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Health and Wellbeing Benefits of Menopause Cafes: Care, Connection, Collaboration

***A report produced by Adam Smith Business School, University of Glasgow in
Collaboration with The Menopause Cafe Charity***

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Disclaimer

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Report Highlights

Menopause cafes support better health and wellbeing through **Care, Connection, and Collaboration**. **Care** provides a space for self-reflection and the 'permission' to seek medical support. **Connection** breaks down the isolation and loneliness often associated with menopause by building community. **Collaboration** empowers attendees to move from being passive recipients of information to feeling part of a collective that can enact change in their own lives.

- **32% of attendees engaged with a healthcare professional about their menopause for the first time** after attending a Menopause Café.
- Adapting the World Health Organization (WHO) Wellbeing Index shows that attending Menopause Cafes **improves self-reported health and wellbeing by over 8 percentage points**.
- Menopause Cafes **rely heavily on the emotional and unpaid labour of volunteers**, predominantly women. Hosts often face significant "hidden" work, such as managing logistics, advertising, and moderating intense emotional discussions.
- As a result of attending a Menopause Café. **50% of attendees said they had talked to their partner or friend about their menopause in more depth than before**.

Executive Summary

This research report from the University of Glasgow examines the impact of Menopause Cafes: volunteer-led, informal discussion groups designed to break the stigma surrounding menopause. By analysing surveys and interviews from attendees and hosts of Menopause Cafes, it highlights how these non-commercial spaces empower individuals to share vulnerable experiences, reclaim their identities, and gain the confidence to self-advocate and seek further support for menopause.

The findings evidence a range of health and wellbeing benefits that emerge from participating in Menopause Cafes. However, while these emphasise the grassroots success of the movement in terms of improving health and wellbeing, they also highlight challenges such as negotiating different backgrounds and experiences, the emotional labour required of hosts and the risks of unpaid gendered labour by hosts in the workplace and social settings where Menopause Cafes take place.

Based on the analysis, the report identifies Care, Connection, and Collaboration as the three primary pillars that contribute to positive health and wellbeing outcomes for participants. In conclusion, it provides strategic recommendations for Menopause Cafe stakeholders, including policymakers, healthcare professionals, and organizations to better support these community-based health initiatives through sustainable funding and formal recognition of their social value.

1. Introduction

Menopause Cafes are informal discussion groups designed to provide a welcoming space to listen to others and talk about menopause.

This report discusses findings from a study undertaken in 2025 by a team at the University of Glasgow. The study explored how Menopause Cafes are experienced by those who attend and host them, with particular attention to the health and wellbeing benefits.

Health and wellbeing are central to a long and enjoyable life, particularly when we are experiencing changes in our lives. This is particularly the case during the menopause, when social and cultural norms and stigma often collide with bodily experiences, which can exacerbate symptoms, as well as leaving people feeling isolated, scared and confused, in ways that impact their overall health and wellbeing. At the same time, engaging with others and fostering relationships and friendships is recognised as having positive impacts on both psychology and physical health^{1 2}.

While support from medical and healthcare professionals is often invaluable for those experiencing menopause, alternative and complementary approaches are also central to providing support in a variety of ways. There is already existing evidence of the importance of community-based and non-medical forms of general health support^{3 4 5}. Such initiatives are growing in popularity and include social prescribing⁶, but there is a need to better understand how people experience support mechanisms that are grassroots driven and informal, particularly around 'what works'.

¹ de Leon, C.F.M. (2005). Why do friendships matter for survival?. *Journal of Epidemiology & Community Health*, 59(7), 538-539.

² Laverack, G. (2006). Improving health outcomes through community empowerment: a review of the literature. *Journal of Health, Population and Nutrition*, 113-120.

³ Merzel, C. and D'Afflitti, J. (2003). Reconsidering community-based health promotion: promise, performance, and potential. *American Journal of Public Health*, 93(4), 557-574.

⁴ Chatterjee, H.J., Camic, P.M., Lockyer, B. and Thomson, L.J. (2018). Non-clinical community interventions: a systematised review of social prescribing schemes. *Arts & health*, 10(2), pp.97-123.

⁵ Powell, N., Dalton, H., Lawrence-Bourne, J. and Perkins, D. (2024). Co-creating community wellbeing initiatives: what is the evidence and how do they work?. *International Journal of Mental Health Systems*, 18(1), 28.

⁶ Husk, K., Blockley, K., Lovell, R., Bethel, A., Lang, I., Byng, R., & Garside, R. (2020). What approaches to social prescribing work, for whom, and in what circumstances? A realist review. *Health & Social Care in the Community*, 28(2), 309-324.

1.1 What is menopause?

Menopause marks the point 12 months after the final period but is also the term commonly employed to include the lead-up (perimenopause) and the years following (post-menopause). It is a life course transition for females and people who menstruate, occurring naturally or through medical intervention, but also highly individual and unique in terms of symptom patterns and timelines.

Across Global North countries, menopause typically occurs around 51 years of age⁷, although some from different ethnicities may experience it earlier and around 1% of people go through premature menopause before 40. Surgical procedures such as hysterectomy or oophorectomy, certain cancer treatments, and hormone therapies used for conditions like endometriosis can also trigger menopause.

Those using certain contraceptives or whose bleeding is masked by medical treatment may find the diagnostic marker of “last period” difficult to identify. This can contribute to delayed or missed recognition of menopausal transition.

Symptoms associated with the menopause often fluctuate over 5-7 years and are shaped by life pressures, work demands and other health and wellbeing experiences. Roughly 80% of people report none, mild or moderate symptoms during menopausal transition, while a fifth experience significant disruption⁸. Research identifies a broad range of possible symptoms—sometimes listed as few, sometimes exceeding 40— but many of these sit within categories of being vasomotor (changes to temperature), physical (including acne, dryness of skin, eyes or mouth, or soreness in various parts of the body), psychological (including mood changes, mental health or anxiety), musculoskeletal (including aches and pains in the joints and muscles), and sexual/vaginal (such as dryness or changes to libido).

Cultural and social factors significantly influence the experience of menopause. For instance, research highlights that this life stage often coincides with increased self-assurance and resilience, helping individuals navigate reproductive changes while sustaining participation in work and community⁹.

People assigned female at birth who identify as men or nonbinary may also experience menopause, with symptoms often affected by the timing and type of hormone treatment. Trans women do not undergo menopause but may face age-related hormonal shifts. Evidence on trans people’s experiences remains limited, though existing studies note the added impact of healthcare discrimination and the complex interaction between gender-affirming treatments and ageing that influence their menopause.

⁷ Greendale, G.A., Lee, N.P. and Arriola, E.R. (1999). The menopause. *The Lancet*, 353(9152), 571-580.

⁸ Talaulikar, V., 2022. Menopause transition: Physiology and symptoms. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 81, 3-7.

⁹ Quental, C., Rojas Gaviria, P. and del Bucchia, C. (2023). The dialectic of (menopause) zest: Breaking the mold of organizational irrelevance. *Gender, Work & Organization*, 30(5), 1816-1838.

1.2 What is a Menopause Cafe?

Menopause Cafes are informal discussion groups designed to give people a welcoming space to talk about menopause. The format is deliberately relaxed, often involving tea, coffee, or light refreshments - to help participants feel comfortable discussing topics that are often overlooked, silenced or stigmatised. Deliberately avoiding medical advice or being perceived as a support group for specific health concerns, Cafes focus on creating room for honest, everyday conversation.

The sessions typically attract a mix of individuals: those experiencing menopause, those anticipating it, and those supporting friends, colleagues, or family members. Because the gatherings are open to anyone, they foster a sense of shared understanding that seeks to cut across age, gender, and background. Conversations might explore symptoms, workplace challenges, relationship dynamics, or personal wellbeing, depending on what participants choose to bring forward.

The first Menopause Cafe took place in 2017, facilitated by its founder, Rachel Weiss, and has since grown into a global movement with 800 cafes registered across 30 countries. Its infrastructure sits within the Menopause Cafe charity and a host of volunteers who dedicate thousands of hours of their time each year to make cafes a continuing success.

1.3 Aim and objectives of project

There is widespread anecdotal evidence that Menopause Cafes support areas of health and wellbeing for those involved. However, to better understand the subjective health and wellbeing impacts of those who take part in the Menopause Cafes, our study sought to focus on the lived experience of participants and hosts.

1.4 Outline of the report

Following this introduction, this report will overview the approach to the empirical work that informed the findings of this study. It will then outline the key themes that emerge in the analysis of survey and interview data, before concluding with a reflection on the implications of the findings, and a series of recommendations to help the continued success of Menopause Cafes.

2. Overview of the Research

All data collection and modes of analysis and data management were approved by the University of Glasgow Ethics Committee (#400240152) with the early research design benefiting from feedback from the Menopause Cafe founder, Rachel Weiss.

