



CONTEMPORARY REPRODUCTION, WORK, AND WORKING LIFE

Toward an agenda for
research, policy, and practice



Workshop

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Organisers:

Prof. Olga van den Akker, Dr. Nicky Payne, Prof. Suzan Lewis,
Middlesex University

Dr. Uracha Chatrakul Na Ayudhya, Birkbeck, University of London

Contemporary reproduction, work, and working life: Toward an agenda for research, policy, and practice

Introduction to the report

This report has been produced by the workshop organisers to summarise the key points from the presentations, panel, and roundtable discussions that took place at the workshop. The report highlights the main themes arising from the workshop and ends with key recommendations for government policy, workplace policy and practice, and for future research.

We wish to thank the Society for Reproductive and Infant Psychology for funding this workshop.

We are grateful to all workshop delegates for their time and valuable contributions to the discussions that took place, which have informed the arising recommendations in this report.

We look forward to continuing this important conversation and making progress with you all.

Prof. Olga van den Akker (o.vandenakker@mdx.ac.uk)

Dr. Nicky Payne (n.payne@mdx.ac.uk)

Prof. Suzan Lewis (s.lewis@mdx.ac.uk)

Dr. Uracha Chatrakul Na Ayudhya (u.chatrakulnaayudhya@bbk.ac.uk)

(Workshop organisers)

Introduction to the workshop

The workshop was attended by 18 delegates, including employees, employers, HR professionals, unions, and fertility organisations. The workshop chair, Prof. van den Akker, outlined the facts about how reproductive systems can fail. She noted increased recognition and national drives to de-stigmatise leave for reproductive challenges affecting millions of women (from half the workforce) such as those suffering from endometriosis, preterm labour and delivery, the menopause and pre-menstrual dysphoria which impact upon peoples' mental and physical health, quality of life and working life. Pre-conception, or more specifically fertility treatment - the focus of this workshop, has received less attention in workplace contexts. None of these reproductive health effects are associated with poor employee performance or with lack of commitment and drive within the workforce.

Research presentations

Two presentations from Prof. Rosanna Hertz and Dr. Nicky Payne followed the introduction, which are summarised below:

THE OVERLOOKED WORLD OF REPRODUCTIVE CONCERNS AND THE WORKPLACE

Prof. Hertz's presentation reflected previous research showing the continuing desire for people in all relationship situations to become parents - including heterosexual and LGBTQ single men and women and couples. She emphasized how this increasing need for and use of assisted conception affects individuals at psychological, physiological, personal and work life levels and highlighted the lack of research recognising that those using assisted conception also make up a growing section of workplaces.

EXPERIENCES OF COMBINING FERTILITY TREATMENT AND WORK

Dr. Payne's presentation detailed the results of two recent research projects carried out by the team focusing on the experiences of individuals coping with assisted conception and working life: i) a large-scale survey in collaboration with Fertility Network UK (see Appendix 2), and ii) a

qualitative research project involving in-depth interviews with 32 women and 6 men combining treatment and employment. The importance of line manager support, flexibility, trust and understanding emerged as crucial to enable employees to sustain their work and treatment. However, many employees found it difficult to disclose their needs to managers. Reasons included reluctance to expose their private lives to the public work environment as well as concerns about potential impacts on career progression and promotion. This is compounded by a general lack of workplace support, flexibility, guidelines and policy. Complex procedures for applying for time for treatment can also deter disclosure and create further stress.

Post-presentation discussion

Delegates raised questions about entitlements to support, as infertility is not always considered an illness, yet it is also not comparable to expectant parenting. Legal entitlements exist for expectant parents, so it was argued that such protection is needed for fertility treatment too. Mutual benefits of workplace support include employee reduction in stress and increased retention and commitment.

Currently, individuals seeking fertility treatment frequently resort to using annual leave or sickness absence. The discussions following the presentations included the possibility of initiating the development of national 'Becoming a family' policy, which would include fertility treatment.

The need for line manager training in relation to workplace disclosure of fertility treatment processes was also seen as necessary, particularly as treatment failure rates are high and support and flexibility may be necessary over a period of years. The pitfalls of leaving any decisions or supports to (untrained) managers' discretion and the need for shifts in workplace culture were also discussed. The issues of part-time workers or those in insecure jobs was also discussed suggesting that a national policy recognising the human rights of employed individuals to build families should be considered.

