

YMCA Level 3 Award in Understanding Menopause and Interventions to Support Health and Wellbeing (610/4378/3)

YMCA Level 3 Award in Supporting Participation in Physical Activity: Menopause (610/4379/5)

Operational start date: 01/09/24

Qualification Specification



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YMCA Level 3 Award in Understanding Menopause and Interventions to Support Health and Wellbeing (610/4378/3)

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Introduction

Y Awards Ltd, has a long and respected history as the first UK awarding organisation to specialise in health and fitness qualifications, launching in 1998 as CYQ.

We're experts in education, health, and wellbeing with over 25 years of experience developing UK-regulated and globally recognised qualifications.

We work closely with industry experts, employers, and training providers to make sure that our products and services deliver life-changing opportunities. With over half a million qualifications awarded, 400,000 people have advanced their career with Y Awards Ltd.

Aim

YMCA Level 3 Award in Understanding Menopause and Interventions to Support Health and Wellbeing (610/4378/3)

By completing this qualification, learners will have gained essential knowledge regarding the effects of menopause and the potential implications of the menopause to women's health and wellbeing.

Learners will support individuals transitioning through menopause by:

- engaging in initial conversations regarding the menopause
- signposting individuals to mainstream medical or alternative support organisations.

YMCA Level 3 Award in Supporting Participation in Physical Activity: Menopause (610/4379/5)

By completing this qualification, learners will have gained the essential underpinning knowledge to be able to adapt exercise and fitness sessions to ensure they are inclusive for individuals transitioning through the menopause.

Learners will:

- Understand the stages of menopause and effects of declining hormones and the risks to health.
- Be able to programme and adapt exercise sessions and programmes to meet the needs of individuals at different stages of menopause (within scope of practice).

Progression opportunities

These qualifications can lead to further training at the same and/or higher levels to specialise and increase scope of practice. For example:

YMCA Level 3 Award in Understanding Menopause and Interventions to Support Health and Wellbeing (610/4378/3)

Learners completing this qualification can progress to:

- **Technical specialisms** (to work with specific equipment or perform additional roles within the workplace):
 - YMCA Level 2 Award in Supporting Mental Health: Early Intervention (610/4380/1)
 - YMCA Level 2 Award in Supporting Wellness (610/4039/3)
 - YMCA Level 2 Award in Safeguarding Adults and Adults at Risk (610/0822/9)
 - YMCA Level 3 Award in Emergency First Aid at Work (603/1902/1)
 - YMCA Level 3 Award in First Aid at Work (603/1903/3)

YMCA Level 3 Award in Supporting Participation in Physical Activity: Menopause (610/4379/5)

Learners completing this qualification can progress to:

- **Population specialisms** (to work with a broader range of clients):
 - YMCA Level 2 Award in Engaging Inactive People in Physical Activity to Create Long-Term Behaviour Change (603/7345/3)
 - YMCA Level 3 Award in Supporting Participation in Physical Activity: Perinatal (610/0829/1)
 - YMCA Level 3 Award in Supporting Participation in Physical Activity: Disability and Impairments (610/1559/1)
 - YMCA Level 3 Award in Supporting Participation in Physical Activity: Older Adults (610/1668/8)
 - YMCA Level 3 Diploma in Supporting Participation in Physical Activity: Long-Term Health Conditions (610/4680/2)
- **Environment specialisms** (to work in more settings):
 - YMCA Level 2 Award in Developing Sustainable Physical Activity Programmes Within Community Settings (603/7343/X)
- **Technical specialisms** (to work with specific equipment or perform additional roles within the workplace):
 - YMCA Level 2 Award in Instructing Kettlebell Training (603/7186/9)
 - YMCA Level 2 Award in Instructing Suspended Movement Training (603/7187/0)
 - YMCA Level 2 Award in Supporting Mental Health: Early Intervention (610/4380/1)

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- YMCA Level 2 Award in Supporting Wellness (610/4039/3)
- YMCA Level 2 Award in Safeguarding Adults and Adults at Risk (610/0822/9)
- YMCA Level 3 Award in Emergency First Aid at Work (603/1902/1)
- YMCA Level 3 Award in First Aid at Work (603/1903/3)
- YMCA Level 3 Certificate in Supporting Wellness through Lifestyle Behaviour Change (610/4040/X)

Stakeholder engagement

These qualifications are mapped and endorsed as continuing professional development (CPD) by the Chartered Institute for the Management of Sport and Physical Activity (CIMSPA).

Qualification	CIMSPA professional standard(s)
YMCA Level 3 Award in Understanding Menopause and Interventions to Support Health and Wellbeing (610/4378/3)	These qualifications are partially mapped to the CIMSPA Working with Women and Girls population specialism professional standard.
YMCA Level 3 Award in Supporting Participation in Physical Activity: Menopause (610/4379/5)	

Entry requirements, prerequisites, and availability

YMCA Level 3 Award in Understanding Menopause and Interventions to Support Health and Wellbeing (610/4378/3)

There are no prerequisites for this qualification, however, learners must be aged 14 years old at the point of certification.

YMCA Level 3 Award in Supporting Participation in Physical Activity: Menopause (610/4379/5)

Learners must have completed a qualification endorsed against a CIMSPA occupational entry professional standard:

- group exercise instructor
- gym instructor
- personal trainer
- Pilates-based matwork
- yoga.

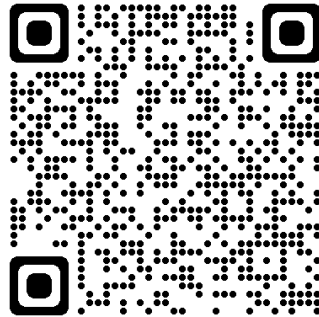
In order to have developed teaching skills and confidence, it is recommended that learners have at least six months' experience planning and delivering exercise sessions before taking this qualification.

Learners can take these qualifications in:

Location	Regulated by
England	Ofqual
Wales	Qualifications Wales
Northern Ireland	CCEA Regulation
Other UK regions and outside of the UK	Ofqual

Reasonable adjustments and special consideration

In making this qualification available, Y Awards Ltd has made every attempt to make sure that there are no unnecessary barriers to achievement. You can find full details of our reasonable adjustment and special consideration policy on our website:



ymcaawards.co.uk/centres/policies-and-procedures

Grading and structure

These qualifications are graded Pass or Refer.

A Pass grade demonstrates that a learner has been assessed as fully competent against all assessment criteria within the qualification.

A Refer indicates that a learner has been assessed as not yet competent against one or more of the assessment criteria of the unit and/or qualification. This is a failing grade, and learners will require reassessment to achieve the qualification.

YMCA Level 3 Award in Understanding Menopause and Interventions to Support Health and Wellbeing (610/4378/3)

To achieve a pass, learners must complete one mandatory unit:

UN	Unit title	Level	GLH	TQT
R/651/2777	The fundamentals of menopause and the implications for health and wellbeing	3	7	18

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To achieve a pass, learners must complete the following:

- three units from Group A: Underpinning knowledge.

Learners may also complete an optional unit to demonstrate their delivery skills:

- one unit from Group B: Optional unit.

