

Exercise 1: Defining the menopause

- Aims**
- For participants to consider how they define the menopause.
 - To arrive at a shared understanding of what it is/is not.
- Time**
- 10-15 minutes.
- Materials**
- **Template A: What is the menopause?** (one copy per participant, alternatively copy out onto a flipchart).
- Guidance notes**
1. Ask participants to get into pairs and to come up with a concise definition of what the menopause is, why it happens and when. Allow 5 minutes for this.
 2. Bring the group together again for feedback. Give participants the opportunity to share their definitions.
 3. Show the description on **Template A** as a good example of a definition.
- Key points**
- It needs to be emphasised that the menopause is a normal life event, but that each woman will experience it differently.
 - Ask participants what other terms (aside from 'change of life') they have heard for the menopause. Check if women from different ethnic or cultural backgrounds have different terms for it. It is likely that there will be very few other terms widely known.
 - Compare this to the variety of terms available to describe menstruation (some of which are slang or offensive terms). Discuss why this is the case.

Exercise 2: The main symptoms of the menopause

- Aim** ■ To arrive at a shared understanding of the main changes women experience when they go through the menopause.
- Time** ■ 10-15 minutes.
- Materials** ■ Pens and paper for participants.
■ Flipchart and marker pens.
- Guidance notes**
1. In small groups, ask participants to list the five main symptoms or changes women experience when they go through the menopause. Prompt them to consider all women, not simply women with learning disabilities. They could think about their own experiences, if relevant, or those of other women known to them. Allow 5 minutes for this.
 2. Bring the whole group back together and take feedback, using the flipchart to record participants' responses. Use the information on p.1-3 to check the accuracy of participants' suggestions.
- Key points**
- Remind participants of the huge variation in women's experiences; there is no right and wrong way of going through the menopause.
 - Women from different racial and ethnic backgrounds may experience some different symptoms (see **Template E: Possible effects of the menopause** for details).

Exercise 3: How might women with learning disabilities experience the menopause?

- Aim** ■ To consider what similarities and differences there might be for women with learning disabilities experiencing the menopause compared to other women.
- Time** ■ 20-25 minutes
- Materials** ■ **Template B: Similarities and differences** (one for each small group).
 ■ Pens for participants (one for each small group).
 ■ Flipchart and pens.
- Guidance notes**
1. Divide participants into small groups, and ask them to consider what the main similarities and differences might be between the experience of women with learning disabilities going through the menopause, and that of non-learning-disabled women.
 2. Give each group a copy of **Template B: Similarities and differences** and ask them to use it to structure a discussion, and make notes. Allow 10-15 minutes for this.
 3. Bring the whole group together again for feedback. Give participants the opportunity to say what they came up with in the small groups. Summarise their feedback on the flipchart.
- Key points**
- Some participants may feel uncomfortable at having to generalise about women with learning disabilities. Acknowledge this, but reassure them that, for the purposes of the exercise, it is important to look at discernible patterns of experience.
 - The similarities are likely to be straightforward. Some differences which are worth discussing are listed below:
 - **Physical effects**
 Menstrual changes may be masked by long term use of the contraceptive pill (into their 40s) for women with learning disabilities (this would be unusual for other women). Women who have had hysterectomies will obviously not have any menstrual changes to observe. If a woman has had her ovaries and womb removed, then she will effectively have gone into the menopause at the time of the operation. However, if only her womb was removed, then she will still experience some menopausal symptoms at the usual time. Many women with learning disabilities who have had a hysterectomy will not know if their ovaries were removed or retained. It may be possible to obtain this information from carers or from medical records.
 - **Psychological/emotional effects**
 Where women lack the understanding that menopause means the end of their fertility, there are likely to be few, if any, psychological effects. In other words, they are not going to be either mourning the loss of that fertility or rejoicing at the freedom from unwanted childbearing. Of course, some women with learning disabilities may

**Key points
continued**

feel sadness or bitterness at having been denied the possibility of having children, but this is not necessarily something that will change, or indeed end, with the menopause.

■ **Social effects**

Women with more severe learning disabilities may be unaware of their chronological age and its significance. They may consider themselves to still be young and may indeed still be treated as young by others.