2.1 Survey recruitment

This was open from February-March 2025 with participants recruited mainly through informal flyers distributed via hosts. Text was created by the research team for hosts to use to avoid a burden of labour on hosts, as well as an email address supplied for any additional information. Both the Menopause Cafe charity and the research team also posted information advertising the survey on professional networks such as LinkedIn and social media channels, including Facebook, BlueSky, Instagram, and a menopause in the workplace information website <https://www.menopauseatwork.org>.

303 survey responses were collected, with only 2 identifying as men and the rest identifying as women or preferring not to say. Overall, the sample included 72 menopause hosts (24%) and 231 attendees (76%). The sample was skewed towards those identifying as white ($n = 116$) and a majority (70%) lived either in cities or towns. This urban bias should be considered when interpreting the results and assessing their broader applicability.

2.2 Survey content

The survey took around 15 minutes to complete, although a significant number of respondents provided rich insights through open qualitative comments.

Questions were co-produced in close consultation with Menopause Cafe stakeholders, and then piloted with changes made, mainly to structure and wording of questions, as well as the increased opportunity for more open text answers.

To explore wellbeing, we included the World Health Organization Well-Being index¹⁰. This asks respondents to reflect on five different aspects and how they have experienced these over the past 3 weeks. Collectively, a score of under 50 is considered as an indicator of compromised mental wellbeing. However, given this scale has not been used in the context of exploring menopausal health and wellbeing, we interpreted these scores alongside qualitative responses and other

¹⁰ World Health Organization. (2024). The World Health Organization-Five Well-being Index (WHO-5). *World Health Organization*.

data points to build a broader picture of menopause and the role of Menopause Cafes.

In addition, we asked further questions that spoke to the elements that early engagement suggested were important, such as actions and behavioural changes. We adapted these items through an explicit reference to the perceived influence of Menopause Cafes on health and wellbeing. The items used are shown in the table below, with an adapted scale to represent the different frequencies of Menopause Cafes, which may only take place quarterly, or be attended once.

Table 1. WHO questions, adapted wording and additional wellbeing questions

Original Questions from WHO 5	Adapted question – ‘Attending Menopause Cafes makes me...’	Questions exploring perceived changes due to attending MC
I have felt cheerful and in good spirits	Feel cheerful and in good spirits	I have engaged in healthier habits
I have felt calm and relaxed	Feel calm and relaxed	-
I have felt active and vigorous	Feel active and vigorous	I have been more physically active
I woke up feeling fresh and rested	Wake up feeling fresh and rested	I have been practicing positive sleep or rest patterns
My daily life has been filled with things that interest me	Feel life is more interesting	I have given myself permission to be kinder to myself

Other health and wellbeing measures were considered to support making comparative insights to the broader population. However, during testing stages, the original WHO-5 questions were viewed by those piloting the survey as not being specific enough to menopause.

Given the emphasis on Menopause Cafes as providing support, an adapted 4-item instrument that was concerned with social support was employed¹¹. It focussed on perceived social support but was modified using the wording on the next page.

¹¹ Peeters M.C., Buunk B.P., & Schaufeli W.B. (1995). Social interactions, stressful events and negative affect at work: A micro-analytic approach. *European Journal of Social Psychology*, 25(4), 391–401.

Table 2: Social Support questions in survey

<i>Original Survey Question in Social Support Survey</i>	<i>Element of Support being evaluated</i>	<i>Modified Question within Survey</i>
There are people in my life who pay attention to my feelings and problems	Emotional	There are people in my Menopause Cafe who pay attention to my feelings and problems
There are people in my life who appreciate what I do	Appraisal	There are people in my Menopause Cafe who appreciate what I do
There are people in my life who I can get help from if I need it	Instrumental	There are people in my Menopause Cafe who I can get help from if I need it
There are people in my life who I can talk to about how to handle things	Informational	There are people in my Menopause Cafe who I can talk to about how to handle things

In addition to multiple choice responses, participants provided a substantial number of detailed open-text comments, offering rich insights and nuanced perspectives that were vital in deepening our understanding.

2.3 Interviews

To complement the richness of insights provided in the qualitative open-text responses to the survey, 25 in-depth semi-structured interviews were undertaken between February and April 2025 by a female member of the research team. Interviews took place online via Zoom or Teams, with one carried out on Facetime as requested by the participant. On average, each interview lasted for one hour. While interviews followed a similar schedule of questions, care was taken to allow participants' experiences to guide the discussion and to provide them with time and space to reflect on their own and others' experiences of Menopause Cafes.

Once interviews were completed and transcribed, they were anonymised through the assignment of pseudonyms to each participant and references to identifying people, places or events omitted. Analysis began by exploring the thematic areas and concerns that emerged through the interviews. This then led to an exploration of the different patterns and analytical strands that identified conceptual relationship between Menopause Cafe experiences with perceptions or challenges around health and wellbeing.

2.4 Limitations

Our study is not without limitations, particularly around areas of intersectionality that we know significantly impact menopausal experiences¹². For example, while the sample allows us to garner views of a variety of people, including considerations of disability, this did not feature as a direct theme around health and wellbeing Menopause Cafe experiences, although may require further exploration in the future. The sample also included very few men. In part this may reflect the gender makeup of Menopause Cafes participants, who are predominantly (but by no means exclusively) women. At the same time, we know that there is a significant appetite from men who are or will be vicariously impacted by menopause to better understand and support their significant others¹³. We also accept that the experience of those who identify beyond the binary may differ in terms of inclusivity and assumptions of heteronormativity within group dynamics. The Menopause Cafe Charity confirmed that there are specific cafes of the deaf community and for early menopause but does not know of any Menopause Cafes specifically for LGBTQI+ people. Exploring the dynamics of cafes serving a particular menopausal experience or serve a specific group of people is valuable to explore and we would strongly advocate for further evidence and research in these areas.

¹² Riach, K. and Jack, G., (2021). Women's health in/and work: Menopause as an intersectional experience. *International Journal of Environmental Research and Public Health*, 18(20), 10793.

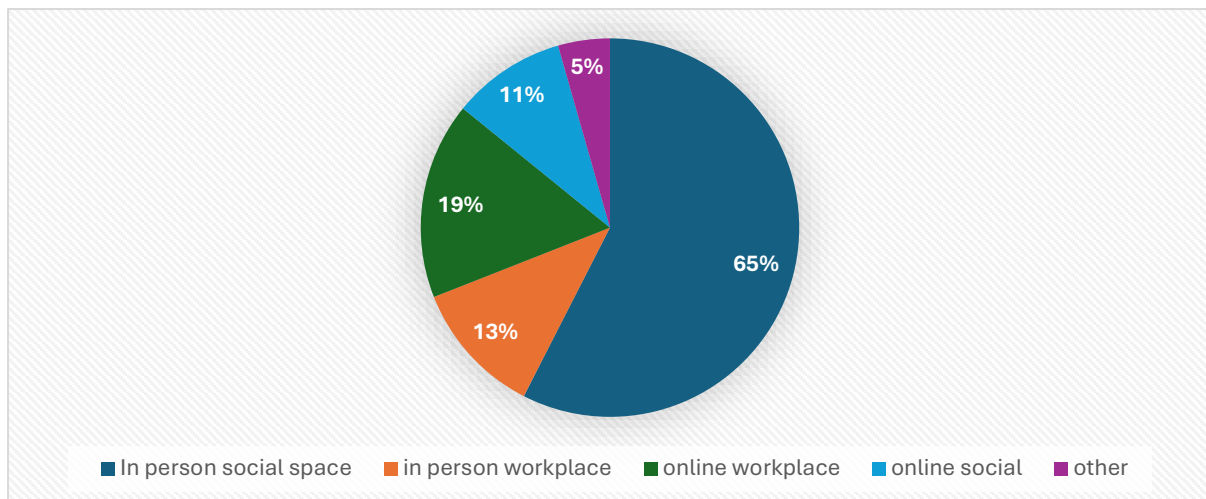
¹³ Parish, S.J., Faubion, S.S., Weinberg, M., Bernick, B. and Mirkin, S. (2019). The MATE survey: men's perceptions and attitudes towards menopause and their role in partners' menopausal transition. *Menopause*, 26(10), 1110-1116.

3. Findings

3.1 What does a Menopause Cafe look like?

Menopause Cafes occur at varying frequencies, depending on the resources of the hosts, although over two thirds of respondents said their cafes took place monthly.

Figure 1: What format is your Menopause Cafe in?



