LEEDS BECKETT UNIVERSITY
SCHOOL OF HEALTH

NOVA ME AND MENOPAUSE: FINAL EVALUATION REPORT MARCH 2024

Abstract

This report presents evaluation findings about the NOVA Menohealth project. The evaluation data includes delivery staff and stakeholder perspectives about the work, course attendee's reflections on their experiences and a summary of internally collected data.

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NOVA Me and Menopause Project

1. UK Context

The Women and Equalities Committee (2022) reported that:

- 51% of the population will experience menopause, as a natural part of ageing when they stop menstruating, and can no longer conceive naturally:
- the average age for women to experience menopause in the UK is 51:
- most women experience symptoms, which are wide ranging, vary according to ethnicity, and occur for differing lengths of time:
- challenges remain in terms of stigma, workplace discrimination, and a lack of diagnosis and treatment:
- women's pain and suffering related to the menopause has been normalised:
- cost and supply issues remain a challenge for women who wish to use HRT (Hormone Replacement Therapy):
- women are negatively affected in workplaces, which consequently lose experienced female staff who reduce hours, change roles or leave employment entirely:
- there is no law to serve or indeed protect menopausal women.

2. Background

Me and Menopause is a district wide project aiming to empower the women of the Wakefield district. Wakefield as a district has no widespread, community-based provision for women who would like to be educated with menopause specific information. Menopause will affect or has already affected 178,724 women in the district during their lifetime (Wakefield JNSA, 2020). Furthermore, there are 34,812 women in Wakefield between the ages of 40-54 years, where perimenopause and menopause symptoms are most likely to occur (The Wakefield Resident Population Dashboard, 2020).

Nova, the Voluntary, Community & Social Enterprise (VCSE) infrastructure organisation for Wakefield District successfully secured funding from SWYT Community Mental Health, to deliver community-based menopause support across the district. Working in partnership with MenoHealth (https://www.menohealth.co.uk/), a national and international menopause organisation, a specially designed educational programme is being delivered to women in the district, using organisations already embedded in their communities. Through a competitive bidding process, in which interested VCSE organisations completed a short application form, 10 local voluntary and community organisation partners, were successfully awarded funding. Successful organisations received training from MenoHealth to enable them to deliver support sessions to local women. Table 2.1 summarises the VCSE partners delivering the work.

Table 2.1 summary of successful organisations

Organisation	Location	Summary of their remit
Red Roof Centre	WF9 5BP	• Community anchor, outreach organisation. • Access to a sports hall, with parking. • Located in a deprived area. • No menopause delivery experience.
Evergreen Active	WF5 9DR	• Walking, running, fitness sessions in community locations. • No menopause delivery experience. • No premises.

Bring Me To Life – Women's Wellness CIC	WF1 1HG	• Organisation focusing on Women's Wellness. • Staff have existing experience of delivering menopause peer support, • Experience of using WHO-5 tool for evaluation.
St Mary's Community Centre	WF8 2AY	• Have previously delivered menopause workshops, and women's wellness sessions. • Have a community venue.
Portobello Community Forum	WF2 7JJ	• Have access to a community centre. • Experience of wide delivery remit - fitness, arts work, warm spaces. • No menopause delivery experience.
Castleford Heritage Trust	WF10 1JL	• Have National Lottery funding to support community reach. • Increasing reach into deprived areas, working as an anchor organisation. • No experience of menopause support or training.
Havercroft and Ryhill Community Learning Project	WF4 2BD	• Established in 1990, with a broad remit e.g. social prescribing, foodbank provision, working in partnership with Turning Point. • Located in a deprived area, with access to an accessible venue. • No menopause delivery experience.
CoActive Arts	WF1 1DS	• Disability led organisation delivering creative education. • Support women with autism. • No menopause delivery experience.
Dream Time Creative	WF4 3DD	• Established in 2018 with a focus on mental health peer support. • Delivered Menopause support pilot sessions. • Use WEMWEBs too for evaluation.
The Well Project	WF6 2DP	• Wide delivery remit, volunteer work, outdoor activities, links to local schools. • Have a community centre. • No menopause delivery experience.

The delivery staff listed in table 2.1 are all women, at various points of their own menopause journey.

Information sessions

Delivery staff were trained by MenoHealth, and all of them achieved their Menopause First Aider qualification. The information sessions cover the top 10 menopause symptoms listed below:

1. Understanding menopause:
2. HRT – busting the myths:
3. Brain fog:
4. Weight gain:

5. Anxiety:
6. Hot flushes/night sweats:
7. Osteoporosis and bone health:
8. Mental health and menopause:
9. Alternative treatments and complimentary therapy:
10. Genitourinary symptoms of menopause.

In addition to information provision on each of these subjects, delivery partners also provided course attendees with demonstrations about a range of exercises, meditations and stretches to help with symptoms.

Sessions were delivered in a range of ways for example, some face to face in community locations, and others online. Most of the sessions are free for attendees, though some delivery partners requested a nominal fee, for example, £5 for the course.

Sessions are being advertised in a range of ways, for example, via social media, leaflets, word of mouth, and local health care providers. All marketing information uses project specific branding.

3. Methods

The aim of the evaluation is to report learning about the outcomes of the Me and Menopause work. The evaluation team used a co-production approach, to ensure that staff, stakeholders and women attending the courses engaged in this process. Table 3.1 summarises the data reported upon here.

Table 3.1 - Summary of evaluation data

Data	Description
Demographic forms n=55	Basic demographic information was collected from course attendees.
Pre and post course questionnaires n= 51	Questionnaires were supplied to course attendees before and after their course attendees to enable self-reporting of changes to knowledge, as well as physical and mental health.
Learning Logs n=7	Delivery staff reflected upon their experiences of delivering the courses, using a learning log template.
Observations n=5	Evaluators participated in and observed peer network meetings from June 2023- November 2023.
Case Study n=3	A case study template captured detailed course impacts for women attending.
Professional interviews n=11	9 delivery staff members, and 2 stakeholders consented to take part in interviews, in October and November 2023. Interview questions focused upon the projects approach, its effectiveness, perceived impacts, learning, and suggestions for improvements.
Course attendee interviews n=7	7 women who attended courses participated in online and telephone interviews October 2023-January 2024. Interview questions focused on their views about the course (positive aspects as well as areas where improvements could be made), their learning, and any changes that they had implemented because of participation.

Ethical approval was granted through university procedures. We obtained informed consent from all interviews from all staff, stakeholders and course attendees who were assured of confidentiality and anonymity, so no personal identifying information is used in our reporting; anonymised quotations, pseudonyms and generic labels distinguish participants according to their involvement in the work. We securely managed all data through password protected university systems in accordance with GDPR.

Limitations

The women interviewed all had positive experiences of the course, and the evaluation team did not speak to those who held more critical perspectives, or women who did not complete the full training course. Evaluators recruited course participants for interview via questionnaire completion. 19 women supplied emails, of which 7 consented to take part, resulting in a small course participant sample. The internal monitoring data was not a complete set of submissions, as some forms had missing data, and some women chose not to complete questionnaires. Questionnaires gathered self-reported data only.

4. Findings – internal data

4.1 Course participant demographics

By March 2024, 146 women had completed the Me and Menopause training across the district. Table 4.1.1 provides a summary of attendance totals across all of the delivery organisations.

Table 4.1.1 - Project attendance totals

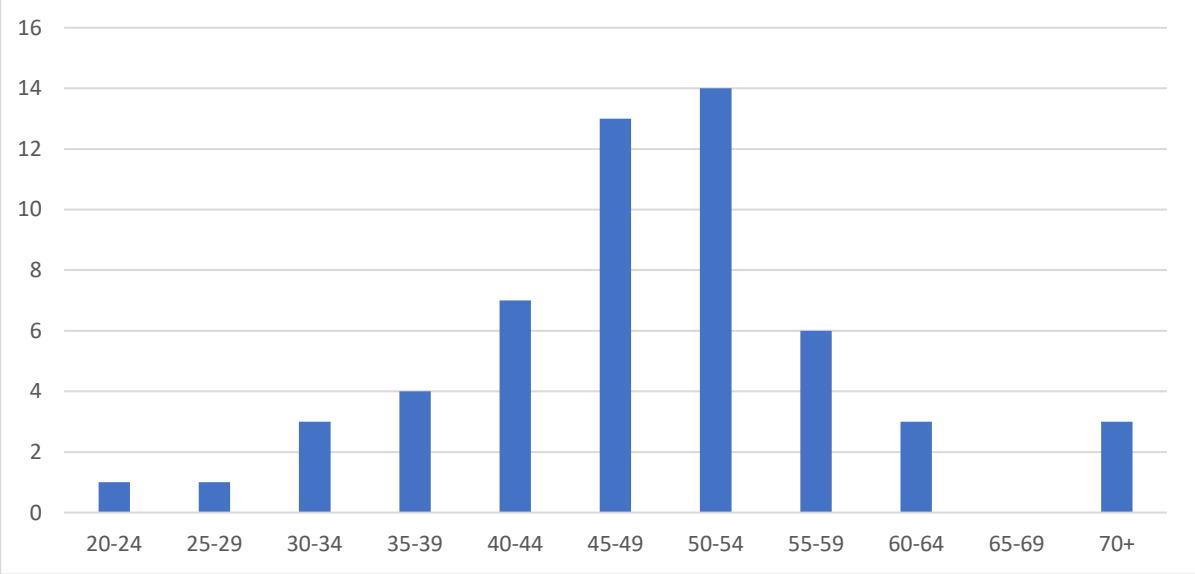
Organisation	Course 1	Course 2	Staff session / course 3	Total
Portobello Community Forum	6	2	4	12
Evergreen Active CIC	12	13	10	35
Dreamtime Creative	6	4	4	14
The Well Project	6	Data not supplied	Data not supplied	6
Red Roof Centre	1	1	0	2
Havercroft & Ryhill Community Learning Centre	5	3	5	13
St Mary's	4	4	5	13
Castleford Heritage Trust	4	1	6	11
Co-Active Arts	12	3	13	28
Bring Me To Life	5	2	5	12
			Total	**146**

Not all of the women attending the courses completed the demographic forms. 55 forms were completed by the end of January 2024, however, not all forms were completed in full.

Demographic summary

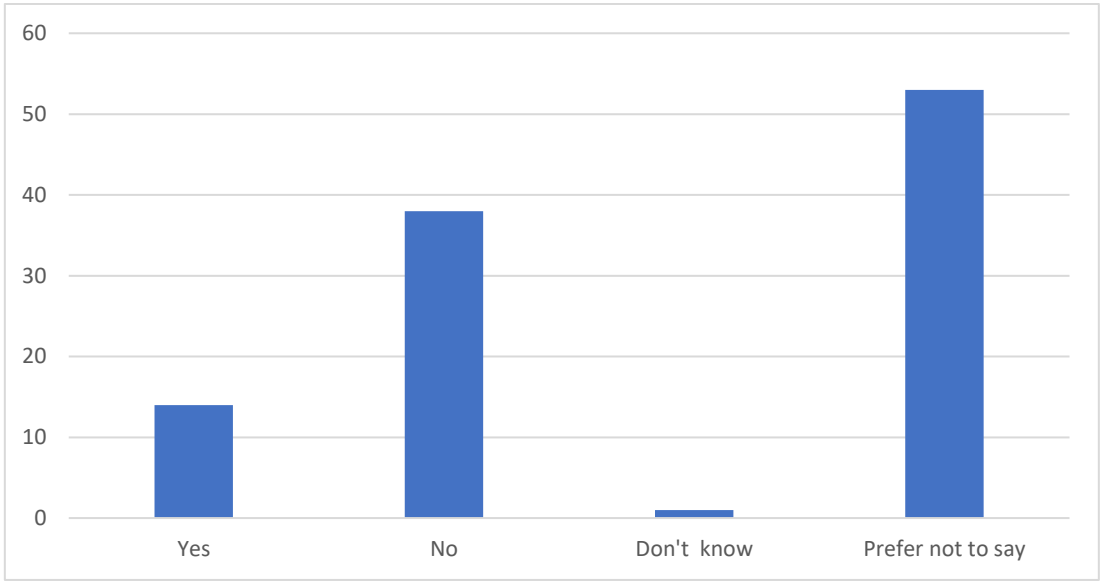
- The women attending were of various ages, with the most women in any age range located in the 50-54 age bracket (14/55). 13/55 women were in the 45-49 age category.
- The majority of women reported that they did not have a disability (38/53), 1 women did not know, and 14 women reported that they did have a disability.
- Most women attending courses were White British, 43/55 women. There were 7 Pakistani women who attended.
- Women attending courses were spread across the WMDC district as table 4 illustrates, although 4 women lived outside of the district.
- 1 woman stated that she was pre-menopause, 19 women attending stated that they were in the peri-menopause stage, 11 were menopausal and 6 reported being post-menopause. A further 11 women were not sure about their stage of menopause, and 1 woman stated not applicable.

