support within broader diversity, enquiry, and inclusion strategies. • Providing practical resources and guidance to managers and HR teams. • Ongoing communication to normalise menopause discussions.
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and*	• Embedding menopause guidelines into permanent People & Culture policies and training. • We can assume based on sector standards that there is a commitment to regular review and adaptation based on employee needs and feedback. • Alignment with IKEA's global inclusion and talent retention strategy.

environmentally sustainable?)	
Related resources developed *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	Ulrika Biesèrt, Global People and Culture Manager at Ingka Group - LinkedIn post for Global Menopause Guidelines launch Monika Björn, Menopause & Health Educator LinkedIn post for Ingka, Sweden Ingka Group launches Global Menopause Guidelines to support co-workers | Ingka Group The Nordic Menopause White Paper In the press: IKEA takes the baton with menopause policy
Access details *(Website, contact mail, etc.)*	Website: INGKA Ulrika Biesèrt, Global People & Culture Manager: LinkedIn

Case Study 8: Santander UK

Full name	Santander UK
Year initiated/ended	Initiated in 2020; ongoing
Provider	Santander UK
Target group	All employees, with a focus on those experiencing menopause
Location/Region	UK

Goal of the case study / good practice (What was the intended goal? Was it achieved? If not, why?)	**Intended Goal:** 1. To support colleagues through menopause by increasing awareness, providing education, and offering direct support. **Achievement:** 1. Yes, achieved by implementing comprehensive support programs.
Description (In a clear step by step approach)	**Awareness Campaigns:** Launched internal communications to destigmatize menopause discussions. **Educational Programs:** Provided training sessions and resources about menopause symptoms and management. **Support Networks:** Established peer support groups and access to professional medical advice.
Impact and validation and lessons learned. -For successful cases: what was the impact, how it was validated) -For challenges, what obstacles prevented success, what went wrong etc. -what worked well? -what could be improved	**Impact:** Increased employee confidence in discussing menopause; enhanced support led to better employee well-being. **Validation:** Internal surveys showed a rise in employees feeling supported during menopause. **Lessons Learned:** Continuous dialogue and tailored resources are crucial for effective support. **What Worked Well:** Combining education with peer support networks. **What Could Be Improved:** Expanding resources to include partners and family members for holistic support.
Success factors – for best practices	**Institutional Support:** Commitment from leadership to prioritize menopause as a workplace issue.

(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?	**Economic:** Allocation of resources for training and support programs. **Social:** Creating an inclusive culture that encourages open discussions. **Environmental:** Providing comfortable workplace conditions to alleviate physical symptoms.
Sustainability – for best practices (What are the elements that need to be put into place for the good practice to be institutionally, socially, economically, and environmentally sustainable?)	**Institutional:** Embedding menopause support into HR policies. **Social:** Ongoing awareness campaigns to maintain dialogue. **Economic:** Regular evaluation to ensure cost-effective strategies. **Environmental:** Adjusting workplace facilities as needed to support physical comfort.
Related resources developed. *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	**Training Manuals:** Guides on menopause awareness for managers and staff. **Guidelines:** Best practices for supporting menopausal employees. **Websites:** Internal portals with resources and support contacts. This material was created for internal access within the company.
Access details (Website, contact mail, etc.)	**Website:** Santander's Menopause Support

Case Study 9: West Midlands Police	
Full name	Menopause Awareness with West Midlands Police
Year initiated/ended	Initiated in 2019; ongoing
Provider	West Midlands Police
Target group	Female officers and staff experiencing menopause
Location/Region	West Midlands, UK
Goal of the case study / good practice (What was the intended goal? Was it achieved? If not, why?)	**Intended Goal:** To create a supportive environment for female officers experiencing menopause. **Achievement:** Yes, through awareness programs and support structures.
Description (In a clear step by step approach)	**Training Programs:** Conducted sessions to educate staff and managers about menopause. **Support Networks:** Established confidential support groups for sharing experiences. **Policy Development:** Integrated menopause considerations into occupational health policies.
Impact and validation and lessons learned. -For successful cases: what was the impact, how it was validated) -For challenges, what obstacles prevented success, what went wrong etc. -what worked well?	**Impact:** Improved understanding and support within the force; reduced stigma. **Validation:** Feedback from participants indicated increased comfort in discussing menopause. **Lessons Learned:** Importance of leadership endorsement and continuous education. **What Worked Well:** Peer support groups and manager training. **What Could Be Improved:** Broader inclusion of male colleagues to foster wider understanding

-what could be improved	
Success factors – for best practices (What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?	**Institutional:** Backing from senior management. **Economic:** Investment in training resources. **Social:** Encouraging open conversations to normalize menopause discussions. **Environmental:** Providing facilities adjustments where necessary.
Sustainability – for best practices (What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable?)	**Institutional:** Embedding menopause support in health and well-being policies. **Social:** Regular workshops to maintain awareness. **Economic:** Efficient use of resources for ongoing support. **Environmental:** Ensuring workplace accommodations are maintained.
Related resources developed. *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	**Training Manuals:** Materials for menopause awareness training. **Guidelines:** Procedures for supporting staff experiencing menopause. This material was created for internal access within the company.
Access details	**Website:** West Midlands Police Menopause Awareness

(Website, contact mail, etc.)	

Case Study 10: Lee Hecht Harrison LLC	
Full name	Lee Hecht Harrison LLC (LHH)
Year initiated/ended	2020 (as part of their broader diversity and inclusion strategy), Ongoing
Provider	LHH (Lee Hecht Harrison), part of the Adecco Group
Target group	Employees affected by menopause, with a focus on women in the workforce
Location/Region	UK (though this initiative is likely relevant across LHH's global locations, the specific case is focused in the UK)
Goal of the case study / good practice (What was the intended goal? Was it achieved? If not, why?)	**Intended Goal:** • Embed menopause policies in organizational culture. • To provide better support for employees affected by menopause, leading to better retention, job satisfaction, and overall well being. **Achievement:** • Employees reported better support, and the company saw increased satisfaction and retention, particularly among affected employees.
Description (In a clear step by step approach)	**Research & Awareness:** LHH conducted research on the challenges faced by employees experiencing menopause and the gap in organisational support. **Policy Development:** Based on research, they embedded menopause-related support policies into their HR framework, ensuring they aligned with broader diversity and inclusion goals.

	Training & Education: They rolled out training for HR personnel and managers to recognise symptoms, offer empathetic support, and make reasonable accommodations for employees. **Communication & Awareness Campaign:** LHH ran internal campaigns to raise awareness about menopause and reduce stigma, encouraging employees to access the support available. **Feedback & Monitoring:** Ongoing surveys and feedback loops were established to assess the effectiveness of the policies and make necessary adjustments.
Impact and validation and lessons learned. -For successful cases: what was the impact, how it was validated) -For challenges, what obstacles prevented success, what went wrong etc. -what worked well? -what could be improved	**Impact:** • Employees reported feeling more supported, with improved retention rates and job satisfaction. • LHH was recognised for being a forward-thinking organisation in terms of employee wellbeing, which contributed positively to their employer brand. **Validation:** • Employee satisfaction surveys and retention data indicated menopause policies had a measurable positive effect. • Testimonials from employees demonstrated that the policies helped them balance work with personal health challenges. **What worked well?** • Strong leadership support for the initiative, aligning it with diversity and inclusion goals. • Providing clear, accessible support and ensuring policies were communicated effectively across the organisation. **What could be improved?** • Further expansion of the initiative to other regions or deeper integration into company-wide programs could improve results even more.

	• Continuous engagement with employees to refine the policy over time would enhance its effectiveness.
Success factors – for best practices (What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?	• A strong, inclusive organisational culture that prioritizes employee wellbeing. • Support from leadership and HR departments to develop and enforce inclusive policies. • Ongoing communication and education to eliminate stigma around menopause. • Data-driven approach to assess impact and make adjustments as needed.
Sustainability – for best practices (What are the elements that need to be put into place for the good practice to be institutionally, socially, economically, and environmentally sustainable?)	**Institutional:** Continuous buy-in from top leadership to ensure the policies are prioritized and evolve with changing employee needs. **Social:** Creating a safe space for open dialogue around menopause and other health-related issues. **Economic:** Ensuring resources are allocated to support policy implementation and employee wellbeing. **Environmental:** A work environment that supports flexibility and accommodations, such as remote work options or flexible hours.
Related resources developed. *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio*	**Case Study:** The Inevitability of Menopause in the Workplace **Training manuals and guides** for HR and managers to support employees affected by menopause.

documents, and/or Web sites have been developed?)	**Internal communications materials** (posters, digital resources) to raise awareness and reduce stigma. **Videos and webinars** for employees to learn about menopause and the support available. This material was created for internal access within the company.
Access details (Website, contact mail, etc.)	**Website:** www.lhh.com Led By: Tracy Sentance, Senior Career Consultant & Menopause Executive coach

Case Study 11: Practice Plus Group

Full name	Practice Plus Group
Year initiated/ended	**Initiated:** 2021 (as part of their commitment to improving inclusivity and supporting employees' wellbeing) Ongoing
Provider	Practice Plus Group
Target group	Women experiencing menopause
Location/Region	UK
Goal of the case study / good practice (What was the intended goal? Was it achieved? If not, why?)	**Intended Goal:** • To support women experiencing menopause by fostering a culture of inclusivity and care. • To enhance employee morale, improve retention, and ensure that employees going through menopause feel supported and valued in the workplace. **Was it achieved?** • Yes, the goal was achieved. Employees reported feeling more valued and supported. There was a noticeable improvement in employee morale and retention, especially among women affected by menopause.

Description (In a clear step by step approach)	• **Policy Development:** Practice Plus Group created a menopause support policy, which was integrated into their broader diversity and inclusion initiatives. • **Management Training:** They provided managers with specific training to recognise the symptoms of menopause and understand how to support affected employees with sensitivity and care. • **Flexible Work Arrangements:** The company introduced flexible working hours and remote work options for employees experiencing menopause-related symptoms. • **Employee Communication:** Practice Plus Group communicated the availability of menopause support through internal newsletters, emails, and dedicated resources to raise awareness. • **Ongoing Feedback & Support:** The company set up feedback channels for affected employees to share their experiences and suggestions, allowing for continuous improvement in their approach.
Impact and validation and lessons learned. -For successful cases: what was the impact, how it was validated) -For challenges, what obstacles prevented success, what went wrong etc. -what worked well?	**Impact:** • Improved employee morale and satisfaction, particularly among women going through menopause. • Increased retention, as employees felt more valued and supported. • Practice Plus Group received positive internal feedback and was recognised for their inclusive approach to employee wellbeing. **Validation:** • Employee satisfaction surveys indicated a high level of support and satisfaction among those affected by menopause.

-what could be improved	• Retention rates improved, particularly in departments with higher numbers of women experiencing menopause-related challenges. **What worked well?** • The proactive approach in creating a clear and supportive menopause policy was well-received by employees. • Management training and awareness-building efforts contributed significantly to the success of the initiative, as managers became more empathetic and responsive to employee needs. **What could be improved?** • Expanding the program to ensure broader recognition of other health-related issues, integrating menopause support with general health and wellbeing initiatives. • Providing additional resources such as peer support groups or mentorship programs could further enhance the sense of community and support.
Success factors – for best practices (What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?	• A strong commitment to inclusivity and employee wellbeing from top leadership. • Clear, transparent communication to employees about available support. • A flexible work environment that can accommodate various health needs, including menopause-related symptoms. • Regular feedback and monitoring to continuously refine the policy and make necessary adjustments.

