

Independently accredited
menopause friendly employer



Menopause Awareness Survey 2022

Welcome to our third menopause awareness survey. It's been five years since we started to raise awareness about the impact menopausal symptoms can have at work and what support is available to help minimise these where possible.

In November 2021, we were proud to be the first council accredited as a Menopause Friendly Employer for the work we've already undertaken on this important topic. We're keen to continue building on this work and would therefore welcome your views on whether you feel the menopause has become less of a taboo subject at Leicestershire County Council and if there is anything further that you feel we should be doing.

The feedback from this survey will be used to develop a plan of activities for 2023 so this really is your opportunity to help us work towards long-term, sustainable change in our workplace and to create an inclusive culture where everyone can be at their best.

Please note: Do not use the back button on your browser/device as you may lose your response.

Q1 Are you currently experiencing menopausal symptoms (peri-menopausal leading up to the menopause), or have you been through the menopause (post-menopausal 12 months without a period) in the last 5 years whilst working at LCC?

- Yes
- No
- Don't know

Q2 Did you or are you experiencing any of the following symptoms? Please select all that apply.

- Hot flushes
- Night sweats
- Increased sweating during the day
- Insomnia or sleep difficulties
- Changes to periods (irregular or heavy periods)
- Problems with memory and concentration
- Loss of confidence
- Mood changes such as low mood or anxiety
- Panic attacks
- Headaches
- Urinary problems (including need for more toilet breaks)
- Joint stiffness, aches, and pains
- Palpitations
- Vaginal dryness, itchiness, or pain
- Irritability
- Depression
- Hair loss
- Fatigue
- Skin irritation and dryness
- Dry eyes
- Other (please specify)
- None of the above

Please specify 'other'

Q3 Are or did any of these symptoms have an impact at work?

	Yes	No
Hot flushes	<input type="radio"/>	<input type="radio"/>
Night sweats	<input type="radio"/>	<input type="radio"/>
Increased sweating during the day	<input type="radio"/>	<input type="radio"/>
Insomnia or sleep difficulties	<input type="radio"/>	<input type="radio"/>
Changes to periods (irregular or heavy periods)	<input type="radio"/>	<input type="radio"/>
Problems with memory and concentration	<input type="radio"/>	<input type="radio"/>
Loss of confidence	<input type="radio"/>	<input type="radio"/>

Mood changes such as low mood or anxiety	<input type="radio"/>	<input type="radio"/>
Panic attacks	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>
Urinary problems (including need for more toilet breaks)	<input type="radio"/>	<input type="radio"/>
Joint stiffness, aches, and pains	<input type="radio"/>	<input type="radio"/>
Palpitations	<input type="radio"/>	<input type="radio"/>
Vaginal dryness, itchiness, or pain	<input type="radio"/>	<input type="radio"/>
Irritability	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>
Hair loss	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>
Skin irritation and dryness	<input type="radio"/>	<input type="radio"/>
Dry eyes	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>

Q4 How confident did you or do you feel about discussing the menopause and any symptoms you may be experiencing with your manager?

A great deal

To some extent

Not very much

Not at all

Don't know

Q5 What would help make you feel more confident about discussing the menopause and any symptoms with your manager?

Characters remaining: left

Q6 How supported did you or do you feel in managing your symptoms at work?

A great deal

To some extent

Not very much

Not at all

Don't know

Q7 Did you or have you asked your manager to make any adjustments to help minimise your symptoms whilst at work?

Yes

No

Q8 If you feel comfortable sharing, what were these adjustments?

Characters remaining: left

Q9 Were these adjustments implemented?

Yes

No

Q10 Do you feel that the support you have received has had a positive impact on your work performance?

A great deal

To some extent

Not very much

Not at all

Not applicable

Q11 To what extent do you agree or disagree that the Council is committed to supporting employees through the menopause?

Strongly agree

Tend to agree

Neither agree
nor disagree

Tend to disagree

Strongly
disagree

Don't know

Why do you say this?

Q12 Are you aware of the menopause support that the Council offers to its employees?

Very aware

Fairly aware

Not very aware

Not at all aware

Don't know

Q13 Which of the following Council menopause resources, if any, are you aware of? Please select all that apply.

