

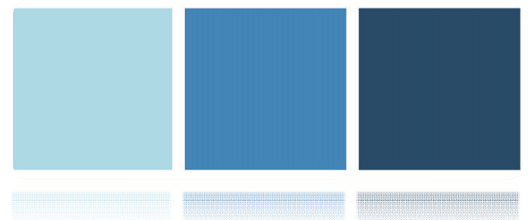


The Walton Centre  
NHS Foundation Trust

# Menopause Policy

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<b>Responsible Director:</b>	[REDACTED]	
<b>Approved by and date:</b>	<b>Business Performance Committee</b>	<b>September 2021</b>
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<b>Document Approval, History/Changes</b>	See Appendix X For further information contact the Governance Department on <b>Tel:</b> [REDACTED]	

***Think of the environment...Do you have to print this out this document? You can always view the most up to date version electronically on the Trust intranet.***



## Executive Summary

The Walton Centre NHS FT recognise that the menopause can bring issues for individuals which can impact upon their work. It is to the benefit of all that we, as an employer, work with staff to support them in these circumstances to find mutually beneficial arrangements; maximising staff retention and wellbeing. In recognition of this, and in line with organisational values, this policy outlines the range and potential impact of ‘distressing’ symptoms of the menopause to promote understanding of what our colleagues are going through. It underlines the need for recognition of the psychological impacts of peri/menopause being reflected in organisational policy and practice, as well as the physical impacts, addressing any potential for occupational health provision and line manager support falling short of need and identifies where advice and support can be found. This policy also outlines the actions for managers that are expected to be extended to staff in order to maximise wellbeing. The actions below clarify what the trust expect of their managers.

*\*For the purposes of convenience ‘she’ may be used in this document but should be read as including trans, non-binary or Intersex.*

Menopause experiences differ (in part due to possible medication/surgeries). The TUC have prepared an extended discussion of the impact of menopause on colleagues with protected characteristics including trans colleagues [REDACTED]

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## 1. Introduction

Those who haven't been through menopause – or may have experienced minor symptoms only - may find it hard to understand the significant impact that it can have on those who suffer more significant symptoms. Approximately 75% of women experience menopause symptoms and nearly a quarter of these are reported as severe. Over 70%<sup>1</sup> of women report that they feel unsupported at work, even though one in five (19 per cent) say their symptoms have a detrimental effect on their work. One in ten women said they have even considered leaving their job<sup>2</sup>.

This policy recognises the potential impact on wellbeing at work and consequently the risk of discrimination and possibly losing excellent staff who might otherwise have been retained and seeks to raise awareness with managers and colleagues to ensure that staff receive a sympathetic and supportive response so that appropriate ways of support can be offered and it defines the expectations of our staff in supporting this transition.

<sup>1</sup> <http://www.fom.ac.uk/wp-content/uploads/Menopause-Focus-Infographic.pdf>

<sup>1</sup> <https://www.gov.uk/government/publications/menopause-transition-effects-on-womens-economic-participation>

## 2. Scope

The Trust recognises and values our diversity and trans inclusive culture, we recognise that people of diverse gender expressions and identities experience menopause. This is therefore not just an issue for colleagues who identify as female - although the physical and psychological symptoms of menopause do mainly affect women; menopause can also directly and indirectly affect others both within the workplace and at home. This can include male and female colleagues, family members, same sex partnerships and gender expressions as mentioned throughout. This policy applies to all employees of the Walton Centre, including those on fixed term appointments. It does not apply to agency staff or contractors.

## 3. Definitions

The menopause transition is a natural phase of life when women and some trans and non-binary staff will experience hormonal changes and a decrease in oestrogen levels. It naturally occurs between the ages of 45 and 55 and typically lasts between four and eight years, although it can last longer. Premature menopause can happen naturally for 1 in 100 individuals (or because of illness or surgery).

- **Menopause**; a biological stage in a woman's life that occurs when she stops menstruating and reaches the end of her natural reproductive life. Usually it is defined as having occurred when a woman has not had a period for 12 consecutive months (for women reaching

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<sup>1</sup> <http://www.fom.ac.uk/wp-content/uploads/Menopause-Focus-Infographic.pdf>

<sup>2</sup> <https://www.gov.uk/government/publications/menopause-transition-effects-on-womens-economic-participation>

menopause naturally). The changes associated with menopause occur when the ovaries stop maturing eggs and secreting oestrogen and progesterone.

