



Peri Meri Menopause Moments Project Evaluation

May 2026



Introduction

Menopause is increasingly recognised as a significant public health, workplace, and gender equity issue. While biomedical research has documented physiological symptoms, growing attention has focused on how social, organisational, and policy contexts shape women's experiences, coping strategies, and participation in paid work. Recent UK policy initiatives, including the *Women's Health Strategy for England* (Department of Health and Social Care [DHSC], 2022) and the Menopause Employment Champion programme (Department for Work and Pensions [DWP], 2024), reflect a shift from individualised medical framings towards systemic responses.

However, evidence on *what works, for whom, in what circumstances* remains fragmented. This makes menopause support particularly well suited to a realist evaluation approach, which seeks to understand how outcomes arise from interactions between context and underlying mechanisms rather than assuming uniform effects across settings (Pawson & Tilley, 1997). This evaluation therefore draws together evidence to inform programme theory development for menopause-related interventions, particularly in workplace and community settings.

The approach

A literature review was undertaken, providing an overview of the current literature on symptoms, social support and relationships, work, and information and support in relation to menopause. While the existing evidence highlighted in this review demonstrates that menopause education, peer support, and workplace awareness can lead to positive outcomes, impacts vary widely depending on contextual conditions such as organisational culture, social norms, and access to support.

With the above in mind, a realist evaluation was undertaken to understand how, why, for whom, and under what circumstances the Every-One Peri Meri Menopause Moments programme leads to improvements in knowledge, confidence, workplace change, and quality of life.

To support this, the current Peri Meri Menopause Moments documents and programme structure were reviewed, and a Theory of Change (ToC) was developed. The ToC was tested and refined using realist logic, drawing on the growing menopause evidence base and local lived experience. Participants included women who had attended a Peri Meri Menopause Moments programme or session (n=7), people who delivered elements of the programme (n=3), and representatives of workplaces that had engaged with the programme (n=3). Each participant was provided with information about the evaluation and completed a digital consent form prior to taking part in either a one-to-one interview or small focus group. One interview was conducted in person and the

remaining interviews and focus groups were conducted over Microsoft Teams. The audio from all conversations was recorded, transcribed, and analysed.

Shown below are five findings from this evaluation, highlighting where change happens (context), how the change happens (mechanism), and what happens as a result (outcome).

Realist findings: Contexts, mechanisms, and outcomes

1. Peer-to-peer support helps to create safe spaces that support understanding and increase openness.

In community settings where women feel psychologically safe and represented, peer-sharing mechanisms trigger validation and trust, leading to increased engagement and self-management.

Participants shared that in these spaces:

“I didn’t feel like I was losing my mind.”

“[I felt that others were] going through exactly the same.”

This is in line with research evidence that indicates that collective learning environments may activate mechanisms of validation and normalisation (Shafaie et al., 2014).

The relevant context is that women experiencing menopause symptoms can feel isolated, unheard, embarrassed, or uncertain about what they are experiencing. In some instances, women had found existing services may feel clinical, inaccessible, or judgemental.

The mechanism for change is that seeing peers openly discuss similar experiences normalises symptoms and creates emotional safety. Participants feel recognised, validated, and less alone.

The outcomes are increased openness, confidence discussing symptoms, willingness to seek support, improved understanding of menopause, and improved wellbeing.

Notable positives:

- Woman-to-woman exchanges were most valued. Whilst those attending sessions had for the most part not experienced men being in the room, they felt that having men with them at the same time may limit their openness.
- Having a programme of sessions gave time for attendees to build rapport with one another, and to continue contact outside of the group if they wished.

Areas for potential improvement:

- Opportunities for men to attend one session or be in another room at the same time.
- Numbers at some groups have been poor and this could impact the opportunities for peer support.
- An awareness that peer support may not work equally for everyone.
- Longer programmes or opportunities for continuing connections.
- Coverage across the county – the challenge of this was acknowledged.
- Finding the right venue is important, particularly somewhere accessible, and easy to find.

2. Tailored, accessible, and credible information improves understanding and self-management.

When menopause information is tailored to lived experience and communicated accessibly by credible and knowledgeable facilitators participants are more likely to internalise and apply learning.