Table 4.1.2 - Age of women attending the courses



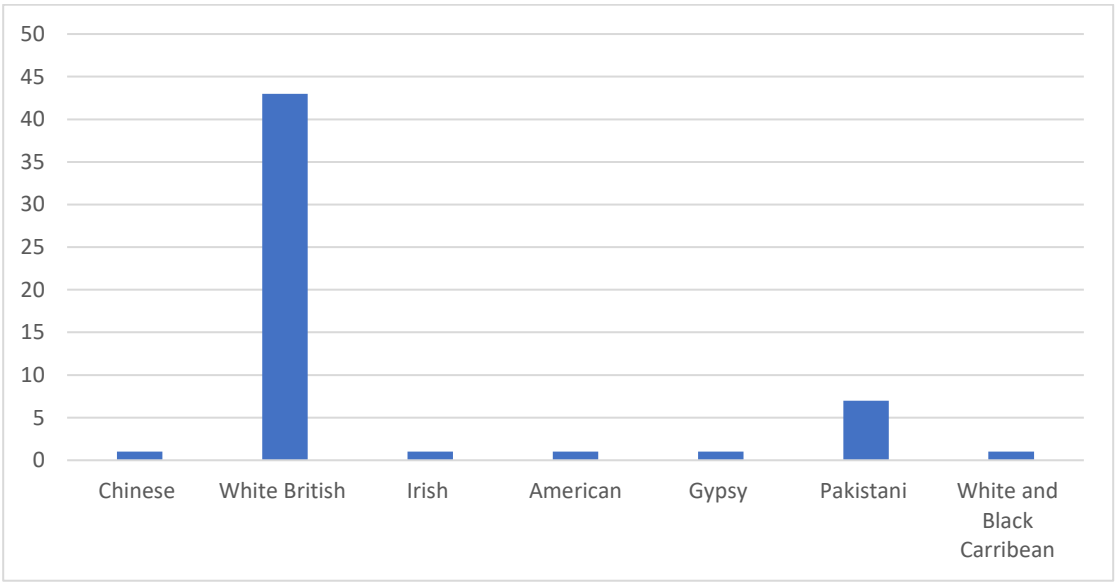
As table 4.1.2 illustrates, the women attending were of various ages, with the most women in any age range located in the 50-54 age bracket (14/55). 13/55 women were in the 45-49 age category.

Table 4.1.3 – Disability status



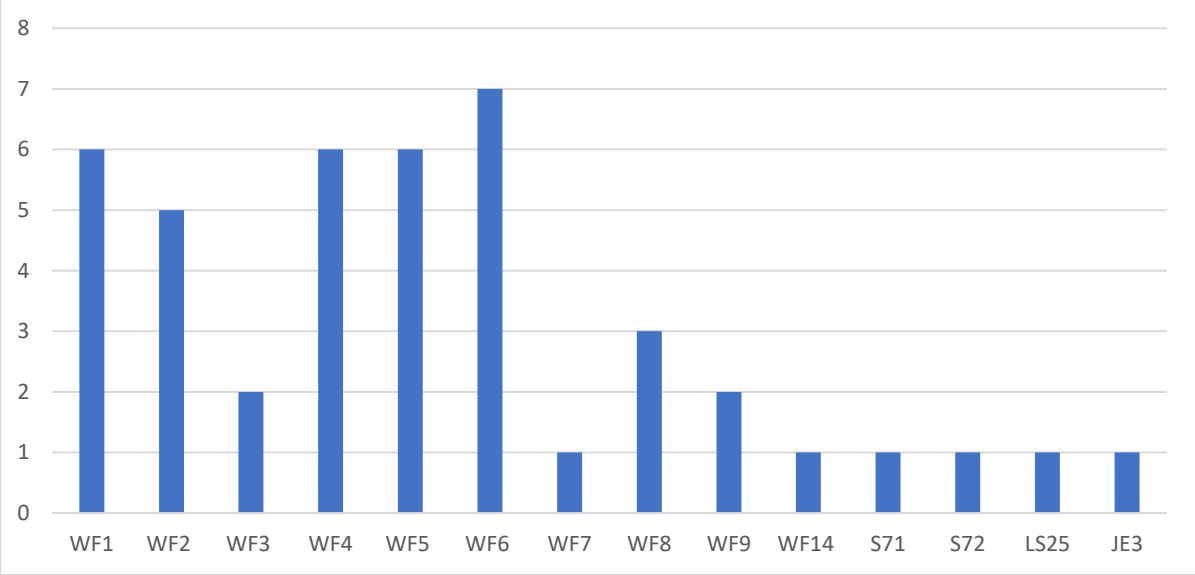
The majority of women reported that they did not have a disability (38/53), 1 women did not know, and 14 women reported that they did have a disability.

Table 4.1.4 – Ethnicity



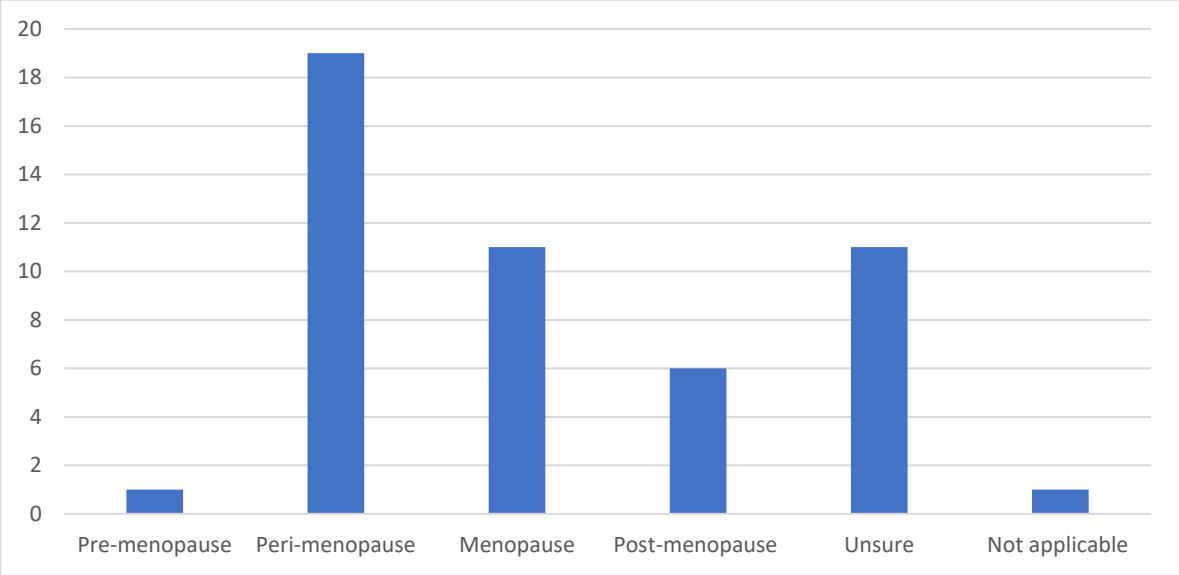
Most women attending courses were White British, 43/55 women. There were 7 Pakistani women who attended.

Table 4.1.5 – Postal code location of women



Women attending courses were spread across the WMDC district as table 4 illustrates, although 4 women lived outside of the district.

Table 4.1.6 – Stage of menopause



1 woman stated that she was pre-menopause, 19 women attending stated that they were in the peri-menopause stage, 11 were menopausal and 6 reported being post-menopause. A further 11 women were not sure about their stage of menopause, and 1 woman stated not applicable.

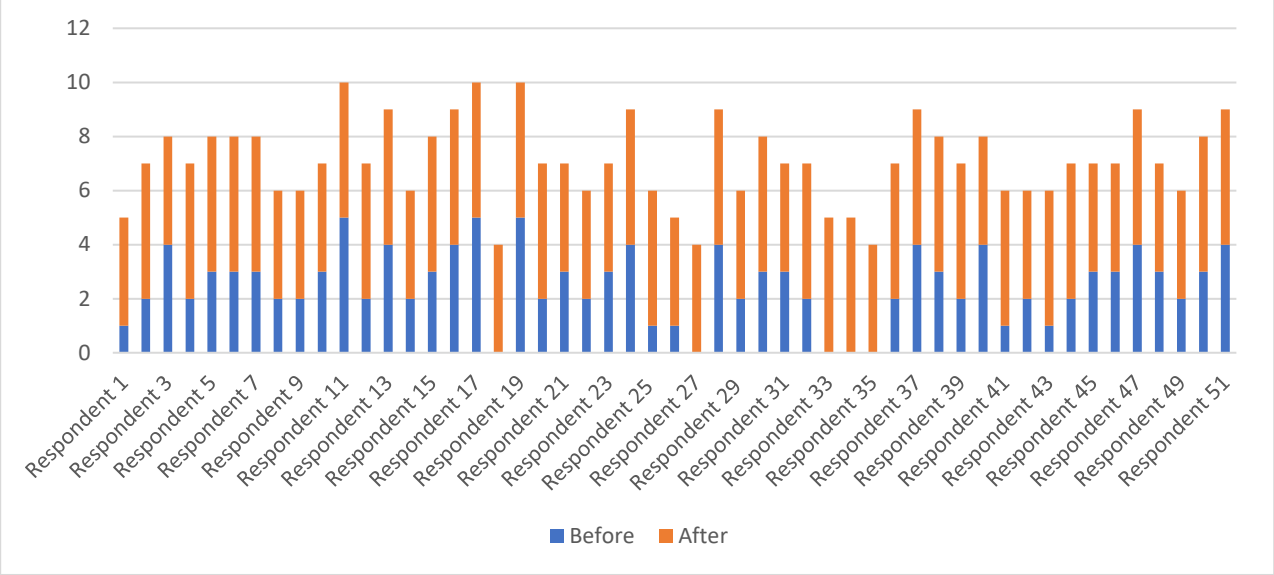
4.2 Questionnaire data

Summary of questionnaire data

- Course attendees reported feeling more informed about the menopause as a result of attendance. Across the completed questionnaires, prior to the course women's mean level of feeling informed was 2.8/5, increasing to 4.6/5 following attendance. Many women reported that they had already looked for information about the menopause at the start of their course attendance with a mean score of 3.6/5 but searching for information also increased after the course to a mean of 4.3/5.
- Course attendees reported feeling more confident in discussing the menopause with others as a result of their attendance. Across the completed questionnaires, prior to the course women's mean level of feeling confident was 3.4/5, increasing to 4.4/5 following attendance.
- Women reported increased knowledge about where to go for help and support following course attendance. Across the completed questionnaires, prior to the course women's mean level of knowledge was 2.6/5, increasing to 4.5/5 following attendance.
- Women reported increased knowledge about where to access quality resources for information about the menopause following completion of the course. Across the completed questionnaires, prior to the course women's mean level of knowledge was 2.6/5, increasing to 4.5/5 following attendance.
- Course attendees reported feeling more able to manage their physical health in relation to menopause as a result of their attendance. Across the completed questionnaires, prior to the course women's mean level of feeling able was 2.9/5, increasing to 3.9/5 following attendance.
- Women reported feeling more able to manage their mental health in relation to menopause as a result of their attendance. Across the completed questionnaires, prior to the course women's mean level of feeling able was 2.8/5, increasing to 3.9/5 following attendance.
- After course completion, 22 women strongly agreed that they had learned more about physical health, and 28 agreed with the statement.
- After course completion, 22 women strongly agreed that they had learned more about physical health, and 27 agreed with the statement.
- After course completion, 29 women strongly agreed and 15 agreed that the course had improved their experience of menopause. 3 women neither agreed nor disagreed with this statement.
- Open survey comments upon course completion reflected positive experiences for those who contributed these.

