

ONR

Menopause Policy and Guidance

Table of Contents

<u>Introduction</u>	3
<u>Aims</u>	3
<u>Definitions</u>	4
<u>Symptoms of Menopause</u>	4
<u>Drivers</u>	5
<u>Roles and Responsibilities</u>	5
<u>Links to Other Policies</u>	7
<u>Links to External Resources</u>	8
Appendices	
<u>Appendix 1 – CDMs Guidance for Colleague Discussions</u>	10
<u>Appendix 1A – ONR Wellness Support Plan</u>	13
<u>Appendix 1B – Risk Assessment</u>	16
<u>Appendix 2 – Menopause Advice Sheet- How to Talk to your GP about Menopause</u>	19

1. Introduction

Who is this guidance for?

This guidance is for all colleagues. ONR is committed to providing an inclusive and supportive working environment for everyone who works here, in line with our [organisational values](#) (fair, open-minded supportive and accountable).

This guide is aimed to raise the awareness of menopause related issues and how they can affect those going through the menopause. It also provides guidance on how we may deal with menopause related issues, either **for colleagues experiencing this natural stage of life condition**, or **for those who are perhaps affected indirectly, for example, CDMs, partners, including same sex relationships, and colleagues.**

1.1. Menopause is a natural part of life, and it isn't always an easy transition. With the right support, it can be much better. Whilst every woman, trans or non-binary person does not suffer with symptoms, supporting those who do will improve their experience at work.

1.2. Menopause should not be taboo or 'hidden'. We want everyone to understand what menopause is, and to be able to talk about it openly, without embarrassment. This is not just an issue for women, trans and non-binary people experiencing menopausal symptoms, all colleagues need to be aware regardless of their gender. From September 2020 menopause will be added to the school curriculum in England and this is a move welcomed by campaigners.

1.3. The changing age of the UK's workforce means that between 75% and 80% of menopausal women are in work. Research shows that the majority of women are unwilling to discuss menopause-related health problems with their line manager, nor ask for the support or adjustments that they may need.

1.4. This policy sets out guidance for members of staff and Career Development Managers (CDMs) which may be helpful in providing the right support to manage menopausal symptoms at work.

2. Aims

2.1. We aim to:

- Foster an environment in which colleagues can openly and comfortably initiate conversations or engage in discussions about menopause.
- Ensure everyone understands what menopause is, can confidently have good conversations, and are clear on ONR's policy and practices, supported by HR and [Occupational Health](#).
- Educate and [inform CDMs](#) about the potential symptoms of menopause, and how they can support women, trans and non-binary people at work.

- Ensure that women, trans and non-binary people experiencing menopause symptoms feel [confident to discuss it](#) and ask for support and any reasonable adjustments so they can continue to be successful in their roles.
- Reduce absenteeism due to menopausal symptoms.
- Assure colleagues that we are a responsible employer, committed to supporting their needs during menopause.

3. Definitions

- **Premature Menopause**, the NHS estimates that around 1 in every 100 women will experience a premature menopause, before the age of 40. In some cases, it can happen to women in their teens or twenties. In many cases there is no clear cause of a premature menopause
- **Menopause** is defined as a biological stage in a woman's, trans or non-binary person's life that occurs when they stop menstruating and reaches the end of their natural reproductive life. Usually, it is defined as having occurred when a woman, trans or non-binary person has not had a period for twelve consecutive months (for those reaching menopause naturally). The average age for a person, to reach menopause is 51, however, it can be earlier or later than this due to surgery, illness or other reasons.
- **Perimenopause** is the time leading up to menopause when a woman, trans or non-binary person may experience changes, such as irregular periods or other menopausal symptoms. This can be years before menopause.
- **Medical, surgical or chemical menopause**: Some women, trans or non-binary people experience a medical or surgical menopause which can occur suddenly at any age when the ovaries are damaged by specific treatments such as chemotherapy, radiotherapy, or surgery. This can happen as a result of cancer treatments, for example. A surgical menopause can also occur when a woman's, trans and non-binary person's ovaries are removed as part of a hysterectomy. Chemical menopause is used to describe a deliberate artificial menopause. It is usually temporary and reversible and can be used medically to treat some conditions including [endometriosis](#) or [fibroids](#).
- **Post menopause** is the time after menopause has occurred, starting when a woman, trans or non-binary person has not had a period for twelve consecutive months.