Group A: Underpinning knowledge

UN	Unit title	Level	GLH	TQT
R/651/2777	The fundamentals of menopause and the implications for health and wellbeing	3	7	18
T/651/2778	The effect of declining hormones on health and wellbeing for individuals transitioning through the menopause	3	14	26
Y/651/2779	Programming and adapting exercise to support management of menopause and menopause symptoms	3	24	55

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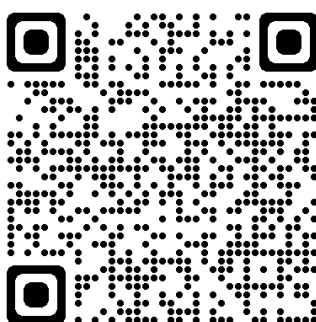
Group B: Optional unit

Learners completing this unit will be acknowledged with the addition of the term ‘practitioner’ on their certificate to confirm that they have demonstrated relevant skills delivering exercise for this population.

UN	Unit title	Level	GLH	TQT
F/651/2780	Delivering exercise to support the management of menopause and menopause symptoms	3	6	16

The guided learning hours (GLH) and total qualification time (TQT) for these qualifications are:	GLH	TQT
YMCA Level 3 Award in Understanding Menopause and Interventions to Support Health and Wellbeing (610/4378/3)	7	18
YMCA Level 3 Award in Supporting Participation in Physical Activity: Menopause (610/4379/5) (Group A only)	45	99
YMCA Level 3 Award in Supporting Participation in Physical Activity: Menopause (Practitioner) (610/4379/5) (Group A and Group B)	51	115

Find out more about GLH and TQT on our website:



ymcaawards.co.uk/qualifications/glh-and-tqt

Using this document

The following pages provide the unit content for this qualification. Each unit includes learning outcomes, assessment criteria and relevant content for delivery. These are set out below.

Learning outcome ('the learner will')	
Assessment criteria (‘the learner can’) What a learner is expected to know, understand or be able to do following their learning.	Relevant content (additional delivery guidance) Suggestions on depth and breadth of content to cover.

At the end of each unit, the assessment specification outlines how we expect to measure or confirm the learner has met the standard set in the learning outcomes and assessment criteria.

Assessment overview

The minimum requirements for assessment are outlined below.

UN	Unit title	Assessment task			
		1.1	2.1	3.1	4.1
R/651/2777	The fundamentals of menopause and the implications for health and wellbeing	x			
T/651/2778	The effect of declining hormones on health and wellbeing for individuals transitioning through the menopause		x		
Y/651/2779	Programming and adapting exercise to support management of menopause and menopause symptoms			x	
F/651/2780	Delivering exercise to support the management of menopause and menopause symptoms				x

The table below provides details of the tasks within each assessment stage.

Assessment stage and task	Details	Unit(s) assessed
1.1 Presentation and professional discussion	Presentation Learners are required to plan and deliver a 10-minute presentation on ‘The fundamentals of menopause and the implications for health and wellbeing’. The presentation should cover: • the prevalence and diversity of individuals transitioning through the menopause • the stages of the menopause • signs and symptoms of menopause • potential implications of the menopause to women’s health and wellbeing • how physical activity, exercise, nutrition, and lifestyle behaviours can support health and wellbeing during the menopause • organisations and services to signpost and support individuals transitioning through to menopause This presentation must be observed by an assessor. The submission of pre-recorded video evidence is permitted for this assessment (see The use of video evidence in practical assessments).	The fundamentals of menopause and the implications for health and wellbeing (R/651/2777)

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Assessment stage and task	Details	Unit(s) assessed
	Professional discussion Once the assessor has confirmed that the presentation has been completed to the required standard, learners will undertake a 20 minute ($\pm 10\%$) professional discussion with their assessor. The aim of the professional discussion is to authenticate learner work and confirm the learner's knowledge and understanding. The professional discussion will take place within two weeks of the presentation being signed off. Learners may refer to their presentation notes and the fundamentals of the menopause worksheet template during the professional discussion. No other notes are permitted. The assessor will ask one broad overarching question to start the professional discussion and a maximum of six open-ended questions relating to the underpinning knowledge listed below. Underpinning knowledge and understanding During this assessment, learners will be assessed on their underpinning knowledge of the following subjects: the diversity of individuals transitioning through the menopause	

Assessment stage and task	Details	Unit(s) assessed
	- the life stages of girls' and women's bodies throughout their lives - different types of menopause - the difference between physical activity and exercise and different types that can be used to support individuals transitioning through menopause - the benefit of healthy eating to support health and wellbeing during the menopause - the importance of working within scope of practice and professional role boundaries. Further information can be found in the YMCA Level 3 Menopause Learner Assessment Record (LAR). The estimated time required by an assessor to mark and provide feedback for this assessment is 30 minutes per learner.	
2.1 Presentation and professional discussion	Presentation Learners are required to plan and deliver a 10-minute presentation on 'The effect of declining hormones on health and wellbeing for individuals transitioning through the menopause'. The presentation should cover: Hormonal changes that initiate menopause and their effects on health and wellbeing.	The effect of declining hormones on health and wellbeing for individuals transitioning through the menopause (T/651/2778)

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Assessment stage and task	Details	Unit(s) assessed
	• The role of oestrogen in maintaining: ○ cardiovascular and metabolic health, including fat distribution and possible weight changes ○ bone health ○ cognitive and mental health ○ pelvic floor and urinary health. • How physical activity and exercise can help to moderate the effects experienced during menopause. • How nutrition can help to support changes experienced during menopause. This presentation must be observed by an assessor. The submission of pre-recorded video evidence is permitted for this assessment (see Appendices: The use of video evidence in practical assessments). Professional discussion Once the assessor has confirmed that the presentation has been completed to the required standard, learners will undertake a 20 minute (±10%) professional discussion with their assessor.	

Assessment stage and task	Details	Unit(s) assessed
	The aim of the professional discussion is to authenticate learner work and confirm the learner's knowledge and understanding. The professional discussion will take place within two weeks of the presentation being signed off. Learners may refer to their presentation notes and the 'effect of declining hormones' worksheet template during the professional discussion. No other notes are permitted. The assessor will ask one broad overarching question to start the professional discussion and a maximum of six open-ended questions relating to the underpinning knowledge listed below. Underpinning knowledge and understanding During this assessment, learners will be assessed on their underpinning knowledge of the following subjects: - the implications of decreasing oestrogen for: - cardiovascular disease and intra-abdominal fat - bone and joint health - brain/cognitive function and mental health.	

Assessment stage and task	Details	Unit(s) assessed
	- the impact of pelvic floor dysfunction on both physical and mental health for individuals transitioning through the menopause - how physical activity and exercise can help to moderate the effects of hormonal changes during menopause. Further information can be found in the YMCA Level 3 Menopause Learner Assessment Record (LAR). The estimated time required by an assessor to mark and provide feedback for this assessment is 30 minutes per learner.	
3.1 Applied case study questions, programming and professional discussion	There are three parts to this assessment: - applied case study questions worksheet template - session plan and 10-session progressive programme for one case study - professional discussion. Learners will be required to apply their knowledge to answer a series of questions relating to two realistic case studies.	Programming and adapting exercise to support management of menopause and menopause symptoms (Y/651/2779)

Assessment stage and task	Details	Unit(s) assessed
	Part one: Applied case study questions The assessor will select and allocate one set of two case studies (either Set 1, Set 2 or Set 3) for the learner to review. The learner should complete the applied case study question template for the allocated case studies. The questions will be supplied in written/text-based format by Y Awards Ltd. The questions must be completed fully, and centre assessed by an assessor. Once the learner has completed the applied case study question template, they must submit it to the assessor to mark. The assessor will provide feedback within two weeks. Part 2: Programming and planning The assessor will then select one of the applied case studies the learner has answered questions for. The learner will be required to plan: • a full session plan for the first session • a 10-session progressive programme for the case study.	