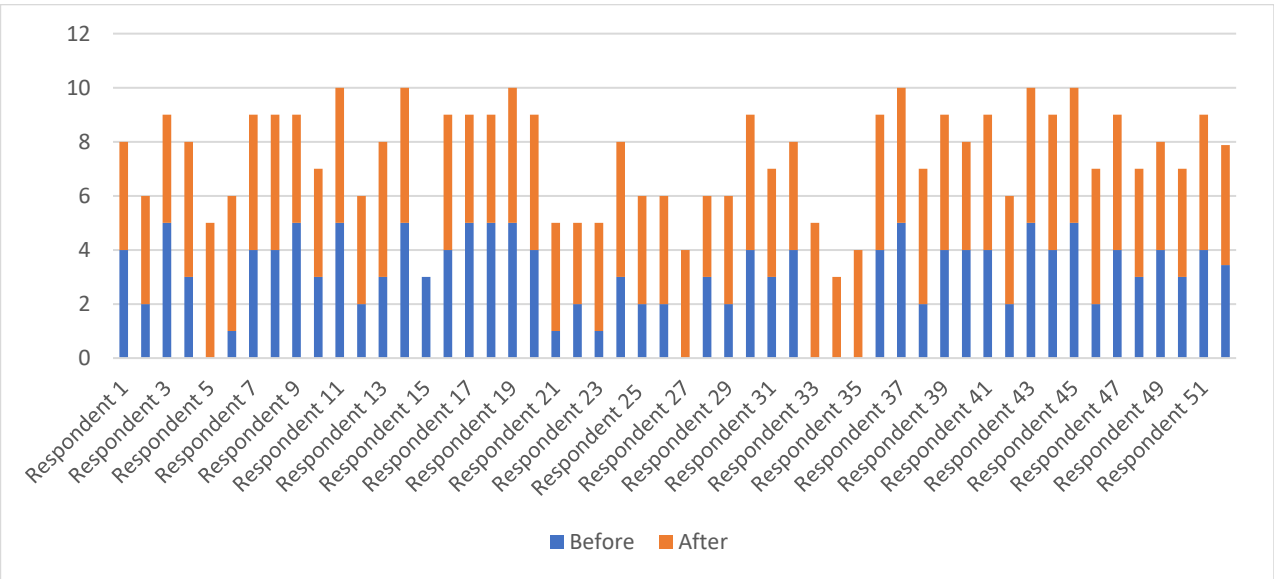
Women attending courses were supplied with pre and post experience questionnaires, consenting via completion. The questionnaires asked women to rate statements about their knowledge, confidence and health using a Likert scale range of 1-5, where 1 was strongly disagree, and 5 was strongly agree.

Table 4.2.1 – Feeling more informed about the menopause



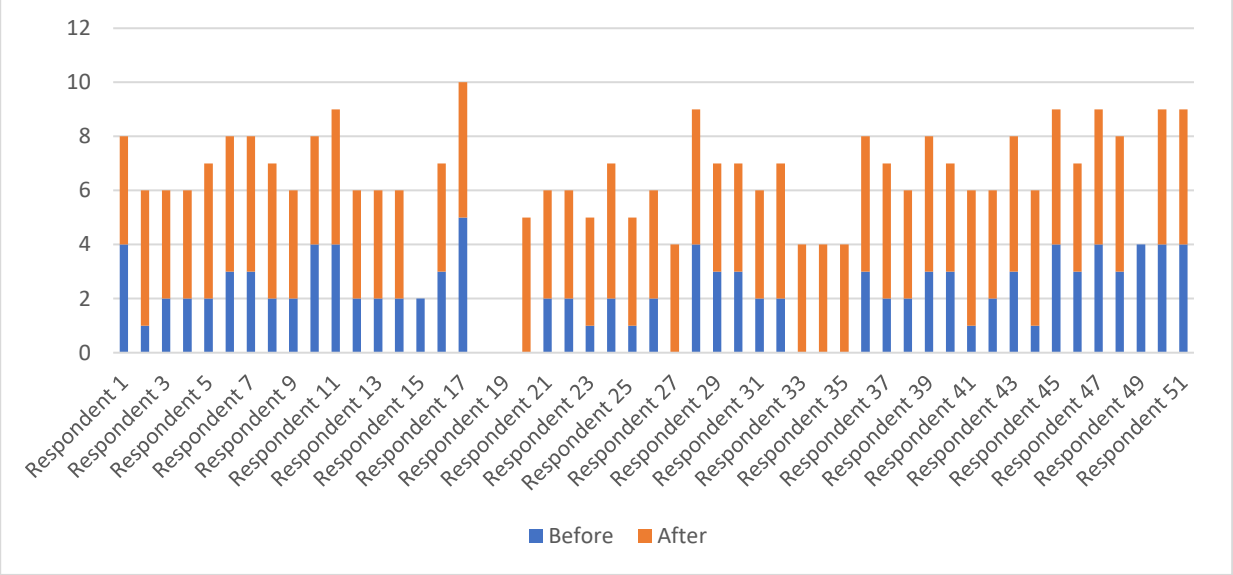
Course attendees reported feeling more informed about the menopause as a result of attendance. Across the completed questionnaires, prior to the course women's mean level of feeling informed was 2.8/5, increasing to 4.6/5 following attendance. Many women reported that they had already looked for information about the menopause at the start of their course attendance with a mean score of 3.6/5, however scores for looking for information also increased after the course to a mean of 4.3/5 across the sample.

Table 4.2.2 – Feeling more confident in discussing the menopause with others



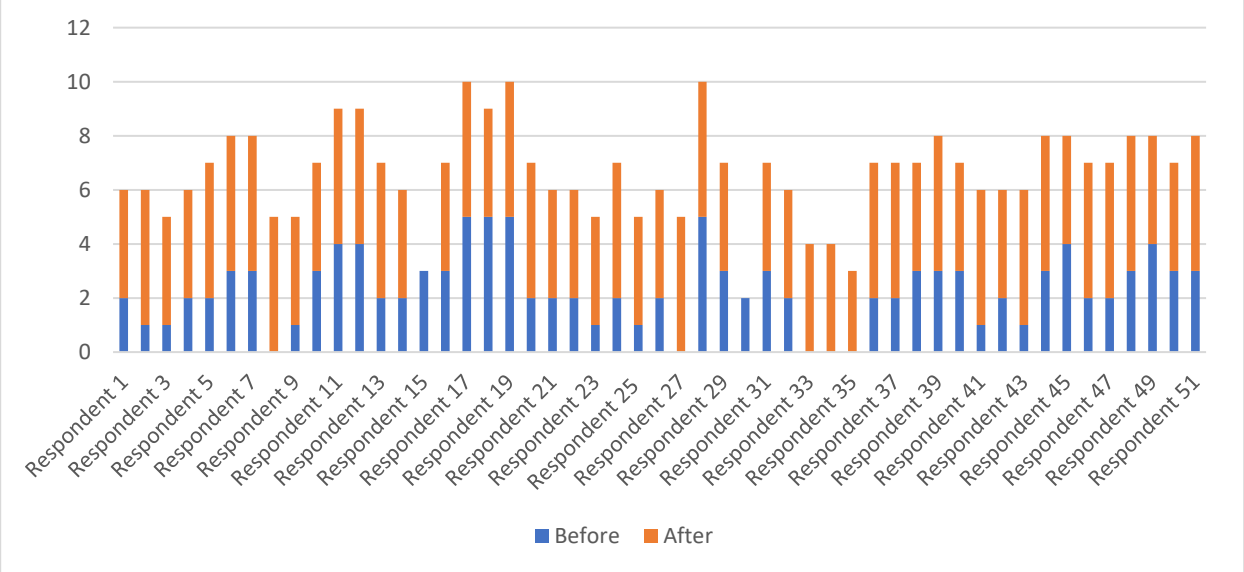
Course attendees reported feeling more confident in discussing the menopause with others as a result of their attendance. Across the completed questionnaires, prior to the course women's mean level of feeling confident was 3.4/5, increasing to 4.4/5 following attendance.

Table 4.2.3 – Knowing where to go for help and support



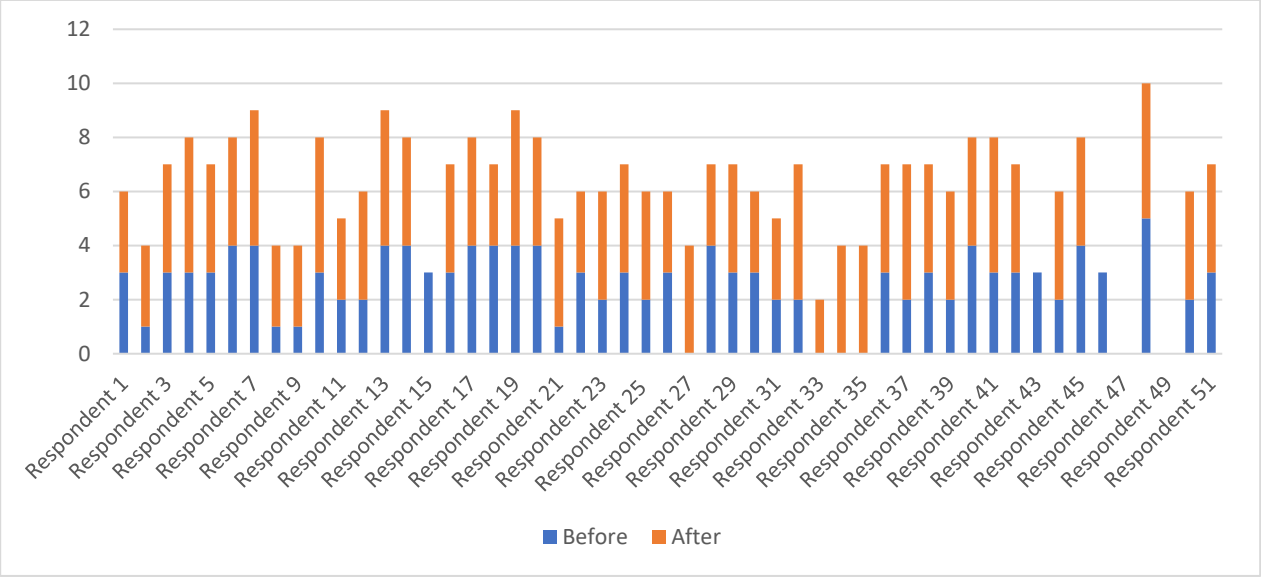
Women reported increased knowledge about where to go for help and support following course attendance. Across the completed questionnaires, prior to the course women's mean level of knowledge was 2.6/5, increasing to 4.5/5 following attendance.

Table 4.2.4 – Knowing where to go to access quality resources for information about the menopause



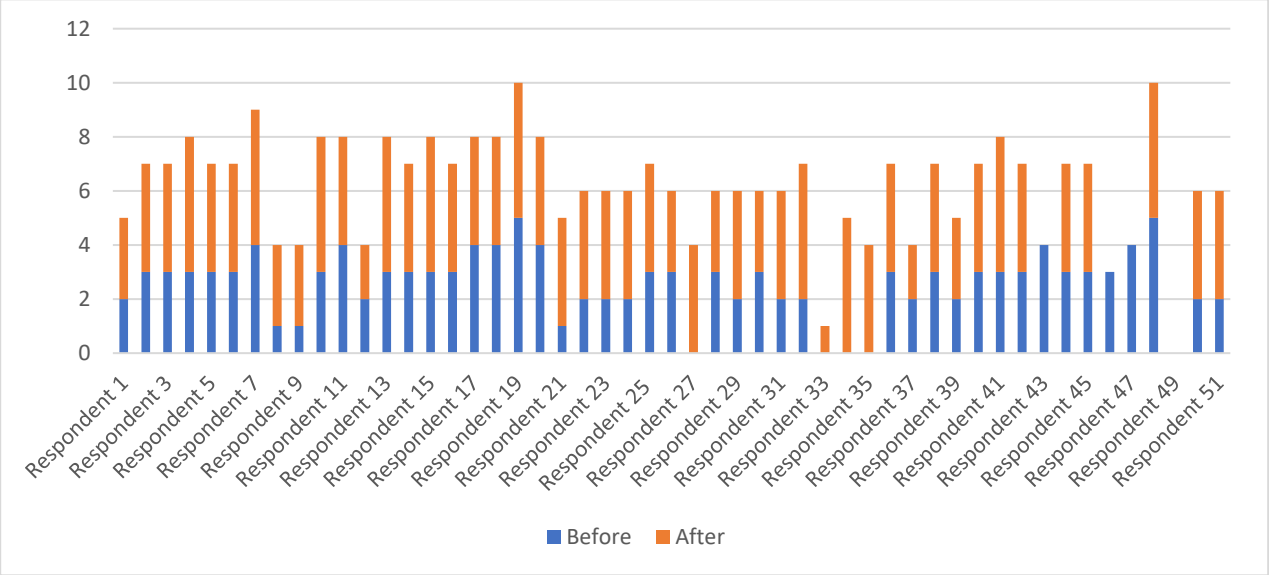
Women reported increased knowledge about where to access quality resources for information about the menopause following completion of the course. Across the completed questionnaires, prior to the course women's mean level of knowledge was 2.6/5, increasing to 4.5/5 following attendance.