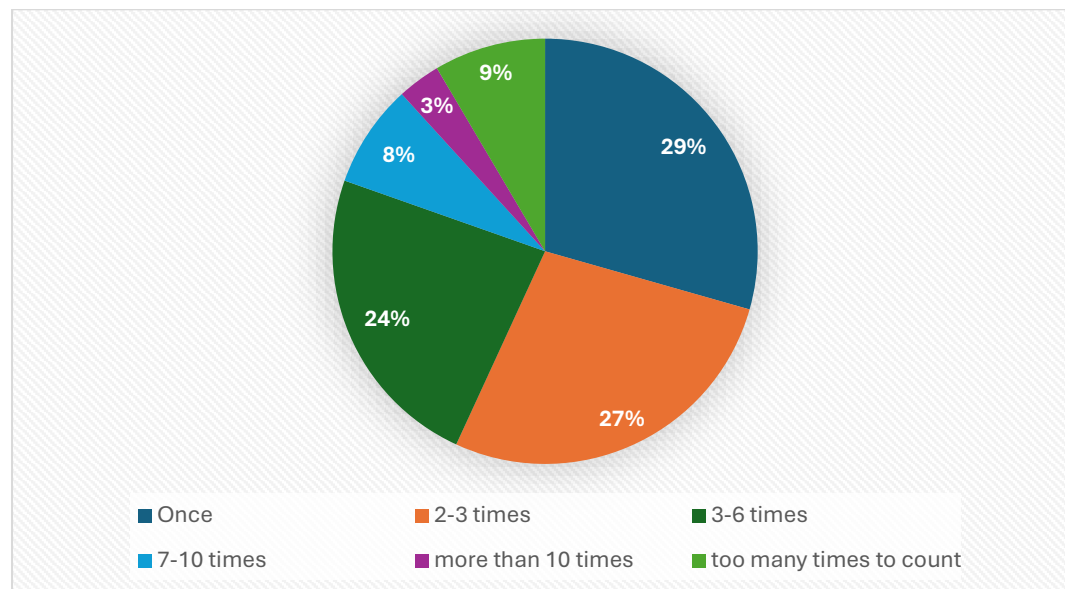
There were divergent opinions about whether online or in person formats were more suitable. For some, it was intimidating to put their screens on and *'The tense atmosphere of requiring attendees to turn on cameras and be on time made me feel uncomfortable and I have not returned'*. At the same time, many valued the flexibility that being online afforded for those who did have digital access, especially as travel time and geographical location could be a challenge, with one participant stating *'It would be so good if there was more of them and in more areas as most are too far to travel to.'* Others felt this added to their feeling of safety suggesting *'I have joined the Menopause Cafe via Teams in my own safe space at home away from everyday distraction'*. For others, they felt participation did not vary significantly, although this was depending on whether respondents were used to online meetings as part of their occupation:

I tend to get slightly larger numbers to the online cafes than I do in person. But the participation and the engagement is pretty equal.

One benefit to Menopause Cafes shared by some respondents was their lack of perceived 'commitment', which meant they did not feel burdensome. While just under 20% of respondents were long-term or regular attenders, for others, the drop-in nature of the cafes worked, with one respondent discussing how the format enabled access to *'the right information at the right time'*. Others suggested that often

knowing it was there was valuable even without regular attendance, calling it a *'Great, friendly and knowledgeable space. I don't get to go as much as I'd like but it's good to know it exists and is there for us all'*

Figure 2: How many times have you attended a Menopause Cafe?

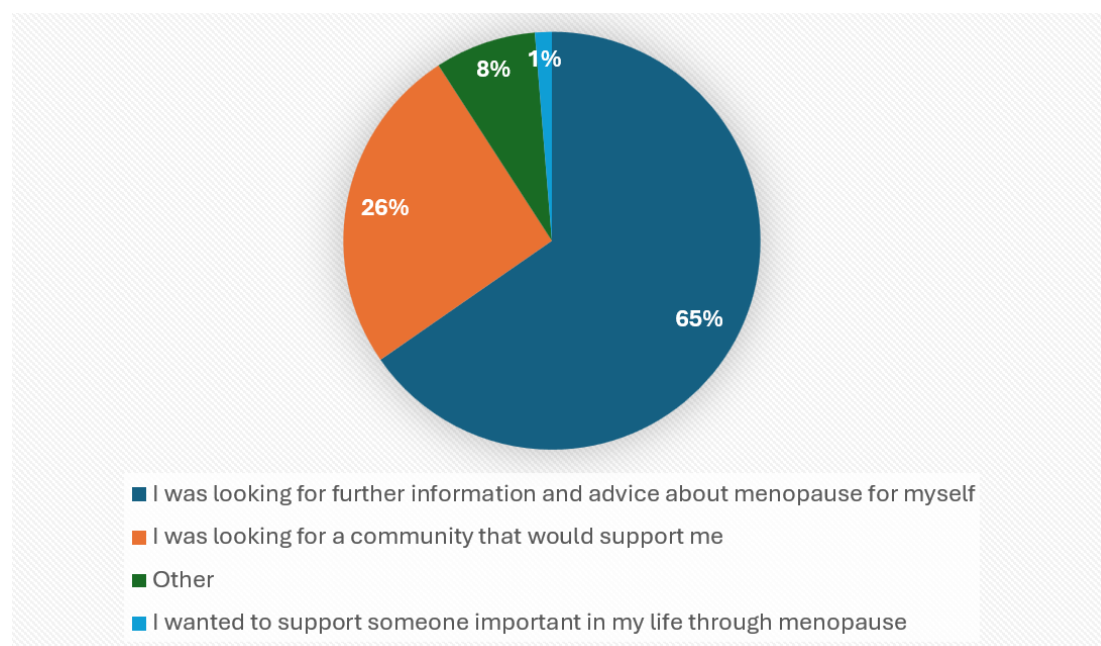


The format of a Menopause Cafe was also seen as central to respondents feeling no pressure to commit. They were perceived as structured in a way that supported those who were overloaded with work and life commitments, or who may be experiencing cognitive challenges related to menopausal symptoms, allowing them to engage when they could. For this reason, many respondents referred to the 'small and informal' structure working for them, with one noting *'The balance of support & information, in bite size chunks was perfect for me'*.

This format facilitated a culture of openness but also required hosts to be proactive in reminding both regulars and newcomers about the principles and ethos of each Cafe. Without careful facilitation, some respondents suggested the open format could feel intimidating as there were different people joining each time. As one noted: *'it would be nice if some people attended more regularly. I miss that consistency'*. In contrast, others discussed how simply knowing the Menopause Cafe was there provided a sense of consistency that was lacking in other aspects of their menopause related experiences. One interviewee discussed the value in being able to *'Reach out to a person who knows you and that consistency just hasn't been there at the GP, unfortunately, but I've found that support and consistency at the Menopause Cafes'*.

The main motivation for attending a Cafe was information seeking and advice around menopause for themselves, with around two thirds (65%) of respondents citing this as their main reason. A further quarter were proactively seeking a support network, with only 1% attending to seek advice to support others.

Figure 3: Main reasons for attending a Menopause Cafe



While interviews and survey responses suggested that the typical attendees of Menopause Cafes were women who were experiencing or have experienced menopause, others stressed the inclusive nature as a feature of the Cafes where both gender and age were not barriers to attending:

[we have] very important connections and conversations with supportive peers. Its a chance for my husband to learn more about women's experiences.

I attended in support of my wife and found it a very welcoming space. I was pleased (if slightly surprised) that the women present seemed at ease and able to talk freely and honestly about their menopause with a man in their group. Each time there were new women in my immediate circle this was the case every time.

Great cafe, inclusive and welcoming. I like that my husband is welcome too.

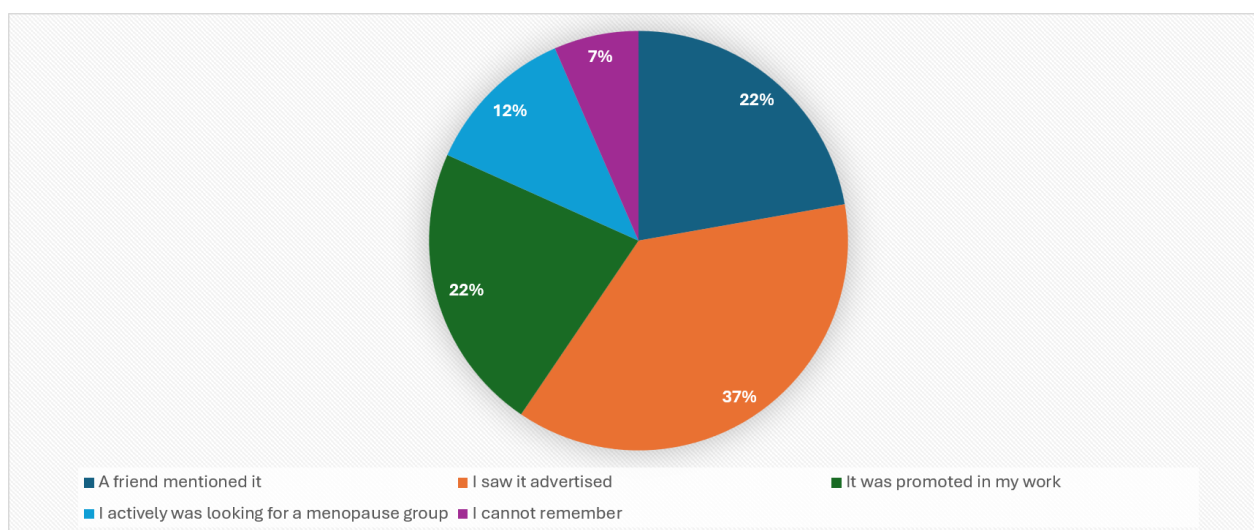
I was relatively young when I went through menopause. [...] As the first of my friend group, I didn't have my usual support network and to be honest, I didn't

know enough at that time to even link these symptoms with a drop in hormones. I thought I was going mad at one point - early onset dementia was a real concern - and my GP was less than useless.