- **Perimenopause;** The time in which a woman has irregular cycles of ovulation and menstruation leading up to menopause and continuing until 12 months after her final period. The perimenopause is also known as the menopausal transition or climacteric.
- **Postmenopause;** The time after menopause has occurred, starting when a woman has not had a period for 12 consecutive months.

As a result of the greater numbers of women in the workforce, many women are working more years in peri and post menopause than in their fertile years. The need to manage work and family and/or caring responsibilities as mentioned above can present significant challenges at this time of life, when we may feel we need to work longer to generate sufficient pension support.

Evidence suggests that many staff still feel uncomfortable discussing menopause at work. Recent studies indicate that women may hide and/or self-manage their symptoms, developing a high degree of self doubt about how their performance might be affected, or work harder to compensate.

### 3.1 Symptoms of menopause

The body can be affected by menopause in numerous ways, causing a myriad of symptoms, some of which will affect performance at work more specifically and as a result will potentially require consideration more than others. (See appendix 1). The 6 most common symptoms are;

- hot flushes/night sweats
- Fatigue
- concentration problems
- anxiety
- insomnia
- recall/memory problems

During menopause mental health symptoms can present; low mood, anxiety, sleep problems which then leads to tiredness, fatigue and a cycle which is exacerbated as the symptoms continue. Brain fog leading to reduced concentration, poor information retention and a reduced ability to learn can significantly affect confidence adding to low mood. Existing or pre-existing conditions may be exacerbated, for example, depression.

These symptoms can impact on an individual's performance in terms of coping strategies, pressure of dealing with deadlines and especially where there are changing priorities. They may also experience a lack of confidence, anxiety or panic disorder.

## 4. Duties

Managers and colleagues are required to support colleagues who are experiencing difficulties at work due to their going through the menopause but they may be uncertain how to raise the subject and offer support. Increased media coverage and availability of online support and guidance make conversations in the workplace more normalised and less taboo, so managers are advised to inform and have discussion with their teams about menopause independently of any immediate need to

support a particular colleague regarding menopause Menopause transition does not necessarily lead to reduced performance at work and may be managed with consideration, understanding and in some circumstances, with workplace flexibility

#### 4.1 Expectations of staff

Menopause symptoms are highly individual; they can be sensitive and cause embarrassment for some for varied lengths of time, so it is entirely understandable for staff to feel unable to share and explore sensitive and personal symptoms with their managers. There are options to help you do this:

- Seek support, advice or information from the HR team and or Staff Side colleagues.
- Approach someone in the workplace with whom you do feel comfortable discussing your issues who could support you in the conversation – e.g. a colleague or another manager.
- Differences pertaining to gender and culture may be a barrier to raising this issue so it might be that there is a more senior manager you can discuss it with first. The intention would not be to marginalise your line manager but to explore what might be possible and explore how it might be addressed with your immediate line manager

*If individuals do feel able* to discuss symptoms, the suggestions below may be helpful to raise with the line manager;

- Sharing your experience and/or symptoms with colleagues to promote understanding if you feel comfortable
- Recording and monitoring your symptoms and/or their severity may be helpful to understand how your wellbeing may be affected and how you can seek support
- Considering a change in working hours or pattern or remote working if/when you are office based
- Can you work from home for part of your week
- Consider a reduction in travel or increased comfort breaks.

If a member of your team does change working pattern or flexibilities in order to support wellbeing and/or symptoms management, we expect all staff to behave in a professional, responsible and sensitive manner and be supportive and respectful.

#### 4.2 Expectations of Managers

If an employee chooses to approach you to discuss issues with their menopause it may be as a line manager or as a manager they feel able to discuss their situation with – for instance due to a shared culture. You must appreciate that the symptoms experienced are very personal, no one individual can be compared with another and as a result of the highly personal nature of symptoms the member of staff may not wish to discuss with their line manager. When an employee shares issues with the menopause, you should gain an understanding of what the employee is likely to need from you. You can use the information provided in this policy to help you start a conversation about the menopause and just as we advise that staff can access resources via the many networks, you may also find the specialist resources and experience helpful, especially for signposting advice to staff. If you are not the line manager for the individual you can help them explore options for raising work related issues.