Table 4.2.5 – Feeling able to manage physical health



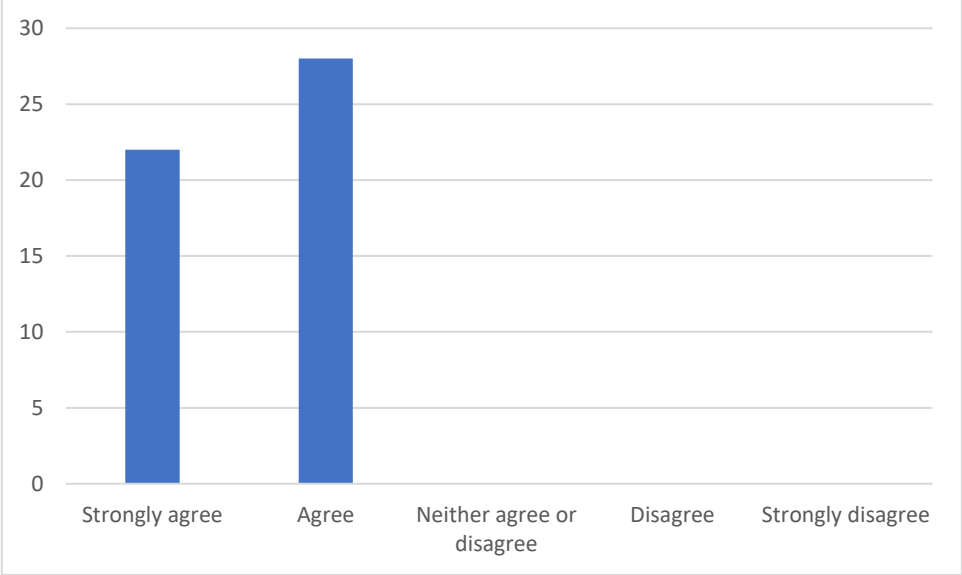
Course attendees reported feeling more able to manage their physical health in relation to menopause as a result of their attendance. Across the completed questionnaires, prior to the course women's mean level of feeling able was 2.9/5, increasing to 3.9/5 following attendance.

Table 4.2.6 – Feeling able to manage mental health



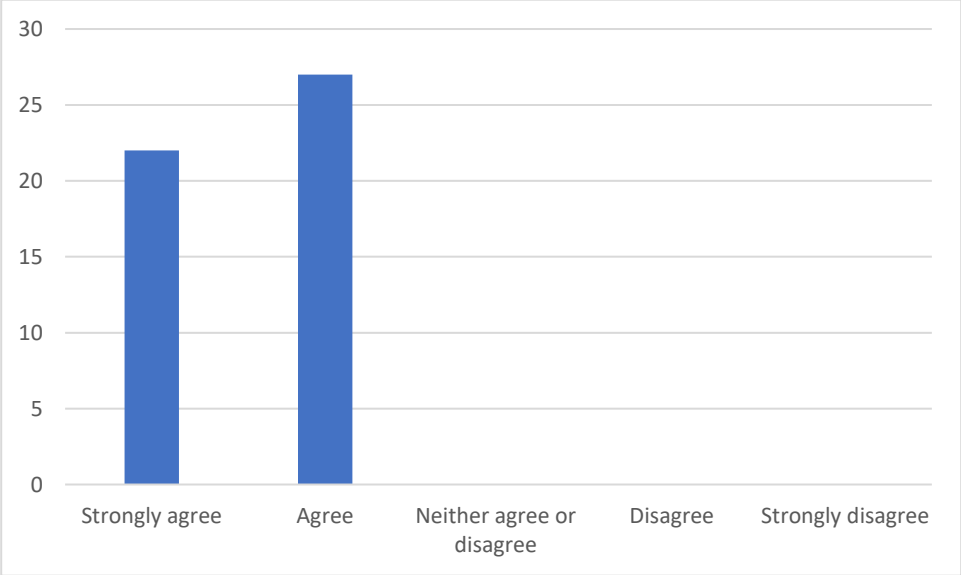
Women reported feeling more able to manage their mental health in relation to menopause as a result of their attendance. Across the completed questionnaires, prior to the course women's mean level of feeling able was 2.8/5, increasing to 3.9/5 following attendance.

Table 4.2.7 – Learning more about physical health



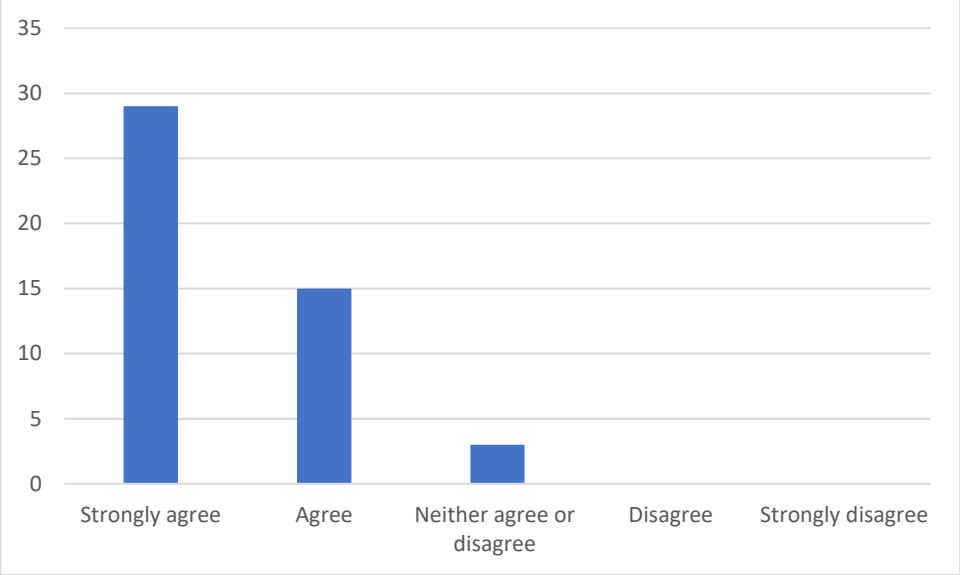
After course completion, 22 women strongly agreed that they had learned more about physical health, and 28 agreed with the statement.

Table 4.2.8 – Learning more about mental health



After course completion, 22 women strongly agreed that they had learned more about physical health, and 27 agreed with the statement.

Table 4.2.9 – improving their menopause experience



After course completion, 29 women strongly agreed and 15 agreed that the course had improved their experience of menopause. 3 women neither agreed nor disagreed with this statement.

Open survey comments

- R11. Great to speak with other ladies in the same position and experiencing the same issues. What a lovely group with a supportive instructor.
- R.33 It's been a lovely experience with [course tutors name], informative, caring, allowing us time to express our thoughts and experiences, and learning in a warm caring environment. Thanks so much 😊
- R40. Fabulous group of ladies, happy to share experiences and hints and tips. Lots of laughter!! [name] presents the group with passion, knowledge, and enthusiasm and adjusts to knowledge in the room.
- R50. I suffer from a disability, and it was great to have an online session that was easy to attend. [name] was approachable and helpful – she understands and has lots of knowledge about menopause.

See appendix 6.2 for all open survey comments

4.3 Meeting observations

Nova staff organised and chaired regular online peer network meetings for all delivery partners to attend. These are informally run as a space for peers to share learning about the sessions, and to discuss challenges, as well as potential solutions. The meetings were recorded for those unable to attend, and minutes were circulated. See appendix 6.2 (table 6.2.2) for a summary of the meetings. Network meetings were co-

productive in ethos, with delivery partners sharing learning, reflection and insight during each session. Where challenges were mentioned, for example, in relation to recruitment, partners shared their own approaches and resources, as well as discussing what had worked for them.

4.4.1 Case Study – Jessica

Jessica contacted a delivery partner when a family friend sent her a screen shot of course details.

She was asked to defer to the next course as the one about to start was full, she then replied *"that might be too late for me"* in a tone of voice that expressed her desperation.

She openly admitted that she'd considered taking her own life on several occasions during the last 10 years of menopause symptoms because *"surely death would be better than this".*

She was immediately offered a place on the course.

Jessica openly discussed her experiences in the sessions, reporting that she had received poor quality care from clinicians, and a lack of family support.

She was unable to articulate what support she needed.

Women in her group listened, supported and connected with her sharing telephone numbers, and social media.

Jessica completed the course, re-engaged with medical services, and joined some local exercise sessions. She said,

"...I can't thank you enough for delivering this course! You threw me a lifeline when I was drowning. You delivered information with so much understanding and empathy and made it easy for me to engage and talk about things I would not have shared with anyone.

I thank you and the wonderful group of ladies for allowing me to be part of this. I've had a lonely journey and struggled for a long time with menopause and it's symptoms, you changed this! I no longer stood alone!..."

4.4.2 Case Study – Laura

Laura was very keen to get information that she could understand herself. She has a history of not having a lot of choice, with choices being made for her. She has experienced sexual abuse in her family, resulting in her being cut off from contact with wider family members. Laura said that the police did not think she would cope with court.

Laura had no teaching about periods and when she started her period, she thought she would die. She was put on contraception without understanding what its purpose was and what the side effects might be. This affected her moods quite dramatically. Now as a perimenopausal women she suffers from hot sweats and night sweats very severely she also has had problems with bladder control and mood regulation.

She really enjoyed the course and found it empowering. She asked for help from support staff to make a GP appointment to ask to be taken off the contraception she is on, as she does not like the side effects and is not having sex, nor does she intend to. She now lives in a safe environment. She also asked the GP about the suitability of HRT for her. The positive outcome for Laura is that she feels that she understands enough to ask for what she wants and now knows that she does not have to just 'put up' with her symptoms. She now wants to speak up for herself regarding her body and what happens to it.

4.4.3 Case Study – Penelope

Penelope explained that she did not want to talk about the menopause because the education that she had received about puberty and sex education had resulted in her feeling dirty, confused and scared. She has avoided conversations since.

During the first session in which the staff member explained bodily changes linked to menstruation, and the need to gain familiarity with using the correct terms for our bodies. Penelope reported that she already felt more positive. She continued to grow in confidence over the sessions and was really helpful in providing feedback to delivery staff to help them to improve the course.

Penelope was so positive by the end that she volunteered to help deliver the course to another group. For her diet was a significant issue, she felt that because of her epilepsy medication and age that she had gained a lot of weight and so felt out of control. Diets she tried left her feeling unsatisfied and hungry, so she often resorted to eating easy ultra processed foods. From the feedback she gave to staff , course terminology was adapted. Rather than using the term 'weight gain' in course sessions, delivery staff changed their use of language to focus on messaging about building muscle and reducing fat, rather than weight gain.

4.5 Learning Log Summary

Delivery staff were provided with a learning log template to support them in documenting their reflections during course delivery. The template headings included positive aspects of the sessions, areas where sessions could be improved, key learning for staff and awareness of other similar local provision. N= 5 staff completed the learning logs, and a more detailed summary of their comments can be found appendices 6.2. Table 4.5.1 provides a summary of key points taken from the learning logs.

Table 4.5.1 – Learning Log Summary

Learning Log Summary

- Staff reported several positives in their reflections including holding open conversations with women in course environments, experiencing high levels of participation from those attending and positive peer support for those who attended in a safe, women only space.

"The women had many things to talk about! And as a facilitator, this is one of the most beneficial aspects of this course besides the delivery of the content-watching the women bond on the first week was wonderful. They had so much to bring to the fore. So much to say, which was no surprise. Sessions were vocal and positive."

- Staff felt that they also developed their own skills and confidence because of delivering this project, from their training via MenoHealth as well as from their learning during course delivery.

"I gained confidence each week as this is the first time, I've project lead or lead a group. I've been part of teams presenting before but haven't presented on my own."

- The project was described by staff as filling a gap in provision in the district because women attending often discussed not feeling fully supported by GP provision, or not being able to access any similar educational provision.

"None of my attendees have felt supported by their GP on their Menopause journey… GPs are quite rightly there for medical conditions which is not fulfilling what women going through Menopause always need."

- Areas for improvement were also identified within staff learning logs: staff reflected that they often needed more time and funding to deliver sessions and were faced with challenges around managing complex and varying needs within their groups of attendees, given that menopause is such an individual experience. Some course also had low numbers of participants in attendance, and a lack of referrals from other local agencies, which was disappointing for delivery partners.