Others emphasised how once they had attended a Cafe, they often recommended to others in their social circle given they *'enjoy going and find it useful. I often tell other people (men and women) about it.'*

Respondents found out about Menopause Cafes in a variety of ways.

Figure 4: How did you find out about your Menopause Cafe?



There was widespread awareness that Menopause Cafes were united by basic principles that respondents referred to as being on the website, that were reported as being reiterated by hosts at the beginning of each cafe. This was central to Cafes being not just an inclusive space, but a plural space where people could talk about their different experiences without people feeling intimidated or arguing about the 'best' approach:

I like that you can talk freely with people who are going through what you are going through. And they can tell you what has helped they it may not help me but I can try it. It's a lovely community and I feel valued, and that makes me feel better.

3.2 What does a Menopause Cafe feel like?

An overriding theme was how Menopause Cafes created a unique environment that was attributed to supporting positive health and wellbeing. While they noted there was not 'one best way' for a café to run, participants in both the survey and interviews were keen to emphasise that there were key attributes that contributed to positive wellbeing.

A repeated theme was how they created a safe space for participants to share their experiences, with many survey and interview respondents highlighting the importance of vulnerability.

I'm really grateful to both the leader of my group and the other members, all of whom have been very vulnerable about their experiences. I'm also just grateful to learn from others about the subject of peri and menopause given how little guidance I've gotten over the years.

This aspect was important to manage during Cafes taking place within workplaces where there were additional power relations that could influence Menopause Cafe dynamics. Tara, for example, emphasised how, as a host, she sought 'to create an environment where somebody who is outwardly very strong can feel very vulnerable and safe as well'.

Respondents highlighted several aspects that enabled the creation of this space. Significant consensus appeared around being uncompromising around their commercialisation. Others enjoy the balance of different types of information where 'The medical route was mentioned as an option but not pushed on you, this was important as you can struggle to decide if HRT is right for you' while others felt this was central to the space making of the Menopause Cafe:

It's a space which is confidential, which is safe, which is not used to sell any type of product or to push any sort of treatment [...] With a heart, let alone common sense, you should never try and put money on that in any way. I just don't think it would be right personally.

Others discussed this as more challenging, given that often there might be value in attendees gaining information being provided by certain groups or people selling or promoting products:

You have to be quite, quite straight with people sometimes, you know, like and tell them that if you want to have a conversation on that level, you're going to have to wait till the end. And it's tricky sometimes to balance that, because sometimes what people are offering is actually very beneficial.

At the same time, both hosts and attendees may have expertise that others are keen to draw on. This required skilful facilitation in order to strike a balance between information sharing and profiteering. For example, one host discussed how she

ensured she was led by the discussion while enabling people to share experiences which may be drawn from their professional expertise.

We have some literature from public health and different things that we offer, but it's completely optional. If the ladies want to go and have a look and talk to us, you know, we've got a hypnotherapist that joins us. His partner is in perimenopause, so he wants to learn to help her. She nervous, doesn't want to come along, so he's coming for her. But actually, some of the information and some of the techniques he can give really help people like with sleeplessness and things like that.

This balance was viewed as even more important given the growing commercial basis of menopause-related services and products, with the Menopause Cafe's independence being central to its credibility. One interviewee discussed how '*The fact that is non-profit enhances its impact in a way. It seems more independent, I think*'. Another survey respondent reflected that:

A PR fire has been lit beneath menopause. Initially, that surge in media coverage, online platforms and celebrity spokeswomen felt like gloriously warm rain after a centuries-long drought. However, as is the way when health issues hit the mainstream, we are now facing new challenges. Menowashing, misinformation and serious £££££'s slapped on anything with the meno-prefix dominate the newsfeeds of middle-aged women - and the bandwagon appears to grow daily.

On the other hand, one interviewee could see the challenge as she felt people should be recognised for their labour:

I definitely think it's something that needs to be looked at because I know these, I know a lot of women. They want to help other women, but this is a business that they're creating and they're basing money in it.

Women also discussed how the Cafe gave them place to begin thinking about what a menopause-sensitive approach to health might feel like when considering their own bodies. Part of this was reflecting on one's own experiences through listening to others:

Having the opportunity to discuss the impacts of menopause on my own health and well-being and coming up with ideas and suggestions for things I can try to improve how menopause impacts me.

I'm quite certain, knowledgeable and quite happy in my own sort of reality and what fitness looks like for me.

The culture that I come from, this would never be discussed. [One participant's] voice was starting to go and she just said 'I think like this space is just wonderful to be able to have this and do this, and I really hope there'll be more of them'.

3.3 Possible challenges

An overwhelming majority of those taking part in the research highlighted a myriad of positive experiences.

Many of the challenges discussed were aspects that others felt were strengths, suggesting no clear 'one-size-fits-all' approach. While some enjoyed the 'free flowing' approach to cafes, others felt they would benefit from some structure. Some attendees suggested the free-flowing approach may also pose challenge for those identifying as neurodiverse where knowing the plan of the meeting may help to enable participation. Others felt it resulted in the Cafe losing momentum:

The Menopause Cafe I follow does meetings with no specific subject. I would love to see specific topics for the meetings rather than no topics at all. Most of the times I attend these meetings it's just ladies telling their problem and complaining about it. Sometimes I feel that this makes me feel low rather than getting the support I need.

Another challenge raised was that participants reported the incidents of 'rogue' Cafes who unintentionally strayed from the general guideline, or cafes that appropriated the name but seemed to deliberately not abide by the principles. As one respondent stated:

It is often not known within businesses that the Menopause Cafe is a registered trademarked charity. Unwittingly, some companies operate Menopause Cafes under the guise and name of a Menopause Cafe without registering and following the guidelines.

Others stressed that the Menopause Cafe, while powerful, was only one actor within a broader context where women's health and lives were not taken seriously and could not possibly cater to all experiences. For example, one participant emphasised the intersectional challenges where:

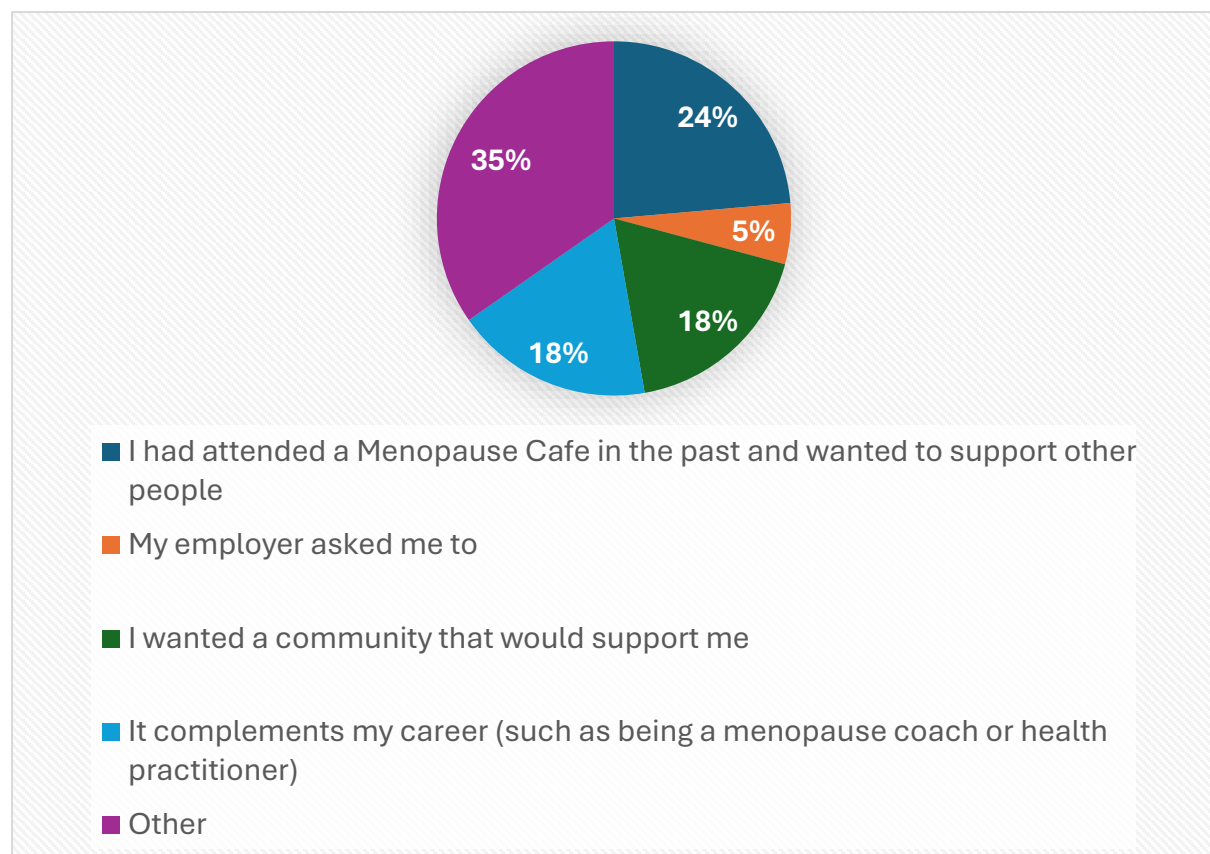
We need to acknowledge and support women from ethnic minority backgrounds who experience menopause differently and face cultural stigmas that prevent them from accessing support and help.

