WORKPLACE WELLBEING WORKSHOP
15 NOV 2018

#WORKPLACEWELLBEINGIOM

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Isle of Man Chamber of Commerce
gov.im/workplacewellbeing
What Is It?

Gives you the tools and knowledge to be able to understand your sleep and make the behavioral and environmental changes that will help you sleep better.
Sleep truths.

- To encourage sleep you need a drop in heart rate (be relaxed) and a drop in core temperature (feel cooler)

- You cannot force yourself to sleep

- We all have an individual sleep need (Sleep Quantity + Sleep Quality)
How to sleep better.

1. What kind of sleeper are you?
2. What is your sleep opportunity?
3. Your pre-sleep routine
4. Your sleep environment
5. And relax

thesleepgeek.co.uk
In summary.

1. Sleep is about our genetics, our behaviours and our environment
2. Good sleep is about the right quality and the right quantity
3. Go to bed when you are sleepy
4. Wake up at the same time every day
5. You might be rubbish at sleeping but you are brilliant at being tired
Products

Temperature

Alpaca Fleece Duvets [www.penroseproducts.com]

Bamboo Bedding [www.allbamboo.com]

Coolpillow [http://www.argos.co.uk/product/4615903]

Cool Mattress [http://www.argos.co.uk/product/4629638]

Chilipad [http://www.chilipad.co.uk/]
Products
Noise
Earplugs www.snorestore.co.uk
White noise https://amzn.to/2GtmZgh

Light
Sunshine Alarm Clocks
https://www.philips.co.uk/shop/lighting/light-therapy/c/WAKEUP_LIGHT_SU

Blackout Blinds www.magicblackoutblind.co.uk

Magnesium-www.betteryou.com
Products

Blue Light Blockers
Screen Protectors
https://www.ocushield.com/

Blue Light Blocking Glasses
https://www.swanwicksleep.com/
Need more Information?

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Isle of Man : Active Travel Island

Paul Morrison, Sustrans Head of Delivery, England North

sustrans
JOIN THE MOVEMENT
Why:

- Happier, healthier people
- Greener, better local environments
- Stronger economies and communities

How:

- We make the case for walking and cycling
- We provide solutions
- We’re grounded in communities

What:

- Connect people and places
- Transform the school run and commute
- Create liveable neighbourhoods
National Cycle Network

• 16,000 miles of routes

• 30% is traffic free

• 70% is on roads – largely quiet lanes or residential streets

• 52% of trips made on the ‘National Cycle Network’ are by people walking

“This much-awaited bridge provides a missing link”

Cllr Richard Lewis, Leeds City Council
The journey

Inspiring and enabling the Isle of Man Government to create and deliver the vision of an active travel island

Identify the need
Develop a vision
Deliver change

Happier, healthier people
Greener, better local environments
Stronger economies and communities
Solution: **Behaviour change and education**

- Community engagement
- Schools
- Colleges and universities
- Workplaces
- Personalised Travel Planning
Solution: Infrastructure

- 40 years of technical know-how
- Experienced team of facilitators, urban designers and engineers
- Strong on communication and engagement
- Shared purpose to achieve the results that communities actually want and will use
Solution: Infrastructure

- Public realm improvements
- Improving accessibility
- Creating liveable neighbourhoods
- Walking and cycling specific routes
• Travel Action Plans
• Employee Engagement Campaigns
• Active Travel Champions
• Personal Travel Planning
The Problem

Changing travel behaviours is not easy
- Lack of awareness / information
- Getting started
- Maintaining change

All take time and effort
Mythbusting…

- It's too hilly here
- Our roads are too narrow
- The weather isn't right
- Nobody would choose to cycle if they could drive instead
- Cycling makes you sweaty
- People break the rules when cycling
- We need more cycle training, not cycling infrastructure
- Cycling causes danger to people walking
- It's too expensive to provide for cycling
Engage