"We need to understand each women's experience: each woman is unique, with her own menopausal symptom cocktail, some suffering quite badly, and other women just wanting to be more prepared for the future. Menopause is so individual."

5. Qualitative Findings –interview discussions

5.1 Course attendee experiences

Summary of course attendee experiences

- All women interviewed reported positive experiences, discussing their motivation to learn more, as the key reason for participation.
- Women all learned from the course, even though many stated that they felt well-informed before attendance.
- Women valued the gender-specific space, facilitation and peer support from others attending. Discussion and shared learning were reported.
- Women suggested several areas where improvements could be made, for example, having longer sessions, opportunities for follow-on interactions with other women and offering the course to wider audiences including men, and younger people. Many suggestions for improvements were related to women's wider experiences of work, healthcare, and other responsibilities.

Al of the women interviewed felt motivated to join the sessions, and to learn more from them. Some joined the sessions through existing networks and others responded to advertisements on social media. Women's experiences were individual in that the menopause had impacted upon them in very different ways, illustrated in table 5.1.1.

Table 5.1.1 – Women's menopause experiences

Woman	Menopause experience
Sarah	Symptoms from age 40 (now aged 48). Engaged with GP treatment but issues not attributed to perimenopause until she made a mistake at work, and lost her employment, which triggered more specialist health care via a referral. She was motivated to learn more so engaged with the course.
Tanya	Felt unsure about her stage of menopause as she has a coil fitted and is using HRT patches. She does not menstruate and has no symptoms currently. Historically she did experience symptoms, and through discussions on the course had a 'dawning realisation' that her earlier experiences were probably because of perimenopause, and that she was now in a much more reasonable state of mind. She was keen to learn more and saw the course information via social media.
Barbara	Joined through her local community group and was interested in learning more given that people are talking about it at her workplace. Her own experience was that she felt "like she was going mad" or that she had "dementia" because of her symptoms. She felt informed before starting the course.
Harriet	Saw the course advertisement on social media but knew the facilitator already from her other community work. As she was menopausal already, she was keen to seek out more

	information. She had visited the GP about her symptoms and was eventually prescribed HRT, 3 years after her first GP visit.
Andrea	Heard about the course through word of mouth locally, from the facilitator who was already running other groups. Certain that she is in the menopause, and so was keen the learn more by attending.
Deborah	Heard about the course through existing community group connections, she was on HRT already. Initially she had been prescribed anti-depressants when she visited the GP and discussed her symptoms, but then was offered HRT following a work-related health check staffed by a women's health specialist, who nudged her to visit her own GP again to specifically discuss menopause. Her symptoms affected her ability to work in a professional and calm manner. HRT had been an incredibly positive experience for her, without side effects, which enabled her to cope with her emotions and to keep working. She felt informed about the menopause, before she attended.
Jessica	She felt that she knew about the menopause already and had recently started on HRT. She was keen to join to see if she needed to learn anything else, and she appreciated the course being free and relatively local to her. She was also motivated by meeting other women. She has struggled with keeping her managerial role in the past, and so had left that position and on reflection felt that this was related to her perimenopause experience.

Positives

Women reported enjoying the sessions, and finding the l**earning from the course, and their peers** as important. The peer support element of the course, and the women only space were highly valued, with women welcoming the **opportunity to talk to each other**, which some intended to continue doing post-course completion:

> *"…really enjoyed it every Thursday and I really missed it when it had finished. I found it invaluable. Absolutely invaluable.... you know that women don't talk about it [menopause] enough... we set up a WhatsApp group with the ladies who went there, and we're planning on meeting up."* Sarah

> *"I learned lots of things while I was there, and I learn a shared experience even though they weren't many of us on the course, you do feel like you're in it together…"* Tanya

> *"You know, we discuss it in school about, you know, puberty and periods and having babies, but nobody discusses this part… and just being in a room for people that are just like you."* Barbara

> *"…people were open and shared their personal experiences."* Harriet

> *"And it's good to speak to other people that were the biggest thing for me was a particular after that first week you just realized that there's not just you that's going through it... it was a nice group of ladies and there was a lot of dialogue going on and discussion, there's a lot of laughter… women are being together, sometimes supporting each other… I think it's just important to have these conversations with people."* Andrea

> *"It just felt like it was an opportunity to share the benefit of that wisdom, if you like, and also just the if there's anything that I didn't know and anything that I've missed."* Deborah

However, some women reported that others **shared information that they were less *comfortable with*** *given the gravity of it:*

> *"There was one lady who perhaps shared more than any of the rest of us, because she'd been very, very depressed and very, you know, she'd sort of had suicidal tendencies. She was very open about it and spoke to us about it and I could sort of see a few people sort of shrank away from that."* Deborah

Learning, sharing and peer support in a woman only space were mentioned as being important by several of the women who participated in the interviews:

> *"I genuinely don't think if there had been blokes in there that people would have been as open about things and it would have changed the dynamic completely because, you know, we talked about atrophy and ladies' parts and with the best will in the world guys it would just be uncomfortable."* Deborah

> *"Many women are struggling because they're just, they're not informed, and they don't know what to expect. We spoke a lot about our experience. So, I would say we were quite a chatty and, you know relatively informed group... it is good to kind of meet people anonymously to, you know, get things off your chest or, you know, learn a little bit more."* Jessica

Many women had accessed both support and information before starting the course, but all felt that they **had learned new information** as a result of their participation, for example about how to change their diets, and all spoke **positively about their course facilitators** who they felt were able to deliver the information informally, whilst being friendly and approachable*:*

> *"…just the sort of gentle exercises that like with your hip movements and things and strengthening your bones and things like that, that was good."* Barbara

> *…"at no point [during health appointments] did anybody say that this [a skin condition] could be connected to menopause, and it was only when I read it on the health sheet, one of the handouts that [name] gave us and that I connected the dots and I was like oh my God, I can't believe that… it was very informative and very well delivered."* Deborah

Some **valued the notes** provided as they referred back to them:

> *"I've kept all my notes and everything and refer back to them…I've found it really good. And you know when you kind of having a little why do I feel like that reflect back on my learning…"* Sarah

> *"I think as long as you're armed with the correct knowledge, you feel happier than yourself, and you realize that it's not just you."* Harriet

> *"There was an extra sort of reading with links and things like that on that was that was really useful... We did kind of some exercise towards the end which was good…talking about what you might experience when you go in through the menopause and one of the things on there which really hit home with me was in terms of feeling sort of lightheaded and faint and that was something that I had been experiencing..."* Andrea

Some women had **used the techniques** learned on the course to enable them to cope and had **changed their lifestyles to** support them in coping:

"But like last night, I woke up at 3:00 o'clock in the morning and I found that if I can just focus on my breathing, even if it's like I can only do it for a couple of breaths, it just gives you mind that time to pause and reset a little bit. So that's really helped, and the list of potential medications supplements is useful... You know, I'm going swimming. I'm going to the gym and that's probably all lead on from that course." Tanya

"It just slows you down…not to do too many things at once, because I think it's very easy to start something and then start something else and then you know, particularly if you if your memory is not good or you know it's like it's very easy to have two or three things on the go and then that can provide you know that can make you feel stressed anyway." Andrea

"I don't go to the gym, can't stand the gym, but I started seeing a personal trainer… It's reinforced what I already was starting to realise is that I do need to keep up with the exercise and I need to keep on top of it" Deborah

Many women also disseminated their learning outside of the course, speaking to friends, line managers, colleagues and family members **to share advice more widely.**

Areas for improvement

Increasing uptake on the courses was suggested as an area for improvement:

"I was disappointed at the uptake through no fault of theirs and no in in our area that it started off with five of us on the course and then it gradually dwindled." Tanya

"There was only one lady that didn't come back, and she was having real issues with ill health in her family and it probably just wasn't the right time for her." Deborah

Some women felt that there was **a lot of information,** and so this could have been delivered at a slower pace:

"Because you have to cover two or three different things in the hour, and sometimes it seemed quite rushed…especially when we were opening up and talking then we were on to the next thing, and we were still wanting to talk about the previous subject and quite often we ran over by about 20 minutes." Harriet

"I think I'm in parts of it may be felt a little bit rushed, you know, like we seemed to sort of skim over things, but I think that's when we'd chatted more." Deborah

"The sessions could be a little longer, maybe an hour and a half because by the time you get going and depending on how many are in the sessions, it's finishing." Jessica

Others would have **liked a longer focus on some topics**, as they were particularly interested in that:

"You know, just maybe going a bit more in depth into sort of the food side of things. Obviously, you've only got hour and you know it was a six-week course, but that's because I like cooking and things like that." Andrea

Despite their learning, and the helpful hints from the course information, some women mentioned the **daily challenges** that they faced with changing all areas of their life, because of work commitments and caring responsibilities:

> *"The issue I have with the doing everything is I can do one or the other so I can be the primary cook, or I can go to the gym if I go to the gym there's no primary cooks and then the takeaway is come in because no one else in the house cooks… Then I feel guilty because I don't have time to cook for myself, which then the diet goes out of the window."* Tanya

> *"...but it's just commitments really, I'd like to go to a class [exercise], but it's finding one that fits in."* Andrea

Some women felt that they would like to **continue meeting up** with their course participants but more informally:

> *"I felt as if you needed another group session like once a month or something just to kind of carry it on really because I really missed it... it would be something you know like you have Andys Man Club to have you know, so she's kind of women's club to you know you can dip in."* Sarah

> *"I mean, at the end of the course, we were swapping phone numbers to still carry on being able to support each other."* Barbara

Some course participants discussed **offering education and information more broadly**, for example to men:

> *"I think it would be nice to maybe sometimes bring men in. That was said in our course You know that it would be nice to share it because how can you understand something that you don't go through?... you know, getting it discussed in schools and not just getting it discussed in schools with girls, getting it discussed with boys as well."* Barbara

> *"…would be good to be able to younger people because I always say to young people start preparing a few menopause in your 30s."* Harriet

> *"I did suggest that said they should run something similar for the husbands and partners of these ladies. Obviously, if you're not female and it could just be that there's an age gap between partners as well, but if you're not female, you can't possibly begin to understand what I mean. I would never have believed in a million years how debilitating it was and my husband my husband doesn't get it at all."* Deborah

> *"I think if you start having those conversations earlier, because I think people just don't understand what menopause means and the perimenopause… there's so many people that are not aware of what what's happening… because it can go on for a decade, you don't really have an idea of how long that's going to be."* Jessica

Several suggestions were about **wider issues affecting women**, beyond their experiences of the course. Many women discussed their experiences of health care during the interviews, as some had not felt supported in GP appointments, had experienced delays in diagnosis related to their menopausal stage, or had faced supply chain issues in relation to their HRT:

> *"So, I was put on anti-depressants…And my energy levels were just low you know, and it's like all you got vitamin D deficiency…I was never really getting a definitive answer of anything and it's quite frustrating that I knew that something was wrong… looking back, it was all the start of the menopause. It wasn't individual things that they [GPs] thought it was."* Sarah

However, other women mentioned having fantastic GP support, and access to a well-trained menopause nurse, again reflecting variance of experience.

The need for **more workplace support** was mentioned by some women, though others had more positive employment experiences and felt supported at work. The need for **more research in this area** was also discussed:

> *"And I think if it wasn't just a female thing, there would probably be more research, more support, more information. I was certainly disturbed with a couple of the comments on my course about how women felt absolutely enraged to the point where they were worried for what they would do…and I just think no one should be in that situation where you end up doing something or saying something or reacting to something that you are not in control of."* Tanya

Course attendee perspectives: the most important thing

All women who attended courses were asked to reflect upon the most important thing that they had said in their interviews, and the most important theme that emerged was about the i**mportance of the knowledge gained** from the course content and the **peer support.** Table 5.1.2 summarises women's views on the most important thing they discussed during the interviews.

Table 5.1.2 – Women's views on the most important aspect of the course

Group support	*"I think the support element of it, the group support, as I say, even though our group was small, you still felt like you weren't in it on your own and you could have a laugh about it."* Tanya
It was a positive experience	*"It was good and that you need to do more, and it's worth doing."* Jessica
Knowledge helps	*"And I just think that it does get better really that to tell women that it does get better, you know? And with the knowledge from the course, you can help yourself in order for it to get better."* Sarah *"Probably just keep talking. It's going out there to educate people to just keep going with it."* Barbara *"Learning that you're not the only one and it is normal. You're not abnormal."* Harriet *"… equipping yourself with more information on how you can help yourself to manage, and I think that's what the course gave me that thing of just a bit of time for me away from away from the sort of day-to-day where you could actually just focus on how you're feeling and discuss that and just give you a bit of headspace because it's away from the home."* Andrea *"The bit that I found in most important and just the bit about you know like being able to help other people sharing my experiences and learning from other people's experiences as well. And I think it just it's, I know I'm not alone going through this obviously because there are many people talking about it now…"* Deborah

5.2 Professional experiences

Summary of professional experiences

- The project is filling a gap in provision in the area.
- There is a need for education on menopause.
- Female delivery workers participated in a valued peer support network (monthly meetings)
- Views of training delivered via e-learning varied, but staff welcomed the information.
- Staff gained skills and confidence through the training, and delivery.
- Staff needed more time for the training, to prepare and in some instances to deliver.
- Staff signposted women where necessary.
- Some staff had networked with wider partners to market the course offer.