You should:

- Ensure that all information shared by the employee is treated in the strictest confidence and is not shared further without the employee's consent;
- Listen to and gain an understanding of any concerns the employee has about their issues or symptoms, avoiding assumptions;
- Discuss timescales and leave requirements if this has been raised as part of the discussion. It is worth underlining that peri-menopause and menopause symptoms do not have an indicative timeline for resolution;
- Take account of individual and business needs but be supportive when dealing with requests for work flexibility or leave, being mindful of the importance of being supportive of attendance at appointments and the unpredictability of symptoms;
- If more support is needed you will find it helpful to agree a support plan to identify the adjustments made to the working arrangements of that staff member

Line managers must:

- Be prepared to discuss the points that the member of staff brings to them - promote supportive conversations about the menopause and its effects, be aware of the personal nature of these conversations: this can be a subject that requires sensitivity and must be kept under review as there is no defined end date.
- Be open to a request to have someone to support them in the conversation because of the personal nature of the discussion.
- Recognise that every experience of the menopause will be individual. Do not use your own personal experience, or that of any friends, relatives or other staff members to measure whether you believe that the staff member's symptoms are reasonable.
- Consider any changes impacting performance, attendance or behaviour and whether menopause and wellbeing as a result of distressing symptoms may be an issue – do not launch capability or conduct processes before these elements have been reasonably considered.
- Provide dedicated time and quiet space for 1:1s; promote avenues of support, signposting and links to organisational resources such as associated guidance, flexible working, special leave and any changes to the working environment such as quiet spaces that you can facilitate
- Set and demonstrate expected standards of behaviour
- Where additional support is required, provide information on specific health and wellbeing services
- Promote a culture and environment that values diversity, shows dignity, respect, fairness and equality Do not tolerate or express what you consider to be 'workplace banter' in relation to a staff member going through menopause
- Be aware all women (and some gender fluid, trans) colleagues will experience a menopause;
- Be aware there is a subjective range of symptoms from vasomotor (hot flushes) to mental ill-health, dryness of the eyes, excessive bleeding, brain fog and aphasia (losing words mid-sentence); all of which could present colleagues in a less favourable way
- Discuss and agree any reasonable flexible working arrangements request - consider night sweats and/or insomnia which may require working from home or flexible working hours. Any issues that have been raised in terms of home working space, flexibility, caring responsibilities and anxiety for example as a result of working more distanced may need longer term support
- Short notice leave of absence may be required to manage exacerbation of symptoms, lengthy periods of back to back meetings may need built in comfort breaks if heavy bleeding is experienced

- Reasonable adjustments are part of our formal organisational offer in relation to disability – and should be considered in instances where required for menopause
- Work with the employee to consider physical working areas that minimise the distress they may suffer – considering, for instance, access to ventilation and private space when needed.

### **4.3 Support: what staff can expect from the organisation**

The Trust are committed to supporting and maximising the wellbeing of its workforce and the provision of fair, respectful and inclusive working environments for all. This menopause policy is underpinned by the principles of support, culture and awareness. It aims to provide information and support for employees who are directly and indirectly affected.

The organisation has a positive attitude to the menopause and will work proactively to make flexible working adjustments where necessary as part of our commitment to staff. The Trust recognise that the menopause is a very individual experience therefore different levels and types of support and adjustments may be needed.

Support is available to everyone via the following:

- Access to Mental Health First Aiders to provide independent and objective support.
- The Trust's counselling service offers a confidential support service for all staff.
- Training and awareness raising sessions will be provided for managers and staff.
- Staff who are members of a trade union can access support and information from their respective union.
- The Trust coaching offer may be helpful in providing a confidential mechanism for exploring and managing issues staff are experiencing.

## **5. Reporting menopause related sickness in ESR**

Menopause symptoms (where appropriate) should be recorded in ESR as a reason for sickness and absence from work.

- Select a level 1 & level 2 reason and Menopause can then be selected as a 'related reason' by scrolling down to the bottom of the absence page and selecting 'Related Reason'.

## **6. Training**

It is vital that all managers receive training on the menopause and the use of this policy. The training should include covering how the menopause can impact on workers, the importance of breaking down stigma and taboos around the menopause, what support is available/should be given by line



managers, how to carry out risk assessments and access occupational health support, sickness management, confidentiality and other supportive measures managers should put in place.

## 7. Monitoring

The policy underlines collection and provision of workforce data/intelligence which could help guide our further policy development and implementation in this area;

- The Trust will collect and monitor the impact of menopause in the workplace by offering staff the ability to record menopause related sickness.
- As a result of the commitments above, the effects of the menopause shall be taken into account in the implementation of sickness absence, capability, disciplinary and performance policies ensuring that any factors are reasonably considered for example an adjustment to sickness triggers may be considered.