Sustainability – for best practices (What are the elements that need to be put into place for the good practice to be institutionally, socially, economically, and environmentally sustainable?)	• **Institutional:** Continuous engagement from senior leadership to ensure that menopause support remains a priority. • **Social:** Cultivating an open and supportive environment where health-related challenges, including menopause, can be discussed without stigma. • **Economic:** Allocating resources to ensure that the policy is adequately supported, including training, flexible work arrangements, and wellness programs. • **Environmental:** Creating a workplace culture that prioritizes flexibility and emotional support, which can lead to higher overall employee satisfaction and retention.
Related resources developed. *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	• **Training materials** for managers to better understand how to support employees experiencing menopause. • **Internal communications resources** like guides, FAQs, and articles aimed at raising awareness of menopause and available support. • **Webinars and workshops** focused on menopause and general health issues, helping employees to better manage their wellbeing. This material was created for internal access within the company.
Access details (Website, contact mail, etc.)	**Website:** www.practiceplusgroup.com

Case Study 12: Bayer AG

Full name	Bayer AG
Year initiated/ended	**Initiated:** 2020 (through partnership with UNFPA) Ongoing

Provider	Bayer AG in partnership with UNFPA (United Nations Population Fund)
Target group	Employees experiencing menopause, with a particular focus on women in the workplace
Location/Region	Germany (though the initiative has a global reach across Bayer's international offices)
Goal of the case study / good practice (What was the intended goal? Was it achieved? If not, why?)	**Intended Goal:** • To improve workplace support for menopausal staff by collaborating with the **UNFPA** to enhance policies and raise awareness around menopause. • To scale up awareness and offer greater support for menopausal employees across Bayer's global operations. **Was it achieved?** • Yes, the goal was achieved. The initiative led to increased awareness about menopause within the company and supported the development of more inclusive workplace policies.
Description (In a clear step by step approach)	• **Partnership with UNFPA:** Bayer partnered with the **UNFPA** to leverage their expertise in reproductive health and workplace inclusivity to develop a more comprehensive support system for menopausal employees. • **Policy Development and Review:** Bayer reviewed and adjusted their workplace policies to ensure they supported employees affected by menopause, incorporating flexible work hours and support for health challenges related to menopause. • **Training and Awareness:** They launched awareness campaigns and provided training to HR teams and managers on how to recognise menopause-related issues and provide adequate support.

	• **Internal Communication and Resources:** Bayer made use of internal communications channels to raise awareness about menopause and to ensure that employees knew where to find support and resources. • **Feedback and Adaptation:** Regular feedback was gathered from employees to assess the effectiveness of the changes, enabling Bayer to adjust policies as needed based on real-world impact.
Impact and validation and lessons learned -For successful cases: what was the impact, how it was validated) -For challenges, what obstacles prevented success, what went wrong etc. -what worked well? -what could be improved	**Impact:** • The awareness activities and policy improvements resulted in increased understanding and empathy for menopausal employees. • Bayer's employees felt more supported, leading to higher levels of employee satisfaction and reduced stigma around discussing menopause in the workplace. • The initiative also positioned Bayer as a leader in promoting inclusivity and health in the workplace. **Validation:** • Employee feedback and internal surveys demonstrated improved satisfaction with the support offered, particularly among employees experiencing menopause-related symptoms. • The effectiveness of the initiative was also reflected in positive recognition from external bodies for advancing workplace wellbeing. **What worked well?** • The partnership with UNFPA was highly effective in providing the expertise needed to develop appropriate workplace policies.

	• The awareness campaigns, including training for HR and managers, helped reduce stigma and promoted an inclusive workplace culture. • The comprehensive approach, which included policy change, awareness, and ongoing feedback, proved successful in addressing the needs of menopausal employees. **What could be improved?** • Expanding the initiative to include more specific support tools, such as mentorship programs or peer networks for menopausal employees, could strengthen the sense of community and support. • Greater emphasis on the global scalability of the policies to ensure that employees in all regions benefit equally could be a focus moving forward.
Success factors – for best practices (What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?	• Strong leadership support for inclusivity and employee wellbeing. • Collaboration with external experts or organisations like **UNFPA** to ensure best practices are followed in developing policies. • A clear, accessible communication strategy to ensure that all employees are aware of the resources and support available to them. • A culture of openness where health issues, including menopause, can be discussed without fear of stigma.

Sustainability – for best practices (What are the elements that need to be put into place for the good practice to be institutionally, socially, economically, and environmentally sustainable?)	• **Institutional:** Ongoing commitment from senior leadership to ensure that menopause support remains an integral part of the company's diversity and inclusion strategy. • **Social:** Encouraging a workplace culture where health challenges are openly discussed, and employees feel comfortable seeking support. • **Economic:** Allocating necessary resources to ensure the sustainability of policies, such as continuous training for managers and periodic updates to the support programs. • **Environmental:** Promoting flexible working arrangements and creating a supportive physical and emotional environment that allows menopausal employees to thrive.
Related resources developed *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	• **Training modules and materials** for HR and managers, helping them understand menopause-related issues and how to best support affected employees. • **Internal awareness campaigns** via newsletters, intranet posts, and posters to educate employees on menopause and the available support. • **Support materials** such as guides and FAQs to help employees understand how to access the resources available to them. This material was created for internal access within the company.
Access details (Website, contact mail, etc.)	**Website:** www.bayer.com

Case Study 13: Aster Group UK

Full name	Aster Group UK

Year initiated/ended	**Initiated:** 2021 (as part of their ongoing inclusivity and employee wellbeing initiatives), Ongoing
Provider	Aster Group UK
Target group	Employees experiencing menopause, with a focus on creating awareness among all staff and managers
Location/Region	UK
Goal of the case study / good practice (What was the intended goal? Was it achieved? If not, why?)	**Intended Goal:** • To increase awareness and understanding of menopause among employees and managers. • To create a more inclusive and supportive work environment for menopausal employees. **Was it achieved?** • Yes, the training and awareness sessions improved understanding and support for menopausal employees, fostering a more inclusive workplace culture.
Description (In a clear step by step approach)	• **Needs Assessment:** Aster Group identified a knowledge gap around menopause in the workplace and the need for better support systems. • **Training Program Development:** The company designed training sessions for managers and employees to increase awareness and provide practical strategies for supporting menopausal colleagues. • **Awareness Campaigns:** A series of workshops, internal communications, and digital content were launched to educate employees about menopause symptoms, challenges, and available workplace support. • **Managerial Support Training:** HR and managerial staff were given specialized training to help them understand

	menopause-related workplace challenges and how to offer appropriate accommodations. • **Open Conversations and Feedback:** Employees were encouraged to share their experiences, helping to normalise menopause discussions and reduce stigma. • **Policy Integration:** Insights from the training sessions were used to refine existing workplace policies, ensuring menopause support was embedded in the company's inclusivity strategy.
Impact and validation and lessons learned. -For successful cases: what was the impact, how it was validated) -For challenges, what obstacles prevented success, what went wrong etc. -what worked well? -what could be improved	**Impact:** • Increased awareness and understanding of menopause among employees and managers. • Improved workplace support for menopausal employees, leading to higher job satisfaction and retention. • A more open and inclusive culture where employees felt comfortable discussing menopause-related challenges. **Validation:** • Employee feedback and post-training surveys showed a higher level of understanding and empathy toward menopause-related challenges. • Increased engagement in internal support networks and wellness programs demonstrated the effectiveness of the initiative. **What worked well?** • Providing targeted training for managers helped create a top-down culture of support. • Open discussions and awareness sessions reduced stigma and encouraged employees to seek support.

	• The integration of training into the broader inclusivity agenda ensured sustainability and long-term impact. **What could be improved?** • Expanding training sessions to include external experts and medical professionals for more in-depth discussions. • Developing additional resources, such as e-learning modules, to allow employees to revisit key information at their own pace.
Success factors – for best practices (What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?	• Strong commitment from leadership to foster an inclusive and supportive culture. • Dedicated training programs tailored to the specific needs of employees and managers. • A safe and open environment where employees feel comfortable discussing health-related challenges. • Continuous monitoring and updates to policies based on employee feedback.
Sustainability – for best practices (What are the elements that need to be put into place for the good practice to be institutionally, socially, economically, and	**Institutional:** • Ongoing training and policy updates to keep menopause support relevant and effective. **Social:** • Encouraging a culture where menopause discussions are normalised and not seen as a taboo topic. **Economic:** • Allocating resources for training, awareness campaigns, and employee support programs.

environmentally sustainable?)	**Environmental:** • Ensuring the workplace is accommodating, with flexible work options and wellness initiatives that support menopausal employees.
Related resources developed. *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	• **Training manuals and guides** for managers and HR teams on menopause awareness and support. • **Internal communications materials**, including newsletters, posters, and intranet resources, to educate employees. • **Interactive workshops and webinars** to promote open discussions and reduce stigma. This material was created for internal access within the company.
Access details (Website, contact mail, etc.)	**Website:** www.aster.co.uk

Case Study 14: Vodafone Group PLC

Full name	Vodafone Group PLC
Year initiated/ended	**Initiated:** 2021 (as part of Vodafone's broader diversity and inclusion strategy), Ongoing
Provider	Vodafone Group Plc
Target group	Employees experiencing menopause, with a focus on women in the workplace
Location/Region	**Multiple countries** (Vodafone operates globally, with the initiative spanning multiple regions)
Goal of the case study / good practice (What was the	**Intended Goal:**

intended goal? Was it achieved? If not, why?)	• Reduce stigma and normalise menopause discussions in the workplace globally. • Provide practical, accessible support to menopausal employees, to maintain well being and career progression. • Promote an inclusive culture that embraces diversity in health experiences. • Ensure consistent yet locally adaptable menopause support aligned with regional legal and cultural contexts. **Was it achieved?** • Vodafone has made significant progress in raising awareness and reducing stigma, supported by a comprehensive toolkit and manager training. • Employee feedback indicates improved support and comfort in discussing menopause, though quantitative impact data is limited publicly. • The initiative is recognised as a global best practice but continues to evolve to address healthcare benefits and regional adaptations.
Description (In a clear step by step approach)	**Policy Development:** • Vodafone implemented a global menopause policy integrated within its diversity and wellbeing frameworks. This policy provides guidance on flexible work, health resources, and manager responsibilities, with allowances for local legal and cultural adaptations. **Employee Awareness and Education:** • The company launched a freely accessible Menopause Toolkit (available here) covering menopause stages, symptoms, and support options. Internal campaigns include newsletters, webinars, and podcasts featuring employee stories and expert advice.

	• **Manager Training:** Specialised training equips HR and line managers to recognise menopause symptoms and proveid empathetic, practical support.Training materials are part of the internal learning platform. • **Flexible Work Options:** Flexible hours, remote working, and additional accommodations are offered to help employees manage symptoms, particularly important during and post-pandemic. • **Health and Wellbeing Support:** Employees access confidential Employee Assistance Programs (EAPs), online health consultations, and medical resources. However, coverage for menopause-specific treatments such as HRT varies by region and remains an area for expansion. • **Employee Community and Feedback:** Vodafone's internal 'Cycles of Life' community (400+ members) provides peer support and facilitates open dialogue on menopause and related health conditions. Regular surveys and focus groups collect feedback, which informs ongoing adjustments to policies and programs.
Impact and validation and lessons learned. -For successful cases: what was the impact, how it was validated) -For challenges, what obstacles prevented success, what went wrong etc. -what worked well?	**Impact & Validation:** • **Quantitative Data**: While Vodafone has not publicly released detailed retention or productivity metrics, internal surveys show increased employee comfort in discussing menopause and perceived support from management. • **Qualitative Feedback**: Employees report feeling more valued and supported, with testimonials highlighting positive changes in workplace culture. • **Recognition**: Vodafone's menopause initiative is cited by diversity and inclusion advocates as a leading corporate example globally. **Lessons Learned and Areas for Improvement:**

-what could be improved	• **Healthcare Benefits**: Expansion of menopause-specific healthcare coverage, including hormone replacement therapy (HRT), is needed to meet employee needs fully. • **Localisation:** Tailoring programs to regional cultural and legal contexts would enhance relevance and uptake.
Success factors – for best practices (What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?	• **Inclusivity**: Broader inclusion of non-binary and transgender employees experiencing menopause or hormonal changes should be explicitly addressed. • **Data Transparency:** Publishing anonymised impact metrics would strengthen credibility and encourage wider adoption.
Sustainability – for best practices (What are the elements that need to be put into place for the good practice to be institutionally, socially, economically, and environmentally sustainable?)	**Success Factors for Replication** • Strong leadership commitment and visible sponsorship • Comprehensive training and awareness campaigns for all employees • Flexible workplace policies that accommodate health needs • Employee-led communities fostering peer support and open dialogue • Global framework with flexibility for local adaptation **Sustainability** • Embedding menopause support into core diversity, equity, and inclusion (DEI) and wellbeing strategies

	• Ongoing investment in training, policy refinement, and healthcare benefits • Cultivating a stigma-free culture encouraging open conversations • Ensuring policies evolve with employee feedback and emerging best practices
Related resources developed. *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	• Vodafone Menopause Toolkit: Download PDF (publicly accessible). The toolkit is organised into sections and aims to guide managers on how to better support colleagues during peri/menopause. • Global Menopause Research Report (Vodafone): Download PDF • Vodafone LinkedIn: Vodafone Group LinkedIn Menopause Initiatives Internal Resources (Available to Vodafone Employees Only): • Manager Training Guides: Detailed guides on how to support employees experiencing menopause, distributed through internal channels. These guides aim to address how symptoms may affect women at work. • Educational Materials and Webinars: Internal resources on menopause awareness and workplace wellbeing, designed to provide knowledge to facilitate discussions on menopause and reduce stigma. Case Study overview via Embrace Difference. • Employee Assistance programs (EAPs): Confidential health consultations and support services for employees, offering additional care and support. Press Release with Video Clip
Access details (Website, contact mail, etc.)	**Website:** www.vodafone.com Key Contacts: • Clare Corkish, UK HR Director (public advocate for menopause support): LinkedIn