Staff delivering the course content had a range of roles, backgrounds and experiences in community-based environments. Some had delivered menopause interventions before such as pilot projects, or peer support, whist others had not. All were women. Many reported that this **project was filling a gap** in existing provision within the district, which was **much needed:**

> *"I've never come across anything that you could go to..."* Delivery Partner 1

> *"Speaking to friends I've got…the need was there for women to have more information... So, a quarter of women have thought about leaving work because of menopause… There's 4.4 million women in the workforce over 50, so if a quarter of that workforce was lost the country would be on its knees."* Stakeholder 1

Female delivery staff brought **lived experience** themselves, using it to inform delivery. Some were peri-menopausal, some who had hysterectomies pushing them into full menopause at an early age, some used HRT, and others were post menopause:

> *"I think for me, I can turn around and say, I've already been there and now I'm here and this is sort of happened to me and give him a bit of background on me that. I do genuinely believe that has helped a lot as well…I have some experience of it."* Delivery Partner 5

> *"I didn't really understand why I was losing confidence and suddenly after 20 odd years of being really good at my job, I wasn't anymore…it's all very upsetting and nobody around me knew how to support me and none of us knew what was going on… it was more lived experience approach… each of us have*

got different experiences, so we're able to just add their flavour to that particular topic." Delivery Partner 9

Having sessions delivered **by women, for women** was discussed as important:

> *"We've always found that having a relatable role model is perfect for leading the session…and that's why I think it it's great when we have real women leading the sessions."* Stakeholder 2

Staff also met regularly online in monthly **peer support meetings.** Many felt that the **meetings were useful** to share learning, but some commented that they could be competitive. Holding them online was a convenience **enabling attendance**:

> *"…sometimes it feels a bit like it's competition.*" Delivery Partner 2

> *"…one of the ladies was saying that she was struggling to get people to sign up, one of the others [delivery partner] offered to help, then everybody started throwing different suggestions in which were really, really good."* Delivery Partner 5

> *"… keeping us involved and, listening to what we have to say…we have meetings every month… it's hit and miss…we're not all there every time."* Delivery Partner 6

> *"What you get from that is that big hug of a peer support, you know, that's what I love is, is that the there's something magic happens when you bring people together who share their experiences."* Stakeholder 2

Staff had varying views of the bespoke **branding:**

> *"… that picture…it's an old woman with grey hair and I don't necessarily think that that'll engage the women who need it."* Delivery Partner 2

> *"It makes it look as though it's a proper professional course."* Delivery Partner 3

An online portal for information sharing between staff was created to support course delivery:

> *"We created that portal where we can store all the information and password protected it, that's new."* Stakeholder 1

Training

All delivery partners attended specially designed training (e-learning) to equip them to deliver the course material in their own community locations. Delivery partners **views of the training were positive** about their own learning as part of the project, though some felt that there was a **lot of content** to cover during the time allocated for the sessions, and others found the **assessment difficult.** Some staff also discussed **preferring in person training**, rather than e-learning:

> *"It was quite a quick turnaround to do the training in the time that we had. I was actually fortunate in that I was working part time at that time. I found it quite easy and user friendly."* Delivery Partner 2

> *"It [the assessment day] was too much. I was absolutely wiped out, exhausted because I'm menopausal too."* Delivery Partner 6

> *"I personally felt it was quite a short time frame for us to go through the whole training."* Delivery Partner 8

> *"E learning was set up so that they [delivery partners] can do as much as they can online at their own pace and time."* Stakeholder 2

Staff also felt that they had **gained new knowledge** from the training:

> *"I think the information is incredible."* Delivery Partner 4

> *"The training is very comprehensive, it's a lot of information, good information."* Delivery Partner 7

A stakeholder also noted the importance of **skills development within the VCSE sector** and **community based relationships:**

> *"It was always about upskilling the sector, upskilling the third sector to be able to do some of this health delivery work, because the best place to do it, you know, they're the assets that they're, they're the people that have relationships... they're the experts for those communities and they know their people."* Stakeholder 1

Delivery

Staff delivered courses to their colleagues, volunteers and to community members who self-selected to participate in the courses, in response to marketing material, word of mouth, referral via GPs, and internal referral between the 10 delivery partners. Models of delivery varied across the district, with some online courses and others in community locations. Sessions times were also adapted by staff e.g. a one hour session weekly for 5 weeks in person, versus 2 longer sessions via Zoom. Course materials were also adapted, when necessary, e.g. using easy read content for attendees with disabilities. All courses covered 10 key subject areas, the demonstration of exercises, relaxation techniques and allowed women space to discuss their experiences, and ask questions.

Staff had **varying levels of confidence** in delivery the materials with some reporting that they felt nervous when demonstrating exercises to their course attendees:

> *"…but there was some light exercises I would a bit panicky when I first started, cause I've never ever done anything like this before."* Delivery Partner 1

> *"I am used to delivering group sessions. I'm used to teaching. I did find the proposed plan from a little bit prescriptive, but I think then that's because I'm used to planning my own sessions. the thing I felt worse about was the exercises because actually I think they [women attending] were probably fitter than me."* Delivery Partner 2

> *"I cannot deliver a course without lots of notes there…you know so much terminology, so many medical terms… There is a lot in the material and yet you do still then get questions that aren't in the material… I get really, really nervous about training and it's not my happy place."* Delivery Partner 4

Videos were produced by MenoHealth to support staff in illustrating the exercises. Staff felt that these **were useful**:

> *"…what I've been doing is I've been playing the videos just by way of taking the emphasis off me... it just breaks the sessions up a bit."* Delivery Partner 3

Given the range of course content to cover, some staff felt that this was challenging to manage in the **time available,** and others mentioned taking **time to prepare** for sessions:

"It takes a lot of preparation..." Delivery Partner 4

"So I was being paid to host that group for an hour, but I was there for two hours because I would set up, I would open up the premises, make cups of tea and then we would always go over… you need to allow space for the women who are attending for it to be meaningful to them." Delivery Partner 6

"We had been taught 10 sessions, of which each of those had meant to be an hour long…I don't know if some people managed it, but certainly with my group, it was impossible…people who English wasn't their first language that were in the room. So, it was potentially translation going to go on as well." Delivery Partner 7

Delivery staff did provide **course notes** for course attendees to take home:

"I've done handouts and everything so that that took quite a lot of effort and time." Delivery Partner 8

"I've printed out all the handouts and I also bought people a little kind of A4 wallet to keep them all in… so if they missed one more week, they still had the full course content." Delivery Partner 9

Some staff working with more **diverse groups** of women with disabilities, and limited English language also adapted materials as well as the time periods in which they ran the sessions:

"I needed to adapt that quite a lot, so I created PowerPoint so it's a bit more visual… I got people that weren't English in the first language and a feedback from that group was if I was doing it again to that group, it would be really useful to have information in their own language." Delivery Partner 7

Delivery staff also discussed being careful about their scope of practice, and ensuring that they **signposted women** onto other services where necessary:

"…it prompts them to go to the doctors with the handout of the list of the symptom checker and go right here I am, and I've got all these symptoms, you know, you're not just going to fob me off…" Delivery Partner 8

"We just need to be cautious about feeling safe that we can deliver within this scope… you actually want them [women] to have the confidence to see their doctor and it might mean they'll have a few more appointments at the start." Stakeholder 2

The **community-based location** of the provision was seen as valuable by stakeholders, as well as delivery partners:

"In terms of the impact on the community, rather than inviting people into a clinical setting, I think doing it in a place that's local to them was a great idea... by using local community venues the project also supports them via room hire. By bringing new people into these venues there is potential that they'll see things going on within them that they might be interested in joining for either new hobbies or social/leisure/recreation purposes." Delivery Partner 9

Learning

Staff discussed how many women reported experiencing negative conversations about menopause in medical contexts, for example with GPs. **Staff consistently reinforced the need for women to see GPs** again in such instances:

"One of the ladies said that she's been trying to talk to GP about her moods on that but there's all this sort of things wrong with her and they'll [GP]say, well, you've only got that 10 minutes…Another, she's never gone to a GP and then she came here, and she only attended once, but that she's been back in and said she went and faced it with her GP and they'll give her some treatment…it helped to push her along." Delivery Partner 1

"We did have to who actually went to the GP and got on HRT by the end of it." Delivery Partner 2

"The first group had terrible experiences of going to the to the doctor, where they've been told that they that nothing could be done for them, that they needed to just almost put up and shut up. Women who've been told that they couldn't have HRT, but there was no real good reason being given to them." Delivery Partner 7

"The feedback was very much it was the relief that to learn that it wasn't just them, it was a relief to be empowered to go back to healthcare professionals and say actually we haven't looked at this, but you know, and to have a piece of paper to go back to them with." Delivery Partner 9

Some delivery staff had used the course opportunity **to network with organisations** that could signpost women to their provision:

"And I've engaged more with our local GP surgery and our social prescribers." Delivery Partner 4

"So, we have really good relationship with our town council, and when our town clerk heard about the sessions, she approached me [to run sessions for them]." Delivery Partner 5

One stakeholder also described how the project had led to them **contacting local Primary Care Networks, GP Surgeries, Social Prescribers,** holding conversations about local need and data sharing to support delivery work. One delivery partner **invited medical professionals** to meet her course attendees:

"We have arranged for a doctor and a nurse practitioner who is the menopause nurse practitioner to come and answer questions for people… we wanted to complement the information they got with this new knowledge…to be able to go and speak more directly to with the doctors. So, we've arranged that meeting. It's been cancelled a few times because doctors are very busy." Delivery Partner 7

However, linking with wider stakeholders was an ongoing process, needed time, and **was not easy**:

"It would be really nice to have this a link with social prescribing because at the moment, the social prescribing is very fragmented, and some areas have been massively successful and others we can't even get to speak to the social prescriber." Stakeholder 2

"Stakeholder is working really, really hard behind the scenes to make this happen…so it's the engagement with GP surgeries, with the social prescribers. It's getting them on board." Delivery Partner 9

Impact of the work

Delivery staff were able to document **increased knowledge for women attending the courses,** from the verbal feedback that they received during sessions:

"But I was surprised that was very little some people knew, I just assumed that people know about this…it was really an insight to a lot of people." Delivery Partner 3

"Some of the women you know have been crying out for this, they have needed this in terms of information about what the hell is going on with their own bodies and just the chance to have that sort of peer environment to talk about stuff, to share experiences, best practices." Stakeholder 1

"I just think the more knowledge people have of menopause…it's can only be a good thing for relationships, for your own mental health, for your own physical health." Delivery Partner 8

"It's a safe place for women to get together. It's giving them information and it's planting the seed that they can do something to empower themselves, which I think includes movement, even though it might only be a 5- or 10-minute thing." Stakeholder 2

Staff felt that the courses increased **women's confidence**, and therefore **ability to talk to others:**

"…it gives people a bit more confidence. I also think it's giving women the opportunity to engage more with their partners, and actually giving them the tools to go and talk about it with their husbands, boyfriends, whomever, and to bring about more understanding, because if you don't understand it yourself, how on earth is your partner going to understand it?" Delivery Partner 4

"But to be able to talk to somebody about it and not feel, you know, massively alienated or whatever, is it's a huge thing…If you've got that knowledge now or you've got a bit more confidence or we can have a conversation with your employer that you wouldn't have had before because you know a bit more about what's happening and what's supports available." Stakeholder 1

Women felt about to **talk openly** in the course spaces **about the mental health** impacts of their menopause related experiences:

"I mean for some of it, we talk quite a lot about rage, and the brain fog that knocks your confidence…because when you're used to just being able to recall things and problem solve and it suddenly becomes harder and challenging." Delivery Partner 2

"*…and having sat in a room now with these women who you know were absolutely amazing women but just absolutely crippled with anxiety, so this is why we need to do this, it's important."* Delivery Partner 4