Auditing
Infrastructure support
Engagement campaigns
Travel plans
Typical Engagement Campaign Process

Audit
- Workplace Resources
- Route Access
- Postcode Mapping
- Key Stakeholders
- Employee Survey

Planning
- Key Stakeholders
- Employee Group
- Local Authority
- Travel Planners
- Local Partners

Delivery
- Tailored Communications
- Campaigns
- Tailored Activity Plan
- Tailored Events Plan
- Individual support

Legacy
- Empower Stakeholders
- Empower Employees
- Deliver Legacy Plan
- Strengthen relationships
- Create legacy partnerships

Evaluation
- Baseline data, Employee Survey, Physical data capture, Workplace data review,
- Qualitative Interviews, Key Stakeholder Interviewing, Final and follow up surveys and physical data.
HR Benefits

“If I cycle I feel more energetic. When I stopped cycling, I was falling asleep on the sofa at night. I no longer do that.”

29% increase activity
24 sick days removed
61% improve wellbeing
Improved productivity
Reduced staff turnover
6 cars no longer commute
1048 car journeys removed.
£1800-£3000 saved per year
Support on commute routing & infrastructure

“I rarely use a car. When I first got my job here we had two cars in the household, and now we’re down to one.”
Reduced carbon emissions.
Brand/ reputational benefits
Community outreach

“It’s nice when you’ve come in [by bike], you feel fresh. You haven’t been stuck in the car. It’s a good way to wake up.”
Business benefits

Estimated minimum saving from Sustrans’ *Engage*:

£7,500 per year for every 100 employees engaged.

“The support and expert advice has really achieved great changes in staff travel behaviour. The fun activities have attracted a big variety of people along creating a friendly cycle environment.”
What is a Travel Action Plan?

- A concise, practical, action plan aimed at encouraging the uptake of cycling, walking and public transport by employees
- Outputs & activities based on site audits and staff surveys to create a bespoke SMART plan
- An action orientated travel plan
- Focuses on travel behaviour change
Sustrans Travel Action Plans are:

• Concise and action orientated
• Bespoke solutions based on staff and organisational needs
• SMART activities, tailored to suit the organisation
• Simple, evidence based, designed to create positive change
Stages of a Travel Action Plan

- Site and facilities audit
- Staff travel survey
- Travel policy review
- Identify potential for change
- Identify barriers to change
- Create a plan to achieve potential and address barriers
Implementing the Travel Action Plan

The Sustrans Travel Action Plan is designed to tell you how to take action.

Sustrans can help with implementation of actions and will also recommend other providers to partner with to implement your TAP.
Travel Action Plan Workshop

In groups consider:
• Site and facilities
• Current staff travel arrangements
• Organisation and policy
• Identify potential for change
• Identify barriers to change

Implementation:
• Plan to achieve potential and raise awareness
• Raise awareness
• Empower and enable
• Assist employees to take action
WELCOME TO
ACTIVE LISTENING
Adrian M Venn
Gareth Nicholson
**WHAT IS ACTIVE LISTENING?**

- **Active listening** is a communication technique that is used in counselling, training, and conflict resolution. It requires that the **listener** fully concentrate, understand, respond and then remember what is being said.
**WHY IS ACTIVE LISTENING AN IMPORTANT TOOL?**

- Active listening helps gain more in-depth information
- It helps discover underlying information
- Builds a trusting relationship with peers
- Helps formulate a clear pathway forward
HOW TO INTRODUCE ACTIVE LISTENING

- Leave personal baggage at the door.
- Focus your attention on your colleague.
- Keep an open mind – don’t pre-judge their answers.
- Demonstrate you are actively listening:
  - Nodding
  - Making eye contact
  - Using affirmative noises e.g. ‘Mmm’, ‘Ah-ha’
  - Using interjections such as ‘I see’, ‘I hear you’, ‘I understand’
  - Summarising key points
  - Mirroring body language
INTRODUCE QUESTIONING SKILLS

- **Open questions:**
  - ‘How are you feeling about…?’
  - ‘What do you think of…?’
  - ‘What do you believe the issue might be…?’