	• Leanne Wood, Chief Human Resources Officer: LinkedIn

Case study 15: Microsoft Corporation	
Full name	Microsoft Corporation Partnership with Maven for Reproductive and Menopausal Support
Year initiated/ended	Initiated in 2021 (parenthood support), menopause benefits added in 2023 – ongoing
Provider	Microsoft with Maven Clinic
Location/Region	USA (primary base) with global reach across Microsoft's employee population
Target group	Employees starting or growing families, employees navigating menopause and perimenopause, LGBTQIA+ employees and people of colour seeking specialised reproductive health care
Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	The main goal of this initiative was to provide inclusive, accessible, and holistic health benefits supporting all paths to parenthood and menopausal health. The goals achieved were high engagement with more than 1300 employees joining Maven in the first week. Also, there were more than 3000 menopause related interactions across 58 countries in the first 2 months. Finally, there was a 90% return to work rate for mothers using Maven (vs 57% national average).
Description *(In a clear step by step approach)*	1. Assessment of need: Microsoft identified employee demand and gaps in support for reproductive and menopausal health. 2. Partnership formed: Collaboration with Maven Clinic, a digital health platform offering 25+ specialist services. 3. Launch and rollout: - 2021: Benefits for all paths to parenthood rolled out globally

	- 2023: Menopause support added, including access to hormone therapy and counselling 4. Access and customization: Services are personalized based on journey stage and identity (e.g., LGBTQIA+, race-based care matching). 5. Global implementation: Made available to employees in 58 countries, integrated into Microsoft's "Essentials" wellbeing offerings. 6. Ongoing evaluation: Based on user feedback and engagement metrics.
Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges what obstacles prevented success, what went wrong etc*	The impact of this initiative was 90% return to work rate for mothers, triple of the engagement rate compared to other companies, and menopause support accessed globally, confirming the demand. This initiative was also validated by users with the review average of 4.99/5. Additionally, there is a high uptake within days of launch, and general positive employee feedback and productivity improvements. The lesson learned was that supporting diverse health needs plays off in retention, morale and inclusion.
Success factors – for best practices *(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good*	• Strong leadership support (via HR and wellbeing leads) • Open, inclusive culture around health conversations • Technological infrastructure for digital health access • Established internal communications to promote new benefits • Financial investment in long-term employee wellbeing

practice to be successfully replicated (in a similar context)?	
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable?)*	• Integration into permanent wellbeing strategy ('Essentials' offering) • Global rollout ensures institutional and geographical sustainability • Demand-driven model ensures continued use and relevance • Ongoing partnerships with expert providers (Maven, Carrot, etc.) • Adaptability to future reproductive and gendered health needs
Related resources developed	- Maven platform - https://www.mavenclinic.com/
Access details *(Website, contact mail, etc.)*	- www.mavenclinic.com - Microsoft Wellbeing Resources: available to employees internally - Contact (Maven): support@mavenclinic.com - Blog post by Microsoft's Sonja Kellen (Global Health & Wellbeing)

Case study 16: NVIDIA Partnership with Peppy Health and Crossover Health

Full name	NVIDIA's Menopause and menstrual health support through Peppy
Year initiated/ended	Initiated in 2023 - ongoing

Provider	NVIDIA Partnership with Peppy Health and Crossover Health for Employee Wellbeing and Gender-Inclusive Healthcare
Location/Region	USA & UK
Target group	Employees and spouses/domestic partners Anyone who identifies as a woman, including trans, non-binary, genderfluid and gender nonconforming people
Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	The main goal of this initiative is to provide inclusive, personalised health support to employees experiencing menopause, period pain, PCOS, or endometriosis – reducing absenteeism, improving wellbeing, and fostering an inclusive work environment. The goals likely achieved based on implementation and continued partnership, was access to human, expert-led support via smartphone, addressed unmet needs in reproductive health and inclusive care that affirms gender diversity.
Description *(In a clear step by step approach)*	1. Assessment of need: Recognition of need: NVIDIA identified menopause and period-related issues as key areas impacting employee wellbeing and productivity. 2. Partnership formed: Collaborated with Peppy Health, a digital platform offering expert human support through mobile app. 3. Service launch: Peppy services added to NVIDIA's broader “Perks for Your Well-Being” program. 4. Inclusive access: Available to employees and spouses/domestic partners, including those who identify as women across the gender spectrum. 5. Specialized services: - Menopause support from early symptoms to post-menopause

	- Period pain & problems support (focus on PCOS and endometriosis) 6. Integration: Delivered through NVIDIA's wellbeing platform, alongside other fitness and healthcare services.
Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges what obstacles prevented success, what went wrong etc*	The impact of this initiative inferred from Peppy's typical outcomes, is increased access to specialised care, improved workplace inclusivity, and potential reduction in sick days due to better symptom management. The lessons learned were normalising reproductive health care support that strengthens company culture and inclusivity in benefit design matters for employee satisfaction and trust.
Success factors – for best practices *(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?*	• Inclusive HR and benefits policy framework • Leadership commitment to wellbeing and equity • Tech infrastructure to support digital health tools • Clear internal communication to raise awareness of available services
Sustainability – for best practices	• Ongoing partnership with established provider (Peppy)

(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable?)	• Built into the broader NVIDIA well-being strategy • Designed to scale with workforce needs • Culturally sustainable due to inclusive, identity-affirming approach
Related resources developed *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	- https://peppy.health/ - NVIDIA internal materials promoting "Perks for Your Well-Being" - Possibly internal webinars, FAQs, and guidance documents (not publicly listed) - Leaflet
Access details *(Website, contact mail, etc.)*	- www.peppy.health - NVIDIA HR Well-being page (internal access) - General information about NVIDIA benefits: careers.nvidia.com

Case study 17: Organon

Full name	Organon calls for recognition of the repercussions of underinvesting In women's health
Year initiated/ended	Initiated in 2022 – ongoing
Provider	Organon
Location/Region	Global (headquartered in Jersey City, NJ, USA, with offices and operations worldwide including regions such as Canada, Europe, Asia Pacific, Australia, and Türkiye
Target group	Global healthcare ecosystem including academia, investors, policymakers, researchers and the public – with

	a focus on women and employees across Organon's global operations
Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	The goal of this initiative was to draw urgent attention to the systemic underinvestment in women's health, using International Women's Day as a catalyst for awareness and advocacy. Organon intended to mobilize its global workforce and external stakeholders to call for increased innovation and funding for women-specific health conditions beyond oncology. Through public campaigns, evidence sharing, and strategic internal actions (such as providing paid time off), the company aimed to influence broader healthcare agendas and contribute to closing gender health gaps. This goal is being steadily achieved through widespread engagement, partnerships, and the amplification of key statistics and needs within the health policy space.
Description *(In a clear step by step approach)*	1. Organon declared a company-wide paid day off on International Women's Day for all 10,000 employees to advocate for women's health. 2. The company launched an awareness campaign calling on key stakeholders in the healthcare ecosystem to address gender disparities in research, innovation, and treatment. 3. Organon shared compelling data on the low levels of investment in women-specific conditions (e.g., only 2 of 37 drugs approved by the FDA in 2022 were for female-specific conditions). 4. The campaign highlighted specific conditions often neglected — menopause, maternal health, endometriosis — emphasizing their social, psychological, and economic impacts.

	5. The company publicly encouraged collaborative action and pledged ongoing investment in innovation and partnerships targeting women's unmet health needs. 6. Progress was tracked through company acquisitions, investments, and partnerships focused on high-need areas in women's health.
Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges what obstacles prevented success, what went wrong etc*	The initiative has contributed to elevating women's health in the public and policy discourse, with Organon positioning itself as a global leader advocating for systemic change. By leveraging its workforce and public campaigns, the company validated the effort through engagement metrics, partnerships, and media visibility. A significant lesson learned is that data-driven advocacy, combined with employee engagement and a strong mission, can shift narratives and attract attention to long-standing public health disparities. The initiative's impact is further underpinned by studies showing that a $300 million investment in women's health research could yield $13 billion in economic return — reinforcing the value of targeted, gender-specific health strategies.
Success factors – for best practices *(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully*	• Strong organisational commitment to women's health as a core mission. • Access to and strategic use of reliable data to support advocacy. • Company-wide engagement in social responsibility campaigns. • A global platform and existing partnerships across health, academic, and policy sectors. • Alignment with global awareness moments (e.g., International Women's Day) to amplify reach.

replicated (in a similar context)?	
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable?)*	• Continued investment in R&D for female-specific conditions. • Institutionalisation of advocacy days and employee-led health initiatives. • Ongoing collaboration with researchers, policymakers, and innovators. • Transparent reporting on impact and outcomes to sustain momentum and trust. • Building health equity into the company's broader ESG (environmental, social, governance) goals.
Related resources developed *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	- Public awareness campaign materials - Press releases and reports with health statistics and research gaps - Internal communications and employee engagement content
Access details *(Website, contact mail, etc.)*	- Website: https://www.organon.com - LinkedIn campaign: Organon – LinkedIn Post - Contact: media@organon.com (based on press contact formats)

Case study 18: Diageo plc

Full name	Diaego's 'Thriving Through Menopause' Global menopause guidelines
Year initiated/ended	Initiated in 2023 – ongoing
Provider	Diageo plc
Location/Region	USA, Canada, USVI, UK, Ireland and expanding globally to over 40 countries.
Target group	Women employees at Diageo experiencing menopause, as well as their line managers and colleagues
Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	The goal of the "Thriving Through Menopause" initiative was to raise awareness and promote understanding of menopause within the workplace—a topic often regarded as taboo—while providing supportive resources and creating a more inclusive and flexible work environment for employees navigating this stage of life. By launching these guidelines across several countries, Diageo aimed to foster open conversation and normalise menopause as a workplace topic. The initiative has successfully reached multiple offices across the UK, Ireland, Canada, the US, and the US Virgin Islands, with plans for wider global rollout. This indicates a strong institutional commitment to achieving the initiative's goals.
Description *(In a clear step by step approach)*	1. Diageo recognised menopause as a significant yet often overlooked workplace issue. 2. A global working group—including Diageo's Spirited Women's Network—was formed to develop the guidelines based on personal experiences and best practices. 3. The "Thriving Through Menopause" guidelines were launched in 2023 in select countries with further expansion planned.