"We do know that there are a lot of women who were struggling massively...the mental health impact is huge." Stakeholder 1

"Well, say they [women attending] felt like they were going crazy, you know? And I think that's a common occurrence." Delivery Partner 5

"I mean the one of the women that's that has put a name down for the course said that she absolutely can't wait because she feels like she is going mad…" Delivery Partner 8

Delivery partners also discussed how being involved in the project had built their own **confidence to talk more widely and openly** with others in their families, and communities:

"…the amount of people that have brought menopause up and then I can now say…well, did you know, you know, blah blah, blah…I surprised my son." Delivery Partner 1

All delivery staff commented that women attending **welcomed the space for discussion**, **shared learning and peer support** in the sessions, and this worked best when groups had smaller numbers of women in attendance, as this **created a safe space** for sharing:

"… it was more of a peer support thing and sharing experiences…I would you know, introduce the topic that we were doing and talk about it and open up discussion." Delivery Partner 2

"...asking questions, you know, opening up…ladies talk… my groups have allowed everybody to speak. Everybody's had a voice." Delivery Partner 4

"There's a real need for support afterwards, so it's quite intensive and the relationships between [the women attending are] quite strong…there does seem to be quite a lot of need for continual support for each other in those groups." Delivery Partner 7

"… her marriage completely shut down, divorced and everything because she didn't know why she was that way and her husband tolerated it for 5-6 years and then he just he'd had enough…there's that lack of knowledge from both and it's sad." Delivery Partner 8

"They [women] don't want people to know that they're struggling…a lot of women as well are still hiding this at work because they're worried that they'll be dropped or, you know, that they'll lose their job, or they can't cope." Stakeholder 2

"It was immediately just a very safe space…and even the very quiet ladies felt confident enough that when they did want to speak or when they're invited to speak, they could, and they did. They were just so, so supportive of each other and empathetic of each other." Delivery Partner 9

Summary of impacts

- Increased knowledge for women.
- Increased confidence for women.
- Safe spaces for shared learning and peer support.
- Open conversations about mental health.

Areas for consideration

Staff had varying reach into communities, with some courses **only attracting small numbers** of women, (*'it's just the negative bit of not getting people in'* Delivery Partner 1) despite widespread branded advertising. Some courses recruited through small networks:

"I think the chances are that if people come to us, we will know them." Delivery Partner 1

"…there must be the need out…I would be expecting it to be inundated [referring to low numbers attending]." Delivery Partner 6

Nova provided course materials for marketing, which was welcomed by delivery partners, but some felt that a **more targeted approach** could be used:

"…the branding was done early doors, but because we were delivering so many courses over Wakefield, it should have been done as a huge marketing project... there was the economies of scale...yes, we can do our own stuff locally but let's do big stuff as well." Delivery Partner 4

"… women in the workplace, if we could get the employers on board with this training…we could just do like a one-off workshop even and give them the information." Delivery Partner 6

Reaching **demographically diverse community members** was discussed in some areas:

"It's not a very diverse community actually, so I didn't actually think we'd get anybody…[with diverse ethnic characteristics]." Delivery Partner 1

"I'm really conscious that our demographic is very white middle class…educated women… I think they'd all come with some understanding of menopause having Googled it…the majority of them were already on HRT... it's the people who weren't accessing our group who probably need it more… perhaps people who aren't in work, they might not have the same social confidence to go to a group and talk about it." Delivery Partner 2

"I work in so I am based in one of the most deprived areas, top 10% of deprivation, but everybody that has come on my course I would say is middle class... possibly some people may not come on a course of a certain socioeconomic background." Delivery Partner 4

"…need for targeted work for some of the marginalised groups we've got in Wakefield…ethnic groups, the Trans community." Stakeholder 1

The **need to educate younger women** was mentioned during staff interviews:

"I think people are attending too late, whereas I think it would be better if it were the younger end coming into it. You know, like one of my colleagues, she's 45, and she said, 'I didn't even know what to expect', you know, that [symptoms] could be happening to her now, and she didn't know." Delivery Partner 1

"…women who aren't in menopause yet." Delivery Partner 2

Delivery partners felt that more **education was also needed for men,** but that this needed consideration as the women only spaces for the courses had enabled open conversations:

"...and show men exactly what's going on, because you know a lot of people won't talk to the opposite sex. But I do feel that we should be educating men." Delivery Partner 3

"I think it would be good to maybe do one separate session for men…just doing it as a men's group would be better…the men would be more inclined to say, well, my wife's or my partner's doing this…" Delivery Partner 5

"The next logical step is that we either invite partners, so couples come together." Delivery Partner 9

One delivery partner was considering developing the peer support into **peer mentoring:**

"I'm thinking about asking the ladies that came on the first course, if any of them would want to join me as a kind of VIP mentor for the next one." Delivery Partner 9

Areas for consideration

- The need to reach more women to increase course numbers through more targeted marketing.
- The need to reach a more diverse group of women.
- The need to educate younger women.
- The need to educate men.

Professional perspectives: the most important thing

All interviewees were asked to reflect upon the most important thing that they had said in their interviews, and the 2 key themes that emerged were **listening to women and reaching women,** summarised in table 5.2.1.

Table 5.2.1 – Professionals views on the most important aspect of the work

Listening to women	*"Being able to just to listen to people you know when they come in… just give them a bit of an insight to check it on themselves… So, they'll feel armed and ready, and can step on to the next platform then and go seek help and have the knowledge to deal with this… to get further help or whatever they need"* Delivery Partner 1
Positively impacting on women	*"Increase confidence, and support and relief [for women]."* Delivery Partner 9
Reaching women	*"I think the most important thing is that from our perspective, we are reaching the sort of women that that we usually reach. You know, we don't have a specialist group that we work with, but I think there's a lot of people out there who've struggled to access this kind of thing, and I'm not convinced that we're reaching them. They need it."* Delivery Partner 2 *"That it's got off the ground, that people are interested and just simply that it's there basically it's now there for people to come to. It's now there within your grasp. It's local, it's free and it and it's just there and we can all take advantage of it."* Delivery Partner 3 *"I think the most important thing is getting women to attend. We can't believe we're not having our courses full. We can't believe it that it's because it's OK having all this amazing the material, all this amazing training, all this great funding. But nobody walks through the door."* Delivery Partner 4 *"I think the most important thing to take out of this is this is a much needed project and we all just need to continue."* Delivery Partner 8 *"The grassroots element of this programme is what I feel is working the best because we're reaching those that need it the most by getting into the heart of those communities, it's just fantastic."* Stakeholder 2

Summary of evaluation findings

Demographic summary – The women attending were of various ages, with the most women in any age range located in the 50-54 age bracket (14/55). 13/55 women were in the 45-49 age category. The majority of women reported that they did not have a disability (38/53), 1 woman did not know, and 14 women reported that they did have a disability. Most women attending courses were White British, 43/55 women. There were 7 Pakistani women who attended. Women attending courses were spread across the WMDC district as table 4 illustrates, although 4 women lived outside of the district. 1 woman stated that she was pre-menopause, 19 women attending stated that they were in the peri-menopause stage, 11 were menopausal and 6 reported being post-menopause. A further 11 women were not sure about their stage of menopause, and 1 woman stated not applicable.

Questionnaire data – Course attendees reported feeling more informed about the menopause as a result of attendance. Course attendees reported feeling more confident in discussing the menopause with others as a result of their attendance. Women reported increased knowledge about where to go for help and support following course attendance. Women reported increased knowledge about where to access quality resources for information about the menopause following completion of the course. Course attendees reported feeling more able to manage their physical health in relation to menopause as a result of their attendance. Women reported feeling more able to manage their mental health in relation to menopause as a result of their attendance. After course completion, 22 women strongly agreed that they had learned more about physical health, and 28 agreed with the statement. After course completion, 22 women strongly agreed that they had learned more about physical health, and 27 agreed with the statement. After course completion, 29 women strongly agreed and 15 agreed that the course had improved their experience of menopause. 3 women neither agreed nor disagreed with this statement. Open survey comments upon course completion reflected positive experiences for those who contributed these.

Course attendee perspectives - All women interviewed reported positive experiences, discussing their motivation to learn more, as the key reason for participation. Women all learned from the course, even though many stated that they felt well-informed before attendance. Women valued the gender-specific space, facilitation and peer support from others attending. Discussion and shared learning were reported. Women suggested several areas where improvements could be made, for example, having longer sessions, opportunities for follow-on interactions with other women and offering the course to wider audiences including men, and younger people. Many suggestions for improvements were related to women's wider experiences of work, healthcare, and other responsibilities.

Course attendee perspectives: the most important thing - All women who attended courses were asked to reflect upon the most important thing that they had said in their interviews, and the most important theme that emerged was about the importance of the knowledge gained from the course content and the peer support.

Professional perspectives – The project is filling a gap in provision in the area, in the view of delivery staff and stakeholders because there is a need for education on menopause. The delivery workers participated in a valued peer support network (monthly meetings), which supported their learning, and enabled problem solving in some instances. Views of the e-learning training experience varied, but staff

welcomed the information, and reported gaining skills and confidence through both the training, and delivery. However, some delivery staff needed more time for the training, to prepare and in some instances to deliver. Staff signposted women where necessary to other service support. Some staff also networked with wider partners to market their course offer.

Professional perspectives: the most important thing - professionals reported that the most important aspects of this work were to listen to women, to positively impact upon them and to reach women.

Summary of impacts - delivery partners reported that as a result of course attendance there was increased knowledge and confidence evident in the women attending. The course created safe spaces for shared learning and peer support, in a woman only environment, which facilitated open conversations about mental health.

Areas for consideration - delivery staff discussed the need to reach more women to increase course numbers through more targeted marketing. Staff also felt that the course needed to reach and include a more diverse group of women. The need to educate younger women as well as men were both discussed as ideas to develop future work.

6. Appendices

Appendix 6.1 – References

The Wakefield Resident Population Dashboard (2020) Wakefield, WMDC.

Wakefield JSNA (Joint Strategic Needs Assessment) (2020) JSNA Annual Report, 2020 Wakefield, WMDC.

Women and Equalities Committee (2022) Menopause and the workplace London, House of Commons.

Appendix 6.2 – Internal data

Table 6.2.1 Open survey comments

How did you hear about the course?
R1. Know the tutor
R2. Facebook – Events
R3. Facebook
R5. Dream Time Creative
R21. Friend (x2 as R26 also noted friend)
R22. The Well Project (noted x3)
Before the training course
R1. – Looking forwards to nutrition and exercise tips for menopause
R2, – positively perimenopausal at present. Want to be ready for the menopause as much as is possible. Keen to understand how it might impact current health conditions.
R38. I don't think I am in menopause yet
R45. I think I am in menopause currently
R46. I am not going through menopause. I don't think I will be for at least a decade. Hoping to be informed.
R47. I am not going through the menopause yet so can't answer some questions. I know a bit but would like extra info to share with clients (quality info!).
R48. Aged 56 and not experienced any symptoms, maybe hot sweats and nothing else. Periods stopped at 50. Previously been on the mini-pill.
R51. I think I am menopausal, I am not sure.
Any other comments about your experiences of the training and support? (After the course)
R3. The training was really informative and also plenty of opportunity for discussion. This was particularly useful, being able to talk to other women about the impact menopause is having on their lives. I had a great discussion with my GP!
R4. [Name] is a wonderful course instructor
R5. So great to have the support of the group and [name of instructor]
R7. Empowering, informative, lots of information and help. Women need to attend these sessions as there is no help at the Doctors. Thank you [name of course instructor] I will be telling my friends all about it.
R11. Great to speak with other ladies in the same position and experiencing the same issues. What a lovely group with a supportive instructor.
R12. Excellent course, fantastic learning about menopause and sharing experiences with others. Been very useful. Many thanks.