- **Probing questions:**
  - ‘How exactly can I help you?’
  - ‘Which of our support services have you used so far?’
  - ‘What medical help have you sought?’
  - ‘What do you think would help you to feel more comfortable with that situation?’
  - ‘Are there any other things that I can do to support you?’
  - ‘What are your next steps?’

- **Closed questions:**
  - ‘How are you today on a scale of 1 to 10?’
  - ‘Are you better than yesterday?’
  - ‘Who could help you?’
POOR LISTENING

In contrast to the empathic nature of good listening, poor listening includes:

- interrupting and finishing sentences
- waiting impatiently for your chance to speak
- communicating with someone else in the room
- correcting or undermining what was said
- re-interpreting what the speaker said in your own terms
- telling them about your experience, making theirs seem less important
- having an answer for their problem before they’ve finished telling you what it is
- giving advice when it has not been asked for
- inappropriate level of eye contact (too much or too little)
- mismatching and breaking rapport
- staying silent and giving no non-verbal signals
- stopping listening because you assume you know what the other person means/is going to say.
THE PERFECT SETTING?

Setting the right place to have tricky conversations can be invaluable, rather than a formal meeting try:

- Going for a walk
- Engaging in an activity
- Grabbing a coffee
- Volunteering/social settings
- Around the kitchen
SKILL SET – ACTIVE LISTENING

- Be attentive
- Summarise
- Be attuned to and reflect feelings
- Paraphrase
- Ask open-ended questions
- Ask probing questions
- Request clarification
Talking Menopause on the Isle of Man
Welcome

Sarah Davies  
Co-Founder & Director Talking Menopause  
Executive & Business Coach

Lynda Bailey  
Co-Founder & Director Talking Menopause

Leading and supporting you in your menopause journey
Menopause True / False Challenge

- The first sign of menopause is hot flushes ➤ FALSE
- Your bones become weaker and you are at higher risk of Osteoporosis ➤ TRUE
- The menopause is when a woman stops having her periods ➤ TRUE
- Wait for your symptoms to be bad/unbearable before you seek help ➤ FALSE
- Your risk of heart disease can increase after the menopause ➤ TRUE
- You have to stop HRT after 5 years ➤ FALSE
- The word menopause literally means stop having men in your life ➤ FALSE
Who is affected?

- All women (& men!)
- Around 80% have symptoms
- 25% have severe symptoms

- Half of women do not see their GP
- 42% say their symptoms are worse than expected
- 77% women did not realise their symptoms were due to the menopause
- Symptoms will affect every woman differently and for different periods of time
What is the menopause?

- Meno – pause
  - Natural / Induced
- Peri-menopause
- Post-menopause
- Average age 51 years
- Range 45-55 years
- Premature (eg POI, hysterectomy, certain chemo)
Hormone changes during the menopause

Oestrogen

Progesterone
Oestrogen

THE INFLUENCE OF ESTROGEN

- **BRAIN**: Daily temperature adjustment, memory function, lipid adjustment
- **HEART**: Protects from cholesterol
- **LIVER**: Cholesterol production regulation
- **BREAST**: Breast growth, feeding function
- **BONES**: Bone strength, density increasing
- **SKIN**: Anti-aging effect
- **OVARY**: Monthly preparation for pregnancy, menstrual cycle
- **UTERUS**:
Symptoms of the menopause

- Heavy / light periods
- Vaginal Dryness / Urinary Symptoms
- Joint pains
- Hair and skin changes
- Palpitations
- Worsening PMS
- Migraines
- Tiredness
- Poor memory / concentration / brain fog
- Inability to multi-task
Psychological symptoms of the menopause

- Anxiety
- Irritability
- Panic attacks
- Feeling low
- Mood swings
- Feeling frustrated
- Tearful
- Loss of self-esteem
- Loss of self-confidence
How long can menopausal symptoms last for?