Another challenge emerged through the grey area between hearing testimony from others, and garnering advice that was more medical in nature. On the one hand, providing a space to encourage self-advocacy and confidence to engage with health practitioners was important, as highlighted by one participant who suggested that 'Without the Cafe I would not have been able to access support and medication from my GP'. On the other hand, it was difficult to ensure that people did not misinterpret sharing experiences with an authoritative knowledge based in evidence beyond an individual's lived experience.

3.4 Motivations for being a host

Most menopause hosts responding to the survey were women between 50 and 60 years old who were keen to support others. While some had experience of facilitating through work or other community forums, others felt they did not have a lot of prior experience but felt motivated, often due to *'personal experience & not wanting others to lack support in the workplace or personally'*.

Figure 6: Motivations for becoming a Menopause Cafe Host



For many it was a call to help build community around menopause and more broadly:

There was no Menopause Cafe in our area and it dovetailed with my personal need for community, with one of our strategic goals in the public library system I work for, and with a perceived need in our community.

Connected to this was the personal satisfaction within the group itself. One host discussed that when hosting Menopause Cafes she got 'a nice human feel from it' while another suggested:

Watching that community kind of build itself has been really wonderful, because I mean, on a personal level, I love to see the women empowering each other and me I get a lot out of it personally.

This host, who ran the Menopause Cafe in her workplace, continued by highlighting the value of the 'branding' of Menopause Cafe as supporting credibility in running it, suggesting *'That helped very much make the path easier to get approval to even run the program in the first place'*.

Motivations to hosting Menopause Cafe also orientated around other sources of support. For some respondent, they felt Cafes provided a much need kind of support in rural settings, where other spaces and resources around health and wellbeing may not be as easily accessible:

I was struggling and couldn't find any group that existed in my area where I could talk to others experiencing similar issues. So I decided to start one in my own rural village community.

Just over one third of participants (35%) co-hosted their Cafe, with several respondents highlighting how this approach not only had logistical benefits but also meant they could provide support to each other and debrief afterwards. This was important given that often hosts shared how they would find it difficult not to think about the session afterwards. Hannah discussed how she felt the need to support those feeling particularly distressed during her Cafe:

I'm going to just give her a call on a one to one and just check in with her because she really worried me about how she presented on that call.

For those hosting within their workplace, they felt Cafes often provided a way to internally advocate and effect change within their institutions through participating in the Café as an externally validated and credible setting that somehow felt less beholden to organizational priorities:

I initiated a workplace group when working with our wellbeing team to put together a workplace menopause policy and support and kept it going afterwards. It has now spread to other countries in our group.

For those with some form of organizational backing, there was the opportunity and resource to consider a more proactive appeal to certain groups that might not immediately join. For example, one respondent stated that *'We hosted several cafes, male specific [and another] for all employees, and [also] within a school environment to give the largest opportunity to attend.'*

Other hosts were involved in other menopause and inclusion roles, including through their workplace roles, or being menopause coaches or offering other menopause services. Care was often taken to avoid any competing interests and abiding closely to the state principles of Menopause Cafes:

I started hosting at the time I launched my own practice as a menopause advocate/doula/coach in my country (US) in 2020. But I do keep the space agenda-free. I am also a very experienced Death Cafe host (and end-of-life doula). It's totally compatible.

I wanted a community space to enable local people to feel supported during menopause. I am studying to be a menopause coach, and I am a holistic therapist so very aware of the lack of places to meet to talk menopause.

3.5 Direct benefits to health and wellbeing – WHO Scores

While not possible to statistically assert a direct correlation from the sample size, Menopause Cafes were self-reported by attendees as positively impacting on their wellbeing. The most impactful areas affecting wellbeing were around feeling calm and relaxed, and cheerful and in good spirits. Over 60% of attendees felt that Menopause Cafes made them feel calm and relaxed either all of the time or most of the time, compared to under 30% reporting they felt this in general. Over 70% reported Menopause Cafes made them feel cheerful and in good spirits all or most of the time, compared to under 40% feeling cheerful and in good spirits all or most of the time in general.

We used the WHO marker of 'good wellbeing' being of a score of over 50% (which is calculated from a 'raw' score of above 13). Based on this, the average WHO score self-reporting was 12.664 (50.66%) which is on the threshold of constituting 'good' health according to the WHO measure. However, when asked the same questions in relation to attending a Menopause Café, the average health and wellbeing score was 14.69 (58.76%).

This suggests that attending Menopause Cafes improves self-reported health and wellbeing by over 8 percentage points.

A central element of Menopause Cafe health and wellbeing impacts was gaining a sense of self back as a menopausal person. Just under half of respondents felt that attending Menopause Cafes resulted in them feeling they had given themselves permission to be kinder to themselves. One host shared that *"when attendees arrive, they are sometimes shy. They leave standing tall. They wish to share what they have been doing to improve their health and well-being and others take onboard"*

Central to this was emphasising how they *'didn't feel out of place'*, which was important given menopause had brought a sense of a lack of belonging for several respondents. For example, one interviewee discussed how when things at her work *'weren't quite right'* after a *'bad menopause [...]'* they moved me, because obviously they just move the problem'. Another survey participant compared it to other less hospitable areas of her life: *'Just knowing that as women we are heard by someone who understands is invaluable when so often there is little understanding within the medical community, work or even at home'*.

While reclaiming a sense of identity may be possible through other experiences, one advantage was that the Menopause Cafes did not have a set time period where such a change or transformation was expected or even predicted. Several hosts were

clear about this as part of their role that involved providing support but also being able to 'read' silence and be led by participants over what could be a long period of time:

An individual came, we meet online, their camera was off, and they didn't contribute, but they thanked me after for allowing them to attend and listen. Next month they came and shared and cried. Several months later having had advice from the group, they had received advice and support from the GP's and was a different person. They had found their old self again.

For others, the idea of 'returning' was less important than being able to recognise themselves as being in a new stage and 'appreciating that everything was changing' (survey respondent). Similarly, an interviewee discussed how 'I think it [attending]made me realize that [...] this was my body doing naturally what it should be doing and I just kind of had to just jump on the bandwagon and go for the ride'. In this regard, Menopause Cafes helped to acknowledge their experience as both valid and important:

I have learned how to advocate for myself in my own, pretty unusual, perimenopausal journey. I have learned how it is OK to accept that what I am going through is NOT 'OK' and that I need to be heard.

It has made me realise that I am not alone and that we are all experiencing menopause differently. There is only so much we can do to manage it on our own and I have learnt to be kinder to myself and go with what I am feeling that day and not try to fight it.

In part, this was because of the permission Cafes gave to participants where 'it gives me some time to focus on myself'. This countered 'the invisibility of the more mature female experience' and, with it, the invisibility of themselves or expectation they should feel a particular way.

Others reported being more mindful about their general wellbeing habits because of their participation in Menopause Cafes. 1 in 5 (21%) reported that because of attending Cafes they had been practicing positive sleep or rest patterns. Another participant suggested that 'It makes me feel less alone, it gives me motivation to try new things like eating habits, exercises and helps me to clear my mind and improves my mental health releasing it to someone that listens'.

24% of survey respondents had also attributed healthier habits to their participation in a Menopause Cafe. This could include trying new foods or abstaining from others in their diet, or having the confidence to invest in different activities, as summed up by one attendee:

The Menopause Cafe did not have any agenda, and it was a free flow conversation where others shared their experiences which I found myself relating to. It also was a good place to gain knowledge of how diet changes

and certain supplements could help with symptoms. I have started taking flax seeds, eating more vegetables and fish. I have started to change my dress sense to accommodate hot flushes and taken up yoga to relax and remain calm and focused.

While some hosts felt some trepidation over instances where discussion could move from personal experience-led advice to a dictum, others focussed more on the Menopause Cafe attendance being a vital intervention in maintaining good health more broadly, particularly around mental health. One host discussed how *'it can be really hard and some people you know, are in a really, really dark place. And I think sometimes the Cafes.... I'm not going to say they're a lifesaver, but I do think they make a big difference, you know?'* (Esther).

This sentiment was echoed by many other participants:

I honestly don't know where I'd be without my local Menopause Cafe. It has been a lifeline. Going through menopause during COVID added to the immense feeling of isolation, helplessness, confusion & uncertainty. At times fearful about my mental health. GP was useless and disinterested.

It (attending a Menopause Cafe) helped me realise it's not me, but my lack of certain hormones that was making me feel this way. I knew my periods had stopped, but I wasn't aware of how my body /feelings/thoughts would change to the effect of me not wanting to be here.