Assessment stage and task	Details	Unit(s) assessed
	The planned exercise session and programme must be for an exercise discipline within the learner's scope of practice. The session plan must: • be planned for a duration of 60 minutes • be structured to include: ○ a warm-up appropriate for the case study ○ a main component appropriate for the case study ○ a cooldown component appropriate for the case study • list all relevant teaching points • list modifications including alternatives and progressions (where appropriate). All exercises selected are the learner's choice and should provide a balanced whole-body approach. The individual session should be recorded using the session plan record. The progressive session programme should be recorded using the progressive programme record. The assessor will provide feedback on the planning records within two weeks of submission.	

Assessment stage and task	Details	Unit(s) assessed
	Professional discussion Once the assessor has confirmed the applied case study questions and planning records have been completed to the required standard, learners will undertake a 20-minute ($\pm 10\%$) professional discussion with their assessor. The aim of the professional discussion is to authenticate learner work and confirm the learner's knowledge and understanding. The professional discussion will take place within two weeks of the applied case study and planning records being signed off. Learners may refer to their applied case study questions and planning records during the professional discussion. No other notes are permitted. The assessor will ask one broad overarching question to start the professional discussion and a maximum of six open-ended questions relating to the underpinning knowledge listed below. Underpinning knowledge and understanding The professional discussion will be used by your assessor to authenticate your work and confirm your underpinning knowledge of the following:	

Assessment stage and task	Details	Unit(s) assessed
	- the screening process and how to assess individuals prior to participation in physical activity and exercise - how to plan, adapt and instruct exercise sessions and programmes to support the management of menopause symptoms - how to review and evaluate exercise sessions and programmes. Further information can be found in the YMCA Level 3 Menopause Learner Assessment Record (LAR). The estimated time required by an assessor to mark and provide feedback for this assessment is 60 minutes per learner.	
4.1 Plan, deliver and evaluate an exercise session (Optional unit: practical assessment for Practitioner status)	There are two (2) parts to this assessment: - consultation, assessment and planning for a 'real client' transitioning through menopause - delivery and evaluation of the planned session for the 'real client'. Consultation, assessment and planning Learners are required to consult with a 'real client' and gather information to assess their needs.	Delivering exercise to support the management of menopause and menopause symptoms (F/651/2780)

Assessment stage and task	Details	Unit(s) assessed
	All information gathered from the client should be recorded using the client consultation and assessment record. The risk stratification of the client(s) must be within the scope of practice. Learners will use this information to plan a full exercise session to meet the client's needs. The following records are required: • session overview • risk assessment • session plan worksheet for all components of the session. All exercises selected are the learner's choice. The exercise genre planned (such as group exercise to music, Pilates, circuit training or gym-based exercise) must be within the learner's scope of practice, i.e. appropriate qualifications must be held. Delivery and evaluation Learners are required to deliver and evaluate the planned exercise session. The delivery and evaluation of the session should take place with a 'real participant(s)' in a suitable environment, e.g. in a sport or physical activity setting. This could include community centres, sports halls, swimming pools, outdoors, or in other permitted and appropriate spaces.	

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Assessment stage and task	Details	Unit(s) assessed
	This session delivery must be observed by an assessor. The submission of pre-recorded video evidence is permitted for this assessment (see The use of video evidence in practical assessments). The consultation and planning records, session delivery and evaluation should be completed and sent to your assessor. These will be centre assessed by an assessor using the checklists provided by Y Awards Ltd. The assessor will provide feedback within two weeks. Further information can be found in the YMCA Level 3 Menopause Learner Assessment Record (LAR). The estimated time required by an assessor to mark and provide feedback for this assessment is 60 minutes per learner.	

Qualification content

Group A: Underpinning knowledge

The fundamentals of menopause and the implications for health and wellbeing (R/651/2777)

Unit aim

The aim of this unit is to develop the essential knowledge of learners for them to understand the menopause and the potential implications of the menopause to women’s health and wellbeing. On developing an awareness of the menopause learners can support individuals transitioning through the menopause by signposting them to mainstream medical or alternative support organisations.

Content

1. Understand the prevalence of individuals transitioning through the menopause	
1.1 Outline current statistics and data related to individuals transitioning through the menopause	Statistics and data: • 13 million peri- or postmenopausal women in the UK • government reports in 2022: ○ menopause affects 51% of the UK population ○ 900,000 women left their jobs because of menopausal symptoms (women now must work until they are 68 years old before they receive state pension) • 1/10 women had no idea they were going through the menopause • in the UK, the average age for a woman to reach menopause is 51-52 • around one in 100 women experience the menopause before 40 years of age. Note: information above was accurate at the time of publishing.

2. Understand the diversity of individuals transitioning through the menopause

2.1 Describe the diversity of individuals transitioning through the menopause

- Whilst the majority of personal experiences with menopause relate to cisgender women (those who were born female and identify as female) others who may also experience the menopause include:
 - transgender
 - non-binary people
 - intersex people or people with variations in sex characteristics.
- Cultural differences may also impact an individual's experience of menopause, i.e. some communities don't openly discuss menopause, which may affect the individual's experience of menopause.

3. Understand the life stages of girls' and women's bodies throughout their lives

3.1 Describe the life stages that happen exclusively in a female body

Life stages:

- puberty (ages between 10-19 as defined by WHO)
- pre/post-natal
- perimenopause
- menopause
- postmenopause

4. Understand the stages of the menopause

4.1 Explain what is meant by the terms:

- menopause
- perimenopause
- postmenopause

Definition of terms:

- Menopause: The menopause (Menos – Month, Pausis – Cessation) represents a key moment in the life of the human female body, which is triggered by a gradual reduction of hormonal levels due to the failure of the ovaries to produce sufficient oestrogen. It usually affects women between the ages of 45 and 55, but it can happen earlier.
- Perimenopause (climacteric period) is when an individual is experiencing symptoms of menopause, but periods have not stopped. Perimenopause ends and menopause is reached when an individual has not had a period for 12 months.