Panel discussion: the law, the workplace, and the personal journeys

The presentations and discussions were followed by a panel of experts. Prof. Grace James outlined the existing legal framework which does not include specific statutory rights for time off or flexibility for fertility treatment. In contrast, pregnancy leave (for health checks etc), and post-natal paternity and maternity leave are catered for. Statutory protection is non-specific and limited for pre-conception care. Once an embryo is implanted in utero, the period of pregnancy is protected by law. However, the procedures preceding embryo transfer, such as oocyte retrieval and hormonal preparation for the woman to receive the embryo are not protected in employment law. There is therefore a window (which can span many cycles over a period of years) where no statutory protection exists. If no leave is granted, discrimination due to sexual orientation or (in)fertility status and sex discrimination policies may be initiated. However, the stresses involved in undergoing fertility treatment and balancing the psychological and physical effects of treatments can make an additional work life strain unmanageable.

In the UK, pregnancy and maternity laws are not designed to deal with more extensive reproductive issues and the general discrimination of reproducing bodies involves mostly women, although men too are affected. We need to improve the rights for treatment of men and women attempting to reproduce.

Anya Sizer from Fertility Network UK (FNUK) reported that 1 in 6 heterosexual couples currently seek fertility treatment in the UK. This figure excludes the growing number of single and LGBTQ men and women also seeking fertility treatment to build their families. With current British law including same sex marriages, the path is opened up to secure family building goals for all people. Anya discussed the life-changing experiences of the diagnosis and treatment for assisted conception. She likened the process to one of bereavement, which psychological research has shown to mirror a diagnosis of major depression. The bereavement is often experienced in silence despite the substantial psychological effects associated with it. The huge financial costs associated with investigations, preparation and treatment cannot be underestimated and are additional

burdens for people in the workplace. In the absence of workplace policy or guidelines, there is potential to be seen as an under performer or not committed to the team, so managing time off from work is even more problematic when the spiralling costs of the treatment require work continuation. FNUK runs workshops about fertility in the workplace and has received good uptake from employers. This suggests that there is scope to follow up the impact of these workshops on workplace practice. It also shows that there was a need to initiate these drivers to elicit change.

Finally, Joe Thorp of Transport for London (TfL) shared her personal journey of combining assisted fertility with work and how this has led to her becoming an advocate of change in the organisation. Joe works on equality, diversity and inclusion in an environment which is only 23% female. She has been instrumental in developing guidelines and communication channels for employees undergoing fertility treatments, a pioneering achievement in a large employment institution. Another important aspect of her drivers for change involves recognition of the importance of including partners or accompanying persons' time off for tests and treatments within the new workplace guidelines and policies.

The discussions were constructive and balanced personal experiences of the issues associated with being an employee and undergoing fertility treatment within the contexts of current and future research, policy and practices.

Employer survey launch: Mapping existing workplace support and policies for employees who use assisted reproductive technology (ART)

Dr. Uracha Chatrakul Na Ayudhya presented a brief outline of a new research project the team is about to launch to HR and line managers. She reiterated the importance that adaptation of and suggestions for changes in policy, guidelines or practices need to suit all; small, medium and large employers as well as the employees undergoing the fertility treatments. The survey will focus on mapping information on what is currently in place in organisations and on what is feasible in terms of employee-friendly guidelines and policy for time-off and/or flexibility for

fertility treatments and investigations. The team welcomes feedback and suggestions from workshop delegates who are happy to be consulted on the draft survey.

Roundtable discussion with delegates

The workshop split into two groups to discuss a number of questions arising from the earlier part of the day. These were collated and discussed in the final roundtable part of the day. The questions can be found in Appendix 1.

SUMMARY OF THE MAIN THEMES

1. THE NEED FOR POLICY AT ORGANISATIONAL AND GOVERNMENTAL LEVELS

User experiences suggest workplace policy for family building processes (fertility treatments, surrogacy, adoption) is necessary and ideally this would be national statutory policy to recognise the human rights of employed individuals to build families and to protect them from employment discrimination. Policy should include the right to time off and flexibility for fertility treatment.