## 8. References

### 8.1. Supporting policies/documents

The most recent copies of the Trusts policies and procedures are available on the Trust intranet

There are more women in the workforce than ever before<sup>3</sup>; in the NHS women make up over 75% of the workforce and nearly half of all very senior managers are women. As women are working longer, they are often managing the demands of work and home life whilst also dealing with caring responsibilities (around 25% of women also have a caring role) at the same time as menopause.

At the time of policy development (07/2021) the NHS faces the following challenges;

- The average age of menopause is 51 years, 43 years is the average age of women working in the NHS.
- There are significant numbers of operational/clinical staff who work in uniform, provide shift cover and front line patient care
- There are around 100,000 staff vacancies, of which nearly 40% are nursing gaps which remains a female dominated workforce
- High staff turnover; 1 in 5 staff left a post between 2017-18
- The largest groups affected by attrition are nurses with an 8.5% reduction

Protected characteristics and the legal framework

- Under the Equality Act 2010, menopause is largely covered under three protected characteristics: age, sex and disability discrimination.
- The Health and Safety at Work Act 1974 provides for safe working, which extends to the working conditions when experiencing menopausal symptoms.
- Acas has introduced new codes of practice surrounding flexible working.

Discrimination may be direct or indirect;

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<sup>3</sup> <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/timeseries/lf25/lms>

- Direct discrimination; an employee is treated less favourably because of a protected characteristic, so in the case of menopause, it could relate to gender or age.
- Indirect discrimination is where a provision, practice or criteria is discriminatory in relation to a protected characteristic. So, even if a neutral policy (for example, flexible working) is applied across the organisation, it may be considered to place some women at a particular disadvantage compared with men.

Disability refers to; A physical or mental impairment, which has a substantial and long-term adverse (12 months or more) effect on the ability to carry out normal day-to-day activities. In the case of menopause, we do not have a firm deadline for symptoms to decline or end. In this case menopause can easily fall within the disability definition.

- NHS Menopause Guidance - [www.nhs.uk/conditions/menopause](http://www.nhs.uk/conditions/menopause) - provides an overview, together with information about menopausal symptoms and treatment options.
- Menopause Matters - [www.menopausematters.co.uk](http://www.menopausematters.co.uk) - An independent website which gives up-to-date information about the menopause, menopausal symptoms and treatment options.
- The Menopause Matters Forum - [www.menopausematters.co.uk/forum](http://www.menopausematters.co.uk/forum) - Provides the opportunity to chat to other women experiencing the same problems and concerns.
- British Menopause Society - [thebms.org.uk](http://thebms.org.uk) - The BMS provides education, information and guidance to healthcare professionals specialising in all aspects of reproductive health.
- Women's Health Concern (WHC) - [www.womens-health-concern.org/help-and-advice/factsheets/menopause](http://www.womens-health-concern.org/help-and-advice/factsheets/menopause) - WHC is the patient arm of the British Menopause Society and provides factsheets about the menopause, linked articles (e.g. about experiencing a healthy menopause), FAQs and recommended further reading.
- Manage My Menopause - [www.managemymenopause.co.uk](http://www.managemymenopause.co.uk) - A not for profit organisation providing tailored menopausal advice about post reproductive health.
- The Daisy Network Charity - [www.daisynetwork.org](http://www.daisynetwork.org) - A registered charity providing free information and support to women with Premature Ovarian Insufficiency (POI) also known as Premature Menopause.
- Simply Hormones - [simplyhormones.com/women](http://simplyhormones.com/women) - Provides blogs and articles about the menopause and opportunity to sign up to receive free Menopause Survival Kit, newsletters and updates. It also has available a *Menopause: A Guide for Men* information booklet that has been designed to help men understand more about the menopause, including some "helpful hints".
- Guidance on menopause and the workplace – Faculty of Occupational Medicine of the Royal College of Physicians <https://www.fom.ac.uk/health-at-work-2/information-for-employers/dealing-with-health-problems-in-the-workplace/advice-on-the-menopause>

## Appendix 1 – Symptoms of Menopause

During menopause a person's **brain and mood** can be affected causing: low mood, depression and anxiety; sleep problems which then leads to tiredness, fatigue and/or dizziness; brain fog leading to reduced concentration, poor information retention and a reduced ability to learn; unexplained mood swings, irritability and emotional outbursts. These symptoms can impact on an individual's performance in terms of coping strategies, pressure of dealing with deadlines and priorities. They may also experience a lack of confidence, anxiety or panic disorder.