More able women with learning disabilities may not feel the 'stigma' associated with ageing, as the stigma associated with having a learning disability may over-ride that. However, it is important not to generalise, as women with learning disabilities have very different life experiences and will share some experiences in common with non-disabled women, whilst other aspects of their lives may be quite different.

Exercise 4: What is the staff role?

- Aim** ■ To consider participants' role in supporting women with learning disabilities through the menopause.
- Time** ■ 10-15 minutes.
- Materials** ■ Flipchart and pens.
- Guidance notes**
1. In the whole group, make a quick list of the appropriate tasks and roles of residential and day service staff in supporting menopausal women.
 2. Summarise and record participants' responses on the flipchart.
- Key points**
- Prompt participants to be realistic (question responses which suggest women with profound and multiple disabilities could benefit from sharing experience in a women's group, for example).
 - With more able women, the staff role may be to talk to women, try to educate and inform them about what is happening. This could be done individually and/or in groups. Also, to discuss with them the availability of medical help if they need it and advise on the importance of health checks.
 - With less able women, there may be some attempts at the above approach, but more realistically, the role will be to observe the women's symptoms and changes and to facilitate them to get access to medical help when this appears to be in their best interests.

Exercise 5: Materials available to help support service users

- Aim** ■ To be aware of the availability of some specialist educational materials.
- Time** ■ 10-15 minutes.
- Materials** ■ Copies of the leaflets/factsheets (see **Leaflets**) and the DVD that comes with this pack.
- Any other resources listed in **Appendix 2** (p116) which are available to trainers.
- Guidance notes**
1. Hand out copies of the leaflets/factsheets and any other resources available.
 2. Show a five-minute clip of the video, so that participants can get a sense of the style and content. Tell participants how they can get hold of these and other educational materials. If there is time, this exercise can be extended by asking participants to critically evaluate the resources (see **Exercise 8**).
- Key points** ■ Participants may feel the existing resources are very limited. Encourage constructive criticism and prompt participants to think about how they could adapt existing resources or come up with new ones of their own. This is likely to be a particular issue for those staff working with women with more severe learning disabilities and those with visual impairments.

Exercise 6: Myths and assumptions

- Aim** ■ To explore some commonly held beliefs about menopausal women.
- Time** ■ 20 minutes.
- Materials** ■ Each small group will need a piece of flipchart paper divided into three columns, headed **'This is true'/'There could be some truth to this'/'This is false'**.
- Each group will also need a set of **Statement slips**, photocopied and cut up from **Template C**.
- Guidance notes** 1. Divide participants into small groups. Give each a piece of flipchart paper with the three columns on it and a set of the statement slips, made from **Template C**.
2. Ask the group to consider each statement in turn and decide which column it should be placed on. Allow 10-15 minutes for this. Then bring the whole group back together and discuss.
- Key points** ■ There may be differences of opinion amongst participants as to the validity of some of the statements. Encourage people to share the basis for their beliefs, but always emphasise the wide variation in women's experience of the menopause.
- Some statements may appear to be prejudicial or stereotyped at first reading. Encourage participants to look beyond the superficial. For example, the statement that, 'Some older women get into shoplifting because of the menopause' may appear objectionable to participants. But if forgetfulness and lack of concentration are experienced as menopausal symptoms, then a woman may perhaps leave a shop without having paid for something.
- Some of the statements are based on fact rather than opinion, and trainers should be prepared to guide participants with accurate information. For example, HRT does not stop the menopause, but it alleviates some of the effects of declining hormones. All women will still go through the menopause and lose their fertility as they grow older.
- Not all women will recognise their menopause because their periods gradually get lighter. Some will find their periods get heavier. Some find their periods stop suddenly rather than gradually. However, less bleeding less often is the most common pattern.
- It is true that once a woman's periods stop for good, she can no longer get pregnant. However, some women will not have a period for several months and think they have stopped for good, but then will have another period. Therefore pregnancy is still possible, though unlikely. Generally, women under 50 are advised to wait until they have not had a period for two years before they stop using contraception, and women over 50 to wait one year.