2. DISCLOSURE AND AN EMPLOYER'S DUTY OF CARE TO EMPLOYEES

The issue of disclosure to an employer is not clear-cut. The employee's decision to disclose is a personal one and the level of detail provided may cause employees to worry about invasion of privacy and stigma associated with fertility issues, potentially combined with issues of sexual orientation and/or relationship status. Thus any request for leave requires disclosure, sometimes of much more than the fertility treatment. Flexible working may be the answer, particularly if it removes the need for detailed disclosure. There is considerable evidence that well implemented flexible working is a good practice benefiting both employees and employers.

However, disclosure may be necessary in order to fully protect employees. Employers have a duty of care to their employees, but this is triggered only if disclosure takes place. Organisations should, therefore, foster a workplace culture where disclosure is accepted and above all, encouraged. This culture needs to be backed up by clear procedures, whereby employers give employees a clear idea of what happens next

once disclosure has taken place. In other words, both parties will need to have a clear, shared picture of the process, which will foster a mutual sense of ownership between employer and employees. In the process, the role of the employer is to ask, “what support do you need from us?” and to do what is possible to facilitate as much as possible.

3. A GENERIC ‘BECOMING A FAMILY’ POLICY OR A SPECIFIC ‘ASSISTED CONCEPTION’ POLICY?

Consideration needs to be given to whether a generic ‘becoming a family’ policy or a specific ‘assisted conception’ policy works best for employers and employees. This might include some use of sickness absence where treatment leads to complications and also consideration of mental health due to the psychological impacts of fertility treatment. For example, statutory policy could be based on principles of health and wellbeing as well as family-friendly working practices.

4. ORGANISATIONAL SIZE MATTERS

Any suggestions must acknowledge the needs of organisational differences (small, medium and large employers) as it may require some creativity to have one size fits all. Evidence suggests that informal flexibility is much easier to achieve in smaller organisations while larger organisations may have more resources but more difficult routes to change. Making the business case (e.g. mutual benefits) for supporting employees having fertility treatment is crucial to promote change.

5. THE NEED FOR TRAINING FOR MANAGERS AND THE NEED FOR ADVOCATES OF CHANGE

Training to be ‘good’ managers is also crucial and should include raising awareness of issues faced by the growing numbers of employees experiencing fertility treatment and the business case for support and flexible working in general. It should involve challenging of assumptions about ideal workers and parents, leading to culture change.

Training ‘advocates’ or ‘navigators’ could be important in alleviating the need to rely on manager discretion, as they can be a contact and mediation point for both (inexperienced or unsupportive) managers and for employees.

6. MEN ARE ALSO AFFECTED BY ISSUES OF ASSISTED CONCEPTION IN THE WORKPLACE

Finally, it was acknowledged that there is too little research on men/partners in this field. As in all areas of reproductive health, men are less studied (their reproductive systems are less complex) and less included as supporting partners to women experiencing (the majority of) reproductive health issues.

Key recommendations arising from the workshop

RECOMMENDATIONS FOR GOVERNMENT POLICY

1. National statutory policy is needed to recognise the human rights of employees to build families and to be protected from employment discrimination.
2. National statutory policy is also needed to encourage and support employers and to provide much needed support to employees having assisted conception treatment
3. Consider either specific 'assisted conception' policy or a 'Becoming a family' policy, which would include fertility treatment.
4. Policy should include the right to time off and flexibility for fertility treatment.
5. Consider further extending the right to request flexible working to encourage flexibility as the norm, without having to specify a reason, in order to overcome stigmatization.
6. Policy needs to work for all, including diverse employers in small, medium and large organisations, and employees to protect employees and employers in this area.

RECOMMENDATIONS FOR WORKPLACE POLICY AND PRACTICE FOR ORGANISATIONS

1. Make a strong business case for supporting employees undergoing fertility treatment, based on, for example, the mutual benefits for employees and employers. This is a growing and strategic issue for employers going forward.
2. Develop supports in organisations for employees facing fertility challenges.
3. Develop guidance and training for line managers to help normalize the issue and to enable support to employees. The line manager has

a duty of care to employees who disclose their fertility treatment, which needs to be underpinned by a clear set of procedures that enables both parties to understand what happens in the support process.