- Menopause awareness workshops for employees
- Menopause awareness training for managers
- Policy document - Supporting Employees during the Menopause
- Menopause Network Group on Yammer
- Menopause-related books available for loan
- Menopause in Minutes video
- Menopause specific page on the Learning Hub
- Menopause specific page on the Intranet
- Webinars on a variety of menopause and peri-menopause related topics
- Menopause-related adjustments such as desk or handheld fans
- Menohealth exercise sessions
- Pause Together events
- Menopause with Mandy podcasts
- Menopause champions
- None of these

Q14 Have you **attended** any of the following?

	Yes	No	Don't know
Menopause awareness workshops for employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menopause awareness training for managers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Webinars on a variety of menopause-related topics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menohealth exercise sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pause Together events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q15 Have you **used** any of the following?

	Yes	No	Don't know
Policy document - Supporting Employees during the Menopause	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menopause Network Group on Yammer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menopause-related books available for loan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menopause in Minutes video	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menopause specific page on the Learning Hub	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menopause specific page on the Intranet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Webinars on a variety of menopause and peri-menopause related topics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Menopause-rated adjustments such as desk or handheld fans

Menopause with Mandy podcasts

Menopause champions

Q16 Have you noticed a change over the last 12 months, in the way the menopause is spoken about within the Council?

Yes

No

Don't know

Q17 Do you feel that you can openly talk about the menopause whilst at work?

Yes

No

Don't know

Q18 Is there any additional support that you think the Council should be providing about menopause? If so, please provide details below.

Characters remaining: left

Q19 Do you have any other comments you'd like to share?

Characters remaining: left

We would now like to ask some additional questions to those employees who manage others.

Q20 Are you a line manager?

Yes

No

Managers

Q21 Have you attended the Menopause Awareness for Managers course?

- Yes
- No
- Don't know

Please let us know why you have not attended the Menopause Awareness for Managers course?

Q22 How confident do you feel about talking to your team about the menopause?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A great deal | To some extent | Not very much | Not at all | Don't know |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please let us know what would help to make you feel more confident?

Q23 Have you had a general discussion about the menopause and the support that's available with your team (e.g. as part of a team meeting)?

- Yes
- No
- Don't know

Please let us know why not.

Q24 How confident do you feel about talking to an employee about their menopausal symptoms and the impact they are having on them at work?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A great deal | To some extent | Not very much | Not at all | Don't know |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please let us know what would help to make you feel more confident?

Q25 How confident do you feel about offering appropriate support to an employee in relation to managing their symptoms at work?

- A great deal To some extent Not very much Not at all Don't know

Please let us know what would help to make you feel more confident?

Q26 In the last 12 months, have you had a conversation with an employee in relation to the menopause?

- Yes
 No
 Don't know

Q27 To what extent do you agree or disagree that the conversation was successful?

- Strongly agree Tend to agree Neither agree nor disagree Tend to disagree Strongly disagree Don't know

Why do you say this?

Q28 Do you have any other comments you'd like to share?

Characters remaining: left

About you

Leicestershire County Council is committed to ensuring that its services, policies and practices are free from discrimination and prejudice, meet the needs of all sections of the community and promote and advance equality of opportunity.

We would therefore be grateful if you would answer the following questions. You are under no obligation to provide the information requested, but it would help us greatly if you did.

Q29 Please identify which department you work in?

- Adults & Communities
- Chief Executive's Department
- Children & Family Services
- Corporate Resources
- Environment & Transport
- Public Health

Q30 What is your gender identity?

- Male
- Female
- Prefer to self-describe (e.g. pangender, non-binary etc.)

Q31 What was your age on your last birthday? (Please enter your age in numbers not words)

Q32 Do you have a long-standing illness, disability or infirmity?

- Yes
- No

Q33 What is your ethnic group?

- White
- Mixed
- Asian or Asian British
- Black or Black British
- Other ethnic group

Q34 What is your religion?

- No religion
- Christian (all denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion

Q35 Many people face discrimination because of their sexual orientation and for this reason we have decided to ask this monitoring question. You do not have to answer it, but we would be grateful if you could tick the box next to the category which describes your sexual orientation.

- Bisexual
- Gay
- Heterosexual / straight
- Lesbian
- Other

Please click the 'Submit' button to send us your response.

Thank you for your assistance. Your views are important to us.

Data Protection: Personal data supplied on this form will be held on computer and will be used in accordance with current Data Protection Legislation. The information you provide will be used for statistical analysis, management, planning and the provision of services by the county council and its partners. Leicestershire County Council will not share any personal information collected in this survey with its partners. The information will be held in accordance with the council's records management and retention policy.