	4. Resources were provided for both those experiencing menopause and their line managers to facilitate understanding and support. 5. Practical supports included access to Employee Assistance Program services (such as counselling and mindfulness sessions) and increased work flexibility. 6. The initiative was aligned with Diageo's broader diversity and inclusion goals, as articulated in its Society 2030: Spirit of Progress sustainability plan.
Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges what obstacles prevented success, what went wrong etc*	The guidelines mark a significant institutional milestone in embedding menopause awareness into corporate culture. Their launch has generated conversation, removed stigma, and created tangible support systems such as counselling, flexible work options, and time-off policies. Diageo's broader recognition—such as being ranked the No. 1 UK company for female leadership in the 2020 Hampton-Alexander Review—validates its credibility in implementing gender-sensitive initiatives. The initiative's initial rollout has provided a framework for future expansion and replication, with internal engagement by employee resource groups ensuring that lessons learned reflect lived experience.
Success factors – for best practices *(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be*	Key success factors include strong internal advocacy from employee-led groups like the Spirited Women's Network, top-level executive support, and alignment with company-wide goals on gender equality and sustainability. The integration of personal narratives with global best practices helped ensure relevance across cultural contexts. Institutional flexibility and access to mental health resources also played a role in the success of the program.

successfully replicated (in a similar context)?	
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable?)*	Sustainability is supported through integration with long-term strategic plans such as Diageo's "Society 2030: Spirit of Progress." Using global networks and adaptable guidelines allows for contextualization across markets while maintaining core values. Continuous awareness campaigns, resource accessibility, and employee participation are essential to institutional, social, and cultural sustainability.
Related resources developed *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	- "Thriving Through Menopause" internal guidelines - Awareness campaign materials - Employee Assistance Program offerings (counselling, mindfulness) - Internal communications and training tools for managers
Access details *(Website, contact mail, etc.)*	- Website: www.diageo.com - Press contact: press@diageo.com / +44 (0) 7803 856 200

Case study 19: Royal College of Midwives (RCM)	
Full name	Menopause and the Workplace (RCM)
Year initiated/ended	2024 (booklet created)
Provider	Royal College of Midwives (RCM)
Target group	Employers, line managers, colleagues experiencing menopause

Location/Region	UK
Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	The goal is to raise awareness of menopause in the workplace, provide real-life case studies for managers and colleagues to understand the impact of menopause on work, and offer tools and recommendations for creating a menopause-friendly workplace. The initiative aims to provide practical support for employees and help employers manage adjustments. The goal has been partially achieved with a recognised need for further improvements in employer awareness and support.
Description *(In a clear step by step approach)*	The booklet includes real case studies from NHS England, NHS Improvement, and the Civil Service, showcasing both negative and positive experiences related to menopause in the workplace. The case studies are followed by questions for managers to consider, with a focus on raising awareness and initiating conversations around menopause to reduce stigma and promote support.
Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges what obstacles prevented success, what went wrong etc*	The impact has been seen in sharing personal stories, increasing awareness and dialogue about menopause in the workplace. Positive changes include more openness and some workplace adjustments. However, obstacles such as a lack of widespread employer education on menopause symptoms and the stigma surrounding menopause still prevent full success.
Success factors – for best practices	A key success factor is creating a safe, open environment for employees to discuss their experiences without judgment. Institutional support and awareness from

(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?	managers are crucial, as is flexibility in workplace policies and adjustments such as flexible working and temperature control.
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable?)*	To ensure sustainability, it is essential for employers to integrate menopause awareness into their regular training and to maintain open communication with employees. Continuously reviewing workplace policies to accommodate employees' evolving needs is key. A supportive work culture, along with ongoing education and updated resources, will contribute to sustainability.
Related resources developed	- The RCM booklet, which includes guidelines, case studies, and practical advice for employers. - Leaflet and awareness material
Access details *(Website, contact mail, etc.)*	- https://rcm.org.uk/ - Contact (RCM): **0300-303-0444** - Email: **enquiries@rcm.org.uk**

Case study 20: Standard Chartered Bank

Full name	Standard Chartered advocates for menopause support with progressive menopause workplace policy
Year initiated/ended	Initiated in October 2023, with completion of the global rollout in April 2024
Provider	Standard Chartered Bank
Location/Region	Global (with key operations and rollout hubs in Singapore, London, and across Standard Chartered's worldwide offices)
Target group	Employees of Standard Chartered and their partners
Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	The goal was to provide medical coverage for treatment of menopause-related symptoms and create a supportive, inclusive workplace for employees undergoing menopause. The bank aimed to normalise conversations about menopause and proactively address its impact on employees' career progression. The goal was largely achieved, as the rollout is progressing well, with two-thirds of employees covered by November 2023 and full rollout by April 2024.
Description *(In a clear step by step approach)*	1. Standard Chartered announced a global policy providing medical coverage for menopause-related symptoms to all employees and their partners. 2. The policy includes access to specialist doctors and prescription drugs. 3. The bank introduced flexible working policies and workplace adjustments to support employees experiencing menopause. 4. Awareness campaigns, toolkits, conversation guides, and internal events were launched to normalise discussions on menopause in the workplace.

	5. A partnership with the Financial Services Skills Commission (FSSC) led to research on the impact of menopause on women in the senior leadership talent pipeline. 6. The bank also extended paid parental leave to all employees, irrespective of gender.
Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges what obstacles prevented success, what went wrong etc*	Regarding the impact, the initiative is improved retention and career progression for women, especially those in senior leadership roles. It addresses the challenges faced by employees going through menopause, which can negatively affect workplace participation. Regarding the validation, the policy's impact is validated by internal research in partnership with the FSSC, which showed that many women were less likely to apply for promotions or were considering leaving the workforce due to menopause symptoms. This policy is expected to mitigate these issues. The lessons learned were proactive medical support and a flexible, open workplace culture are key to ensuring employees remain engaged and retain leadership potential during menopause transition.
Success factors – for best practices *(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully*	• Clear leadership commitment and involvement from HR, as seen in Tanuj Kapilashrami's public statements. • A holistic approach integrating medical coverage, flexible work arrangements, and cultural change through awareness initiatives. • Collaborations with external organisations like the FSSC to validate the policy and ensure relevance. • Strong internal communication to ensure employees understand the available resources and benefits.

replicated (in a similar context)?	
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable?)*	• Continued awareness campaigns to ensure menopause support remains a priority. • Regular review of policy effectiveness through employee feedback and data on retention and promotion rates. • Ongoing partnership with external organisations to keep the policy updated and relevant to the evolving needs of employees. • Integration of menopause-related support into the wider organisational culture to make it a sustained priority for employee well-being.
Related resources developed	- Newsletter and awareness material - Menopause in the workplace report
Access details *(Website, contact mail, etc.)*	- Website: Standard Chartered Insights - Contact: Josephine Wong, Group Media Relations, +65 6981 1514

Case study 21: Employment Tribunal Case: Menopause Discrimination and Harassment

Full name	Karen Farquharson's Employment Tribunal Case Against Thistle Marine: Menopause Discrimination and Harassment
Year initiated/ended	Initiated in 2021 (when menopause symptoms were raised with the employer) and ended in 2023 with the tribunal ruling
Provider	Karen Farquharson (individual) against Thistle Marine (company)
Location/Region	Peterhead, Aberdeenshire, Scotland, UK
Target group	Employees experiencing menopause symptoms

Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	From the company's perspective, the goal was to manage employee health and productivity, but they failed to accommodate menopause symptoms or provide support. For Karen, the goal was to assert her right to fair treatment and recognition of her symptoms, which she achieved through the tribunal process. The company's failure to meet this goal, however, shows the negative consequences of ignoring menopause in the workplace.
Description *(In a clear step by step approach)*	1. Karen Farquharson raised her menopause symptoms with her employer, including anxiety, brain fog, and heavy bleeding. 2. She was dismissed and faced harassment when her condition was dismissed as "aches and pains." 3. She was told to "just get on with it" and her symptoms were disregarded. 4. She was made to feel that she was not a "real person" anymore, contributing to her mental distress. 5. Karen took legal action, filing for unfair dismissal and harassment. 6. An employment tribunal found in her favor, awarding a £37,000 payout.
Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges what obstacles prevented*	Impact (for the company): The company's treatment of Karen led to significant reputational damage, legal consequences, and financial costs (the £37,000 payout). The lack of support for menopausal symptoms not only led to Karen's resignation but also created a hostile work environment that undermined trust and employee well-being. Impact (for Karen): Karen gained legal validation of her claims, receiving a £37,000 payout and successfully asserting her rights. The case brought awareness to her

success, what went wrong etc	personal struggle and the broader issue of menopause in the workplace. Lessons Learned (for the company): Employers must create policies that support menopause-related symptoms to avoid legal action and to foster a supportive work environment. Lessons Learned (for individuals): Karen's case serves as a powerful example of asserting one's rights and standing up against unfair treatment, despite significant mental and emotional distress.
Success factors – for best practices *(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?*	Challenges (for the company): The company lacked awareness and understanding of menopause, and failed to offer accommodations or support for an employee experiencing significant health issues. The manager's dismissive attitude towards menopause contributed to a toxic workplace. Success factors (for individuals): Karen's success in the tribunal process highlights the importance of knowing one's rights, seeking legal support, and not tolerating workplace harassment or unfair treatment. The case also shows the effectiveness of standing up to a company when facing discrimination or neglect.
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and*	For the company: The company needs to implement policies that accommodate menopause symptoms, such as flexible work hours, support systems, and training for managers. Without these changes, the company risks losing experienced employees and facing further legal issues. For individuals: To ensure long-term success in similar situations, employees should be aware of their legal rights, seek support from advocacy groups or legal channels, and

environmentally sustainable?)	engage in conversations with employers to find reasonable accommodations before it escalates.
Related resources developed *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	No specific resources or policies related to menopause were developed by Thistle Marine, which highlights a gap in the company's approach to managing menopause-related issues. However, Karen's legal success and the media attention have helped raise awareness of the need for such resources. You can find some of them here: - Menopause conversations – ep 51 Menopause employment Tribunal – Karen Farquharson - My story: menopause and taking my employer to tribunal
Access details *(Website, contact mail, etc.)*	Not applicable (as the company failed to create accessible resources)

Case Study 22: Partille Municipality

Full name	Partille Municipality - Menopause Health Initiative
Year initiated/ended	Initiated in 2022 - ongoing (initiative made permanent in 2024)
Provider	Partille Municipality, Sweden
Target group	Municipal employees, with a focus on women aged 40-60 experiencing perimenopause and menopause
Location/Region	Sweden
Goal of the case study / good practice *(What was*	To reduce sick leave among women aged 40-60 by increasing menopause awareness, providing direct

the intended goal? Was it achieved? If not, why?)	support, and creating a more open and supportive workplace culture around menopause. Achievement: ● Sick leave among female employees aged 40-60 fell by one percentage point after the initiative's launch, resulting in a calculated cost saving of over 3 million SEK (approximately €260,000) for the municipality, and double that for society as a whole. ● The initiative has been made permanent and has spread to other municipalities, with national attention and recognition (including Partille's 2024 Ambassador Prize). ● Marked cultural shift in how menopause is now discussed more openly in the workplace, and employees report feeling less isolated and more supported.
Description *(In a clear step by step approach)*	**Needs assessment:** Analysis of sick leave data confirmed higher rates of long-term sick leave among women, often attributed to pain or depression, with menopause as an under-recognised factor. The initiative reflects broader evidence, including the Swedish National Board of Health's 2021 findings on menopause as a workplace health issue. **Development & Launch:** All employees in the target group (women 40-60) were offered: ● Free informational talks about menopause ● Bookable one-on-one support sessions with specialist nurses ● Referrals to primary care for further medical support as needed ● All support available during paid working hours

	Managers received specific training to raise awareness and improve their ability to support staff experiencing menopause. Programme design was likely informed by best practice, including recommendations from EMAS and the Nordic Menopause White Paper. **Ongoing evaluation and adaptation:** ● Sick leave statistics tracked by age and gender to monitor impact. ● The initiative was evaluated and made permanent following positive results and feedback.
Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges, what obstacles prevented success, what went wrong etc.* *-what worked well?* *-what could be improved*	**Impact:** ● One percentage point in reduction in sick leave among women aged 40-60. ● Over 3 million SEK in direct cost savings for the municipality (7 million SEK for society). ● Increased knowledge, reduced fear and anxiety, and a more supportive culture for menopausal employees. ● The initiative has influenced other municipalities and healthcare providers to prioritise menopause education and support. **Validation:** ● Recognised nationally, including a presentation at a Swedish parliamentary seminar and the 2024 Ambassador Prize. ● Featured as a best practice in the Nordic Menopause White Paper. **Lessons Learned:**

	• Providing direct access to specialist nurses and hormone therapy can significantly reduce sick leave. • Manager training and open dialogue are crucial for reducing stigma and supporting staff. Ongoing evaluation and adaptation are necessary for sustained impact, as we have seen in other Nordic and UK programmes. What worked well? • Free, confidential access to specialist nurses and one-on-one support during working hours. • Manager training and awareness-raising led to a cultural shift and more open discussion of menopause. • Data-driven approach enabled measurable impact and cost savings. What could be improved? • Further research to identify which specific elements (e.g., nurse support, education, workplace adjustment) had the greatest impact on reducing sick leave. The municipality has not yet evaluated these factors in detail. • We can infer based on sector best practice, that a broader integration of menopause support into all workplace health and EDI policies would be an improvement. • Continued sharing of resources and lessons learned with other municipalities and sectors.
Success factors – for best practices	Success Factors:

(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?	• Political and leadership commitment to prioritise menopause as a workplace health issue. • Integration of support services into pad working hours. • Data-driven evaluation and willingness to make the initiative permanent. • Manager training and open communication.
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable?)*	Sustainability: • Permanent integration of menopause support into municipal health and wellbeing frameworks. • Ongoing evaluation and adaptation based on staff feedback and sick leave data. • Sharing of best practices nationally to encourage uptake by other organisations.
Related resources developed *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	Nordic Labour Journal: Menopause initiative saves millions in sick leave costs for Swedish municipality — Nordic Labour Journal Astellas Nordic Menopause White Paper: The Nordic Menopause White Paper 2024 World Menopause Day LinkedIn Diversity Charter Sweden EMAS Position Statement: Global consensus recommendations on menopause in the workplace: A European Menopause and Andropause Society (EMAS) position statement
Access details	Website: Partille municipality - in the middle of the good life

(Website, contact mail, etc.)	Partille municipality, 433 82 Partille. kundcenter@partille.se

Case Study 23: Royal Mail Group	
Full name	Royal Mail Group - Let's Talk Menopause Campaign and Enhanced Menopause Support Package
Year initiated/ended	Initial Menopause Guide introduced in 2018; Enhanced support package launched in February 2022 – ongoing
Provider	Royal Mail Group (RMG), in collaboration with the Communication Workers Union (CWU) and GenM
Target group	All Royal Mail employees, with a focus on approximately 16,500 women employees likely experiencing perimenopause and menopause symptoms
Location/Region	UK
Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	To create a supportive workplace environment for employees experiencing menopause by raising awareness, normalising conversations, providing practical support, and ensuring no woman feels unable to fulfill her work ambitions due to menopause symptoms. Achievement: • Successfully launched the comprehensive "Let's Talk Menopause" campaign in 2022, building on the 2018 Menopause Guide.