4. Recruit and train workplace advocates/navigators to mediate difficult conversations between line managers and employees, so that they do not need to rely solely on manager knowledge or sympathy.
5. Foster a workplace culture where disclosure is accepted and above all, encouraged. This culture needs to also be backed up by clear and non-complex procedures, understood by employers and employees.
6. Develop flexible working (time and place) as the norm for workers. This would not require disclosure of the reasons, providing the work is done, but this may require culture change. There is considerable evidence that well implemented flexible working is a good practice benefiting both employees and employers.
7. Organisational policy for employees who use fertility treatment should not be a part of other leaves (e.g. pregnancy or sick leave), but should focus on family building. However, this may include sick leave policy if a man or woman undergoing treatment for assisted conception falls ill (e.g. ovarian hyper stimulation). This policy should be open to all employees undergoing fertility treatment.
8. Consider opting for central organisational funding for fertility treatment leave in large organisations, rather than drawing funding at departmental levels.
9. Develop examples of good practice for accessible workplace guidelines (e.g. TfL).

RECOMMENDATIONS FOR FERTILITY ORGANISATIONS, ADVOCACY ORGANISATIONS, AND RESEARCHERS

1. Raise awareness locally and nationally on the physical, mental, and emotional challenges faced by employees undergoing fertility treatment through sustained campaigns at public- and organisational-levels. FNUK has pioneered this and we can draw on their good practices. This should also include lobbying for national statutory policy for employees who undergo assisted fertility treatment.

2. Raise public and organisational awareness through encouraging media communication of the issues involved in balancing fertility treatment and working life and demonstrating how these issues affect a large proportion of the working population including single and LGBTQ men and women.
3. Ensure the recommendations we make as a result of the workshop are feasible in practice, especially in the current economic climate.

Future research agenda

The workshop highlighted current gaps in research and pointed to the following areas for future research:

- There is sparse research on the work-life and employment experiences of employed women and men undergoing fertility treatment. Future research needs to reflect the diversity in women and men's family configurations, sexual orientation and gender identity (including single women and women in heterosexual or same-sex couples, heterosexual men needing tests and investigations for male factor infertility, men and women supporting their female partners, and heterosexual or same-sex couples or single men and women opting for surrogacy), as well as diversity in social class, race, and ethnicity.
- Research should evaluate the impact of the existence of or lack of guidelines or policy in the workplace on employees and employers.

Appendix 1. Roundtable discussion questions

1. How can employers best support ART users?
 - How can more employers be encouraged to do so?
 - What are the benefits, barriers and challenges to providing support for line managers and organizations?
 - What policies or informal practices currently exist?
2. What should workplace policy and/or guidance look like?
 - In what ways can policy and guidance best cover diversity and the diversity of the needs of ART users? E.g.
 - Should the policy be identical for women and men?
 - What about people in jobs with little autonomy or flexibility?
 - Where should the policy sit e.g. akin to leave for expectant parents or disability and reasonable adjustments or sick leave?
 - Should any policy include leave and/or flexibility?
 - Should leave be limited?
 - Is a policy that includes leave and/or flexible working possible without disclosure?
 - What is needed to help ensure policy is translated into supportive practices?
3. How can the government support ART users?
4. What is the role of other stakeholders, e.g. unions?
5. What further research is needed?
6. What can we do to move the policy and practice agenda forward?
7. What other issues would you like to discuss that have not been raised?

Appendix 2. Infographic



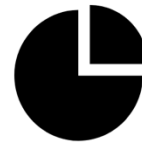
EXPERIENCES OF COMBINING FERTILITY TREATMENT AND EMPLOYMENT IN THE UK

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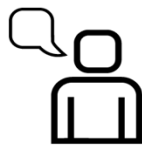
Women and men completed a survey on the challenges of combining fertility treatment and employment



51% of respondents felt that fertility treatment would affect their career



Less than a quarter of respondents said their workplace has a specific policy (only 23%)



72% disclosed to their line manager, but only 42% received a lot of support

60%

said their employer would benefit from guidance



Lack of policy and support were associated with higher psychological distress. 42% experienced suicidal feelings at least occasionally.



Most common ways of managing absence during a treatment cycle were annual leave and sick leave

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The average number of days of absence during a cycle, but 50% took more than this

Source: Payne, N., Seenan, S. and van den Akker, O. (2019). Experiences and psychological distress of fertility treatment and employment. *Journal of Psychosomatic Obstetrics and Gynecology*, 40(2), 156-165.