Exercise 7: Symptoms exercise

- Aim** ■ To understand the range of physical symptoms associated with the menopause.
- Time** ■ 40 minutes
- Materials** ■ **Template D: What might happen to my body?**
(one copy for each participant).
- **Template E: Possible effects of the menopause**
(one copy for each participant).
- Guidance notes**
1. Divide participants into pairs or small groups.
 2. Give everyone a copy of **Template D: What might happen to my body?** and ask participants to think of menopausal symptoms associated with different parts of the body, starting from the head and working down. Suggest they write their responses directly onto the sheet. Allow 15-20 minutes for this.
 3. Bring the group back together and take feedback, allowing a brief discussion.
 4. During or after discussion, distribute **Template E: Possible effects of the menopause**, which gives a summary of menopausal symptoms. Ask participants to return to their small groups and consider the following questions in relation to each of the main symptoms:
 - What general help or advice could you give a woman with learning disabilities who was experiencing this symptom?
 - What more specialist help might a woman need?
 - What, if any, would your role be in ensuring she got that help?
- Key points** ■ This exercise can be quite frightening, especially for women not yet experiencing the menopause. Reassure participants that they are looking at lists of *possible* symptoms and it is extremely unlikely that any one woman would experience all, or even most, of them.
- Draw participants' attention to some of the differences in symptoms which women from different racial and ethnic backgrounds might experience. For example, women of African descent may have less risk of hair loss and skin wrinkles, less risk of osteoporosis and breast cancer, but a higher risk of heart disease and strokes. Psychologically, it may be easier for women to adjust to the menopause and to ageing if they come from a culture which is more positive about older people generally, especially women.

Exercise 8: Evaluating specialist materials

- Aim** ■ To be aware of the availability of some specialist educational materials and to be able to assess their suitability for their own service users.
- Time** ■ 30 minutes.
- Materials** ■ **Template F: Evaluating specialist resources** (one copy for each participant).
 ■ Copies of the leaflets from this pack, and the video.
 ■ Any other resources listed in **Appendix 2** (p116) which are available to trainers.
- Guidance notes**
1. Hand out copies of the leaflets and any other resources available.
 2. Show a 5-10 minute clip from the DVD, so that participants can get a sense of the style and content. Tell participants how they can get hold of these and other educational materials.
 3. Give each participant a copy of **Template F: Evaluating specialist resources** and ask them to divide into pairs or small groups and work through the questions. Allow 10 minutes for this, then bring the whole group back together for feedback.
- Key points** ■ Participants may feel the existing resources are very limited. Encourage constructive criticism and prompt participants to think about how they could adapt existing resources or come up with new ones of their own. This is likely to be a particular issue for those staff working with women with more severe learning disabilities and those with visual impairments.
- Remind participants that although most sex education packs for people with learning disabilities do not include the menopause, they may nevertheless contain materials which are of use e.g. pictures of bodies across the age range.

Exercise 8a: Designing specialist materials

- Aim** ■ To encourage participants to think creatively about how to enable women with learning disabilities to understand certain aspects of the menopause.
- Time** ■ 35-40 minutes
- Materials** ■ **Template G: Designing specialist resources** (copied and cut up, so that there is one card for each small group).
■ Flipchart and pens.
- Guidance notes**
1. Divide participants into small groups and give each group a different card (made from **Template G**).
 2. Ask participants to suggest ways to educate women with learning disabilities about the issue on each card. Ask them to be specific about what resources would actually be needed e.g. what would pictures/video actually show? Allow 20–30 minutes for this.
 3. Bring the whole group back together and ask for feedback. Summarise the main points on the flipchart. Compare what resources participants say they want with a selection of those actually available (from this pack and elsewhere, **Appendix 2**, p116).
- Key points** ■ People with learning disabilities can generally grasp concrete ideas better than abstract ones. Therefore, encourage participants to put their ideas across as concretely as possible. For example, it is very hard to describe 'hormones' in a way that is easily understandable. It may be less confusing to simply talk about the observable physical effects which hormones have on the body.

Exercise 9: Moving forward

- Aim** ■ For participants to feel in a position to effect some positive change on their return to work.
- Time** ■ 10-15 minutes.
- Materials** ■ **Template H: Moving forward** (one copy for each participant).
- Guidance notes**
1. Give each participant a copy of **Template H: Moving forward**. Ask them individually to complete both sections. Allow 5 minutes for this.
 2. Bring the whole group back together and discuss.
- Key points** ■ Participants may feel powerless to effect change in their organisations, but encourage positive thinking and remind people that even making small changes for a small number of service users is worthwhile.