Individuals can experience **hair** loss or hair can become thin, lacklustre and brittle. Some have **mouth** problems such as bleeding gums and a dry mouth. This can lead to bad breath. They may also experience taste changes and strange oral sensations including a burning tongue.

The **heart** can be affected, causing palpitations and an increased risk of heart disease. The **lungs** can be affected as they may develop new allergies or existing allergies can become worse. For example, asthma, hay fever, dermatitis (see skin/nails below).

The **abdomen** and **gut** can be affected as people may gain weight, develop bloating, abdominal cramps, Irritable Bowel Syndrome (IBS), sickness or nausea and women can experience **urogenital problems** which bring about greater urgency and/or more frequent trips to the toilet.

Irregular **periods** can be brought about by an unpredictable pre-menstrual tension and menstrual cycle, heavy bleeding, water retention and bloating.

Individuals can suffer from general **skin** itchiness and formication (feels like something crawling about under the skin), allergies such as dermatitis and thinning skin. Also, nails can become dry and brittle.

People develop problems with their **muscles, joints, nerves and bones**. This can lead to muscle pain and weakness, joint pain, osteoporosis / loss of bone density and nerve function may be affected.

Some can suffer from sudden changes to **body temperature**, which include daytime sweats and flushes; sudden heat or redness in face; night time sweats and flushes.

Other symptoms of the menopause (of which there are at least 34 recognised as part of the menopause) can also include loss of libido, vagina dryness and or atrophy, weight gain, bladder symptoms, such as urgency, frequency and mild incontinence, breast pain and headaches.



## Appendix 2 - Equality Impact Assessment (EIA) Form

This section must be completed at the development stage i.e. before ratification or approval. For further support please refer to the EIA Guidance on the Equality and Diversity section of the Intranet.

### Part 1

1. Person(s) Responsible for Assessment: [REDACTED]	2. Contact Number: [REDACTED]		
3. Department(s): HR	4. Date of Assessment: 14 <sup>th</sup> July 2021		
5. Name of the policy/procedure being assessed: Menopause Policy			
6. Is the policy new or existing?			
New <input checked="" type="checkbox"/>	Existing		
7. Who will be affected by the policy ( <i>please tick all that apply</i> )?			
Staff <input checked="" type="checkbox"/>	Patients	Visitors	Public
8. How will these groups/key stakeholders be consulted with? Consultation through Staff Partnership Committee, Local Negotiating Committee & Business Performance Committee			
Staff feedback based on policy implementation and operational performance will be incorporated.			
9. What is the main purpose of the policy? To support staff during the menopause			
10. What are the benefits of the policy and how will these be measured? Support staff, via existing staff engagement mechanisms			
11. Is the policy associated with any other policies, procedures, guidelines, projects or services? <i>Disciplinary Policy, Capability Policy, Managing Sickness Absence Policy, Reasonable Adjustments Policy</i>			
12. What is the potential for discrimination or disproportionate treatment of any of the protected characteristics? <i>Please specify specifically who would be affected (e.g. patients with a hearing impairment or staff aged over 50). Please tick either positive, negative or no impact then explain in reasons and include any mitigation e.g. requiring applicants to apply for jobs online would be negative as there is potential disadvantage to individuals with learning difficulties or older people (detail this in the reason column with evidence) however applicants can ask for an offline application as an alternative (detail this in the mitigation column)</i>			

None

Protected Characteristic	Positive Impact (benefit)	Negative (disadvantage or potential disadvantage)	No Impact	Reasons to support your decision and evidence sought	Mitigation/adjustments already put in place
Age	Yes	No		The menopause transition is a natural phase of life when women and some trans and non-binary people stop having periods as a result of hormonal changes; a decrease in oestrogen levels. It naturally occurs between the ages of 45 and 55 and typically lasts between four and eight years, although it can last longer.	
Sex	Yes	No		The menopause transition is a natural phase of life when women and some trans and non-binary people stop having periods as a result of hormonal changes; a decrease in oestrogen levels. It naturally occurs between the ages of 45 and 55 and typically lasts between four and eight years, although it can last longer.	
Race	No	No			
Religion or Belief	No	No			
Disability	No	No			
Sexual Orientation	No	No			
Pregnancy/maternity	No	No			
Gender Reassignment	Yes	No		The menopause transition is a natural phase of life when women and some trans and non-binary people stop having	