For example, participants talked about how their enhanced knowledge helped them to make sense of their feelings and “learn about myself.” They were able to pick up tools and tips they could apply and to have increased bodily awareness. People felt “empowered” regarding their own health and were able to “advocate” for themselves in health care situations such as when discussing medication.

The relevant context is that menopause information is often perceived as medicalised, overly clinical, or difficult to access and understand. Some people have low awareness of symptoms or available support.

The mechanism for change is where information is delivered in relatable language, through community-based and peer-supported approaches, making participants feel the information is relevant and applicable to them, and comes from a reputable source.

This leads to increased knowledge about menopause, symptoms, medication, holistic therapies, mental health, and available support, providing improved confidence in symptom management.

Notable positives:

- Evolving programme content through feedback was noted.
- Covering the full range of support options and symptoms was highly valued. This resonates with research conducted that shows that interventions that combine information with emotional and social support achieve the best outcomes (Yazdkhasti et al., 2015; Hoga et al., 2015).
- Face-to-face or online live content were most well received.

- Links with health services both into and from the programme felt valuable in terms of supporting access.
- Having an outside ‘expert’ come into the workplace gave more gravitas to the topic and made people more likely to attend and engage with the content.

Areas for potential improvement:

- All topics covered across a programme should have parity in terms of their delivery and evidence-base.
- Covering the full range of support options and symptoms could be felt to be overwhelming to some and difficult to take on board all the content, depending on how this is delivered.
- Menopause marketplaces in terms of format, content, and timings were perceived as targeting the middle-class demographic and could be exclusionary to others. The tone felt out of place with other sessions to some.
- Ongoing support for workplaces to develop their policies and run support groups would be valued.

3. Lived experience involvement strengthens programme credibility and engagement.

Where participants perceive programme delivery as authentic and grounded in lived experience, trust and credibility mechanisms increase engagement and participation.

In some contexts, communities may distrust formal services or feel traditional support does not reflect their realities. This may be particularly the case in minority or underserved communities, where menopause is still quite a taboo subject.

In terms of the mechanisms for change, co-production and lived experience involvement increase authenticity and relatability. Participants see ‘people like me’ reflected in delivery and discussions.

This leads to higher programme engagement, stronger rapport, sustained participation, and deeper professional understanding of lived experience.

Notable positives:

- Participants appreciated facilitators creating a welcoming space, where they were able to put people at ease and bring a touch of humour, as well as their own lived experience to the subject.
- Sessions that were easy to attend in terms of the time or location were well received.

Areas for potential improvement:

- Developing inclusive opportunities with minority and underserved communities.

4. Being open about menopause and bringing support into the public realm helps to reduce stigma and taboo.

In environments where stigma previously prevented discussion, facilitated group dialogue can trigger normalisation and collective understanding, reducing silence and isolation.

Participants felt that the taboo was shifting but there is a continued need to “spread the word” and “be more open” and this includes considering communities where stigma may be more heavily felt.

Contextually, menopause remains stigmatised in many workplaces, families, and communities. Many people feel uncomfortable discussing symptoms, particularly mental health impacts, or bodily changes.

The mechanism for change is that increasing awareness among senior leaders and managers, alongside opportunities for group discussion and shared storytelling, helps to normalise menopause conversations and reduce shame.

This leads to outcomes including a greater willingness to discuss menopause openly, improved mental wellbeing, increased social support, and greater awareness among family members, colleagues, and communities.

Notable positives:

- Relationships with a range of providers helped ‘spread the word.’
- Social media had been the main way people had found the programme. Those that received the newsletter or knew of Every-One were also able to follow up on the opportunity via this mechanism.

Areas for potential improvement:

- As noted in item 3, developing opportunities with minority and underserved communities through trusted community infrastructure and mechanisms is an important avenue to consider.
- The pants logo did not feel quite right to some people, and they thought it was an odd way of highlighting or promoting the cause.

5. Workplace engagement prompts organisational change.

Where employers recognise menopause as a legitimate workplace wellbeing issue, awareness and network-based learning mechanisms can generate organisational change.

In this context, employers and managers often lack knowledge, confidence, or policies related to menopause support, although due to new government policy this is shifting. This can lead to staff fearing disclosure or negative judgement. Recent evidence shows us that policy visibility alone is insufficient, and perceived lack of employer support is associated with increased consideration of labour-market exit (DWP, 2024).