	• Signed the national Wellbeing of Women Menopause Workplace Pledge, demonstrating organisational commitment. • Became one of 48 founding partners of menopause organisation GenM. • Created internal support networks and resources for affected employees.

Description
 	
(In a clear step by step approach)
	Initial policy development (2018):
	• Developed first-ever Royal Mail Group Menopause Guide for Managers titled "Supporting Women At Work Through Menopause".
	• Guide covered basics of menopause, symptoms, workplace impacts, and management guidance.
	• Made available on the company intranet with publicity across internal channels.
	
	Assessment and enhancement (2018-2022):
	• Ongoing review of initial guide and support mechanisms.
	• Collaboration between Communication Workers Union (CWU) Health, Safety & Environment Department and RMG Head of Health and Wellbeing.
	• Recognition of need for more comprehensive support based on employee feedback.
	
	Enhanced support package launch (Feb. 2022):
	• Launched "Let's Talk Menopause" campaign with four main aims:
	  ○ Leading & managing with empathy
	  ○ Raising awareness & understanding
	  ○ Normalising conversations

	○ Providing education, information, and practical support ● Formed a working group including both women and men to create a comprehensive support package. **External partnerships and commitments:** ● Signed the Wellbeing of Women Menopause Workplace Pledge ● Became 1 of 48 founding partners of GenM, gaining access to additional resources. **Internal support structures:** ● Created a "Let's Talk Menopause" internal employee group for networking and peer support. ● Established dedicated RMG Intranet Workplace Group for resources and information.
Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges, what obstacles prevented success, what went wrong etc.* *-what worked well?* *-what could be improved*	**Impact:** ● Increased awareness and normalisation of menopause conversations within the organisation. ● Enhanced support for approximately 16,500 women employees experiencing perimenopause and menopause. **Validation:** ● Partnership with established organisations such as GenM and Wellbeing of Women. ● Endorsement from Communication Workers Union (CWU). ● Public commitment through the Menopause Workplace Pledge.

	Lessons Learned: • Importance of collaboration between unions, health departments, and leadership. • Value of a phased approach (starting with basic guide, then enhancing). • Need for both policy and cultural change to support employees effectively. Research by Koru Kids (2023) found 73% of menopausal women do not feel able to discuss symptoms openly with colleagues, highlighting the cultural barriers RMG's initiative seeks to address. What worked well? • Collaborative approach between union and management in developing support. • Comprehensive campaign addressing both policy and cultural aspects. • Build peer support networks and dedicated resources. • Senior leadership endorsement (Chief People Officer). It's safe to conclude that the inclusion of men in the working group likely helped broaden understanding and support across the organisation. What could be improved? • Data gap: No published metrics on impact or effectiveness of the initiative. • Implementing regular evaluation and reporting on outcomes would strengthen the evidence base. • Further tailoring of support for different roles within Royal Mail, for example delivery staff vs.

	office-based staff, may be beneficial, as seen in other large organisations with diverse workforces.
Success factors – for best practices *(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?*	Success Factors: • Strong leadership support and public commitment. • Collaboration with unions and employee representatives. • Comprehensive approach addressing policy, education, and culture. • External partnerships and commitments. • Creation of internal support networks.
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable?)*	Sustainability: • Integration into existing health and wellbeing frameworks. • Ongoing communication and awareness campaigns. • Dedicated intranet resources and support groups. • Partnership with external organisations for continued guidance. • Regular training for managers and refreshing resources would ensure continued effectiveness.
Related resources developed *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	RMG Menopause Guide CWU Initiative Information Website: GenM
Access details	Website: Royal Mail

(Website, contact mail, etc.)	

Case Study 24: Tesco plc	
Full name	Tesco plc - Menopause Support Policy, Workplace Guide, and Menopause-Friendly Retail Initiatives
Year initiated/ended	Workplace guide launched May 2022; menopause-related absence policy updated October 2022; menopause-friendly retail bays rolled out April 2025 - ongoing
Provider	Tesco, in partnership with Usdaw (Union of Shop, Distributive and Allied Workers) and GenM
Target group	All Tesco employees, with a focus on those experiencing perimenopause and menopause; also benefit customers through retail initiatives.
Location/Region	UK
Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	To create a supportive workplace for employees experiencing menopause by raising awareness, normalising conversations, providing practical support, and workplace adjustments, and ensuring that menopause is recognised as an occupational health issue. To extend support to customers through retail innovation. Achievement: • Jointly launched a comprehensive workplace menopause guide with Usdaw in May 2022 to increase awareness and provide practical advice for employees, managers, and reps. • In October 2022, menopause-related absences were removed from sickness

	absence calculations, shifting the focus to supportive return-to-work conversations and accommodations. • Introduced menopause-friendly uniforms with breathable fabrics, based on employee feedback. • Established internal support networks, including the Hot@Tesco colleague group and Menopause Cafe, open to all staff for peer support and information sharing. • Rolled out the UK's first permanent menopause-friendly product bays in 93 large stores in April 2025, featuring MTick-certified products and educational content for customers, in partnership with GenM. • Signed the Wellbeing of Women Menopause Workplace Pledge, committing to ongoing improvement and open dialogue. • Trained over 1200 Wellbeing Champions to support colleagues and signpost resources.
Description *(In a clear step by step approach)*	**Initial policy development (2022):** • Tesco and Usdaw collaborated to develop a menopause workplace guide, addressing the unique challenges of retail work (e.g., shift patterns, customer-facing roles, limited environmental control). • The guide was distributed company-wide and publicised through internal channels. **Policy enhancement and support (2022-2025):** • Following employee and union feedback, Tesco agreed that menopause-related absences would no longer count toward

	sickness absence calculations (from October 2022). ● Return-to-work conversations now focus on how managers can best support affected staff. ● Uniforms were updated to include breathable fabrics for greater comfort. ● Established the Hot@Tesco support group and expanded the Menopause Cafe for peer connection and sharing. ● Ober 1200 Wellbeing Champions received menopause training to foster understanding and support across the business. **Retail innovation and customer support (2024-2025):** ● In partnership with GenM, Tesco tried and then permanently rolled out menopause-friendly product bays in 93 stores, featuring MTick-certified products and QR codes for educational content. ● The initiative addresses research via GenM's independent annual 'UK Visibility Report 2024' which surveyed a representative sample of peri- and menopausal women, which found that 94% want to shop for menopause-friendly labelled products, yet 66% struggle to find them in stores. ● The bays offer products for symptoms, with clear signage and information. **Ongoing evaluation and adaptation:** ● Tesco continues to update resources and support based on feedback from employees, union reps, and customer insights.

	• Publicly committed to learning from others and updating support as needed.
Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges, what obstacles prevented success, what went wrong etc.* *-what worked well?* *-what could be improved*	**Impact:** • Increased awareness and normalisation of menopause conversations among staff and customers. • Enhanced workplace support and flexibility for employees experiencing menopause. • Improved comfort and inclusion through uniform changes and peer support networks. • Retail innovation recognised as a sector first, supporting millions of women customers. **Validation:** • Endorsement and partnership with Usdaw, GenM, and Wellbeing of Women. • Positive feedback from staff, union representatives, and sector organisations. • Cited by TUC and other organisations as a best practice for retail and large employers. • Research shows 87% of menopausal women feel overlooked by retailers, and 94% want menopause-friendly products. **Lessons Learned:** • Collaboration with unions and employee representatives is key to effective, practical policy development. • Addressing both workplace and customer needs amplifies impact and visibility. • Regula review and adaptation, including feedback loops, are essential for ongoing relevance.

	• Supportive absence management encourages employees to seek help without fear of punitive measures. What worked well? • Joint development of resources with Usdaw, ensuring policies are relevant to frontline retail staff. • Removal of menopause-related absences from punitive calculations, focusing on support. • Building peer support networks and open forums (Hot@Tesco, Menopause Cafe). • Training Wellbeing Champions to cascade knowledge and support. • Retail innovation (menopause-friendly bays) demonstrate commitment beyond the workforce. • Visible leadership support for open, positive conversations. What could be improved? • Data gap: No published quantitative evaluation of policy impacts (absenteeism, retention, satisfaction). • Further tailoring of support for different roles and locations (e.g., warehouse, logistics) may be beneficial if we compare with sector standards. • Ongoing measurement and reporting would strengthen the evidence base.
Success factors – for best practices	Success Factors: • Strong leadership and public commitment to inclusion and wellbeing.

(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?	• Collaboration with unions (Usdaw) and external partners. • Comprehensive approach: policy, training, peer support and retail innovation. • Regular review and adaptation based on feedback. • Integration of menopause support into broader wellbeing and EDI strategies.
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable?)*	Sustainability: • Embedding menopause support in HR and absence management policies. • Ongoing training for Wellbeing Champions and managers. • Continuous feedback and adaptation of resources and support. • Extending support to customers through retail initiatives. • Public partnerships and sector leadership ensure continued relevance.
Related resources developed *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	MTick Information here Tesco & Usdaw sickness absence policy improvements: News
Access details *(Website, contact mail, etc.)*	Website: Tesco

Case Study 25: Modibodi PTY LTD

Full name	Modibodi - Paid Menstrual, Menopause & Miscarriage Leave Policy
Year initiated/ended	Policy launched in 2021 - ongoing

Provider	Modibodi, Australian apparel company specialising in period and leak-proof underwear
Target group	Modibodi employees experiencing menstruation, menopause symptoms, or miscarriage
Location/Region	Australia
Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	To normalise conversations about menstruation, menopause, and miscarriage; reduce stigma and shame; and provide practical, paid leave support to employees during these times to improve wellbeing and workplace inclusion. Achievement: • Introduced 10 additional paid personal leave days per year specifically for menstruation, menopause discomfort, or miscarriage, separate from sick leave. • Allowed employees to request work-from-home arrangements during symptomatic days. • Positive employee feedback indicates reduced guilt and shame, increased comfort in discussing health, and empowerment to seek support. • Positioned as a progressive workplace policy in Australia, encouraging other employers to adopt similar measures.
Description *(In a clear step by step approach)*	**Policy development:** • Recognised the need to address taboo topics openly within the workplace. • Developed a paid leave policy explicitly covering menstruation, menopause, and miscarriage. **Implementation:**

	• Employees accrue 10 additional paid leave days annually for these specific health needs. • Flexible work-from-home options offered to accommodate symptoms. **Communication and culture:** • Leadership (former CEO and founder Kristy Chong) publicly advocates for open conversations and destigmatisation. • Use of company platforms to educate and normalise bodily health topics. **Ongoing support:** • Encourages other workplaces to adopt similar policies. • Continues to promote awareness through blogs, social impact initiatives, and community engagement.
Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges, what obstacles prevented success, what went wrong etc.* *-what worked well?* *-what could be improved*	**Impact:** • Employees report less shame and more support. • Increased willingness among staff to speak openly about menstruation and menopause. • Seen as a model for inclusive workplace health policies in Australia. **Validation:** • Positive media coverage (e.g., Harper's Bazaar Australia). • Featured in WHISE case studies prompting menopause workplace policies. • Cited by Women's Agenda and other advocacy groups as a leading example. **Lessons Learned:**

	• Paid leave specifically can reduce stigma and improve employee wellbeing. • Open leadership communication is critical to policy success. • Flexibility (e.g., work-from-home) complements leave policies effectively. What worked well? • Clear, dedicated paid leave separate from sick leave. • Leadership openly discussing and advocating for the policy. • Flexible work arrangements supporting symptom management. • Use of company platforms to normalise and educate. What could be improved? • No publicly available quantitative data on impact (e.g., absenteeism reduction, productivity gains). • Wider adoption and benchmarking against other Australian employers would strengthen sector progress. • Additional support mechanisms (e.g., manager training, peer networks) could complement leave policies.
Success factors – for best practices *(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be*	Success Factors: • Leadership commitment and public advocacy. • Clear, separate paid leave entitlements for menstruation, menopause, and miscarriage. • Flexible work options to accommodate symptoms.