Overall, much of the positive health and wellbeing effects were incremental but cumulatively contributed to what was summed up as a *'feeling of lightness'* that may otherwise not be felt about menopause, their experiences, or themselves. For example, one reflected that *'I look forward to attending, enjoy my time there and come away feeling more positive about this period of my life'*. Others suggested that attendance positively changed their mood, reduced feelings of isolation, and strengthened reassurance and hope, leading to meaningful improvements in mental wellbeing more broadly. Importantly, even in the presence of other health challenges, this created a positive ripple effect that enhanced overall health and resilience.

I can't quite put my finger on it, but every time I leave Menopause Cafe, I feel happier in myself. My mood is lifted and I feel better about myself. I know I'm not alone and even if I'm struggling, I know it will be OK. This has really impacted on my mental health for the better. Unfortunately, I have other health issues that this can't help with (not Menopause related) but just this one thing does have a knock-on effect.

In the words of one attendee:

In the MC, laughter lifts me up at a time in life when the daily challenges are brutal: raising a family, holding down/changing career, supporting/caring for

dying parents, body changes that lower self-esteem and general mood which negatively impacts relationship.

3.6 Indirect benefits to health and wellbeing

Attending Menopause Cafes also has more indirect impacts on health and wellbeing. One key benefit was not simply accessing information and the experience of others about menopause but enabling people to 'join the dots' around various health-based experiences they had. Several attendees emphasised how Menopause Cafes had been formative in helping them reflect on their own experiences and recognise that their experiences may be linked to menopause. Others discussed how listening to other people during Cafe conversations was a catalyst to seeking further information and healthcare support that they otherwise wouldn't have thought to seek out:

Until I attended the first Menopause Cafe, I hadn't entirely connected the dots of what was going on. Listening to other women talk freely gave me a 'eureka' moment.

Connected to this was attendance could help increase confidence for interactions with healthcare professionals:

The knowledge I have gained from the cafe has helped me with my overall knowledge of gynae issues - things that are suggested in the cafe, I research for better understanding. I now feel, quite frankly, that my knowledge is pretty good and this actually makes healthcare professionals take me seriously - they know I know what I'm talking about.

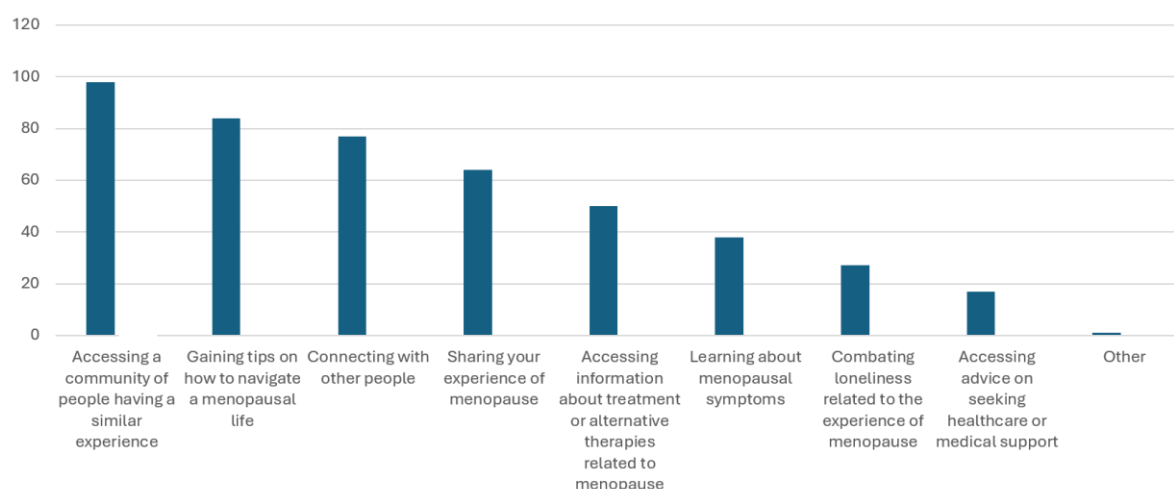
Given the significant risk factors and adverse outcomes associated with loneliness, Menopause Cafes played a vital role for participants seeking community and solace with and from others:

Sharing the experience of menopause with other people helps me feel less isolated in my own menopause journey. Great to learn from other people's experiences and to share my own journey. All who attend are bound together by their experience / interest in all-things 'menopause'.

I didn't realise how lonely I was feeling about navigating this stage of life until I met other women in a dedicated space to chat about life and our menopause experiences. It definitely makes it feel easier.

Participants also emphasised connection and community as two of the top four most valuable outcomes of attending Cafes.

Figure 5: Most valuable outcomes in attending a Menopause Cafe



Community building through Cafes could also filter out into other actions beyond the Café. For example, one respondent discussed a time when one woman, who had had a negating experience at the healthcare providers, discussed it with her Cafe and *'we came up ideas and somebody who was with us and one said I'll go with you. I'll go with you to the doctors. So there was that, which and then we saw the next time, which was two months later, and she looked fantastic.'*

Other suggested that community building came from the emotional relief and release that created a safe space:

I was on a downhill prior to attending a Menopause Cafe. When I attended I was nervous and anxious, thinking am I going to be the only one feeling like this? Am I silly when all other women get on with it. My knowledge of what I was going through was very little other than reading bits here and there. When I attended it was a huge relief to hear other women going through the same as I. What was shocking was just how many different menopausal symptoms there are. It was a sigh of acceptance that I wasn't going mad or being silly.

This also held vicarious effects that included women gaining strength from their Cafe community in ways that changed their approach outside the Cafe. 35% of those participating in Menopause Cafes had subsequently asked for help or support with their menopause or their symptoms, while 32% had engaged with their healthcare professional about their menopause for the first time.

Others discussed how providing the opportunity to talk about menopause within cafes also had knock-on effects of talk beyond the Cafe, 50% of attendees said that

as a result of attending a Menopause Cafe they had talked to their partner or friend about their menopause in more depth than before:

This is a topic which was unspoken about amongst my friends and family. And attending the Menopause Cafe has given me the knowledge to explore and talk openly with my friends and family and make them aware it's ok and it's real. And this makes me confident and happy.

Others discussed being more open in general about menopause, including 44% talking about their menopause in the workplace, and other being more open in general, with one participant explaining that *I've supported other women outside the cafe by talking more openly about my experience of menopause and HRT.*

Part of this also came from the openness for others to attend. One interviewee discussed the impact of a regular attendee's partner coming to one session:

It doesn't happen very often, but the last session I went to there was actually a partner there as well. A Male partner, and he was great as well because it just showed that what, you know, what sort of support you can get from your partner. And I think a lot of people find that really enlightening as well.

3.7 Health and wellbeing experience of Menopause Cafe hosts

As discussed above, hosts' motivations for starting or running a Menopause Cafe were wide-ranging, although, for many it was connected to a professional role, either in terms of their professional interests or independent businesses or with a Cafe being situated within their workplace.

While a majority saw supporting others as important, there was also a community-building element for themselves as reflected by one participant who suggested *I felt there was a need for it in the area and no one else was doing it. It was also a way to meet other women*.

A majority of hosts disclosed having some prior experience of working with people, which helped to facilitate their group. This was viewed as being invaluable given that it required skills and techniques in being able to maintain a safe and inclusive atmosphere when highly emotive topics may be being discussed. Attendees recognised this, while also emphasising how they relied on the host to moderate the emotions and atmosphere in cafes:

I have only attended one. I found it very interesting and informative. Unfortunately, there was one lady that took over the evening and this meant that we were not all able to talk. I think this situation needs to be handled better.

Julie echoed this point talking about the difficulty of *'trying to sort of block out the noise and just kind of concentrate on why we're here'*. She reflected that:

As a host it can be quite exhausting. And you do get attendees that kind of sometimes monopolize the meeting. And you have to have really good skills to kind of go Yes, I understand. But you know that's your view.

The strain of holding cafes had to often be carefully balanced with their own health. One host, who had made the decision to host after a negative experience of attending one expressed the challenges of hosting, suggesting that:

I attended a Cafe and didn't find it useful. There were not enough people and no structure. I decided to start my own Cafe and have hosted 4 meetings so far. However, I have postponed hosting any more Cafes for now as it was causing me debilitating health anxiety.

My mental health gets a bit of a boost from it, especially when you see the relief.

My first one and I nearly died because about 20 odd people turned up and it was just me and I went, Oh my God. I was there for two. That's what's scaring me when I'm thinking about, because I do want to host a Menopause Cafe. But I'm such a nervous energy house. This many people, and then they all came in and normally I just get everybody introduced themselves. So, by 9:00, everybody was still introducing themselves. Oh my God. But in a way it was really good [we were telling everybody where they were, what they'd tried'.