	• Postmenopause is the time after menopause, when a woman hasn't experienced a period for over a year. • Early menopause: Early menopause happens when a woman's periods stop before the age of 45. It can happen naturally, or as a side effect of some treatments, e.g. cancer treatments including radiotherapy and chemotherapy, or due to surgical removal of both ovaries. See appendix 1: Information sources (NHS. Early menopause)
4.2 Describe the different types of menopause	• Natural: which happens as part of the lifespan and affects everyone who has periods; usually occurs naturally around age 45-55, due to reduced oestrogen levels. • Surgical: due to removal of one ovary or both ovaries (oophorectomy). • Chemical: due to effects of chemotherapy to treat cancer. • Genetic reasons. • No known reason.
4.3 Outline recognised signs and symptoms of the menopause	There are more than 30 recognised symptoms of the menopause. Women can or may experience different types, intensity, and combinations of symptoms through each phase: 1. Irregular periods 2. Hot flushes 3. Night Sweats 4. Fatigue 5. Reoccurring urinary tract infections (UTI) 6. Water retention 7. Vaginal dryness 8. Digestive problems 9. Lower libido 10. Mood swings 11. Depression 12. Headaches/migraines 13. Weight gain/change in body shape 14. Breast soreness 15. Burning or dry mouth 16. Joint pain 17. Feeling dizzy 18. Muscular tension

	19. Thinning hair 20. Electric shocks 21. Bleeding gums 22. Pins & needles 23. Brain fog 24. Lapses in memory 25. Itchy skin 26. Anxiety 27. Brittle nails 28. Disturbed sleep 29. Incontinence 30. Increased body odour 31. Hay fever and allergic reactions 32. Palpitations 33. Irritability 34. Panic attacks Symptoms can last, on average, 4-8 years • 1 in 4 will experience very few symptoms • 3 in 4 will experience symptoms • 1 in 4 will experience debilitating symptoms How to discuss symptoms in a helpful way.
4.4 Outline the potential implications of the menopause to women's health and wellbeing	• Potential implications and how to discuss these. Health • Low levels of oestrogen and progesterone raise the risk for certain health problems after menopause, including: ○ heart disease ○ stroke ○ osteoporosis ○ urinary incontinence. Wellbeing • physical changes ○ weight gain ▪ many women gain an average of five pounds after menopause ▪ increases the risk for: - high blood pressure

	- high cholesterol - diabetes, - heart attack - stroke • musculoskeletal health ○ reduced oestrogen can affect the strength and stability of bones and joints ○ muscles can also become weaker, which means it takes more effort to maintain optimal posture ○ painful joints can affect posture and alignment as individuals are more likely to alter posture to try to alleviate the pain. • Emotional changes/mental health ○ anger and irritability ○ anxiety ○ forgetfulness ○ loss of self-esteem ○ loss of confidence/reduced body confidence ○ poor concentration – often described as ‘brain fog’ and/or lost words ○ low mood and feelings of sadness or depression. • Quality of life ○ relationships with family/friends/colleagues ○ relationship with self ○ reduced social interaction.
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5. Understand the benefits of healthy lifestyle behaviours to support health and wellbeing during the menopause

5.1 Identify healthy lifestyle behaviours	• regular physical activity • eating a balanced diet • adequate sleep • avoiding harmful habits: ○ excessive alcohol consumption ○ smoking ○ drug abuse • positive mental health
5.2 Describe the difference between physical activity and exercise and identify different types that can be used to support individuals transitioning menopause	• Definitions ○ Physical activity includes any movement carried out by the skeletal muscles that requires energy. It includes all the movements we engage in throughout the day, e.g. walking, climbing stairs, doing household chores, gardening. ○ Exercise is planned, structured, repetitive, and intentional movement aimed at improving or maintaining physical fitness, e.g. workout routines, sports, fitness classes, weightlifting, and specific training sessions. Activities of daily living include: gardening, housework, cleaning the car, walking, climbing stairs. ○ Moving more often and sitting down less. • Active transport includes: ○ walking short distances rather than using car ○ using stairs rather than escalators or lifts ○ cycling or walking to work, school, college, or university. • Active leisure includes: ○ playing sport and games, swimming, cycling, walking, dancing. • Structured exercise includes: ○ gym ○ group exercise classes – exercise to music, aqua exercise, indoor cycling, circuits ○ outdoor exercise – circuits, bootcamp, park run, park yoga. • Mindful movement classes include: ○ Pilates ○ yoga

	○ Tai Chi ○ relaxation and meditation. ● Sport (recreational, professional) includes: ○ team or individual sports ○ land and water sports ○ contact or non-contact sports: ▪ cricket ▪ netball ▪ hockey ▪ football ▪ rugby ○ athletics and track and field events.
5.3 Outline the benefits of regular participation in physical activity and exercise to individuals transitioning through the menopause	● Psychological benefits include: ○ improved cognition ○ improved mental health ○ improved mood, due to serotonin, dopamine ○ supports stress management ○ outlet for physical and mental tension ○ time out for self ○ feel better about self ● Physiological benefits include: ○ decreased risk of: ▪ high cholesterol ▪ type 2 diabetes ▪ some cancers (most notably colon and breast) ○ improved bone strength ○ reduced somatic pain (the type of pain you feel in your skin, muscles, joints, and bones) ○ improved physical functional ○ increased endorphins – feel good factor ● Physical benefits include: ○ improved fitness, strength, endurance, stamina (cardiovascular), flexibility, balance, coordination, etc. ○ maintenance of energy balance ○ maintenance of independence ○ improved daily functioning ○ improved ability to cope in situations (physically) ○ increase longevity ● Physical activity and sleep: ○ exercise can help to reduce stress and provides physical energy release ○ can help to improve sleep quality and duration

	○ may reduce sleep problems, e.g. hypersomnia, insomnia ○ outdoor exercise in sunlight supports vitamin d absorption ○ 'outdoor exercise in nature is natural stress relief' (William Bird) • William Bird presentation activity and mental health: www.youtube.com/watch?v=fUrXoXutd8U • Social benefits include: ○ improved social and emotional wellbeing ○ improve relationships with family/friends/colleagues ○ make friends ○ meet new people ○ reduced isolation
5.4 Outline the benefits of healthy eating to support health and wellbeing during the menopause	• Healthy eating: ○ The National Food Model (Eatwell guide) general recommendations ○ British Dietetic Association (BDA) – Menopause and diet - https://www.bda.uk.com/resource/menopause-diet.html • Benefits: ○ supports bone health ○ supports heart health ○ enhances mood and mental health ○ weight management ○ promotes gut health.
5.5 Identify organisations and services to signpost and support individuals transitioning through to menopause	• General Practitioner (GP) or nurse ○ first point of contact for diagnosis and referral for appropriate support • Menopause specialists ○ to locate NHS or private menopause specialist see British Menopause Society website • Pharmacist ○ can give you advice and help with your menopause or perimenopause symptoms • Talking therapies

	○ cognitive behavioural therapy (CBT) to support with symptoms of the menopause • The Menopause Charity • NHS UK • The National Institute for Health and Care Excellence (NICE) • Royal College of Obstetricians & Gynaecologists (RGOc) • The Menopause Consortium • British Dietetic Association (BDA) • British Menopause Society • UK Women in Action See appendix 2: Information sources
5.6 Explain the importance of working within scope of practice and professional role boundaries	• professional and ethical practice • work within own level of competence • alternative sources of advice and support to whom you can defer/refer the individual see 5.4

The effect of declining hormones on health and wellbeing for individuals transitioning through the menopause (T/651/2778)

Unit aim

To provide essential knowledge regarding the effect of declining hormones on health and wellbeing for individuals transitioning through the menopause and how physical activity, exercise, nutrition, and lifestyle can help to moderate these effects.

Content

1. Understand the influence of hormonal changes on health and wellbeing during menopause

1.1 Describe hormonal changes that initiate menopause and their effects on health and wellbeing

- Change in hormone levels and effects on health and wellbeing:
 - oestrogen and effects
 - progesterone and effects
 - testosterone and effects.
- Effects of hormone changes on other components of the endocrine system, such as cortisol levels.