Exercise 10: Ideal menopause versus worst fears

- Aim** ■ To acknowledge our own positive and negative feelings about the menopause.
- Time** ■ 15-20 minutes.
- Materials** ■ Flipchart and pens.
- Guidance notes**
1. Divide participants into pairs or small groups, and ask them to discuss what they would like their ideal menopause to be like/to have been like. Also, ask them to say what their worst fears about it are/were. Allow 5-10 minutes for this.
 2. Bring the whole group back together and discuss. Summarise the main points on the flipchart – the most common hopes and fears.
- Key points**
- Remind participants of the confidentiality agreement and ask them to be clear with each other what information can be shared from their pairs/small groups with the whole group.
 - Participants sometimes treat this exercise humorously and allow their imaginations to run riot. This can make the exercise run long, but remember to round it off realistically and emphasise that neither their hopes nor all their fears are likely to come true.

Exercise 11: Roles and responsibilities

- Aim** ■ To recognise how, and to what extent, staff can support women with learning disabilities through the menopause.
- Time** ■ 20 minutes.
- Materials** ■ **Template I: Roles and responsibilities** (one copy for each small group).
- Guidance notes**
1. Divide participants into small groups, giving each a copy of **Template I: Roles and responsibilities**.
 2. Ask them to answer each of the questions. Allow 10–15 minutes for this, then bring the whole group back together and feedback.
- Key points**
- The possible different roles involved for staff include:
 - being generally supportive
 - having an educative role
 - a role in providing direct personal care
 - a 'diagnostic' role
 - a role in facilitating women's access to healthcare. This may include having to 'educate' doctors in responding appropriately to patients with learning disabilities.
 - Discuss the particular role(s) of male staff and encourage participants to consider the possibility that these may be restricted to being generally supportive and more indirect than those of female staff.
 - When considering barriers, prompt participants to think of personal, social and service-related barriers and how these might be overcome.
 - Participants may well say that women with learning disabilities have a responsibility for their own health. This is true, but consider the reality of many women's lives: if someone has spent their whole life having other people making decisions on their behalf, it is unlikely that in their 40s or 50s they will be in a good position to take responsibility and advocate for themselves (although this should always be encouraged).

Exercise 12: Male menopause

- Aim** ■ To consider whether or not men experience anything equivalent to the menopause in women.
- Time** ■ 15-20 minutes.
- Materials** ■ **Template J: The male menopause** (one card for each small group – photocopy and cut up – each group should only get one statement).
- Guidance notes**
1. Divide the participants into small groups. Give each group one of the two statement cards (made from **Template J**) and ask them to think of as many facts and arguments as they can to **support** that statement. Tell them they do not personally have to agree with the arguments they make. Allow 10 minutes for this.
 2. Next, pair each small group with another – one which has the opposing statement – and ask them to have a debate. (This part of the exercise can be done in the whole group, if there are not too many participants, though bear in mind that more than about 15 would make this unwieldy.)
- Key points**
- Although (or perhaps because) participants are asked to put forward arguments that they do not necessarily agree with, the debate can get heated, with people adopting very strong positions.
 - Whilst men may experience changes in their lives and behaviour during mid-life, and experience some hormonal changes as they age, they do not experience the equivalent of the female menopause i.e. dramatic decline in sex hormones and end of fertility.