R15. I have enjoyed all the classes and found all the ladies to be really helpful. I think it is good to talk about what we are struggling with.
R18. I enjoyed the exercises and the chats on sleeping.
R19. The course was very informative. I learned lots of things that I would not have known were related to the menopause.
R.30 Great input – friendly and informative – just what I needed!
R.33 It's been a lovely experience with [course tutors name], informative, caring, allowing us time to express our thoughts and experiences, and learning in a warm caring environment. Thanks so much 😊
R.34 Very informative, up to date information which I had no knowledge of.
R.35 I may need more sessions to take it all in (do it again)
R.36 It has been a very enjoyable training session, everyone has been very supportive with lots of useful information shared – would recommend.
R37. Thank you for a fabulous positive experience into the menopause. A wonderful group, I've learned so much and laughed.
R38. [name] was a fantastic facilitator, friendly, and knowledgeable. The group was lovely, we had lots of great discussion and laughs.
R.39 I have found the course very informative. [name] is so supportive and so was everyone else. A relaxed atmosphere. Given me more confidence.
R40. Fabulous group of ladies, happy to share experiences and hints and tips. Lots of laughter!! [name] presents the group with passion, knowledge, and enthusiasm and adjusts to knowledge in the room.
R41. Both [names of facilitators] made the group very welcoming and out us all at ease to be able to discuss any issues. I have enjoyed and found the group very useful.
R42. It's been great chatting to women with similar things for support and sharing ideas.
R.43 Safe space – felt warmth.
R.44 Easy to understand.
R45. I would like more information around FGM and menopause.
R46. The trainer was very informative. I feel I am now knowledgeable on menopause and the symptoms.
R47. Very informative. Learned so many new things!
R49. Engaging and informative training. [name] was very knowledgeable and approachable. Learned lots of new facts.
R50. I suffer from a disability, and it was great to have an online session that was easy to attend. [name] was approachable and helpful – she understands and has lots of knowledge about menopause.

Table 6.2.2 - Peer network meetings

Meeting date	Summary of discussion topics
12.06.23	• Lived experience of delivery partners. • Training – e-learning package content and purpose. • Branding of the course materials and marketing. • Evaluation approach and tools, • Delivery approach.
21.07.23	• Branding drafts were shared for feedback. • Evaluation approach and tools. • Delivery modes (some differences across partners). • Delivery flexibility – for in-house sessions due to staff commitments, for women with different needs e.g. carers.

	• Data sharing – portal creation. • Video creation to support trainers (exercise component).
08.09.23	• Delivery commencement. • Ongoing marketing and branding. • Delivery experiences. • Evaluation. • World Menopause Day.
09.10.23	• Delivery updates and reflections – demand, recruitment, session preparation, feedback from women attending, resource creation (e.g. film of a woman post menopause/role models). • Ongoing marketing and promotion – use of social media. • Mayor as Menopause Champion. • World Menopause Day – awareness raising. • Evaluation.
20.11.23	• Delivery updates about demand (challenges of women's busy lives). • Marketing. • Future funding. • Delivery reflections about course accessibility, women's negative experiences in medical settings, disability discrimination, and stigma in talking about menopause. • Peer support for women needed, but limited provision in the district. • Targeted promotion of the courses ongoing – use of social media. • Discussion of corporate provision/training and policy. • Discussion of recording course sessions to increase accessibility, and reach.
29.03.24 (evaluator not present)	• Funding – future options for continuation of this work, and delivery budget update. • Final evaluation reporting. • Delivery reflections about need, course uptake (varying in different locations) and marketing.
01.02.24 (evaluator not present)	• Funding • Delivery summary • Continuation of work using branding

Table 6.2.3 – Detailed summary of Learning Logs

Positives	Areas for improvement	Learning	Other local provision	Outcomes
Open discussions: the attendees talked openly about symptoms, including embarrassing ones. **Engagement:** everyone joined in with the exercises.	**Group management:** there was a dominant personality in the group. I had to keep reminding her we only had an hour and to try and keep to discussing menopause. **Needing more time**: each session needs to be longer than an hour. I had to skim some of the information and / or cut down the exercises. I went over time in every single session still.	**Complexity of need:** this group were mostly in the 60 plus age group, post menopause. Many had medical issues as well as menopausal symptoms. It was hard sometimes to work out what each symptom related to – menopause or other issues or both? Some also felt they were undiagnosed neuro divergent.	**Lack of in person support:** I wish I did know of other local groups as I'd attend myself. A friend went to some sessions last year run…I couldn't attend as they clashed with a work shift. I did join the Facebook group which is very good – Menopause – Advice, Info & Support for a Positive Change.	**Staff skills development:** I gained confidence each week as this is the first time, I've project lead or lead a group. I've been part of teams presenting before but haven't presented on my own.
Engagement: the women had many things to talk about! And as a facilitator, this is one of the most beneficial aspects of this course besides the delivery of the content-watching the women bond on the first week was wonderful. They had so much to bring to the fore. So much to say, which was no surprise. Sessions were vocal and positive. **Safe space:** Just to say that we were all completely safe in the	**Needing more time**: in session 3, we didn't get through the practical tips for all the symptoms, we covered this, along with the hormonal information. Two hours wasn't enough time!	**Need to understand each women's experience:** each woman unique, with her own menopausal symptom cocktail, some suffering quite badly, and other women just wanting to be more prepared for the future. Menopause is so individual. **Some women struggle more than others:** it has become clear that one woman in particular is really struggling (one of the 25% of women that suffer greatly) She has left a	**Locally support is lacking:** I know of a couple of local menopause coaches that are offering workplace-based sessions and one within her online community. But there is no local community based funded education other than this, that I am aware of.	**Seeking medical advice:** two of the women have had healthy GP appointments! Woohoo. One has started HRT.

group (to express emotions, including rage).		very well-paid job to have a break and is suffering with many of the symptoms. She expresses well and thank goodness that she has an outlet here to share. Her rage comes on suddenly and for reasons that she knows don't warrant the aggressive mood swing. Everyone, including me could relate to this. It is like the hot flush, but emotional and mental. It is not just the hormonal changes and fluctuations, but **a lifetime of repressing anger because it's almost a taboo thing to be fierce and wild like a stormy ocean sometimes.** **Peer support is much needed:** women need more than just the great information, they need peer connection and support. **Follow-up information provision:** she followed up by email with information on handouts, when the sessions were not long enough to include all of the content.		

Training: very good content, easy to understand and reiterate, the assessment day was really useful and well managed. **Demand is high: t**he course was limited to 12 participants and became fully booked within 36 hours, with participants made up of 80% of women that I already knew. **Engagement:** All participants positively received sessions and content. **Safe space:** confidence and discretion were assured from the outset, which enabled open and honest sharing discussions between the participants. **Networking meetings:** these have been really useful to share feedback and what is working well in terms of marketing and delivery of the sessions. There has been commonality between the delivery partners' experiences so far, as well as it being a supportive networking environment. Lead Nova contact has provided much appreciated additional support in terms of branded graphics, content, liaison	**Needing more time:** there has been an under estimation of the time taken to a) **complete the training** (took longer than anticipated – approximately 16 hours in total. and b) and to **prepare for the sessions** in terms of refreshing on the content and printing out the handouts. This also has a cost impact for printer paper and ink. I estimate the session preparation added at least an extra 6 hours (1 hour per session). Time was also needed to **respond to enquiries** by both text and phone. I estimate this has taken at least an additional 4 hours.	**Need to understand each women's experience:** I have learnt/been reminded that whilst the majority of women will experience menopause, each woman has their own unique experience of it. No woman wants pity, they just want answers, reassurance and support. **Conversations and peer support are needed as well as information:** the delivery session structure suggestions provided by MenoHealth were really accurate. The content delivery serves as a conversation starter as much as it being informative and it should not dominate the session, plenty of time should be allowed for the peer support between participants to take place. **Adapting delivery worked well for content:** I did re-order the module schedule and group similar subjects together in a way that I felt comfortable delivering i.e. I paired the HRT module with the alternative treatments module as and delivered both in session 2 as		**Increased knowledge:** the issues experienced by women other than from symptoms were mainly to do with the lack of knowledge. **Existing medical provision could be improved:** women discussed a lack of support that GPs, nurses and clinicians. One woman was not certain how an alternative remedy would affect the efficacy of existing medication for another health condition. In this specific case, neither the lady's GP, nurse nor pharmacist would advise either way. This lady found a free online consultation with a member of staff from Holland and Barrett, the closest she could get to helpful advice - this resulted in a substantial sale for the retailer.

with Meno Health and engagement with external partners including the PCN and Live Well social prescribers. **Course content:** in terms of the actual session delivery I would say the content was exactly right, enough to educate, inform and empower without being advisory. And written in a no-fluff way that women "of this age" want, no sugar coating! The exercises and mediation suggestions were all received really well too and the access to the webpage for these a great added bonus.		that just seemed to make sense to me. Similarly, I paired the anxiety and mental health modules. This worked well and I will do that again. **Adding an extra session did not work as well:** my sessions were 1 hour long but I added a 6th as a 'mop up'. This didn't really work as anticipated and only half the ladies came to it so a bit of an anti-climax to what had been quite 'buzzing' sessions. My next course will be 5 x 90-minute sessions instead.		**Increased ability to seek medical support:** the sessions have given the women who needed it, the confidence to go back to their health professionals to have further discussions about their treatment and options.
Open discussions: the course material was really well received and enjoyed e.g. the 5 minute revitalising exercises and mindfulness activity had positive comments. Women were quite emotional about how menopause was impacting their lives. Talking and opening up and discussing things went well.	**More time to publicise:** this course only had 4 attendees, and the delivery partner felt that the sessions needed more publicity. **Adding social time:** it would be ideal to have a social session at the end of the course, including discussion from a woman who is post menopause - who is out of the other side.			

Training: Training was fantastic, being able to log in when convenient, at own pace and reflect back on sections. Devised own PowerPoint presentation so delivery was easy and straightforward and covered all aspects.	**Network meetings:** Network meetings were often useful but felt frequency was a bit too much. **Time:** Not enough funds were allocated for the trainers' time to really research each element in order to produce a robust presentation that it became evident this project needed so more funds would be needed there. **Referrals:** no referrals from public services at all.	I felt I produced a thorough presentation and incorporated all elements of the project; the only real disappointment was the lack of attendees. Didn't want to move to an online model on this as I felt the community and support element would be lost but maybe in this modern world that is what it would take for women to attend?	Other local provision: None of my attendees have felt supported by their GP on their Menopause journey, seems anti-depressants are handed out alongside HRT from the start in a lot of cases. Attendees stated that GPs should be referring women to sessions such as these as a standard so they can understand better the emotional side as well as the physical side so they can digest for themselves why this is happening to them. GPs are quite rightly there for medical conditions which is not fulfilling what women going through Menopause always need.	
I think it's important to say that we **have put a lot of work** into this project and [worker] has **delivered excellent sessions** that I have attended, and I have found really beneficial. We have an excellent relationship with particular people based in our local GP surgery, for example Turning Point and we have **referred to this service and have**	It is so important to have the support of all our **GP practices,** and I am disappointed that this has been lacking for us with regards to this project.	I hope the future of the current funding is not solely based on the project's current numbers, when everyone has put so much into it. I know that you know that sometimes **it takes a while to get momentum going** and we need all our GPs and other clinicians within our GP surgeries onboard to do this. It's a bit like the chicken and the egg situation! How do we or can		

had referrals back with specific needs.		we maximise support for our local communities without GPs supporting us? We need all clinicians on board from the start and continually throughout to promote a culture of working with the wider community on projects such as this and ultimately to contribute to the project's success and it goes without saying the health and wellbeing of all those attending across the district. I am promoting, what I think is a brilliant project, at every opportunity. We are really happy to be involved in this project and I hope it is given the opportunity to grow.		
I worked with two ladies quite intensively (I consulted them a lot about what worked and what didn't). One of the ladies was really **enthusiastic** and really wanted to know more about the menopause, the other lady was initially very reluctant, however once we started was incredibly enthusiastic and responsive. The **ladies were able to give me really good feedback on what helped** and how much detail was helpful and what became overwhelming. They also were able to say what activities and	Initially I had four women that I had approached about working with me. 1 was very enthusiastic, but 3 were reluctant. As I mentioned before the other women who did the course was initially reluctant, but her family persuaded her. In the other 2 cases it was **the family who were resistant.** 1 women was nervous but willing and was experiencing a lot of symptoms, but her elderly relatives, thought it was unnecessary and they would prefer it if she didn't	We tried a **few different methods** [to support working with women reporting learning disabilities], working through handouts and interacting with them, flash cards, and images on a projector. Paper was not helpful as they found it hard to concentrate when they were holding bits of paper. A **combination of activities** including flash cards and images on the overhead projector was really helpful. **The 4 guidebooks from Learning disability Wales were a really helpful resource.**		

communication methods worked for them.	do the course. The 4th women was interested and willing, but her **parents seemed concerned** that we were saying they were not supporting her correctly and saw it is as a criticism of them so pulled out, again this women was having quite a lot of symptoms. There was quite a **lot of suspicion from caregivers** about giving information to women with learning disabilities regarding their health and sexuality.	Particularly the guidebook 4 on going to your doctor. **Sending home a learning disability pack** for the group members (and for some families) would be useful especially if this included a note written with each women about key takeaways from the course, actions they want to take and what help they would like.		