While guidance is provided that suggests working in small groups to allow everyone the opportunity to talk and share, facilitators also emphasised the challenge of creating an inclusive Cafe culture in which numerous different menopausal experiences could be voiced, recognised and appreciated. At the same time, maintaining a plurality around the choices of how women managed their menopause needed to be balanced with a sense of community. When this was achieved, *'It is an amazingly supportive space, with women of a similar kind of age, with a variety of experiences that, no matter how different, leaves me feeling a sense of camaraderie. We can share different experiences and the knowledge we have gleaned without it being a taboo'*. At times, respondents discussed the potential for conflict around different perspectives, especially contested opinions around HRT¹⁴. Hosts suggested this was a difficult area to navigate, as also suggested by participants responses:

I felt that I wasn't encouraged to talk about using HRT, but that is my experience of what helped me. It would be helpful to be able to talk freely.

I would have benefitted from hearing from women who were managing the menopause without going down the HRT route. Everyone was taking HRT and raving about how fabulous it was and how it solved all of their problems.

¹⁴ Hormone replacement therapy; a treatment available on prescription that replaces the hormones oestrogen and progesterone

The reason why I didn't go back to the Menopause Cafe is because I was not taking HRT.

Some hosts were very aware that they were 'passive vessels' for people and '*just for someone to listen to you that someone that understands what you're going through is big in itself*'. This host additionally suggested that this could limit the amount you might share or seek support for yourself. This could be a particular challenge if things went wrong. During this, it may be a strain to try and stay a facilitator, rather than either reacting or oversharing your own experiences:

**** (fellow host) and I always think as a host you've got to be quite vanilla and not say anything you know, you can see your own experiences [in others], but you just, you're very vanilla as I call it.*

Others referred to the additional strain of trying to keep a Menopause Cafe going. This was more of a concern for those who did the work entirely voluntary (as opposed to within their organization), as there was a need to not only run the Cafe but keep advertising it and making others aware of it. One host stated that '*I hosted MC for approx. 1 year but stopped due to waning numbers*' while another participant suggested that '*once the group forms, the MC does not facilitate actions for the group who may become bored; as stories dry up, the group could lose momentum*'. This could result in more pressure on hosts, especially given that some, referred to it as an '*essential service*', even though it was fully volunteer run.

Others discussed how a lot of the time was not in the cafes, but making sure they were a success, as one host suggested:

The logistics of being a Menopause Cafe host are quite tricky. It's quite difficult to get consistent numbers to attend, particularly in my area, I don't know why. So, I probably spend quite a lot of time on the kind of promotional side.

Others discuss having to find resources as taking up a lot of time. For example, one host, Kate, discussed the significant labour of arranging logistics where '*we've got a whole raft of organizations that give up their space. So I basically phoned cafes and gyms and all sorts and said we want to run a Menopause Cafe. We don't have budget, we're a charity*'.

For those who had taken on the role in their workplace, there was also the challenge of the work not being recognised or being absorbed into their job with little recognition. This could have negative consequences and become a form of gendered labour disproportionately placed on older women in the workplace:

'I think for me personally it's just been exhausting at times to be quite honest because I don't feel I've had the support I was promised when I said I would do it. So it's been, it's just like another task that ends up for you to do.

4. Conclusions

Menopause Cafes are unique spaces that positively influence the health and wellbeing of those attending. While there was a high diversity amongst Menopause Cafes and the respective experiences of microcultures of each cafe, findings suggest that subjective expressions of health and wellbeing were directly attributed to supporting health and improving wellbeing of menopause experiences in three ways. These cross-cutting elements played a fundamental role in supporting the health and wellbeing of those involved: Care, Connection and Collaboration.

4.1 The three C's of Menopause Cafe health and wellbeing benefits

Care took a variety of forms. Menopause Cafes provide a space that gives permission to reflect on one's own experiences and to allocate time and space to do so. This was not only around self-care, but also about permission to seek healthcare support or return to a healthcare practitioner to ask for support again.

The interdependence of this care was central to 'fuelling' Menopause Cafes. Different relations, whether through hosts and attendees or between attendees was generated through an ethics of nurture, but also around a broader moral importance of fostering these spaces as a foil to other spaces that were potentially dismissive or negating of women's experiences. This sense of purpose was itself attributed to positive wellbeing outcomes.

There is of course a gendered element to care that also underpins the situated dynamics of Menopause Cafes. Socially and culturally, care as a form of paid and unpaid labour is heavily skewed toward women. While the work of hosts and of the Menopause Cafe team is recognised by immediate stakeholders such as attendees, it does bring up questions around value and recognition being acknowledged at a policy or systems level. A critical question therefore emerges around whether such a vital space and service should rely on significant unpaid labour.

Connection was not simply about a sense of community and solace in finding and sharing similar experience but also finding a way to connect with significant others in attendee's lives or connect with themselves. Doing so in Menopause Cafes was valuable as they provided a space that benefited attendees' wellbeing as a safe and trusted environment free from commercial or other perceived nefarious agendas.

Social connection and belonging were possible either in person or online Cafes, and there were various experiences that highlighted the challenges and benefits of both forms. Evidence suggested Menopause Cafes often creates networks and support mechanisms that both gave attendees the confidence to further advocate for

themselves and also provided support in terms of accompanying fellow participants to meetings or appointments, thus enabling better access to resources or further support.

While experiences of menopause – whether personal or vicarious - provided a unifying element in Cafes, at the same time, it may be that other intersectional dynamics played a part. For example, Cafes and hosts may attract a community ‘like them’, due to digital accessibility or geographical location, and this may be biased towards particular socioeconomic groups. It may also be that a growing awareness of neuroinclusivity may mean that a more explicit consideration of how connection that assumes neuronormative dynamics may enable or constrain health and wellbeing benefits for some groups over others. However, it is also recognised that any support for areas such as cultural competence that may remove barriers to maximising health and wellbeing benefits for all requires resource.

Despite the research taking place at a time when there was increasing rhetoric around the problematics of identity politics and sex/gender, it was notable that a widespread assumption of inclusive principles meant that there was no discussion of exclusionary or other tensions around identity that other accounts of community or peer group support suggests being a challenge around ableist, racial or socioeconomic dynamics¹⁵. At the same time, there was an overriding experience that Menopause Cafes are successfully able to happily and productively ‘muddle along’ despite differences. This is not to say that challenges and tensions within Menopause Cafes did not emerge; rather that there was the sense of a collective responsibility to work through aspects to achieve the primary ambition of the Menopause Cafe as a space to share in good faith. In this regard, plurality of thought and diversity of opinion was often mentioned as one of the strengths of Menopause Cafes in that people could discuss their own perceptions, opinions and choices in ways that might differ across the group but were recognised and respected by others.

Collaboration spoke to a sense of not simply passively attending but feeling part of a collective that could help enact change in their own and other people’s experiences. This often contrasted with other spaces such as in work or healthcare encounters, where they felt either overlooked, or made to feel alienated from a sense of control and recognition of their bodies.

Enabling this collaborative culture was informed by their unique status as not fitting neatly into current categories such as ‘community group’, or ‘social prescribing partner’. Because of this status, it was perceived that there were fewer embedded

¹⁵ Salla, A., Foster, R., Crowl, C., Lewis, D., Maskell, J. and Gillard, S., (2026). A Qualitative Exploration of mental health peer support provision for racially minoritised people in England, <https://doi.org/10.21203/rs.3.rs-8337940/v1>

relations or instituted power dynamics, notwithstanding dynamics around gender, age and class. The openness of the Menopause Cafe form as sitting outside other parameters of support groups, counselling, or commercial spaces was part of their appeal for those involved. For hosts, it allowed them to feel they could locally, and often immediately, respond to the needs of those in the room, while for attendees, they benefitted from the lack of pressure to conform or be there at a certain time, especially when their own symptoms may affect their ability to do so.

While the openness and permeability of the Menopause Cafes was an advantage as it meant the structure did not constrain or put pressure on attendees, this required a lot of background work and dedication from hosts. It also required carefully negotiating any mismatch between those attending for a wide variety of reasons, or those attending less regularly.

What was noticeable was that while hosts felt an affinity with the brand of Menopause Cafe, there was not much discussion of collaborative support between hosts. This is not a criticism, but more likely to do with prioritising (very limited) time to focus on their particular Cafe. There was, however, a suggestion that if broader connections with other support systems were possible, such as access to broader community health systems that also sought to promote health and wellbeing¹⁶.

¹⁶ Schneider, H., Olivier, J., Orgill, M., Brady, L., Whyte, E., Zulu, J., San Sebastian, M., George, A. and Chaminuka Collective, (2021). The multiple lenses on the community health system: implications for policy, practice and research. *International Journal of Health Policy and Management*, 11(1), p.9.

5. Recommendations

The Menopause Cafe model and movement has thrived despite having limited financial resources. When developing recommendations, the research team were very mindful that they should be made in the context of a voluntary initiative where much of the labour and responsibility is undertaken with no monetary compensation, and often by women who themselves may be living with challenging menopausal symptoms.

The recommendations here are not only valuable to the Menopause Cafe charity and those currently hosting or attending. They also provide evidence-based insights that can support any workplace menopause actions that form part of UK Gender Equality Action Plans. These plans will be mandatory for UK organizations with over 250 employees from Spring 2027. As outlined in UK government guidance¹⁷, one possible action is supporting menopause related support groups in the workplace. The below points provide invaluable evidence-based guidance on 'what works'.