Exercise 13: Case studies

- Aim** ■ To develop a range of ideas and strategies for supporting women with learning disabilities through the menopause.
- Time** ■ 45-60 minutes.
- Materials** ■ **Template K: Case studies** (one case study for each small group).
 ■ Flipchart and pens.
- Guidance notes**
1. Divide participants into four groups and give each group a copy of one of the case studies. Ask them to read through it and answer the questions. Allow 15-20 minutes for this.
 2. Next, ask each group to decide on a spokesperson who will feed back to the whole group. Take feedback from each group in turn and record a summary of responses and key points on the flipchart.
- Key points**
- Many women with learning disabilities will experience acute embarrassment at talking about periods. Most women with learning disabilities report that they rarely, or never, have the opportunity to talk about how they feel about their periods. They are therefore likely to need explicit permission, encouragement and sensitivity from staff if they are to do so.
 - Remember that women with learning disabilities, especially those with Down's syndrome, are likely to have an earlier menopause than might be expected.
 - Signs of distress at menopausal symptoms should not be confused with challenging behaviour. There will be real difficulties for staff in supporting women with more severe and profound disabilities. They will need to be sensitive to non-verbal signs and signals and skilled in interpreting these. They may also need to act as advocates for the women in seeking good healthcare solutions.
 - Where women have had a hysterectomy, it is important to find out, if possible, whether their ovaries were removed or retained. If their ovaries were removed at the time of the operation, they will effectively have had the menopause then. If they were retained, they are likely to experience some symptoms of the menopause at the usual time.
 - It is very important for staff, other carers and doctors not to assume that all health problems women experience at mid-life are due to the menopause. For example, in **Case study 3: Jessie** could have thyroid problems; in **Case study 4: Joyce** could have fibroids. The importance of having general health checks and eliminating other possibilities is emphasised.
 - Where menopausal women with learning disabilities are living with families, it is important not to make assumptions about the support they may be receiving. If they are living with mothers or older sisters, then they may well get the understanding and support they need. However, if they are living with fathers, brothers or younger female relatives, then these people are less likely to be 'tuned in' to the existence and experience of the menopause. In some families, there may be great embarrassment or indeed cultural prohibitions for women to talk to men about menstruation and menopause.

Exercise 14: Role play

- Aim**
- To explore how staff can help prepare menopausal women with learning disabilities for a visit to the doctor.
 - This exercise will also explore how the GP's time can be maximised, and the best possible care delivered.
- Time**
- Approximately 1 hour.
- Materials**
- Flipchart, extra paper and pens.
- Guidance notes**
- Part 1 – optional**
- This first section is optional and is designed to be light and humorous, involving all participants in order to:
- help the group relax into the role-play exercise
 - enable the group to off-load some of the negative feelings they may have towards some GPs' treatment or understanding of people with learning difficulties
 - help them to learn from their negative experiences.
1. Select two volunteers, one to play X, a menopausal woman with learning disabilities, and the other to play Y, her carer. Ask them to leave the room and give them 5 minutes to prepare for a visit to the GP's surgery. They must decide on X's level of disability and menopausal symptoms. Explain that this is a light-hearted exercise.
 2. Meanwhile, the rest of the group find two volunteers to play the GP and the receptionist. They then have 5 minutes to think of the worst-case scenario visit to the doctor. They must all help prepare the GP and receptionist, and the environment is to be as uncomfortable and disempowering as possible e.g. a young male doctor who has very little sympathy or understanding either of the menopause or of people with learning disabilities. He will keep the door a little open, have many interruptions and talk only to the carer.
 3. Bring all the volunteers together to act out the role-play for about 5-10 minutes. Following the role play, it is very important to de-role characters. Get them to change their body posture, so that they let go of the physical characteristics of their assumed role. Have them stretch and re-assume a posture they feel more at home with. If they need to, you can have them shake their bodies and say 'I am not ..., I am ...', and anything else they need to do to get back to themselves.
 4. Allow 10 minutes for feedback. Each participant in the role play should say what the experience was like for them, specifically:
 - what worked well
 - what didn't work
 - how things could have been better.
 5. Involve the whole group in the feedback and make notes on the flipchart.

Part 2

1. Divide participants into groups of five, and prepare to do the role play again, and this time to be as positive and empowering as possible.

Preparing for the role play

2. Ask two participants to play a menopausal woman with learning disabilities and her carer, and give them 5 minutes to decide on her level of disability and menopausal symptoms. Prompt them to think about how they could best prepare for the visit to the GP.
3. Ask two participants to play the GP and the receptionist and give them 5 minutes to think about how they could best prepare the GP for working with women with learning disabilities.
4. Ask one person to be an observer. Ask them to act out a role play for 5-10 minutes, trying to make as positive an experience for the woman with learning disabilities as possible.
5. Ask the observer to make notes about what they thought worked well, did not work well and what could have been done better.
6. Following the role play, each character should de-role, as in Part 1, and then feed back to each other, still in their small groups.
7. Bring the whole group back together and share the things they found worked well and their ideas for what could improve the situation for women with learning disabilities during GP consultations. Allow approximately 10 minutes for this.