1.2 Describe the role of oestrogen in supporting cardiovascular and metabolic health, including:

- fat distribution
- weight changes

- Cardioprotective functions of oestrogen:
 - anti-atherosclerosis and pro-thrombotic roles of oestrogen
 - role of oestrogen and insulin sensitivity
 - role of oestrogen in endothelial functions
 - role of oestrogen in weight gain
 - role of oestrogen and changes to fat distribution and increased intrabdominal fat (IAF)
 - effect of oestrogen on accessing fat stores:
 - why IAF increases during menopause
 - implications to health
 - effects on 'cardiometabolic profile'
- Other factors that affect metabolic profile:
 - metabolic syndrome and links with CVD – a constellation of conditions, including:

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	▪ obesity/increased intra-abdominal fat ▪ insulin resistance and impaired glucose tolerance (leading to type 2 diabetes) ▪ atherogenic dyslipidaemia (high cholesterol) ▪ high blood pressure
1.3 Explain the implications of decreasing oestrogen for cardiovascular disease and intrabdominal fat	• Examine potential increased risks of cardiovascular and metabolic disease independent of ageing due to menopause. • CVD risk factors relating to age and type of menopause. • CVD risk factors relating to lifestyle and history of activity before menopausal transition. • CVD risk factors of current lifestyle and activity levels. • CVD risk factors relating to current nutritional diet. • Role of oestrogen in fat distribution and links to cardiometabolic disease. • Role of HRT in cardiovascular disease management.
1.4 Describe the role of oestrogen for bone health	• role of hormones for bone modelling • potential risk factors for loss of bone modelling • lifelong activity, nutrition, and lifestyle factors that influence bone health
1.5 Explain the implications of decreasing oestrogen on bone and joint health for individuals transitioning through the menopause	Bones • Osteopenia and osteoporosis. • Current statistics on bone health for people during the menopause transition. • Prevalence and statistics and why women are more at risk of osteoporosis than men. • General primary risk factors for osteoporosis – gender, ethnicity, age, nulliparity, slight build/low body weight/BMI of less than 18.5kg/m², ethnic origin - Caucasian or Asian heritage tend to have smaller bones, levels of physical activity pre menopause and during menopause transition, premature menopause (under 45yrs old), lifestyle behaviours e.g. high alcohol consumption, smoking, taking medication for hypertension or asthma, contraception method, e.g. oestrogen only pill, combined oestrogen and progesterone pill, the coil, taking HRT (bone density shows a significant difference due to HRT). • Secondary and menopausal-specific risk factors. • Other reasons for reduction in oestrogen:

	○ surgical: hysterectomy where ovary/ies and or womb are removed ○ chemical: possible loss of ovarian function due to chemotherapy. • Risk factors associated with menopause on bone and joint health – frailty, fractures, etc. • Identify key indicators for bone health during menopause. • Identify lifestyle changes to support bone health and reduce menopausal risk factors for fracture. Joints • Joint pain and arthritis are more prevalent in menopause.
1.6 Describe the role of oestrogen on cognitive and mental health and wellbeing	• Differences between cognitive health and mental health: ○ cognitive risks – dementia and Alzheimer's ○ mental health risks – depression, general anxiety disorder, stress • Role of oestrogen on cognitive health. • How current lifestyle influences cognitive health. • How age and type of menopause transition can impact on cognitive health. • Role of oestrogen on mental health. • Other lifestyle and related factors, including cortisol levels that influence mental health, sleep and stress levels.
1.7 Describe the implications of decreasing oestrogen for brain/cognitive function and mental health	• General indicators of changes to cognitive health during menopause. • Statistics relating to changes to cognitive health during menopause. • Risks associated with changing cognitive and mental health, e.g. stress, anxiety, depression, dementia. • Effects of oestrogen on sleep and stress and potential risk for dementia.
1.8 Describe the role of oestrogen on pelvic floor and urinary health	• Role of oestrogen on pelvic floor tissue and urinary tract. • Increased risk of urinary tract infections (UTIs) in women with reduced oestrogen. • Role of lifestyle and other factors that affect pelvic floor function, e.g. smoking, fizzy drinks, coughing/respiratory conditions. • Risk factors for pelvic floor dysfunction. • Medical conditions that increase risk factors for pelvic floor dysfunction.

	• Lifestyle risk factors on pelvic floor health. • Age and type of menopause risk factors on pelvic floor health. • Other risk factors due birth, hip replacement, and lifestyle on pelvic floor health.
1.9 Describe the impact of pelvic floor dysfunction on both physical and mental health for individuals transitioning through the menopause	• “Genitourinary Syndrome of Menopause” what it is and how it impacts the body. • Why menopause highlights issues of Pelvic Organ Prolapse (POP). • The impact of incontinence on mental health and self-confidence. • Current evidence-based research to support pelvic floor dysfunction risk factors associated with the menopause. • Risk factors for exercise and physical activity on pelvic floor health.

2. Understand how physical activity and exercise can help to moderate the effects of hormonal changes during menopause

2.1 Describe physical training adaptations to moderate the effects of menopause on cardiovascular health and weight gain	• role of aerobic training on cardiovascular disease and weight gain • role of resistance training on CVD and weight gain • role of other activities on CVD and weight gain • role of lifestyle on CVD and weight gain • role of activity on weight loss during menopause • current recommended physical activity guidelines
2.2 Describe physical training adaptations to moderate the effects of loss of oestrogen on bone health	• types of exercise to stimulate human growth hormone to boost oestrogen • how physical activity and exercise support bone health • types of physical activity and exercise that support bone health • other activity and lifestyle changes to support the skeletal system and reduce chance of falls and risk of fracture • awareness of current guidelines for training for bone modelling

2.3 Describe physical training interventions to support cognitive function and mental health during the menopause	• role of physical activity and activity to support cognitive function • type of physical activity and exercise to support cognitive function and mental health in menopause
2.4 Describe physical training considerations to assist with the possible influence of pelvic floor dysfunction during the menopause	• a range of physical activity and exercise to support pelvic floor function • role of spinal stabilisation to support pelvic floor function • the risk factors of physical activity and exercise on pelvic floor health, e.g. high impact work (bounding and jumping) • when to signpost individuals to women's health physio • indicators and symptoms

3. Understand how nutrition and lifestyle can help to support physical health and mental wellbeing during menopause

3.1 Describe nutrition and lifestyle considerations to support cardiac health and fat distribution during the menopause	• importance of a healthy lifestyle to support cardiac health, e.g. responsible drinking, non-smoking, managing stress, etc. • importance of a healthy, balanced diet to support cardiac health and prevent obesity • role of hydration for menopausal women • role of gut health for menopausal women • possible supplements, evidence base, limitations and boundaries of competence • signposting to registered dietitians See references: Barrea, L et al; Widmer, RJ et al; Best, N et al; Erdélyi, A. et al; Woolf, et al
3.2 Describe nutrition and lifestyle considerations to support bone health during the menopause	• role of diet, nutrition and lifestyle to support skeletal health (bones and joints) • role of macronutrients in supporting bone health • role of micronutrients in supporting bone health • role of hydration for bone health • lifestyle considerations for bone and joint health

	• awareness of dysfunctional/disordered eating behaviour and the impacts on bone health • signposting to registered dietitians
3.3 Describe nutrition and lifestyle considerations to support cognitive function and mental health during the menopause	• how does nutrition and lifestyle support cognitive health? • current and past nutritional and lifestyle history that may influence cognitive health • suggested lifestyle and nutritional changes to support cognitive health and wellbeing during menopause • how does nutrition support mental health, e.g. food supporters and food stressors? • suggested lifestyle and nutritional changes to support mental health and wellbeing during menopause • changes to lifestyle, social, and emotional wellbeing to support cognitive function
3.4 Describe nutrition and lifestyle considerations to support pelvic floor and urinary health during the menopause	• role of diet, nutrition and lifestyle to support pelvic floor and urinary health • role of hydration • role of gut health for pelvic floor • signposting to registered dietitians

Programming and adapting exercise to support management of menopause and menopause symptoms (Y/651/2779)

Unit aim

This unit provides the knowledge required to plan and adapt exercise and physical activity sessions to support individuals' health from peri- to postmenopause.