The mechanisms for change include, awareness sessions and employer networks increase empathy and understanding among managers and HR staff, while providing practical tools and examples of supportive practice. Furthermore, male colleagues should also be a part of these sessions. Additionally, policy changes are more effective when followed up by meaningful conversations and visible support from senior leaders and managers.

This leads to outcomes such as changes in workplace policies, improved managerial support, greater employee confidence discussing menopause, and importantly improved retention and productivity. This is backed by findings from the Fawcett Society (2022); Government Equalities Office (2017).

Notable positives:

- As noted in point 2, having an outside ‘expert’ come into the workplace gave more gravitas to the topic and made people more likely to attend and engage with the content.

Areas for potential improvement:

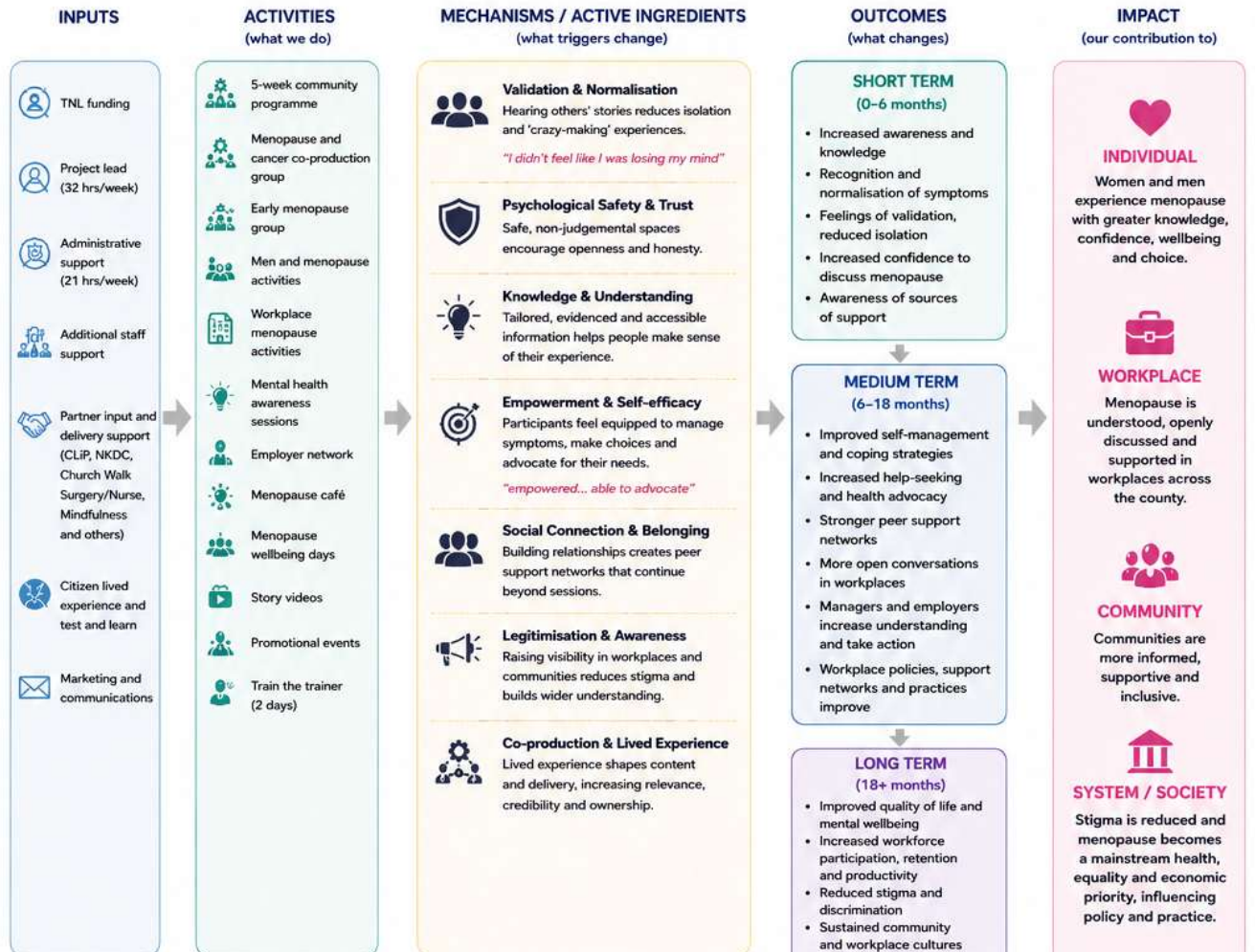
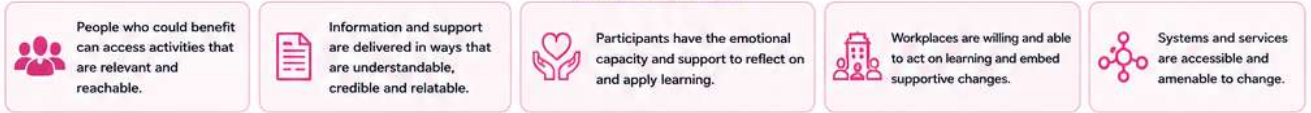
- More men being encouraged to attend workplace sessions as colleagues, partners, and relatives of women.
- As in point 2, ongoing (or repeated) support for workplaces to develop their policies and run support groups would be valued.