4. Symptoms of Menopause

- It is important to note that not every woman, trans or non-binary person will notice every symptom, or even need help or support. However, 75% of those going through menopause do experience some symptoms, and 25% could be classed as severe.

- Symptoms can manifest both physically and psychologically including, but not exclusively, hot flushes, poor concentration, headaches, panic attacks, heavy/light periods, anxiety, and loss of confidence. Some women, trans and non-binary people also experience difficulty sleeping. Anxiety in its own right can be an underlying health condition that has coverage under the Equality Act 2010 and therefore affords reasonable adjustment – so ultimately this may indirectly become a risk for discrimination if handled poorly by managers.

5. Drivers

- ONR has used guidance from ACAS and the Chartered Institute of Personnel & Development (CIPD) and NICE, to inform this policy.
- Self-management, with support from HR, CDMs and colleagues, will help to manage symptoms. [Appendix 1](#) details some recommendations to support symptomatic women and men, who may need advice and support.
- [Appendix 1a](#) is a template to assist you in recording conversations, and agreed actions and adjustments, with colleagues.

6. Roles and Responsibilities

All colleagues are responsible for:

- Taking a personal responsibility to look after their health. [It is worth talking to your GP](#) if you have menopausal symptoms. Your GP can offer treatment and suggest lifestyle changes that may help you.
- Being open and honest in conversations with CDMs/HR and [Occupational Health](#)
- If an individual is unable to speak to their CDM, or if their CDM is not supporting them, they can speak to HR, Trade Union representative, [Confidential Support Advisor](#) or a [Mental Health \(MH\) Ambassador](#) (there are designated MH Ambassadors who have experience of menopause/and or menopausal symptoms that can help).
- Contributing to a respectful and productive working environment – Being willing to help and support their colleagues
- Understanding any necessary adjustments their colleagues are receiving as a result of their menopausal symptoms

CDMs ([see Appendix 1 for CDMs Guidance](#))

All CDMs should:

- Familiarise themselves with the Menopause Policy and Guidance
- Be willing to have [open discussions about menopause](#), appreciating the personal nature of the conversation, and treating the discussion sensitively and professionally

- Use the guidance in Appendices [1](#) and [2](#), signposting and reviewing together before agreeing with the individual how best they can be supported, and any adjustments required
- Record adjustments agreed, and actions to be implemented
- Ensure on-going dialogue and review dates
- Ensure that all agreed adjustments are adhered to.

The more supportive and knowledgeable CDMs are about the range of menopausal symptoms, the less likely that women, trans and non-binary colleagues will feel embarrassed to discuss how the menopause is affecting their health and their work. Awareness about the symptoms and range of support available will also increase managers own confidence in discussing the issue. [The Wellness Support Plan](#) (Appendix 1a) can help those experiencing menopausal symptoms get the right kind of support from their CDM.

Certain aspects of a job or the workplace can represent a barrier for someone experiencing menopausal symptoms. CDMs have a responsibility to consider and put in place reasonable adjustments to alleviate or remove these barriers wherever possible, so that women experiencing symptoms can carry on performing in their role

Where appropriate to do so, CDMs and individuals may need to consider undertaking a formal risk assessment; however, this is most likely to be in exceptional circumstances, where situations of high risk and high hazards are identified within dialogue and/or from the resulting [WSP](#) initiated. [Risk assessments](#) (Appendix 1b) can consider the specific needs of those experiencing menopausal symptoms and ensure that the working environment will not make their symptoms worse. Often, making simple changes to the working environment can help to alleviate the impact of some symptoms.

Where adjustments are unsuccessful, or if symptoms are proving more problematic, the CDM may:

- Discuss a referral to [Occupational Health](#) for further advice
- Refer the employee to [Occupational Health](#)
- Review Occupational Health advice, and implement any recommendations, where reasonably practical
- Update the action plan, and continue to review

Where appropriate to do so, Managers and colleagues may need to consider undertaking a formal risk assessment; however, this is most likely to be in exceptional circumstances, where situations of high risk and high hazards are identified within dialogue and/or from the resulting [WSP](#) initiated.