Content

1. Understand the screening process and how to assess menopausal individuals prior to participation in physical activity and exercise.

1.1 Explain the importance of appropriate pre-activity screening and assessment when working with menopausal individuals transitioning through the menopause

- To enable risk stratification to determine advice and guidance regarding inclusion, exclusion, signposting, referral, or deferral.
- To ensure working within scope of practice and role boundaries, competence, confidence, and qualifications.

Awareness of alternative sources of advice and support for signposting.

How and when to signpost:

- To enable adaptation of activity to meet the needs of the individual and ensure they can participate safely.

Types of adaptation that can be applied to make activity inclusive.

- With awareness of the 'UN Women Strategic Plan (UNWSP) and UN guidelines on access':

Components of the UNWSP, including the right to:

- good health and wellbeing
- quality education
- gender equality
- reduced inequalities

The application of the UNWSP in sport and physical activity:

- the importance of providing inclusive practice
- the elements of an inclusive environment

1.2 Summarise the information that should be obtained when pre-screening individuals transitioning through the menopause prior to physical activity and exercise	• current age • what age did perimenopause start (if known), what symptoms experienced and how severe were the range of symptoms? • if perimenopause has not yet commenced, ask 'when was your last period' and discuss regularity of menstrual cycle and symptoms • ethnic origin • gender • occupation • lifestyle behaviours • physical activity levels, past and present • alcohol consumption – units per week and number of alcohol-free days • smoking habits – cigarettes or vaping • sleep habits – including changes to sleep patterns • diet and eating behaviours • stress levels, including anxiety and mood • limiting beliefs and fears and concerns about exercise, such as exercise exacerbating symptoms, risk of injury, self-consciousness, own limitations • health/medical status • menopause symptoms checklist (available from: https://www.balance-menopause.com/menopause-library/menopause-symptom-sheet/) • any diagnosed health conditions, e.g. high blood pressure, asthma, diabetes, high cholesterol, joint pain (with consideration to scope of practice) • medication – prescribed and over the counter and if prescribed, what for • recent/previous surgery (particularly hysterectomy – womb and or ovaries removed) • past/present treatment for cancer (with consideration to scope of practice) • early menopause (natural/surgical/chemical) • body mass index (BMI) • family history of health conditions, e.g. osteoporosis, cardiovascular disease
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	• hormone replacement therapy (HRT) – what type, method and range of hormones and for how long • contraception method: ○ oestrogen only pill ○ combined oestrogen and progesterone pill ○ coil (progesterone only)
1.3 Explain when to signpost or refer individuals to other healthcare professionals prior to participation in exercise sessions	• positive response to PAR-Q+ and follow-on questions • contraindications • risk stratification beyond scope of practice and qualifications: • level of risk and needs exceed professional competence/qualifications and type of session being offered • when written consent should be sought from healthcare providers prior to commencing a physical activity session programme • adhering to confidentiality and data protection guidelines in interactions
1.4 Outline how individual goals may differ and the importance of regular participation in physical activity and exercise to support goals to improve menopause transition	• Menopause specific goals: personal to client and specific to possible changes to physical and mental health. • Individual goals may vary. For example, goals may be motivated by desire to support management of various symptoms such as weight gain, change in body shape and body fat distribution, joint pain, fatigue, poor sleep (non-restful), low mood, low confidence, mental health, changes in cognitive health, changes in physical health (diagnosis of long-term health conditions. etc.). Goals may also change as individual knowledge increases. • Awareness of types of exercise and physical activity and exercise to support specific goals. • The importance of conversations and tailoring communication to support person-centred goal setting and ensuring goals are realistic and challenging for an individual/individuals. • The importance of reviewing and checking goals and monitoring progress – including regular reviews. • How to establish short-, medium- and long-term goals. SMART formula/goals • Identifying congruency and motivation with goals.

1.5 Describe how to record and store information	- Principles of confidentiality and data protection: - storage - consent The transfer and uses of information: - General data protection regulations (GDPR). - Data Protection Act (2018)
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2. Know how to plan, adapt and instruct exercise sessions and programmes to support the management of menopause symptoms

2.1 Describe planning considerations for delivering exercise sessions and programmes to support management of menopause symptoms	- For single sessions and programmes (multiple sessions). - With consideration to content outlined in Unit 2. - The importance of staying abreast of evidence-based research, including the integration of new studies and papers as they are released (see appendices for sources). - Understanding the participants' needs and conducting thorough research into specific requirements are crucial for a comprehensive understanding of their impact on planning and delivering exercise sessions. - Design of inclusive, safe, effective, and pleasurable exercise and relevant activity or sport-specific knowledge (scope of practice) to enable effective planning for the development of relevant skills. - Planning considerations to cover: Participants' needs (AC1.2): - pre-screening and health status - clothing and footwear - hydration - functional limitations - effects of medication - daily changes to mood and cognition, dependent on sleep disturbance - client's expectations and beliefs - potential barriers Environment considerations (as appropriate) - indoor and/or outdoor - group or individual session - temperature of environment Equipment – availability and suitability
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2.2 Describe how to assess and manage risks in the exercise environment	• screening and risk stratification of participants • exercise recommendations and modifications • how and when to make referrals • own level of competence in dealing with participants needs • alternative sources of advice and support to whom you can refer the individual • risk assessment of environment and equipment • checks needed: ○ prior to physical activity ○ during physical activity – dynamic risk assessment, observation ○ post physical activity • the importance of contingency plans.
2.3 Explain appropriate training methods and physiological adaptations to support the management of menopause effects and symptoms	• Examining the variety of training methods to support physical health during the menopause. Cardiovascular health • cardiovascular workouts: incorporate accurate protocols (ACSM guidelines) • role of cardiovascular training for cardiovascular health and weight gain during the menopause • the role of fat oxidation for women transitioning through the menopause and adaptations to training protocols • explore a range of cardiovascular training methods to support cardiovascular health and weight gain during the menopause • resistance training: incorporate accurate protocols (ACSM guidelines) • role of resistance training for cardiovascular health and weight gain during the menopause • explore range of resistance training methods to support cardiovascular health and weight gain during the menopause Bone health • resistance training: incorporate accurate protocols (ACSM guidelines) • role of resistance training for bone health during the menopause • role of cardiovascular training and impact work on bone health during the menopause • role of flexibility and motor skills for bone health during the menopause