Key points For the role play

- Role plays can be difficult for participants and can raise strong feelings. Be sensitive to the group, and be prepared to stop and discuss if any member of the group becomes distressed.

For real-life situations

- Women with learning disabilities and their carers will need to prepare themselves for a visit to the doctor. Encourage staff to be clear about the woman's symptoms, perhaps taking notes along to help them remember the details. Encourage staff to think, with the woman, about exactly what it is she wants from the GP.
- Whenever possible, encourage staff to enable women to speak for themselves, with as much clarity and focus as possible. But remind staff to be realistic about the level of each woman's participation, as much will depend on her level of ability, understanding, communication and confidence.
- Remind staff that GPs usually have very little experience of treating people with learning disabilities. They may therefore need help to understand how to communicate with the woman about her symptoms or wishes. Suggest they consider taking along a copy of the doctors' leaflet from this pack and offer it to the GP.

- If staff feel the woman is not getting the service she deserves or one they would accept for themselves or their families, then encourage them to be assertive about this. Suggest they discuss with their line manager the possibility of making a formal complaint or helping the woman do this herself if this is possible. Alternatively, adopt a more positive strategy of encouraging joint working between the primary healthcare team and how the learning disability service may help.
- Remind participants that it is government policy that people with learning disabilities should have equal access to healthcare.

Template A

What is the menopause?

- The menopause refers to the time when a woman stops having her periods.
- This usually happens around the age of 50, but can be earlier or later.
- The menopause is caused by a decrease in the female hormones, oestrogen and progesterone.
- The menopause is a natural process and not an illness or disease. But some women experience symptoms which make them feel unwell and for which they seek medical and other help.

Template B

Similarities and differences

Consider some of the similarities and differences in the way women with learning disabilities might experience the menopause compared with other women.

Structure your discussion around, and make notes on, the following three aspects of the menopause:

Physical effects

Psychological/emotional effects

Social effects

Template C

Statement slips

Women need help and support during the menopause.

Some older women get into shoplifting because of the menopause.

You know when you're in the menopause,
because your periods gradually get lighter.

After the menopause, your bones get weaker.

You will put on weight when you go through the menopause.

Menopause affects your mental health.

Statement slips

When a woman has been through the menopause,
she is not a real woman anymore.

A woman can't get pregnant when her periods stop.

You can stop the menopause by using
hormone replacement therapy (HRT).

Women are sad when they start the 'change' because
they know they can't have any more children.