¹⁷ [Action plans: list of actions - GOV.UK](#)

5.1 Recommendations for the Menopause Cafe Charity

- **Keep doing what you are doing:** The ethos, momentum and clarity of messaging about what Menopause Cafes are, and the impact they have on improving women's health and wellbeing is significant and noteworthy. We see this as an example of best practice in community-driven health and wellbeing.
- **Succession planning:** There was acknowledgement from hosts and attendees that the Menopause Cafe as a movement relied on Rachel Weiss as its founder. Considering possible succession planning is vital to ensure the long-term continuance and success of Menopause Cafes.
- **Explore funding strategies:** Funding is often challenging for ongoing business-as-usual activities (although see 'policymaker recommendations' below). There may be routes to consider how particular initiatives may help to produce longer term resources for the charity without disproportionate burden on hosts or the leadership team. For example, Robertson Trust Funding or National Lottery Community Funding may provide subsistence for ongoing costs and the opportunity to develop resources to support Cafes that have a focus on the neurodiverse experience of menopause or those in underrepresented communities.
- **Central or co-shared resources:** Hosts may benefit from more connection between them, both as a source of support and ongoing motivation, and experience sharing. While they recognised the excellent resources available, it is suggested the current e-newsletter could include areas with information for hosts specifically (with a space for hosts to share experiences and tips for running Cafes).
- **Strategic alliances:** Building relationships with other charities, third-sector organizations, and local authorities may help to provide support for governance, future planning and exploring sustainable models for funding success. This can help secure financial or in-kind support, and share resources, as well as reach potential attendees that are part of other communities and who may benefit from Menopause Cafes.

5.2 Recommendations for hosts

- **Recognise the emotional labour involved in hosting:** Hosting a Menopause Cafe can involve significant emotional labour. It is helpful to consider what support networks you might draw on, such as connecting with hosts of other Cafes or partnering with a co-host or “buddy”. Co-hosting can also help provide the consistency of a regular meeting time, which is invaluable for enabling the Cafe’s “drop-in” nature. Without shared responsibility, maintaining this regularity can become burdensome for a single host.
- **Build or draw on facilitation skills:** Many hosts already have experience in group facilitation, but relying on prior experience may inadvertently skew hosting towards some demographic groups over others. It may be useful to consider what resources or free training opportunities are available to support the development of these skills to allow hosting opportunities to be fully accessible to all groups. Developing confidence in facilitation can also help ensure discussions in Cafes remain inclusive, respectful, and constructive. Training can include having online meetings just for hosts where they can share challenges and facilitation tips or buddying between hosts of different Cafes.
- **Plan for the time commitment beyond the sessions themselves:** Maintaining and sustaining a Cafe often requires more time than the sessions themselves. Tasks such as organizing venues, publicity, communicating with participants, and maintaining community connections can be significant and should be factored into planning.
- **Use the Cafe as an opportunity to build community connections:** Menopause Cafes offer flexibility to curate a community that may benefit from shared conversations about menopause. Hosts might consider collaborating with other groups to enrich the experience or broaden participation. For example, connecting with groups such as Men’s Sheds could open up new conversations and perspectives within a shared space and may help foster greater diversity if this aligns with the host’s ambitions.
- **Be clear about the purpose of the Cafe:** Clearly communicating the status, principles and purpose of the Cafe is important, although it can sometimes be a source of tension. Reiterating that the Cafe is not a support group or an advisory service, but rather a space for open conversation, can help establish a collaborative environment and maintain people’s expectations around their experience of Cafes. This helps prevent discussions from becoming prescriptive or presenting a single ‘right approach’ to menopause.

5.3 Recommendations for workplace/organization-sponsored Cafes

- **Be mindful of workplace dynamics:** Workplace Menopause Cafes can provide valuable spaces for support and discussion. However, organizational hierarchies and power dynamics may influence how comfortable employees feel participating. It is therefore important to clearly define the relationship between the Cafe, its attendees, and the organization to help ensure the space remains supportive and psychologically safe.
- **Clarify organizational boundaries and responsibilities:** If an organization chooses to host a Menopause Cafe, it should clearly outline how the Cafe fits within existing workplace policies and practices. This includes ensuring the success of the Cafe does not rely on a gendered distribution of unpaid volunteer labour (in other words, that employee hosts work 'for free' rather than given time or acknowledgement within their role).
- **Ensure clarity of disclosure and data:** It should be clear that discussions, such as the discussion of disabling symptoms, (i) remain confidential within the Café and separate from formal workplace processes, and (ii) do not count as disclosure to the organization. There should also be clarity that no data on people's health conditions is recorded in any form or maintained by the organization.
- **Define the hosting role and expectations:** Organizations should be clear about whether the hosting role is attached to a specific organizational position or to an individual. Expectations around the role should be transparent, including responsibilities, boundaries, and the level of organizational involvement.
- **Provide practical organizational support:** Although Menopause Cafes are relatively low-resource and high-impact initiatives, they are not resource-free. Organizations should provide practical support such as meeting space, refreshments, and dedicated time for hosts to organize and facilitate sessions. Even modest contributions can demonstrate organizational commitment and help prevent cynicism or resentment.
- **Consider who can join:** Organizations are often hubs within a broader community. Consider whether there is value in opening up the Café, either to the local community, or to other workplaces. Employees in small and micro businesses and entrepreneurs may especially value the opportunity to be part of a workplace-based Café. Their involvement may also emphasise to employees that the Café stands independently from the organization.

5.4 Recommendations for policy and healthcare stakeholders

- **Recognise the role of Menopause Cafes in community wellbeing:** Menopause Cafes play an important role in supporting menopausal health and wellbeing by providing safe, community-based spaces for conversation and peer support. However, there is a risk in that Cafes rely heavily on unstable, ad hoc limited funding or on volunteer labour that may disproportionately exclude time-poor communities¹⁸.
- **Leverage the social value of Menopause Cafes:** Policymakers should seek to better understand how Menopause Cafes contribute positive to social and economic outcomes. In particular, assessing the social value of Cafes is vital to assess where to best invest to support healthier lives.
- **Provide free training and resources for hosts and facilitators as part of a broader set of resources for charities and third sector organizations:** Offering free training and resources in areas such as mediation, project management, online group facilitation, psychosocial safety, and community moderation would help support hosts. This is particularly valuable for volunteers who may not have access to these skills through their employment.
- **Create recognition and professional development for community-based health promotion stakeholders:** There is a reliance on volunteers for resourcing Menopause Cafe as hosts. Providing opportunities for them to collaborate and connect with others involved in community-based initiatives will provide recognition of the important role Cafes play in the broader ecosystem of Menopause support. It will also give other community stakeholders insight into the local concerns and priorities or ideas raised in Cafes that will help to inform their own practice.
- **Introduce multi-year funding programs:** Funding programs that support ongoing initiatives would allow hosts to guarantee the continuation of Menopause Cafes over a set period. Longer-term funding would also enable Cafes to be inclusive while also focusing on specific groups or communities, where trust and connection take time to develop.
- **Provide small-scale financial support:** Even small amounts of funding can make a significant difference. This could help cover basic costs such as low-cost room hire, refreshments, or materials that make the Cafes more welcoming and accessible.
- **Simplify funding application processes:** Funding applications should be proportionate to the amount of money requested. Some hosts report that applying for small grants involves a large amount of paperwork and ongoing governance requirements, which can discourage volunteers from applying.

¹⁸ It is noted this may disproportionately impact communities in low socioeconomic areas where more time needs to be allocated to basic subsistence tasks - Hirway, I. (2010). Understanding poverty: Insights emerging from time use of the poor. In *Unpaid work and the economy: Gender, time use and poverty in developing countries* (pp. 22-57). London: Palgrave Macmillan UK.

- **Integrate Menopause Cafes into social prescribing networks:** With support for a sustainable infrastructure, Menopause Cafes have the potential to be part of a broader social prescribing ecosystem, where healthcare providers can refer individuals to community support groups. Policymakers should support education for healthcare professionals, so they better understand the role community groups play in promoting wellbeing and positive conversations around menopause.
- **Improving the capacity and skills of healthcare professionals to support menopausal health:** Participants repeatedly highlighted their GP's inability to address or support their menopause. Setting targets for minimum menopause education during medical training and continuing professional development (CPD) would avoid a disproportionate burden or pressure on Menopause Cafe hosts to provide support for 'everything' menopause related.

Ends

Menopause Cafes happen all over the world, but what is their impact on the health and wellbeing of those who attend?

This report, produced by the University of Glasgow in collaboration with The Menopause Cafe Charity, explores the experience of both attendees and hosts of Menopause Cafes. Rich survey and interview insights identify ways that Cafes facilitate and promote care, connection and collaboration. It makes several recommendations for policymakers, healthcare professionals and organizations that will not only support the success of Menopause Cafes in workplaces and social settings but also lead to better recognition of menopausal lives.