- Six months
- Two years
- More than ten years
Future Risks to health with menopause

- Osteoporosis
- Heart disease
Natural solutions
Phytoestrogens
Plant substances that have similar effect to estrogens
Complimentary Alternative Therapies
NICE: Menopause, Diagnosis and Management – from Guideline to Practice

Top Ten Tips

1. Do not use FSH for diagnosis in women > 45

2. Offer women HRT as first line treatment for vasomotor symptoms and low mood/anxiety related to menopause after discussing the short-term and longer-term benefits and risks

3. Consider CBT to alleviate low mood or anxiety that arise as a result of the menopause

4. Offer vaginal oestrogen to women with urogenital atrophy (including those on systemic HRT) and continue treatment for as long as needed to relieve symptoms

5. Offer women who are stopping HRT a choice of gradually reducing or immediately stopping treatment. There is no arbitrary time limit.

6. Women with POI should be advised to continue HRT until at least the age of natural menopause

7. Consider transdermal rather than oral HRT for menopausal women who are at increased risk of VTE, including those with a BMI over 30 kg/m²

8. HRT does not increase cardiovascular disease risk when started in women aged under 60 years

9. Any increase in the risk of breast cancer is related to treatment duration and reduces after stopping HRT

10. Refer women to a healthcare professional with expertise in menopause if:
    > treatments do not improve their menopausal symptoms
    > they have ongoing troublesome side effects
    > they have contraindications to HRT
    > there is uncertainty about the most suitable treatment options for their menopausal symptoms.

For further details – please visit www.thebms.org.uk or telephone 01628 890 199
Which solutions could work?

- Encourage menopause conversations
- Learn the (accurate) facts
- Manage your/their thinking
- Lifestyle
- Diet
- Exercise
- HRT
- Alternatives
Menopause and work

- Having symptoms can lead to:
  - Fall in productivity & performance
    - Time management
    - Emotional resilience
    - Ability to complete tasks effectively
  - Increased stress
  - Being more likely to quit their job
  - Lower commitment to work & organisation
  - Less engaged & motivated
  - Increased absenteeism
  - Reduced job satisfaction

How easily are these recognised and accepted?
Menopause and work

Why now?

- Women make up 52% population
- Women are working in greater numbers than before (financial need, employer’s efforts to retain skilled workers, increase in state pension age, abolition of default retirement age, ageing population)
- 70% women in paid employment (ONS 2017 Jan/March)
- Outnumber men in many areas of labour market (eg. admin, secretarial) greater representation

*Increased rates of employment among women over 50 and above means more women will experience the menopause while at work*
Menopause and work
Concerns

Two thirds of women say they have no support at work

25% of women going through menopause have considered leaving work (2016 Wellbeing of Women Survey)

10% of women do give up work altogether

More women experiencing menopausal challenges at work
48% of women say mental health had suffered

Anxiety is a big issue, don’t want to feel worthless or a burden
Worry more about every day things, significant depression,
Embarrassed, ashamed
More women experiencing menopausal challenges at work

70% of women not wanting to make employers aware of their symptoms:

Why?

Embarrassed, feel weak, ridiculed, mocked, made a joke of, trivialized redundancy, promotion, feel alone, isolated, suffer in silence, difficult to ask for help

Two thirds of women say they have no support at work:

Why?

Line manager, HR, OH, EAP
Police Survey Results

What support have you received and where have you found it?