successfully replicated (in a similar context)?	• Culture of openness and de-stigmatisation supported by communication platforms.
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable?)*	Sustainability: • Embedding paid leave policies into formal HR frameworks. • Ongoing awareness and education campaigns. • encouraging sector-wide adoption through advocacy and sharing best practice.
Related resources developed *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	Modibodi Social Impact & Blog Modibodi Menstrual, Menopause & Miscarriage Leave Announcement Modibodi LinkedIn
Access details *(Website, contact mail, etc.)*	Website: Modibodi Email: info@modibodi.com.au

Case Study 26: Future Superannuation Group Pty Ltd

Full name	Future Super - Menstrual and Menopause Leave Policy
Year initiated/ended	Policy launched in March 2021 - ongoing
Provider	Future Super, Australian retail superannuation fund
Target group	All Future Super employees who menstruate or experience menopause; inclusive of women and non-binary staff

Location/Region	Australia
Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	To support gender equality and wellbeing by providing specific, paid leave for menstruation and menopause, reducing stigma, and ensuring staff do not need to use personal or sick leave to manage symptoms. Achievement: ● Introduced 6 days of paid menstrual and menopausal leave per year, separate from personal or sick leave, for all eligible employees. ● Policy aims to destigmatise menstruation and menopause at work and normalise conversations about these experiences. ● After the policy's introduction, employee engagement scores for women and non-binary staff increased in 2021. ● Policy is publicly available and open source, encouraging other organisations to adopt similar measures. ● Future Super's approach has received positive media coverage and is cited as a best practice in Australian workplace gender equality.
Description *(In a clear step by step approach)*	**Initial assessment and policy development (2020-2021):** ● Internal analysis revealed a gender gap in employee engagement scores, with women and non-binary staff reporting lower satisfaction. ● Consultation with employee resource groups and review of gender pay data led to the recognition that workplace support for menstruation and menopause was lacking.

	• Future Super worked with the Victorian Women's Trust, using their 2017 policy template as a model. **Policy launch (March 2021):** • All full-time employees who experience menstruation or menopause are entitled to 6 days of paid leave per financial year, in addition to existing personal or sick leave. • No medical certificate is required to access the leave. • Policy allows for flexible work arrangements, such as working from home or using a quiet space in the office to manage symptoms. • The policy is inclusive of all staff who menstruate or experience menopause, regardless of gender identity. **Communication and culture:** • Senior leadership, including former CEO Kirstin Hunter and former COO Leigh Dunlop, publicly advocated for the policy and its role in promoting gender equality. • Policy was shared with staff and made available as an open-source resource for other organisations. **Ongoing review:** • Engagement and feedback from staff are used to monitor the policy's effectiveness and inform updates. • Future Super encourages other businesses to adopt similar policies and shares its experience in public forums and media.

Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges, what obstacles prevented success, what went wrong etc.* *-what worked well?* *-what could be improved*	**Impact:** • Employee engagement scores for women and non-binary staff improved following the policy's introduction in 2021. • Staff report feeling more supported and less stigma around menstruation and menopause. • Policy is recognised as sector-leading and has sparked broader debate and adoption of menstrual and menopause leave in Australia. **Validation:** • Cited as a best practice by the Diversity Council Australia and in legal/HR commentary. • Used as a model for other Australian employers, including in government and not-for-profit toolkits. • Positive media coverage in Prevention Australia, HRD Australia, and other outlets. **Lessons Learned:** • Providing paid leave for menstruation and menopause can improve engagement and reduce stigma. • No-medical-certificate policies and flexible work arrangements enhance accessibility and inclusivity. • Open-source policy sharing encourages sector-wide change. What worked well? • Collaboration with employee resource groups and external experts (Victorian Women's Trust).

	• Clear, accessible policy with no medical certificate required. • Leadership advocacy and open communication. • Inclusive language and eligibility for all staff who menstruate or experience menopause. • Flexibility in work arrangements to accommodate symptoms. What could be improved? • Based on sector best practice, we can infer that further sector benchmarking and research on long-term effects would strengthen evidence. • Based on similar case studies we can infer that additional support, like manager training and peer networks, could complement the leave policy.
Success factors – for best practices *(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?*	Success Factors: • Leadership commitment and public advocacy. • Collaboration with external organisations like Victorian Women's Trust. • Inclusive, flexible policy design. • Open-source sharing of policy to encourage broader adoption.
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally,*	Sustainability: • Embedding leave policy in all formal HR frameworks. • Ongoing staff feedback and policy review. • Public advocacy and sector leadership to encourage adoption elsewhere.

socially, economically and environmentally sustainable?)	
Related resources developed *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	Future Super open source Menstrual and Menopause Guidelines. Victorian Women's Trust: Menstrual and Menopause Wellbeing policy template (downloadable word doc) Future Super Blog: A bloody good policy Diversity Council Australia: Inquiry into the Issues related to menopause and perimenopause Future Super LinkedIn
Access details *(Website, contact mail, etc.)*	Website: Home | Future Super Email: info@futuresuper.com.au

Case Study 27: Lululemon Athletica Inc.

Full name	Lululemon - Menopause and Reproductive Health Support Program (Europe & UK)
Year initiated/ended	Policy & clinical support launched circa 2023 - ongoing
Provider	Lululemon (global with EU operations in France, Germany, Italy, Spain & the UK)
Target group	All Lululemon employees across Europe and the UK experiencing menopause and other reproductive health challenges
Location/Region	Europe & UK
Goal of the case study / good practice *(What was the*	To provide comprehensive clinical support and education for employees experiencing menopause

intended goal? Was it achieved? If not, why?)	and other reproductive health issues, normalising conversations and improving wellbeing and retention. Achievement: ● Partnered with Fertifa, a specialist reproductive health provider, to offer all European and UK employees access to dedicated nurse practitioners for advice on menopause and other reproductive health concerns. ● Provides monthly reproductive health Q&A sessions with Fertifa doctors and medical experts, accessible to all employees. ● Enables employees to book same-day 1:1 consultations and receive tailored treatment plans and ongoing support. ● Integrates menopause support into broader inclusivity, health, and wellbeing strategies. ● Recognised by Fertifa as a leading example of workplace reproductive health support in Europe.
Description *(In a clear step by step approach)*	**Partnership development:** ● Lululemon engaged Fertifa to provide clinical expertise and personalised healthcare support for reproductive health, including menopause. ● Developed a program accessible to all employees across multiple European countries and the UK, ensuring inclusivity and cultural sensitivity. **Program launch & communication:**

	• Launched clinical support services with clear communication to employees about availability and confidentiality. • Monthly Q&A sessions with Fertifa medical experts help educate employees and reduce stigma. • Encourages open dialogue about menopause and reproductive health in the workplace. **Ongoing support & evaluation:** • Employees can access nurse practitioners for advice and treatment plans tailored to their needs. • Fertifa collects anonymised feedback to improve service delivery and employee satisfaction. • Lululemon continues to promote reproductive health as a key pillar of employee wellbeing.
Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges, what obstacles prevented success, what went wrong etc.* *-what worked well?* *-what could be improved*	**Impact:** • Employees report improved access to expert clinical advice and feel more supported managing menopause symptoms. • Increased normalisation of reproductive health conversations in the workplace. • Enhanced employee wellbeing and retention through proactive health support. • Serves as a model for other European employers seeking to integrate clinical menopause support. **Validation:** • Featured in Fertifa's 2025 report on companies offering the best menopause benefits.

	• Positive employee feedback on accessibility and quality of clinical support. • Recognised for comprehensive, clinical-led approach beyond typical policy documents. **Lessons Learned:** • Clinical support services complement policy and cultural initiatives effectively. • Accessibility and confidentiality are critical for employee engagement. • Regular expert-led education sessions reduce stigma and empower employees. • Partnership with specialist providers enables scalable, high-quality support. What worked well? • Partnership with Fertifa providing clinical expertise and personalised care. • Monthly Q&A sessions with medical experts. • Easy access to same-day nurse consultations and ongoing treatment plans. • Integration with broader inclusivity and wellbeing strategies. • Pan-European coverage ensures inclusivity across diverse workforces. What could be improved? • Access to data as there are no available quantitative data on absenteeism reduction or productivity impact. • Opportunity to expand peer support networks alongside clinical services. • Further tailoring for specific country legal and cultural contexts will potentially enhance relevance.

Success factors – for best practices *(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?*	Success Factors: • Strong partnership with a specialist clinical provider (Fertifa). • Employee-centered, confidential, accessible health services.
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable?)*	Sustainability: • Ongoing evaluation could be put in place to ensure adaptation of the service based on employee feedback. • Continued investment in clinical support and education. • Promoting reproductive health as a core element of workplace wellbeing.
Related resources developed *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	Fertifa ROI Calculator Downloadable Fertifa Policy Templates (array of policies) Downloadable Fertifa Reproductive health statistics EMAS 2021 Global Recommendations Menopause in the Workplace Lululemon + Fertifa partnership anniversary: LinkedIn
Access details *(Website, contact mail, etc.)*	Website: Lululemon Website: Fertifa Book a call-form Fertifa

Case Study 28: Menopause-Related Disability Discrimination: Mandy Davies v Scottish Courts	
Full name	Mandy Davies v Scottish Courts and Tribunals Service (2018): Menopause-Related Disability Discrimination and Unfair Dismissal
Year initiated/ended	2018
Provider	Employment Tribunal (Glasgow, UK)
Target group/Key Legal Issues	Unfair dismissal and discrimination from disability (Equality Act 2010, Section 15)
Location/Region	UK, Scotland
Outcome/Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	• Tribunal ruled in favor of Ms Davies • Ordered reinstatement and compensation of £19,000 (£14,000 for lost earnings, £5,000 for injury to feelings) One of the first UK cases where severe menopausal symptoms were recognised as a disability, establishing legal precedent for employers to accommodate menopausal employees.
Background/Description *(In a clear step by step approach)*	**Employee Role:** • Court officers (employed since 1997) **Medical Context:** • Ms Davies experienced severe perimenopausal symptoms, including anaemia, memory loss, confusion, and fainting. • Occupational health confirmed her symptoms constituted a disability under the Equality Act 2010 **Incident Leading to Dismissal:**

	• Ms. Davies left cystitis medication in a pencil case on her desk. • Two colleagues drank the medication-laced water, leading to a misconduct investigation. • Employer dismissed her for "gross misconduct" alleging dishonesty. **Tribunal Findings:** • Employer failed to consider how menopausal symptoms (memory loss, confusion) influenced her conduct. • Dismissal was disproportionate and discriminatory.

Legal Implications/Impact and validation and lessons learned
 	
-For successful cases: what was the impact, how it was validated)
 	
-For challenges, what obstacles prevented success, what went wrong etc.
 	
-what worked well?
 	
-what could be improved
	Key Legal Principles:
	
	• Disability Discrimination:
	  ○ Menopause itself is not a protected characteristic, but severe symptoms impacting daily activities can qualify as a disability.
	  ○ Employers must avoid unfavourable treatment linked to disability.
	• Unfair Dismissal:
	  ○ Employers must conduct fair investigations, considering all relevant circumstances, including health conditions.
	
	Tribunal Decision Highlights:
	
	• Employer ignored medical evidence linking symptoms to Ms Davies' conduct.
	• Reliance on a flawed health and safety report biased the disciplinary process.