A refined Theory of Change

Shown below is the ToC that has been tested and refined as part of this evaluation.

The programme improves knowledge, confidence, workplace change and quality of life by triggering mechanisms of validation, empowerment and social connection within enabling contexts.

KEY ASSUMPTIONS



PROGRAMME ENABLERS (context that supports mechanisms)

- ✓ **Accessible venues and scheduling**
Easy to find, welcoming and inclusive spaces
- ✓ **Skilled, empathetic and diverse facilitators**
Able to create safety and manage conversations
- ✓ **Relevant, flexible and inclusive content**
Reflects diverse experiences and needs
- ✓ **Multi-sector partnerships**
Strengthen reach, credibility and sustainability
- ✓ **Adequate promotion and communication**
Reaches underserved groups effectively

FEEDBACK & ADAPTATION LOOP (how we learn and improve)



FOR WHOM? (differential effects)

- The programme is designed to benefit all, with particular attention to those who may face greater barriers or experience disproportionate impacts, including:
- Women in low-paid, insecure or part-time work
 - Rural communities
 - Minority ethnic communities
 - Disabled women and those with long-term conditions
 - LGBTQ+ communities
 - Women experiencing early or surgical menopause
 - Carers and women with caring responsibilities
 - Women with negative prior healthcare experiences
- Outcomes will vary depending on the presence or absence of enabling contexts.

WHEN IT MAY NOT WORK AS WELL (contextual barriers / mechanism failures)

- | | | | | |
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| <p>Low psychological safety</p> <ul style="list-style-type: none"> • Fear of judgement • Stigma in the group • Facilitator not skilled in creating safety • Reduced openness and engagement | <p>Information without relevance or credibility</p> <ul style="list-style-type: none"> • Overly medical or jargon heavy • Does not reflect lived experience • Lower uptake and application | <p>Unsupportive workplaces</p> <ul style="list-style-type: none"> • Low awareness or buy-in • Hierarchical culture • Limited capacity or resources • Limited policy change or practice change | <p>Structural barriers</p> <ul style="list-style-type: none"> • Poverty • Caring responsibilities • Poor access to healthcare • Work insecurity • Knowledge alone does not lead to change | <p>Peer support not suitable for everyone</p> <ul style="list-style-type: none"> • Preference for privacy • Social anxiety • Experiences of exclusion • Lower participation or benefit |
|--|--|--|---|---|

SUSTAINABILITY

- Train the trainer programmes
- Build local capacity
- Peer networks continue informally
- Partnerships embed menopause within organisations
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- Ongoing evaluation and learning drive improvement

LEGEND - HOW TO READ THIS THEORY OF CHANGE



Summary

This evaluation demonstrates that the Peri Meri Menopause Moments Project creates value not simply through the provision of information, but through creating psychologically safe, validating, and socially connected spaces in which people can better understand and navigate menopause. Outcomes appear strongest where delivery is accessible, relational, and grounded in lived experience. The refined Theory of Change provides a stronger framework for future delivery, learning, and evaluation.

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