- None
- N/A
- Talking to others
- GP
- Supervisor
- Internet
- HRT
- Union Support
- OH
- Fan
- Suppliments
- Book
Manager Case Study

- I knew something wasn’t right
  - Sparkle had gone – happy, outgoing, ambitious = quiet, withdrawn, struggling

- We had some challenging conversations
  - Emotional for her/challenging for me

- I suggested support group

- I knew I had no real understanding of menopause- hot flushes/mood swings

- My own research caused a big shift in my understanding
Manager Case study

- We had personal conversations
  - Conversations built trust
- Occupational health referral
- Established Reasonable Adjustments Plan
  - Offers support when she is struggling
- Regularly discuss her feelings and thoughts
  - Her menopause causes her numerous anxieties so regular reassurance is required
- It is OK to have menopause
  - The most consistent message I can offer her

She remains in work and continues to achieve
- Important to her/Important to me/important to the organisation
Employment Law implications

- Equality Act 2010
  - Protected characteristics
  - Disability

- Health and Safety

- Employment Tribunals
  - BT vs Merchant (2012)
  - SCTS vs Davies (2018)
Potential Reasonable adjustments

- Changing start times
- Providing regular breaks
- Facilitating desk move to location closest to toilets facilities/ventilation
- Adjustments to absent management procedures
- Adjustments to performance management procedures
- Reducing hours of work
- Reducing workload
- Change of role
- Reallocating certain tasks
- Comfortable working environment eg. temperature, ventilation
<table>
<thead>
<tr>
<th>Clare's Experiences</th>
<th>Reasonable Adjustment Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Unpredictable hot sweats &amp; nausea several times/day</td>
<td>• Provided with desk fan&lt;br&gt;• Easy access to kitchen for cold drinks &amp; food</td>
</tr>
<tr>
<td>• Joint aches &amp; pains&lt;br&gt;• Erratic panic attacks causing increased stress &amp; anxiety</td>
<td>• Take regular breaks when she needs to</td>
</tr>
<tr>
<td>• Poor memory recall / brain fog especially under pressure&lt;br&gt;• Emotional changes / blank mind</td>
<td>• Team / manager aware and ensured&lt;br&gt;• Supported to create relevant reminders eg diary, notebook, electronic calendar&lt;br&gt;• Reduced pressure / workload as appropriate&lt;br&gt;• Flexible working pattern introduced / agreed</td>
</tr>
<tr>
<td>• Increased fatigue, lower energy levels</td>
<td>• Take regular breaks when she needs to&lt;br&gt;• Flexible working pattern introduced / agreed</td>
</tr>
<tr>
<td>• Feeling isolated &amp; alone</td>
<td>• Team made aware of symptoms and supportive to her needs (with consent)&lt;br&gt;• Runs menopause support group&lt;br&gt;• D &amp; I Lead for age for department</td>
</tr>
</tbody>
</table>
Practical solutions for all staff: Where to start

- Awareness, understanding & acknowledgement – it's not just about hot flushes
- Normalise it
- Make it visible
- Break the silence
- Support / work together / communicate
- Share your knowledge

Keep talking menopause!
What next?

- Ensure it is part of wellbeing programme
- Apply reasonable adjustments
- Openly discuss it – normalise it
- Run menopause awareness programmes for all
- Provide safe place for women to discuss
- Part of equality and Diversity training/manager training
- Make it visible – absence single issue/performance procedures
- Reasonable Adjustment Passport
The menopause is a natural part of female ageing when menstruation stops. It usually occurs between 45 and 55 years of age, although it can occur anytime up to mid-60s. Symptoms which might affect work include tiredness, poor concentration and memory, and low confidence.

Symptoms of the menopause usually last between 4 and 8 years.

Evidence indicates that approximately 20-25% of women will have hot flushes which adversely affect their perceived quality of personal and working lives.

The average age for women to reach menopause in the UK is 51 years.

Around 75-80% of women of menopausal age are in work.

By 2020 it is estimated that 1 in 3 British workers will be over the age of 50.

Consequently, at any one time a significant proportion of older female workers will experience symptoms which might feasibly impact on working life.
66% Of Menopausal Women Have No Support At Work, Impacting Negatively On Attendance And Performance

How confident are you in talking about menopause at work? Did you realise that menopause at work affects men as well as women? Is menopause included in your company’s wellbeing programme?