	• how to adapt for joint pain • explore range of training methods to support bone health during the menopause Pelvic floor health • specific type of training and may need to be signposted to specialist • role of functional training, lumbo-pelvic stability • sensitivity to likelihood that pelvic floor issues will be present Cognitive health • role of cardiovascular training for cognitive health and mental wellbeing • role of resistance training for cognitive health and mental wellbeing • role of flexibility and motor skills for cognitive health and mental wellbeing • role of relaxation for cognitive health and mental wellbeing • explore range of training methods to support cognitive health and mental wellbeing during the menopause
2.4 Explain safe and effective session structure and content for individuals transitioning through menopause	• Pre-activity screening, including verbal screening on the day, e.g. a poor night's sleep may impair cognition and affect coordination during session, so adaptations to session may be required. • Warm-up – duration, intensity and type of activity appropriate for participants. • Main component – duration, intensity and type of activity appropriate for participants. • Cooldown – duration, intensity and type of activity appropriate for participants. • Appropriate breaks during session if required (to manage hot flushes or toilet breaks or water breaks). • Examine length of time and exercise intensity of session. • Exercise selection and component duration to be determined by screening information and may vary according to information gathered.
2.5 Identify a range of modifications and adaptations that may be applied to ensure the exercise session is	• modification of frequency, intensity, time, and type • modification of intensity variables: ○ range of motion ○ repetitions ○ resistance – including weight-bearing

accessible and inclusive for all	○ rate or speed of exercise ○ level/amount of impact ● balance and level of support ● music speed – appropriateness of speed ● tailoring adaptations to individuals' needs for consistent positive outcomes
2.6 Describe how to utilise and adapt communication and instructional skills to create a positive and inclusive experience	● Create a positive experience and an environment to allow for exercise opportunities to develop: ○ empathy ○ unconditional positive regard ○ congruence ○ active and reflective listening ○ awareness of change and sustain talk (motivational interviewing) and ways to elicit more change talk, building intrinsic motivation, e.g. through the use of affirmative statements. ● Use intuition to be curious and continue rapport building. ● Use a diverse range of communication methods to cater to participants' various comprehension. ● Body language (own and individual). ● Choice of language – use of inspiring/affirming language (rather than non-affirming statements, such as 'this is an easier version, if you need it') and use of language to 'normalise or naturalise' experience, rather than shame or blame. ● Respect to individuals' personal boundaries and comfort zones and what they may feel happy to discuss and what they may not be happy to discuss. ● Use of appropriate language and tone when communicating with participants, before, during and after the session. ● Instructor skills: ○ accurate and effective own demonstration, including movement speed and posture ○ ability to adapt client position to gain the most benefit of the exercise. ● Clarity of instruction and cues to support transitions between exercises: ○ visual cues ○ verbal cues and use of body language

	○ use of voice – volume, intonation, projection, enunciation ○ hands on correction (as appropriate and if consent gained). ● Timing: ○ planning time for transitions ○ time to get into and out of position: ▪ set up of start position ▪ time to set up equipment. ● Observation and use of effective teaching position.
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3. Know how to review and evaluate exercise sessions and programmes

3.1 Identify opportunities to collect feedback from participants	● before, during and after single sessions ● before, during and on completion of programmes ● information needed: ○ extent to which session/programme met needs ○ identify if/where needs were not met ○ whether goals have changed ○ changes to client's expectations and beliefs ○ new symptoms presented and how to manage these ○ changes to information gathered at start of programme ● methods of gathering information: ○ verbal – question and answer and active listening ○ written/electronic – use of questionnaires ○ observational ○ participant and staff/colleagues' feedback (where appropriate)
3.2 Explain how to use the information gathered from participant feedback to promote motivation	● To review and evaluate sessions and programmes. ● To make modifications and adaptations to improve outcomes for all participants. ● To confirm continued suitability of sessions and programme – safety and effectiveness. ● To build confidence and self-efficacy via positive feedback, reframing any negative self-talk and reflective questioning.

3.3 Explain how to reflect on your own practice to inform future sessions.	• Kolb model. • Importance of reflective practice. • Reflection on action and inaction. • Use of feedback from participants and staff/colleagues (where appropriate) • Consideration to session content, structure, instructional and communication skills, safety, effectiveness, inclusivity etc. • Use of reflective practice to identify CPD needs.
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4. Be able to plan and adapt exercise sessions and programmes to support the management of menopause symptoms

4.1 Use information collected from individual(s) to inform session structure, programme design, objectives and goal setting	• Use all screening information (LO1/AC1.2): ○ inclusion, signposting, referral, or deferral – as appropriate ○ adaptation, progression, and regression of session content ○ long-term goal and outcome of exercise programme, variable according to individual needs. Health focus may become a greater priority for some in mid-life and beyond. • Communicate sensitively to explore individual participants' wants and needs to be active. • Use inclusive verbal, non-verbal and written communication. • Use appropriate and respectful language and terminology. • Free of judgement and assumptions.
4.2 Identify and assess risks in the exercise environment	• With consideration to all screening information (LO1) and planning considerations (LO2): ○ risk stratification of participants ○ risk assessment of environment and equipment ○ management of risks (eliminate, reduce, isolate etc.) and preparation of contingency plans to support management.

4.3 Plan a safe and effective exercise programme to support the management of menopause and menopause symptoms	• With consideration to all screening information (LO1) and planning considerations (LO2): ○ Inclusive, safe, and effective design. ○ Use of appropriate equipment and methods. ○ Recommendations for other activities to support individuals, such as activities of daily living, home-based exercise, other exercise and wellbeing sessions (e.g. signposting to meditation or breathing-focused sessions to assist stress management) appropriate to needs. ○ To foster accountability and self-reliance by establishing how clients plan on being active beyond the sessions, including identifying potential barriers, support that may be needed and levels of motivation towards taking these actions for congruency. Recap without judgement at start of following session.
4.4 Plan a safe and effective warm-up component appropriate to participants' needs	• Safe and effective structure and exercise selection, intensity and duration to accommodate participants' needs. • According to pre-screening information.
4.5 Plan a safe and effective main workout appropriate to participants' needs and goals	• Safe and effective structure and exercise selection, intensity and duration to accommodate participants' needs. • According to pre-screening information.
4.6 Plan a safe and effective cooldown and stretch component appropriate to participants' needs	• Safe and effective structure and exercise selection, intensity and duration to accommodate participants' needs. • According to pre-screening information.
4.7 Plan a range of adaptations and modifications for the exercise programme specific to meet the individuals' needs and goals	• For single sessions and programmes of exercise. • Long-term strategy for health-orientated goal setting. • Modifying training programmes to enable participation when experiencing acute/exacerbated menopausal symptoms. • Regressions of exercises, as appropriate. • Progressions of exercise, as appropriate. • Enabling future participant development relevant to their goals, outlining their next steps for retention and/or progression.

