This support plan is designed for anyone experiencing problems, directly or indirectly. It is designed to be a ‘safe space’ to discuss the impact and how we can best support you.

Before undertaking this support plan ensure that both parties have read and are familiar with the details in the Menopause Policy and supporting FAQs. Ensure there is an appropriate confidential space available for your meeting and that you both have the appropriate time to discuss and that you are not interrupted. It is advisable that this is face to face wherever practicable.

During the discussion DON’T

* Make assumptions
* Break confidentially
* Be embarrassed
* Be judgemental
* Offer medical advice

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| **Colleague Name:** |  | **Assignment Number:** |  | **Date:** |  |
| **Manager Name:** |  | **Directorate:** |  | **Location:** |  |

| **QUESTIONS** | **COLLEAGUE FEEDBACK** | **SUPPORT ACTIONS TO CONSIDER** |
| --- | --- | --- |
| How do you think the menopause is affecting you at work?There may be several symptoms or issues you are experiencing. Is there something in particular? |  | *Ensure that the symptoms in which the colleague is finding affecting them are recorded and then these can be addressed, and support put into place to help***ie. Brain Fog*****[Recent Management Support/Guidance]******Stop*** *(what you’re doing) -* ***Pause*** *(gather your thoughts, take a break etc) -* ***Check*** *(what you have been doing) -* ***Continue*** *(when ready)* |
| How is the workplace temperature and ventilation? Is it appropriate to your needs? What changes, if any, can be made?  |  | *Take into account where the colleague works and if additional ventilation in the form of a desk fan / neck fan maybe appropriate.*(Note: this can be difficult to alter where there are guidelines on environmental temperature control) |
| Do you have access to adequate toilet and washing facilities during your working day? |  |  |
| Do you have access to drinking water during your working day? |  |  |
| What changes, if any, need to be made, on occasion to your uniform and/or personal protective equipment (PPE)? |  |  |
| How do your symptoms impact your working times and break times? How and what do we need to consider? |  |  |
| Do we need to consider any specific workplace stress and/or workload? |  |  |
| Should your colleagues be informed? How do we manage this? |  |  |
| Ensure that you highlight any perceived negative behaviour towards you by your colleagues.Has this been observed at all? |  |  |
| Do we need to make arrangements for a mentor/colleague support? |  |  |
| Do we need to consider any temporary adjustments to your role? If so, have you spoken to your GP or would you consider an OH referral to obtain professional guidance |  |  |
|  Have you had any contact with your GP regarding your symptoms?  |  | A GP appointment is advisable to assess if the symptoms are certainly due to menopause/perimenopause and if not, something else. |
| Signposting: GP; Yammer; People First; Menopause Officer & Champions; https://www.nhs.uk/conditions/menopause/ |  |  |
| Frequency of one to ones to discuss or review your plan (suggestion to diarise these). |  |  |
| Anything we have missed/CommentsEnsure that both parties raise any concerns with each other at the earliest opportunity |  |  |

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| **AGREED SUPPORT ACTIONS TO PUT INTO PLACE** |
| **Date of Next Review:** |
| **Colleague Name:** |  | **Signature:** |  | **Date:** |  |
| **Manager Name:** |  | **Signature:** |  | **Date:** |  |