7. Occupational Health

The role of [Occupational Health](#) is to:

–

- Carry out a holistic assessment of individuals as to whether or not menopause may be contributing to symptoms/wellbeing, providing advice and guidance in line with up-to-date research
- Signpost to appropriate sources of help and advice (refer to [Appendix 2 for more information](#))
- Provide support and advice to HR and CDMs in identifying reasonable adjustments, if required

8. Human Resources (HR)

HR will:

- Offer guidance to CDMs on the interpretation of this Policy and Guidance;
- Develop briefing sessions, for colleagues;
- Monitor and evaluate the effectiveness of this policy in respect of related absence levels and performance.

9. Employee Assistance Programme (EAP)

The [Employee Assistance Programme](#) will provide:

- Access to 24/7 telephone counselling for all ONR colleagues. Please note that this service is completely independent, anything you discuss with the service is kept confidential and is never shared with your CDM, HR, or anyone else in ONR.
- Health and well-being support covering a range of personal topics including relationship advice and if needed counselling

10. Links to Other Policies

This policy is linked to:

- [Flexible working guidance](#)
- [Sickness Absence](#)
- Capability

11. Appendices

[Appendix 1 - CDMs Guidance for Colleague Discussions](#)

[Appendix 1a - Wellness Support Plan](#)

[Appendix 1b Risk Assessment](#)

[Appendix 2- Menopause Advice Sheet.](#)

12. Links to External Resources

Type of Support	How to access it
<p>To talk to someone privately, an independent and confidential free service available to all ONR colleagues through the Employee Assistance Programme.</p> <p>This service is completely independent and as well as support covering a range of personal topics including relationship advice you can access a free confidential counselling service.</p>	<p>All colleagues can access counselling or someone to talk to privately through Health Assured, Employee Assistance Programme, Workplace Health and Wellbeing Provider.</p> <p>Call: 0800 028 0199</p> <p>Anything you discuss with the service is kept confidential and is never shared with your CDM, HR, or anyone else in ONR.</p> <p>Find out more on Nucleus</p>
<p>Menopause support material and national resources are available to ONR staff from the trade union Prospect.</p>	<p>Prospect Link https://library.prospect.org.uk/id/2019/00750?display=article&revision=2&ts=1</p>
<p>National Institute for Health and Care Excellence (NICE) guidelines. These explain how your GP will determine what types of treatments and interventions they can offer you.</p>	<p>NICE Link https://www.nice.org.uk/guidance/ng23/ifp/chapter/About-this-information</p>
<p>The National Health Service provides an overview of menopause you can find out more about symptoms and support</p>	<p>NHS Link https://www.nhs.uk/conditions/menopause/</p> <p>Gov.UK Link New scheme for cheaper hormone replacement therapy launches - GOV.UK (www.gov.uk)</p>
<p>Menopause information - The Royal College of Obstetricians and Gynaecologists offer further information</p>	<p>RCOG Link https://www.rcog.org.uk/for-the-public/menopause-and-later-life/</p>
<p>A menopause hub with expert information useful resources covering many aspects of daily life situations.</p>	<p>Henpicked Link https://henpicked.net/menopause-hub/</p> <p>Balance Menopause Library Link https://www.balance-menopause.com/menopause-library/</p> <p>Manage My Menopause Link https://www.managemymenopause.co.uk/</p> <p>Charity Queermenopause for people who identify as LGBT+ Link</p>

	https://www.queermenopause.com/resources
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Type of Support	How to access it
Menopause Matters - An independent website providing up-to-date, accurate information about the menopause, menopausal symptoms and treatment	Menopause Matters Link https://www.menopausematters.co.uk/index.php
National Institute of Medical Herbalists - provides advice on herbal remedies	NIMH Link http://www.nimh.org.uk
A quick guide to menopause terminology	International Menopause Society Link https://www.imsociety.org/education/menopause-terminology/
Advice on how to support your partner through menopause	Balance Link https://www.balance-menopause.com/balance-for-partners/ NHS Inform Link https://www.nhsinform.scot/healthy-living/womens-health/late-years-around-50-years-and-over/menopause-and-post-menopause-health/supporting-someone-through-the-menopause/
NHS information related to use of Gonadotropin-releasing hormone (GnRH) analogues used to invoke temporary and reversible chemical menopause to treat conditions such as endometriosis or fibroids	Endometriosis NHS Link https://www.nhs.uk/conditions/endometriosis/treatment/ Fibroids NHS link https://www.nhs.uk/conditions/fibroids/treatment/

Appendix 1 - CDMs Guidance for Colleague Discussions

We recognise that every woman, trans and non-binary person is different, and it is, therefore, not feasible to set out a structured set of specific guidelines.