4.8 Record the session and programme in an appropriate format	• Use of appropriate screening records. • Use of appropriate planning records – lesson plan and programme record. • Adherence to GDPR and data protection guidelines.
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Group B: Optional unit:

Delivering exercise to support the management of menopause and menopause symptoms (F/651/2780)

Unit aim

This optional unit enables learners to evidence and apply their knowledge and skills supporting real clients with the management of menopause and menopause symptoms

Content

1. Be able to plan, deliver and review exercise sessions to support management of the menopause and menopause symptoms

1.1 Use information collected from individual(s) to inform session structure, programme design, objectives and goal setting	• Use all screening information (LO1/AC1.2): ○ inclusion, signposting, referral, or deferral – as appropriate ○ adaptation, progression, and regression of session content ○ long-term goal and outcome of exercise programme, variable according to individual needs. Health focus may become a greater priority for some in mid-life and beyond. • Communicate sensitively to explore individual participant's wants and needs to be active: ○ use inclusive verbal, non-verbal and written communication ○ use appropriate and respectful language and terminology. • Free of judgement and assumptions.
1.2 Create an inclusive and welcoming environment to engage individuals transitioning through to menopause	• Build rapport and relationships with all participants. • Engage with each individual participant in a safe and inclusive way. • Use different methods of communication to suit the individual participant's needs and promote inclusion. • Positively manage participant behaviour. • Check and challenge understanding among all participants. • Use appropriate and respectful language and terminology
1.3 Plan and deliver a safe and effective warm-up component to	See unit 3 – LO2 and LO3

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support the management of menopause and menopause symptoms	
1.4 Plan and deliver a safe and effective main component to support the management of menopause and menopause symptoms	See unit 3 – LO2 and LO3
1.5 Plan and deliver a safe and effective cooldown component to support the management of menopause and menopause symptoms	See unit 3 – LO2 and LO3
1.6 Assess, monitor, and manage risk to participants throughout the session	See unit 3 – LO2 and LO3
1.7 Use effective communication and instructional skills to deliver the session	See Unit 3 – LO2.
1.8 Adapt and tailor delivery method, session structure and activities to meet the needs of all participants	See unit 3 – LO2.
1.9 Evaluate the effectiveness of the session to ensure it is engaging, varied, and progressive to participants' needs/goals	See unit 3 – LO4

Appendix 1: Information sources

Please note: While the information sources listed are available at the point of development/publication, access to specific website pages will change over time, as will the currency of information.

- ACAS: <https://www.acas.org.uk/menopause-at-work/menopause-and-the-law>
- American College of Sports Medicine (ACSM): www.acsm.org/
- American College of Obstetricians and Gynaecologists (ACOG): www.acog.org/
- Association for Nutrition: www.associationfornutrition.org/
- Balance Menopause: <https://www.balance-menopause.com/>
- British Journal of Sports Medicine: www.bjbm.bmj.com/
- British Diabetic Association- Diabetes UK: www.diabetes.org.uk
- British Dietetic Association (BDA): <https://www.bda.uk.com/>
- British Menopause Society: <https://thebms.org.uk/>
- British Heart Foundation: www.bhf.org.uk
- British Nutrition Foundation: www.nutrition.org.uk/
- Chartered Institute for the Management of Sport and Physical Activity (CIMSPA): www.cimspa.co.uk/
- Dementia UK: www.dementiauk.org/
- Department of Health: www.dh.gov.uk
- Drinkaware: www.drinkaware.co.uk
- Informed sport website: sport.wetestyourtrust.com/
- International Obesity Taskforce: www.iotf.org
- Mind: www.mind.org.uk/
- Motivational interviewing: motivationalinterviewing.org/understanding-motivational-interviewing
- Menopause Support UK: <https://menopausesupport.co.uk/>
- Menopause Symptoms Checklist: <https://www.balance-menopause.com/menopause-library/menopause-symptom-sheet/>
- National Institute of Health and Care Excellence (NICE): www.nice.org.uk/
- National Library of medicine: www.ncbi.nlm.nih.gov/pmc/articles/PMC3943438/
- National Library of Sports Medicine: pubmed.ncbi.nlm.nih.gov/18049985/
- NHS UK: <https://www.nhs.uk/>
- NHS Choices: www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx
- NHS Eatwell: www.nhs.uk/live-well/eat-well/
- PAR-Q+: eparmedx.com/

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- Parkinson's UK: www.parkinsons.org.uk/information-and-support/what-parkinsons.
- Royal Osteoporosis Society: theros.org.uk/.
- Royal College of Gynaecologists (RCOG): www.rcog.org.uk/.
- Royal College of Gynaecologists. (RCOG) Pelvic Floor Health: <https://www.rcog.org.uk/for-the-public/pelvic-floor-health/#:~:text=The%20organs%20within%20a%20woman's,incontinence%20and%20pelvic%20organ%20prolapse>.
- Scientific Advisory Committee on Nutrition: www.sacn.gov.uk.
- Sport England: www.sportengland.org/.
- The Menopause Charity: <https://www.themenopausecharity.org/>
- The Menopause Consortium: <https://themenopauseconsortium.com/>
- The Eatwell Guide: www.gov.uk/government/publications/the-eatwell-guide.
- UK Active: www.ukactive.com/.
- World Health Organisation (WHO): www.who.int/.
- UK Women in Action: www.ukwomeninaction.co.uk
- ZOE: <https://zoe.com/learn/category/life-stages/menopause>

Appendix 2: Reference sources

- Abildgaard, J., Pedersen, A. T., Green, C. J., Harder-Lauridsen, N. M., et al. (2013). Menopause is associated with decreased whole body fat oxidation during exercise. *American Journal of Physiology-Endocrinology and Metabolism*.
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YMCA Level 3 Award in Understanding Menopause and Interventions to Support Health and Wellbeing (610/4378/3)

YMCA Level 3 Award in Supporting Participation in Physical Activity: Menopause (610/4379/5)

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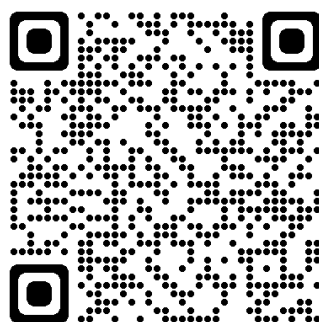
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- A qualification related to the role that they will be performing (tutor, assessor or IQA).

Where centre staff do not hold a subject matter qualification, we will consider approval where they:

- Have completed the eLearning for our Fundamentals of menopause and the implications for health and wellbeing (R/651/2777) unit
- Commit to completing the assessments as part of the first cohort.

*Centres are required to provide evidence of any training completed, which Y Awards Ltd will review against the requirements of this qualification..

Staff approval requirements: YMCA Level 3 Award in Supporting Participation in Physical Activity: Menopause (610/4379/5)

All tutors, assessors and internal quality assurance (IQA) staff need to hold:

- A *subject matter qualification.
- A qualification related to the role that they will be performing (tutor, assessor or IQA).

Where centre staff do not hold a subject matter qualification, we will consider approval where they:

- Have completed the eLearning for our Effect of declining hormones on health and wellbeing for individuals transitioning through the menopause (T/651/2778) unit
- Have completed mandatory training provided by or on behalf of Y Awards Ltd
- Commit to completing the assessments as part of the first cohort.

*Centres are required to provide evidence of any training completed, which Y Awards Ltd will review against the requirements of this qualification.



Y Awards Ltd, has a long and respected history as the first UK awarding organisation to specialise in health and fitness qualifications, launching in 1998 as CYQ.

We are experts in education, health, and wellbeing with over 25 years' experience developing UK regulated and globally recognised qualifications.

We work closely with industry experts, employers, and training providers to make sure that our products and services deliver life-changing opportunities. With over half a million qualifications awarded, 400,000 people have advanced their career with Y Awards Ltd.



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