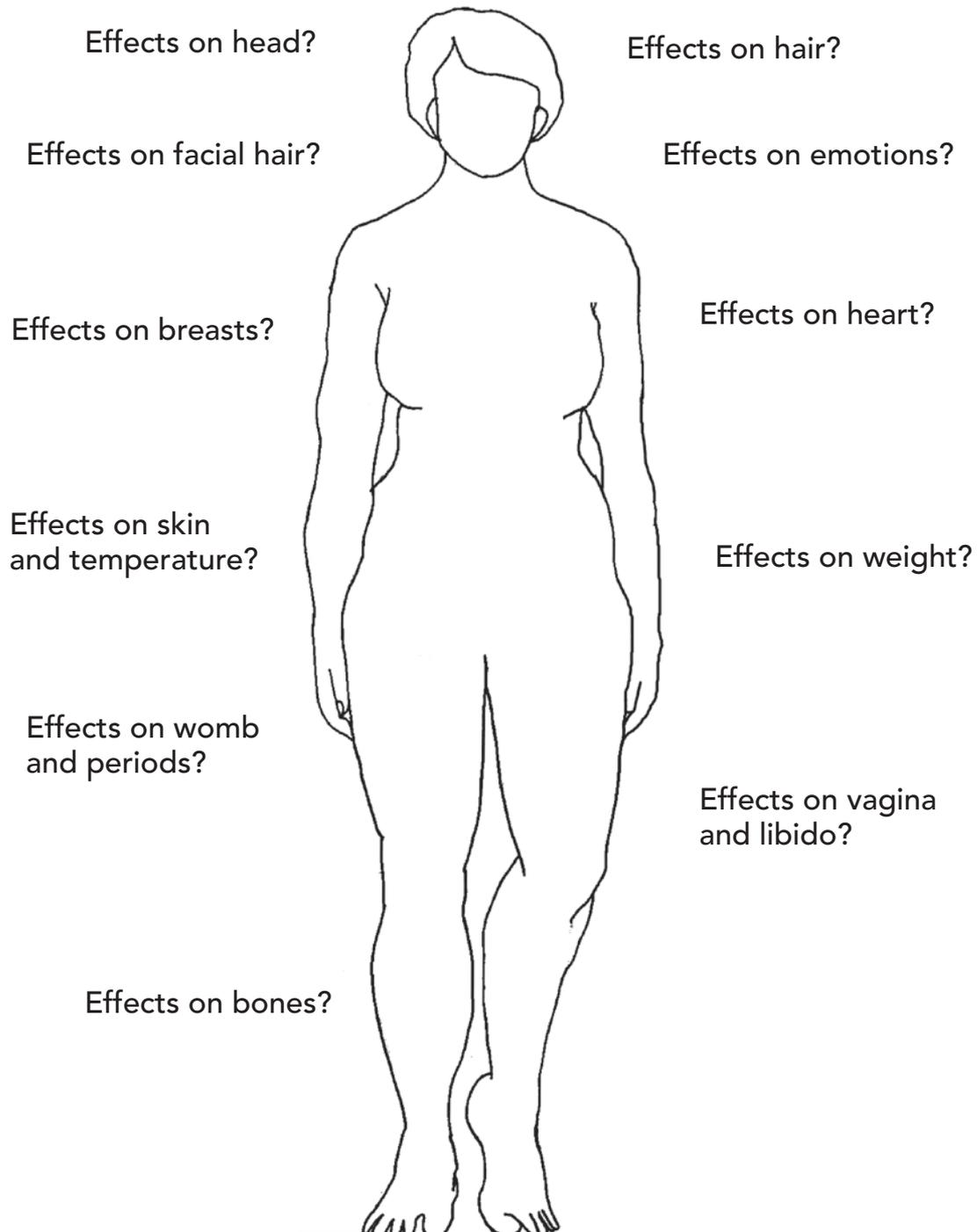
It must be great to stop having periods.

Women don't want sex after the menopause.

The menopause comes overnight when you are about 40.

Template D

What might happen to my body?



Template E

Possible effects of the menopause

These are some of the things that could happen to some women at and after the age of menopause. It is highly unlikely that they would all happen to the same woman.

- 1. Possible effects on head**
 - headaches/migraine
 - dizzy
 - forgetfulness/lack of concentration
- 2. Possible effects on hair**
 - thinning hair
- 3. Possible effects on facial hair**
 - increase in growth of facial hair
- 4. Possible effects on emotions**
 - depression
 - mood swings
 - irritability
 - panic (palpitations)
- 5. Possible effects on skin and temperature**
 - dry skin
 - itchy skin
 - wrinkles
 - hot flushes
- 6. Possible effects on heart**
 - heart disease
 - palpitations
 - raised blood pressure
 - cholesterol
- 7. Possible effects on breasts**
 - breast tenderness
 - increased risk of breast cancer

Template E

8. Possible effects on weight

- weight gain

9. Possible effects on womb and periods

- change in menstrual pattern (irregular periods)
- change in menstrual flow (lighter or heavier periods)
- periods stop altogether

10. Possible effects on vagina and libido

- dry vagina (less lubrication during sex)
- loss of libido
- stress incontinence (urine)

11. Possible effects on bones

- weaker bones (osteoporosis)

Some things may be more or less likely depending on ethnic background. For example, for women of African descent, they may have less risk of hair loss and skin wrinkles, less risk of osteoporosis and breast cancer, but a higher risk of heart disease and strokes. Psychologically, it may be easier for women to adjust to the menopause and to ageing if they come from a culture which is more positive about older people generally, especially older women.

Template F

Evaluating specialist resources

When reviewing the specialist resources, please consider:

Would you personally feel comfortable using this resource?

What is good about the resource?

What is bad about the resource?

Can you think of service users that you could use this resource with?

How could it be improved to meet the needs of other service users?

Template G

Designing specialist resources

Design a resource to teach a woman with learning disabilities about the fact that her periods are going to eventually stop and why.