All advice provided is written, in accordance with the ACAS - Menopause at Work guidance and the Chartered Institute of Personnel & Development Menopause at Work guide:

If a colleague wishes to speak about their symptoms, or just to talk about how they are feeling (they may not recognise themselves that they are symptomatic), or if a colleague irrespective of gender wishes to speak about their partner or family member, please ensure that you:

- Allow adequate time to have the conversation.
- Preserve confidentiality.
- Encourage them to speak openly and honestly.
- Suggest ways in which they can be supported (see symptoms below) hand out the [Menopause Advice Sheet \(Appendix 2\)](#).
- Agree actions, and how to implement them (you should [use the template at Appendix 1a to record the meeting](#), so that all parties agree what has been discussed, and the next steps, before the meeting ends). Ensure that this record is treated as confidential and is stored securely.
- Agree if other members of the team should be informed, and by whom; –Ensure that designated time is allowed for a follow up meeting.

Symptoms Support

Menopausal symptoms can manifest both physically and psychologically, including, but not exhaustively or exclusively; support for women, trans and non-binary people should be considered as detailed below:

Hot Flashes

- Request temperature control for their work area, such as a fan on their desk or moving near a window, or away from a heat source.
- Easy access to drinking water.
- Allow for regular breaks if their work involves long periods of standing or sitting, or a quiet area if they need to manage a severe hot flush.

Headaches

- Have ease of access to fresh drinking water.
- Offer noise-reducing headphones to wear in open offices.
- Have time out to take medication if needed.

Difficulty Sleeping

- Be considerate of [flexible working](#), particularly if experiencing a lack of sleep

Loss of Confidence

- Ensure there are regular [Personal Development Discussions](#)
- Have regular 1:1s to discuss any issues
- Have agreed protected time to catch up with work

Poor Concentration

- Discuss if there are times of the day when concentration is better or worse and adjust [working pattern/practice](#) accordingly.
- Review task allocation and workload
- Offer noise-reducing headphones to wear in open offices.
- Reduce interruptions.
- Have agreements in place in an open office that an individual is having ‘protected time’, so that they are not disturbed.
- Have agreed protected time to catch up with work.

Anxiety

- Promote counselling services provided by ONR’s, [Employee Assistance Programme](#) on **0800 028 0199**, This service **offers an opportunity to talk to someone privately and is an independent and confidential free service** available to all ONR colleagues. As well as counselling, there is also support covering a range of personal topics including relationship advice.
- **Able Futures** Services are open and free to people you aged 16 or over and in work, living England, Scotland, or Wales. They offer nine months confidential, no cost advice, guidance and support from mental health professionals to help employees cope with work while they manage a mental health condition such as anxiety, depression or stress. Again, this a confidential service more information can be found via this weblink <https://able-futures.co.uk/individuals>
- Identify a ‘buddy’ outside of their work area for the colleague to talk to or a [Mental Health Ambassador](#) given the impact of menopause on mental health.
- Be able to have time away from their work to undertake relaxation techniques.
- Undertake [mindfulness](#) activities such as breathing exercises or going for a walk.
- **Panic Attacks**
- Agree time out from others, when required, without needing to ask for permission.
- Enable time away from their work to undertake relaxation techniques.
- Undertake [mindfulness](#) activities such as breathing exercises or going for a walk.

Panic Attacks

- Agree time out from others, when required, without needing to ask for permission.
- Enable time away from their work to undertake relaxation techniques.
- Undertake [mindfulness](#) activities such as breathing exercises or going for a walk.

Discuss whether the member of staff has visited their GP.

Depending on the discussion, this may be the next step suggested, particularly if the areas of difficulty are sleeping, panic attacks or anxiety.

If they have visited their GP, and are being supported by them, it may be helpful at this point to make an [Occupational Health referral](#) to give specific advice regarding the workplace.