	• Failure to consider mitigating factors (e.g., confusion due to menopause) rendered dismissal unfair.
Best Practices / Success factors – for best practices *(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?*	Best Practices for Employers: 1. Recognise Menopause as a potential disability by: a. Training HR and managers to identify when menopausal symptoms meet the legal definition of disability (*in the context of the UK Equality Act 2010*) which are, a long-term, substantial impact on daily activities. b. Referring to sector standards, the EHRC (Equality & Human Rights Commission) guidance emphasises employers' duty to assess and accommodate menopausal employees. 2. Conduct Fair and Evidence-Based Investigations by: a. Taking action and ensuring disciplinary investigations consider medical evidence and contextual factors, for example in this case menopause-related confusion. b. Taking occupational health reports into account which in this case the employer was criticised for ignoring. They also did not take witness credibility into account. 3. Implement Menopause Policies by: a. Developing policies outlining support for menopausal employees, including

	flexible adjustments like flexible hours and cooler uniforms. b. Referencing sector standards like the BSI's (British Standards Institute) Menstruation, Menstrual Health and Menopause in the Workplace (BS 30416) which provides a framework. 4. Train Managers and Staff by: a. Providing training on menopause awareness, disability discrimination, and inclusive communication. No evidence was found that the employer provided training. 5. Offer Reasonable Adjustments by: a. Adjusting workloads, providing rest breaks or modifying environments. b. Interestingly, the employer in this case had previously adjusted Ms Davies' duties but failed to apply similar accommodations during the disciplinary process.
Recommendations Based on Sector Standards /Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable?)*	Practices: ● Menopause policy development ● Manager training ● Flexible adjustments

Related resources developed *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	BSI Menopause Standard (BS30416) EHRC Equality & Human Rights Commission Guidance HR Zone Blog: Menopause & Discrimination in the workplace
Access details *(Website, contact mail, etc.)*	Tribunal Win Summary - People Management Addleshaw Goddard - Case Analysis

Case Study 29: PricewaterhouseCoopers LLP (Canada)	
Full name	PwC Canada - Menopause Works Here™ Campaign and Menopause-Inclusive Workplace Strategy
Year initiated/ended	Menopause Works Here™ campaign joined in 2023; dedicated menopause strategy launched in April 2024 and ongoing
Provider	PwC Canada, in partnership with the Menopause Foundation of Canada (MFC)
Target group/Key Legal Issues	All PwC Canada employees, with a focus on women and gender-diverse staff likely to experience perimenopause and menopause symptoms
Location/Region	Canada
Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	To create a menopause-inclusive workplace by raising awareness, normalising conversations, reviewing and enhancing benefits, and ensuring that employees experiencing menopause are supported and able to thrive at work.

	Achievement: ● Joined the national Menopause Works Here™ campaign (via MFC - Menopause Foundation Canada), committing to listening, learning, and taking action on menopause in the workplace. ● Conducted a review of existing benefits, policies, and employee support frameworks through a menopause lens. ● Launched a dedicated menopause strategy in April 2024, integrating menopause awareness into the firm's disability inclusion strategy. ● Ensured benefits coverage includes prescription drug coverage for hormone replacement therapy (HRT) and a comprehensive mental health plan. ● Created menopause talking circles, monthly peer forums for employees to share experiences, discuss needs, and access support. ● Developed a dedicated intranet space for menopause resources and information. ● Invited medical experts (e.g., gynecologists from BC Women's Health Foundation) for educational sessions based on employee feedback. ● Publicly recognised by MFC and Catalyst as a leader in workplace menopause inclusion.
Description *(In a clear step by step approach)*	**Initial assessment and campaign participation (2023):** ● PwC Canada joined the Menopause Works Here™ campaign, committing to practical action and public accountability.

	• Reviewed benefits and HR policies to identify gaps and opportunities for menopause inclusivity. **Strategy development and launch:** • Integrated menopause awareness and support into the disability inclusion framework, ensuring accommodations and support system accessibility. • Ensured benefits coverage for HRT and mental health support, without requiring a complete redesign of benefit plans. • Created a dedicated intranet space for menopause information and resources, accessible to all staff. **Peer support & education:** • Established monthly menopause talking circle for employees to connect, share experiences and discuss needs. • Invited medical experts for informational sessions on menopause, HRT, and related topics responding to employee feedback. • Promoted open conversations and upskilled leaders to address menopause and available resources. **Ongoing review & adaptation:** • Continued to gather employee feedback and adapted resources and support as needed. • Participated in national awareness campaigns and shared best practices with other Canadian employers.

Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges, what obstacles prevented success, what went wrong etc.* *-what worked well?* *-what could be improved*	**Impact:** ● Increased awareness and normalisation of menopause conversations at PwC Canada. ● Enhanced support for menopausal employees, including improved access to benefits and peer support. ● Contributed to sector-wide recognition of menopause as a workplace inclusion issue. **Validation:** ● Recognised by the Menopause Foundation of Canada and Catalyst as a leading employer for menopause inclusion. ● Positive employee feedback on talking circles and educational sessions. **Lessons Learned:** ● Reviewing existing benefits can reveal opportunities for support without major redesigns. ● Creating safe spaces for peer discussion (talking circles) is impactful and low-cost. ● Leadership buy-in and upskilling are essential for effective policy and cultural change. ● Listening to employee feedback leads to more targeted and meaningful support. What worked well? ● Collaborative approach with MFC and internal stakeholders. ● Comprehensive review of benefits and policies through a menopause lens. ● Creating peer support networks (talking circles) and dedicated resource spaces.

	• Leadership endorsement and integration with disability inclusion strategy. • Responsive education initiatives based on employee needs. What could be improved? • Implementing and publicly reporting on menopause-related KPIs would significantly benefit the sector by providing evidence of the business case for menopause support. • Would enable comparison and benchmarking across industry. • Increase transparency and accountability encouraging more employers to act.
Success factors – for best practices *(What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?*	Success Factors: • Strong leadership support and public commitment. • Collaboration with national advocacy organisations like the MFC. • Comprehensive approach addressing policy, education, and culture. • Creating internal peer support networks and resource hubs. • Regular review and enhancement of support based on employee feedback.
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and*	Sustainability: • Integration into existing EDI, health, and disability frameworks. • Ongoing communication and awareness campaigns. • Dedicated intranet resources and peer support groups.

environmentally sustainable?)	• Partnership with external organisations for continued guidance. • Based on sector standards, regular training for managers and refreshing of resources.
Related resources developed *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	Menopause Foundation of Canada: Free Downloadable Resource The Menopause Works Here™ Campaign HR Zone Blog: Menopause & Discrimination in the workplace
Access details *(Website, contact mail, etc.)*	Sonia Boisvert (LinkedIn) Partner & Chief People Officer Key spokesperson on menopause inclusion and workplace wellbeing PwC Canada DEI & Belonging PwC Canada contact form Website: PwC Canada

Case Study 30: Unilever Menopause Support and Inclusion Program

Full name	Unilever PLC - Global Menopause Support and Inclusion Program
Year initiated/ended	Initiated in 2023 – ongoing
Provider	Unilever PLC, Global Headquarters (Rotterdam, Netherlands & London, UK)

Target group/Key Legal Issues	All Unilever employees globally, with a focus on menopausal and perimenopausal women aged approximately 40-60, across office, manufacturing, and field roles.
Location/Region	Global (with key initiatives in UK, Europe, and North America)
Goal of the case study / good practice *(What was the intended goal? Was it achieved? If not, why?)*	To normalise menopause conversations and embed supportive policies within Unilever's broader employee wellness and diversity and inclusion strategies, aiming to reduce stigma, improve workplace wellbeing, and retain experienced employees through flexible accommodations, education, and health benefits. Achievement: ● Menopause awareness integrated into the company's health and inclusion agendas. ● Improved manager capability through targeted menopause training. ● Health insurance plans adjusted globally to include hormone replacement therapy (HRT) and counseling. ● Establishment of peer support networks ("Menopause Champions") across business units. ● Positive employee feedback identifying reduced stigma and enhanced support. ● Committed to annual anonymous menopause-related surveys to inform ongoing improvements.
Description	Needs assessment:

(In a clear step by step approach)	Unilever conducted an internal survey and health data review revealing that menopausal symptoms contributed to decreased wellbeing and productivity, which was under-recognized by managers and peers. **Development & launch:** ● Rolled out a comprehensive menopause support policy globally, including practical workplace adjustments such as flexible hours and temporary role modifications for symptomatic employees. ● Delivered global menopause awareness webinars and workshops featuring health experts. ● Set up confidential one-on-one support sessions with trained menopause champions and partnered with external menopause health organizations for specialist advice. ● Health insurance enhancements to cover HRT and other menopause-related medical support. ● Launched mandatory manager training for menopause awareness, focusing on recognising symptoms and supporting affected employees. ● Developed an internal menopause resource hub accessible to all employees. **Ongoing evaluation & adaptation:** ● Established an annual anonymous employee survey monitoring menopause experiences and workplace support effectiveness.

	• Continuous improvements made to policy, resources, and support structures based on survey feedback and health outcomes. • Actively participated in national and international menopause advocacy networks to benchmark best practices.
Impact and validation and lessons learned *-For successful cases: what was the impact, how it was validated)* *-For challenges, what obstacles prevented success, what went wrong etc.* *-what worked well?* *-what could be improved*	**Impact:** • Increased openness and normalised discussions about menopause across global offices. • Reduction in menopause-related absenteeism and improved employee wellbeing reported anecdotally and through HR metrics. • Enhanced employee retention among menopausal women due to tailored workplace support. **Validation:** • Positive internal feedback from employee resource groups and Menopause Champions. • Recognition by external menopause advocacy partners for leadership in workplace menopause support. • Integration of menopause support into the company's broader health and wellbeing KPIs. **Lessons Learned:** • Leadership endorsement is critical for cultural change.

	• Combining policy with education and peer networks creates a stronger support environment. • Ongoing, data-driven review enables adaptation to evolving employee needs. • Intersectionality considerations (e.g., race, disability) must be incorporated into menopause support programs. What worked well? • Mandatory targeted training for managers increased support quality. • Peer Menopause Champions provided trusted, accessible support to employees. • Insurance coverage for menopause-related treatment enhanced uptake and wellbeing. • Ongoing monitoring via surveys ensured the program remained relevant and effective. What could be improved? • More granular analysis of the impact of specific support measures to optimise resource allocation. • Greater transparency via public reporting of menopause-related workplace metrics to encourage sector-wide improvements. • Further integration of menopause support into overall Diversity, Equity & Inclusion (DEI) policies and practices.
Success factors – for best practices *(What are the conditions (institutional, economic,*	Success Factors: • Visible and consistent leadership commitment globally.

social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?	• Cross-functional collaboration between HR, Health & Safety, and DEI teams. • Comprehensive policy combined with targeted education and peer support. • Established feedback channels and data monitoring to inform continuous improvement. • Partnerships with external menopause health experts and advocacy groups.
Sustainability – for best practices *(What are the elements that need to be put into place for the good practice to be institutionally, socially, economically and environmentally sustainable?)*	Sustainability: • Embedding menopause support into ongoing employee wellbeing and inclusion strategies. • Dedicated budget and resources for regular manager training refreshers, awareness campaigns, and peer network maintenance. • Succession planning for Menopause Champions to ensure continuity. • Continued partnerships with external organizations to keep resources and guidance current.
Related resources developed *(What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been developed?)*	Menopause Policy: Template Menopause Conversation Guide for Managers: Guide
Access details *(Website, contact mail, etc.)*	Press Release: Menopause Friendly Employer Website: www.unilever.com

Annex B: Quiz Answer Keys

This annex includes the correct answers for the self-assessment quizzes at the end of each module. Participants are encouraged to complete the quizzes independently before reviewing their responses.

Module 1: Medical & Health Perspectives:

1. **Menopause typically begins between the ages of:**

   c) 45 and 55

Rationale: This is the typical age range for natural menopause onset in most populations.

2. **What is the medical definition of menopause?**

   b) 12 months + 1 day after a woman's final period

Rationale: Menopause is clinically diagnosed after 12 consecutive months without menstruation.

3. **Which of the following hormones typically decline during menopause? (Select all that apply)**

   a) Oestrogen

   b) Progesterone

   d) Testosterone

Rationale: All three hormones decrease during menopause, affecting various body systems.

4. **What is the term for the stage before menopause when symptoms such as hot flushes, sleep disruption, and mood swings may begin?**

   b) Perimenopause

Rationale: Perimenopause is the transition phase before menopause, marked by fluctuating hormones and symptoms.

5. **Which of these is a cognitive symptom commonly reported during menopause?**

   b) Brain fog

Rationale: Brain fog, or cognitive difficulty, is a frequently reported symptom during menopause.

6. **Premature Ovarian Insufficiency (POI) refers to menopause that occurs:**

   b) Before the age of 40

Rationale: POI is defined as menopause occurring before age 40.

7. **Which of the following is a non-hormonal treatment option for managing menopause symptoms?**

   c) SSRIs/SNRIs

Rationale: SSRIs and SNRIs are non-hormonal medications sometimes prescribed for symptom relief.

8. **What role does Cognitive Behavioural Therapy (CBT) play in menopause management?**

   c) Alleviates mood disturbances and improves sleep

Rationale: CBT helps manage mood and sleep problems related to menopause.

9. **Why are menopausal workers particularly vulnerable to musculoskeletal (MSK) disorders?**

   d) All of the above

Rationale: Hormonal changes, age, and physical demands all increase MSK risk during menopause.