Design a resource to teach a woman with learning disabilities about hot flushes and how to cope with them.

Design a resource to teach a woman with learning disabilities about hormones and HRT.

Design a resource to teach a woman with learning disabilities about osteoporosis and the importance of a calcium-rich diet.

Template H

Moving forward

If you could give one piece of advice or information to women with learning disabilities about the menopause, what would it be?

When you return to work, what could you do to make your service more responsive to women's needs as they go through the menopause?

1.

2.

3.

Template J

The male menopause

The male menopause is a myth.

Men have just as much to cope with at mid-life as women.

Template K

Case studies

Case study 1: June

June is a 39-year-old woman with Down's syndrome. She lives at home with her elderly father. As part of an 'independence skills' course she is doing at a local adult education college, she gets help with personal hygiene and keeping her clothes clean and tidy. A member of staff there notices one month that June's underwear and skirts have blood stains on them, which is unusual for June. The staff member doesn't mention it to June for fear of embarrassing her. Later that year, June confides in another staff member that she has stopped having periods. She is worried because a friend has said she must be pregnant. She is confused because she hasn't had sex. Whatever is wrong, she says she doesn't want her dad to know.

What could be happening?

What does June need?

In the short term...

In the long term...

What do the staff need to do?

Template K

Case study 2: Elaine

Elaine is a 48-year-old woman with profound learning disabilities and multiple impairments. She has been in a wheelchair all her life. She has difficulty eating and has always been significantly underweight. She lives in a group home with other severely disabled people. She can only communicate non-verbally (with facial expressions etc.) with care staff who know her well.

Elaine's periods have always been light and irregular, but seem to be becoming more so. She has recently started to have bouts of agitation, where she will moan loudly and move her arms around, hitting whoever is in the way. No-one knows why this is happening and the psychologist has advised ignoring her when she does this and paying her positive attention when she doesn't.

What could be happening?

What does Elaine need?

In the short term...

In the long term...

What do the staff need to do?

Template K

Case study 3: Jessie

Jessie is 51. She had a hysterectomy in her early 20s. She lives in a semi-independent living scheme. She attends college. She has regular contact with a community learning disability nurse.

Recently, she has developed some worrying symptoms:

- She has put on a lot of weight.
- She seems quite depressed and moody.
- She gets hot and panicky and says her heart is pounding.
- She has always had some facial hair, but this seems to be growing more.

What could be happening?

What does Jessie need?

In the short term...

In the long term...

What do the staff need to do?

Template K

Case study 4: Joyce

Joyce is a 49-year-old black woman who has lived with her younger sister since the death of their mother 10 years ago. She has a voluntary job in a charity shop and gets support from a Supported Employment Project. For the past six months, her periods have been troubling her. She has more frequent periods than before and bleeds more heavily, often flooding through her clothing. She is generally quite able to take care of her personal care needs, but does not always have the appropriate sanitary protection with her. She has also been complaining of pains in her tummy as well as headaches and dizziness.

What could be happening?

What does Joyce need?

In the short term...

In the long term...

What do the staff need to do?

Template L

Evaluation form for women-only training

Please say what your job is

Please say what kind of service you work for:

.....

Did you think this training session was:

Very useful *Useful* *Not very useful* *Useless*

Did you think the time given to this was:

Too much *About right* *Too little*

What did you think was good about the session?

.....

What didn't you like?

.....

Was there anything important that was missing?

.....

What did you think of the trainers?.....

.....

Was it right that this training session was for women staff only? *Yes* *No*

Would including men have changed the session, and, if so, for better or worse?

.....

.....

Is there any further training you think you or your service needs regarding the menopause?

.....

Template M

Evaluation form for mixed training

Please say what your job is

Are you

Male Female

Please say what kind of service you work for:

.....

Did you think this training session was:

Very useful Useful Not very useful Useless

Did you think the time given to this was:

Too much About right Too little

What did you think was good about the session?

.....

What didn't you like?

.....

Was there anything important that was missing?

.....

What did you think of the trainers?.....

.....

Was it right that this training session was for women and men together? Yes No

Would a single sex group have changed the session, and, if so, for better or worse?

.....

Is there any further training you think you or your service needs regarding the menopause?.....

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