Appendix 1A – ONR Wellness Support Plan

1. **What helps you stay mentally (and/or physically) healthy at work; what might you need to adapt if you are now regularly working from home** (For example taking an adequate lunch break away from your workspace, getting some exercise before or after work or in your lunch break, accessing daylight, making opportunities to get to connect with colleagues)

2. **What can your manager do to proactively support you to stay mentally healthy and active?** (For example, planning [regular catchups to talk about work activity](#), your wellbeing (and safety at work); and career development plans. Use individual risk assessment where needed)

3. **Are there any situations at work that can trigger poor mental (or physical) health for you?** (For example: Covid-19 restrictions / anxious about returning to the office / using new IT hardware and technology)

4. **How might experiencing poor mental (or physical) health impact on your work?** (For example you may find it difficult to make decisions, struggle to prioritise work tasks, difficulty with concentration, drowsiness, confusion, headaches, panic attacks)

5. **Are there any early warning signs or ‘your stress signature’ that we might notice when you are starting to experience poor mental (or physical) health?** (For example, changes in normal working patterns – including working more hours, withdrawing from colleagues and disengaging from video calls/not putting camera on; using leave at very short notice)

6. What support could be considered and/or put in place to minimise triggers or help you to effectively manage the impact? (For example extra catch-up time with your manager, guidance on prioritising workload enhanced flexibility, use of special leave and ‘time out’ time, consider reasonable adjustments)

7. Are there elements of your preferred individual working style or pattern that it is worth your manager being aware of? (For example a preference for more regular contact, a need for quiet reflection time prior to meetings or creative tasks, negotiation on deadlines before they are set, having access to a mentor for questions you might not want to bother your manager about, having a written plan of work in place which can be reviewed and amended regularly, clear deadlines if you have a tendency to over-work a task, tendency to have particularly high or low energy in the morning or in the afternoon)

8. If we notice early warning signs that you are experiencing poor mental health – what should we do? (For example talk to you discreetly about it, and/or contact someone that you have asked to be contacted – colleague/family member/friend; approach a [Mental Health Ambassador](#) to offer support to you)

9. What steps can you take if you start to experience poor mental health at work? Is there anything we need to do to facilitate them? (For example you might like to take a break from your work space and go for a short walk, ask your line manager for support; contact the confidential and independent [Employee Assistance Programme](#), engage with a [Mental Health Ambassador](#))

10. Is there anything else that you would like to share to help you to thrive in work? (For example: currently residual physical and mental issues due to [menopause symptoms](#); work and/or [personal related stressors](#))



Employee signature

Date.....

Line manager signature.....

Date

Date to be reviewed

Note: The Wellness Support plan is a document to help a colleague reflect on what their stressors are and enable them to capture any useful steps on how to be proactive and stay well and/or on occasions use as part of their recovery to feeling well.

This information/plan will assist supportive discussions between the manager and colleague; helping to gain a greater understanding of the needs and support required.

APPENDIX 1B: RISK ASSESSMENT

Name:	Role:	Date
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This document is a living document and should be retained by the colleague for as long as is necessary. During regular 121's this document should be updated to reflect the current situation.

Agreed reasonable adjustments must be put in place to lower any risks to an acceptable level

Areas to consider	Further Detail	Reasonable Adjustment
Sanitary and hygiene issues.	Are workstations/work areas easily accessible to sanitary and facilities? Are private washing and changing facilities available? Is there access to sanitary products (bins etc.)? Do rota's/shifts ensure that colleagues have easy access to sanitary and washing facilities?	
Temperature: Hot Flushes and Perspiration.	Is ventilation provided? Is additional ventilation available for example portable fans? Does the PPE reflect the colleague's needs? Is there adequate access to drinking water?	
Physical Wellbeing: Aches and pains, dizziness, Lack of energy, headache	Physical demands of site inspection / lifting / carrying / climbing Have workstation assessments been reviewed to take menopause into account? Are there opportunities to switch to lighter or different duties?	

	<p>Are there flexible working arrangements in place in relation to breaks? Do working hours in general take account of these health issues?</p> <p>Is there access to natural light?</p> <p>Are there regular and flexible breaks?</p> <p>Are uniforms where possible made of natural fibres?</p> <p>Are work processes considered?</p> <p>Is driving at work appropriate?</p>	
<p>Mood swings, Irritability, Loss of Concentration, Insomnia</p>	<p>Is there a flexible approach to achieve outcomes? Are there flexible breaks? Is there access to natural light?</p>	
<p>Workstations and Work Environment for Skin and Eyes</p>	<p>Has workstation set up been reviewed?</p> <p>Where computers are used are there regular breaks?</p> <p>Are ventilation systems functioning? Has DSE working at home assessment done?</p>	
<p>Mental Wellbeing Anxiety Panic Attacks Depression Stress at Work</p>	<p>Any reasonable adjustments required? Use of wellness support plan and/or stress risk assessment in line with HSE management standards:</p> <ul style="list-style-type: none"> • Demands • Control • Role • Relationships • Support • Change 	