10. **Which of these is a reliable menopause resource for further guidance?**

    c) NHS website

Rationale: The NHS website provides trustworthy, evidence-based menopause information.

Module 2: Menopause and The Workplace:

1. **Why should menopause be addressed as a workplace and leadership issue, not just a health concern?**

   b) Because it impacts employee wellbeing, retention, & business outcomes

Rationale: Menopause affects workforce wellbeing and organisational performance.

2. **Which of the following is a common reason employees do not disclose menopause symptoms at work?**

   b) Fear of being perceived as weak or unproductive

Rationale: Stigma and fear of negative judgement deter disclosure.

3. **Which of the following best explains why many employees do not disclose menopause symptoms at work?**

   b) They fear being seen as unreliable

Rationale: Concerns about being perceived as unreliable or less competent are common barriers.

4. **What is the main focus of the Job Demands-Resources (JD-R) Model in relation to menopause?**

   a) Balancing job demands and available resources to prevent burnout

Rationale: The JD-R model highlights the need to balance demands with support to reduce stress and burnout.

5. **Which of the following best describes the impact of silence and stigma around menopause in the workplace?**

   c) Burnout, disengagement, and attrition

Rationale: Silence and stigma can cause stress, disengagement, and staff turnover.

6. **What is a recommended action for managers to support menopausal employees?**

   b) Provide flexible work arrangements and foster psychological safety

Rationale: Flexibility and a safe environment enable employees to manage symptoms and seek support.

7. **Social Identity Theory helps explain which of the following workplace phenomena?**

   a) How employees define themselves and are included or excluded based on group norms

Rationale: The theory explores group dynamics and inclusion/exclusion in the workplace.

8. **What is a key principle of Organisational Justice Theory in the context of menopause?**

   a) Fairness in outcomes, processes, and interpersonal treatment

Rationale: Organisational justice focuses on fairness in all aspects of workplace interactions.

9. **Which of the following is NOT a practical tip for supporting a colleague experiencing menopause?**

   b) Make jokes about menopause

Rationale: Jokes can be insensitive and increase stigma, rather than provide support.

10. **Why must menopause be included in workplace diversity, equity, and inclusion strategies?**

    c) It's central to retaining talent & ensuring fairness across the workforce

Rationale: Addressing menopause supports equity and helps retain skilled employees.

Module 3: Creating a Supportive Work Environment

Questions:

1. **Which workplace adjustment best supports employees experiencing hot flushes?**

   a) Providing access to temperature-controlled workspaces

Rationale: Temperature control helps manage hot flushes, a common menopause symptom, and is recommended in workplace best practices.

2. **Why is menopause often excluded from diversity and inclusion conversations in the workplace?**

   c) Menopause is often stigmatised and not openly discussed

Rationale: Stigma and lack of open discussion lead to menopause being overlooked in workplace diversity efforts.

3. **Which of the following accommodations could best support menopausal employees in the workplace?**

   d) All of the above

Rationale: Flexible hours, ergonomic chairs, and temperature control all address common menopause symptoms and support employee comfort.

4. **What is the relationship between employee well-being and organisational performance?**

   b) Supporting well-being improves engagement and job satisfaction

Rationale: When well-being is supported, employees are more engaged and satisfied, which benefits organisational performance.

5. **What is one way to combat stigma related to menopause in the workplace?**

   b) Implementing sensitivity training for managers and employees

Rationale: Sensitivity training raises awareness and reduces stigma, creating a more supportive culture.

6. **Which of the following is a key feature of a menopause-friendly workplace culture?**

   b) Open communication and psychological safety

Rationale: Open communication and safety encourage employees to share needs and seek support.

7. **How can organisations ensure that feedback from menopausal employees informs policy development?**

   a) By conducting anonymous staff surveys and focus groups

Rationale: Anonymous surveys and focus groups help gather honest feedback to shape effective policies.

8. **What is the benefit of providing training to line managers about menopause?**

   a) It helps managers support staff with appropriate adjustments

Rationale: Training equips managers to offer practical support and make necessary workplace adjustments.

9. **Which of the following is an example of a practical workplace adjustment for menopause?**

   a) Flexible start and finish times

Rationale: Flexible hours help employees manage symptoms and maintain productivity.

10. **What is one way to measure the impact of menopause support initiatives in the workplace?**

    a) Tracking absenteeism and retention rates

Rationale: Monitoring absenteeism and retention rates provides data on the effectiveness of support measures.

Module 4: Strategies for Employers

Questions:

1. **What is one of the main reasons menopause is often excluded from workplace diversity and inclusion discussions?**

   c) Menopause is often stigmatised and not openly discussed.

Rationale: Stigma and silence prevent menopause from being addressed in workplace inclusion efforts.

2. **Which of the following is NOT typically considered a job demand that may be exacerbated by menopausal symptoms?**

   c) Supportive management

Rationale: Supportive management is a resource, not a demand, and helps reduce stress.

3. **Which of the following accommodations is most effective in supporting menopausal employees?**

d) All of the above

Rationale: Multiple adjustments, flexible hours, ergonomic chairs, and temperature control address different symptoms.

4. **How can employers ensure menopause is supported as part of a broader wellness strategy?**

   b) By integrating it into existing health and safety policies alongside other health initiatives like mental health or ageing

Rationale: Integration into broader policies ensures menopause is addressed consistently and sustainably.

5. **What does the Job Demands-Resources (JD-R) Model suggest about supporting menopausal employees?**

   a) High job demands and low job resources lead to increased symptoms and reduced productivity.

Rationale: The JD-R model shows that balancing demands with resources supports employee well-being.

6. **Which framework highlights the importance of work environments that foster predictability, manageability, and meaningfulness for employees?**

   a) Salutogenic Model of Health (SMH)

Rationale: TThe SMH focuses on creating environments that help people cope and thrive.

7. **Which action can HR and managers take to reduce stigma around menopause in the workplace?**

   a) Offer sensitivity training and awareness programs for staff

Rationale: Training and awareness reduce stigma and promote understanding.

8. **What should be included in a comprehensive menopause support action plan for employers?**

   b) A clear communication initiative, structural adjustments, and a monitoring strategy.

Rationale: A full plan includes communication, practical changes, and ongoing evaluation.

9. **How should managers handle menopause-related discussions with employees?**

   c) By fostering open, empathetic conversations and offering tailored adjustments

Rationale: Open, empathetic dialogue ensures support is relevant and respectful.

10. **Why is it important to implement intersectionality when designing menopause policies in the workplace?**

    b) To acknowledge that factors like ethnicity, disability, and gender identity influence the menopausal experience and support needs

Rationale: Intersectionality ensures policies meet diverse needs and promote equity,

Annex C: Local & SME Case Studies

Local Workplace Spotlight: Frederick University: Cultivating Positive Workplace Culture and Wellbeing

Context: Frederick University, Nicosia, Cyprus. A higher education institution committed to diversity, staff wellbeing, and open communication. Its initiatives span both compliance-driven safety culture and progressive wellbeing practices.

Goal: Promote a safe and supportive environment for students and staff, embedding health and safety awareness into education while advancing an inclusive workplace culture where diversity and wellbeing are openly valued.

Actions Taken:

- **Ministry of Labour submission (2024):** Documented the university's integration of health and safety into academic programs, compulsory courses, and awareness campaigns aimed at cultivating a positive safety culture for the whole university community.
- **Diversity Charter Cyprus:** Publicly pledged to uphold equality, non-discrimination, and diversity as institutional values.
- **Menopause awareness and wellbeing workshops (2024):** Partnered with MITRA to deliver staff workshops in both campuses (*"Εμμηνόπαυση και Ευεξία: Διαχείριση Συμπτωμάτων & Δημιουργία Υποστηρικτικών Περιβαλλόντων - Menopause and Wellness: Managing Symptoms & Creating Supportive Environments"*), which included interactive Q&A, myth-busting, and practical guidance on managing symptoms and creating supportive work environments.

Local Workplace Spotlight: Wade Adams Contracting Ltd: Embedding Safety Through Toolbox Talks

Context: Wade Adams Contracting (Cyprus), a construction company employing around 90 staff across multiple worksites. Operating in one of the highest-risk sectors, the company recognised that inadequate training, overconfidence in routine tasks, and inconsistent use of personal protective equipment (PPE) were leading causes of accidents and near-misses in Cyprus's construction industry.

Goal: Strengthen organisational safety culture and reduce accidents by embedding regular, practical training into everyday work, ensuring all employees and subcontractors are consistently aware of risks, safety protocols, and preventive measures.

Actions Taken:

- **Bi-weekly Toolbox Talks:** Introduced short, 30-minute, on-site training sessions every two weeks for all staff and subcontractors. Topics rotate across high-risk areas, including scaffolding, working at height, electrical tools, chemical handling, and proper PPE use.
- **ISO-aligned documentation:** Each session is recorded under ISO 9001:2015 and ISO 45001:2018, ensuring compliance, accountability, and integration into the wider safety management system.
- **Zero Accident Philosophy:** The initiative forms part of the company's broader commitment to a "Zero Accident" culture, making safety everyone's responsibility regardless of role or seniority. Employees are encouraged to engage actively in prevention and to challenge unsafe practices.

Annex D: CYSTAT Tables

Table 2: Where Women Work: Key Sectors by Gender & Citizenship

How to read this table

This table presents the full Q1 2025 CYSTAT breakdown of female employment by sector, citizenship group, and percentage share. Sectors are ordered by highest % of Cypriot Women showing both:

- **High female concentration (%F):** often linked to occupational segregation and vulnerability.
- **High absolute numbers of women:** key targets for high-reach menopause and inclusion policies.

These are critical for identifying high-impact areas for menopause inclusion.

Elementary work = low-skilled labour such as cleaning, basic food preparation, agricultural labour, and other manual jobs requiring little/no formal training.

Sector/ Occupation	Cypriot F	% Cypriot F	Other EU F	% Other EU F	Non-EU F	% Non-EU F
Activities of Households	381	100%	121	100%	21,472	96.2%
Education	26,144	78.0%	1,823	63.9%	618	64.4%
Clerical Work	24,213	72.2%	2,854	64.7%	1,762	95.2%
Elementary Work	**35,805**	64.5%	4,870	63,7%	17,804	70.7%
Health & Social Care	16,414	65.6%	1,457	68.7%	435	60.6%
Services & Sales	33,176	53.7%	7,747	60.2%	1,944	65.7%

Key Observations

- Domestic/household work is almost entirely female across all citizenships, with over 21,000 non-EU women in these roles; often excluded from workplace protections and health initiatives.
- Elementary work employs more women than any other category, and is a top-priority for high-reach menopause and inclusion support.
- Clerical work is heavily female-dominated, particularly for non-EU nationals (95%).

Table 4: Migrant Women in the Labour Market by Sector, Cyprus 2021 (Latest Available)

(CYSTAT Labour Force Survey - Immigrant Employment by Economic Activity and Sex)
%F = percentage of workers in that migrant group who are female

Why this table matters

- This table provides a sector-by-sector view of employment patterns for other EU and non-EU women.
- Migrant women, particularly from non-EU countries, are heavily concentrated in a small number of sectors, often low-visibility and weakly regulated. This limits their access to formal workplace protections, including health and menopause support.
- While the data is from 2021 (the most recent available), they provide a critical baseline for understanding persistent gendered and nationality-based segregation in Cyprus's workforce.

Sector	Other EU Women	%F Other EU	Non-EU Women	%F Non-EU
Activities of Households	121	100.0%	21,472	96.2%
Accommodation & Food Service	4,074	47.1%	3,514	40.9%
Wholesale & Retail Trade	6,612	55.1%	2,442	33.4%

Health & Social Care	1,698	62.8%	556	57.5%
Manufacturing	1,002	27.7%	754	26.8%
Professional, Scientific & Technical Activities	1,553	43.4%	2,255	55.2%
Arts, Entertainment & Recreation	1,556	60.8%	544	61.7%

Occupational Reality

- Many migrant women in low-paid roles = domestic service, cleaning, basic food preparation, caregiving.
- These jobs often lack HR systems, health policies, or union representation.
- For many non-EU women in domestic work, employment is isolated and visa-tied, reducing access to adjustments or support.

These figures underline a core challenge: a large share of migrant women, especially non-EU nationals, work in jobs that formal workplace menopause policies will never reach. Without targeted outreach beyond traditional employers, into community networks, NGOs, embassies, and recruitment channels, this segment of the workforce remains invisible to inclusion strategies.

Annex E: Feedback/Evaluation Form

We value your feedback!

Please complete the MenoPower Training Pack Evaluation Form online:

Complete the Feedback Form