				periods as a result of hormonal changes; a decrease in oestrogen levels. It naturally occurs between the ages of 45 and 55 and typically lasts between four and eight years, although it can last longer.	
Marriage & Civil Partnership	No	No			
Other	No	No			
<p>If you have identified no negative impact for all please explain how you reached that decision and provide reference to any evidence (e.g. reviews undertaken, surveys, feedback, patient data etc.)</p> <p>13. Does the policy raise any issues in relation to Human Rights as set out in the Human Rights Act 1998? <i>See Guidance for more details (NB if an absolute right is removed or affected the policy will need to be changed. If a limited or qualified right is removed or affected the decision needs to be proportional and legal).</i></p> <p><b>No</b></p>					

If you have identified negative impact for any of the above characteristics, and have not been able to identify any mitigation, you **MUST** complete Part 2, please see the full EIA document on the Equality and Diversity section of the Intranet and speak to Andrew Lynch, ED&I Lead for further support.

Action	Lead	Timescales	Review Date

**Declaration**

I am satisfied this document/activity has been satisfactorily equality impact assessed and the outcome is:

**No major change needed** – EIA has not identified any potential for discrimination/adverse impact, or where it has this can be mitigated & all opportunities to promote equality have been taken



**Adjust the policy** – EIA has identified a need amend the policy in order to remove barriers or to better promote equality  
*You must ensure the policy has been amended before it can be ratified.*



**Adverse impact but continue with policy** – EIA has identified an adverse impact but it is felt the policy cannot be amended.  
*You must complete Part 2 of the EIA before this policy can be ratified.*



**Stop and remove the policy** – EIA has shown actual or potential unlawful discrimination and the policy has been removed



Name: ██████████ Date: 15<sup>th</sup> July 2021

Signed: or/Sent from work email account



### Appendix 3 - Policy approval checklist

The Menopause Policy is presented to Business Performance Committee for Approval.

**In order for this policy to be approved, the reviewing group must confirm in table 1 below that the following criteria is included within the policy. Any policy which does not meet these criterion should not be submitted to an approving group/committee, the policy author must be asked to make the necessary changes prior to resubmission.**

#### Policy review stage

Table 1

<b>The reviewing group should ensure the following has been undertaken:</b>	<b>Approved?</b>
The author has consulted relevant people as necessary including relevant service users and stakeholders.	
The objectives and reasons for developing the documents are clearly stated in the minutes and have been considered by the reviewing group.	
Duties and responsibilities are clearly defined and can be fulfilled within the relevant divisions and teams.	
The policy fits within the wider organisational context and does not duplicate other documents.	
An Equality Impact Assessment has been completed and approved by the HR Team.	
A Training Needs Analysis has been undertaken (as applicable) and T&D have been consulted and support the implementation	
The document clearly details how compliance will be monitored, by who and how often.	
The timescale for reviewing the policy has been set and are realistic.	
The reviewing group has signed off that the policy has met the requirements above.	
<b>Reviewing group chairs name:</b>	<b>Date:</b>

#### Policy approval stage

- The approving committee/group approves this policy.**
- The approving committee/group does not approve the policy.**

**Actions to be taken by the policy author:**




## Translation Service

This information can be translated on request or if preferred an interpreter can be arranged. For additional information regarding these services please contact The Walton centre on 0151 525 3611

Gellir gofyn am gael cyfieithiad o'r deunydd hwn neu gellir trefnu cyfieithydd ar y pryd os yw hynny'n well gennych. I wybod rhagor am y gwasanaethau hyn cysylltwch â chanolfan Walton ar 0151 525 3611.

هذه المعلومات يمكن أن تُترجم عند الطلب أو إذا فضل المترجم يمكن أن يُرتب للمعلومة الإضافية بخصوص هذه الخدمات من فضلك اتصل بالمركز ولتتون على  
0151 5253611

نهم زانياريه دهكریت وهرگیپردریت کاتیک که داوا بکریت یان نه گهر به باش زاندره ده کریت وهرگیپرک ناماده بکریت (پرک بخریت) ، بو زانیاری زیاتر ده باره ی نه م خزمه تگوزاریانه تکایه په یوهندی بکه به Walton Centre به ژماره تله فونی ۰۱۵۱۵۲۵۳۶۱۱ .

一经要求，可对此信息进行翻译，或者如果愿意的话，可以安排口译员。如需这些服务的额外信息，请联络Walton中心，电话是：0151 525 3611。