PLEASE NOTE: The list above is not exhaustive. There may be other issues that are highlighted which should be considered when agreeing reasonable adjustments

CONFIRMATION OF COMPLETION OF REASONABLE ADJUSTMENTS IDENTIFIED

Agreed reasonable adjustments

[Empty box for listing agreed reasonable adjustments]

I confirm that the initial meeting was undertaken for _____ on _____ and that any reasonable adjustments listed above will be carried out.

A review will be carried out on:..... Signed: _____ (Manager)

Signed: _____ (Colleague) Print Name: _____ (Manager)

Print Name: _____ (Colleague)

Appendix 2: Menopause Advice Sheet – How to Talk to Your GP About Menopause

If you are experiencing debilitating menopausal symptoms, it might be the right time to talk to your GP.

Below are some helpful, straightforward tips to help you get the best from your appointment.

Don't wait. Colleagues are encouraged not to simply 'put up' with [menopausal symptoms](#) as a part of life, but if they are affecting you, there are things you can do, and support available. There is no need to wait until symptoms feel unbearable

Read the NICE guidelines. This stands for National Institute for Health and Care Excellence and these [guidelines](#) are what your doctor will use to determine the type of conversations to have with you and treatments to offer. There are guidelines for patients, which are really useful to read before you see your GP, so you know what to expect.

Prepare for your appointment. It's easier for your doctor to understand what's going on if you provide them with all the information. That may sound obvious, but blood tests to say where you are on the menopause transition aren't always available or accurate – your hormones can fluctuate daily during this time. So, your doctor will be thinking about what to recommend for you, based on your symptoms.

Keep a [list of your symptoms](#), your menstrual cycle, hot flushes, how you're feeling, and any changes you've noticed. Write them down and take them to your appointment. Your doctor will thank you for it and it's more likely that together, you'll find the right solution faster. And, if you have any preferences about how you manage your symptoms, tell them that too – for example, if you'd like to try hormone replacement therapy (HRT), or not. [From 1 April 2023](#), women in England will be able to access cheaper hormone replacement therapy (HRT) to help with menopause symptoms.

Ask the receptionist which doctor is best to talk to about menopause. They are often best placed at the surgery to help you find the best doctor to speak to – it might not be your usual GP, it could be someone who has had special training in the subject.

Ask for a longer appointment. If you don't think your standard appointment will be long enough, try to book a double appointment, as some surgeries do offer this.

Don't be afraid to ask for a second opinion. If you don't feel you've received the help you need, ask to speak to someone else. Don't be put off; you know how you're feeling, and how it's affecting you.

Ask if there is a menopause clinic in your area. Occasionally, there are regional clinics, specifically devoted to menopause. If there is one in your area, and you think this would be helpful, ask for a referral.

Take your partner or a friend with you. The chances are, you spend your life supporting others and, during menopause, [it's your turn to ask them for support](#). Your partner, or a friend, will know

how the symptoms are affecting you. They could support you at the appointment, and also find out how they can continue supporting you.

What to expect from your doctor?

There are certain things a GP should – and should not – do during your appointment.

They should:

- Talk to you about your [lifestyle](#), and how to manage both your symptoms, and your longer-term health;
- Offer advice on [hormone replacement therapy](#) and other [non-medical options](#). **From 1 April 2023**, women in England will be able to access cheaper hormone replacement therapy (HRT) to help with menopause symptoms.
- Talk to you about the safety and effectiveness of any treatment.

Remember, your GP is there to help and support you, and you should feel comfortable and confident in talking to them about your symptoms, and any help you need. Don't think you have to struggle through menopause when there is help and support available.

All colleagues can access help by contacting the Employee Assistance helpline on **0800 028 0199** or via the Health Assured [Employee Assistance Programme](#) (EAP) website. The EAP is a dedicated independent service provided by Health Assured. **Please be assured that any contact you do make them is confidential – nobody in ONR will ever find out that you have even made contact with them, unless you give permission.** This service **offers an opportunity to talk to someone privately and is an independent and confidential free service** and is available to all ONR colleagues. As well as counselling, there is also support covering a range of personal topics including relationship advice.