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Project: Exploring workplace provision for new and expectant parents with existing or emerging mental health issues



ARTICLE 3:

Workplace recommendations for employers to support and promote the emotional wellbeing of new/expectant parents in the workplace



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RECOMMENDATIONS FOR EMPLOYERS TO SUPPORT AND PROMOTE THE EMOTIONAL WELLBEING OF NEW / EXPECTANT PARENTS IN THE WORKPLACE

These standards have been developed as a result of a literature review exploring the workplace factors that influence parental wellbeing during pregnancy and the year after having a baby, and a review of existing standards that cover family-friendly workplaces, wellbeing at work and mental health at work.

The ambition of the recommendations is:

- to promote aspirational workplace cultures that support emotional wellbeing and positive mental health for all employees;
- to encourage employers to develop and enact strategies that acknowledge and improve the multiple influences that may adversely affect parental mental health;
- to ensure that parents experiencing mental ill-health at work are treated with compassion and signposted to appropriate support.

Recommendation 1: Organisations should have company wellbeing policies that specifically address the mental health needs of new / expectant parents in the workplace.

These should include:

- a. A mental health strategy
- b. A family- friendly strategy

Consideration of wellbeing / mental health should be included in all HR policies.

There may be a separate or overarching company diversity and inclusion policy that seeks to support employees with diverse and changing needs through every stage of their lives.

All policies should be visible on company websites, induction packs, office literature and relevant sections of employment contracts (parental leave and flexible working arrangements).

Designated, and appropriately trained, wellbeing champions at all levels of the organisation (including at board level) should ensure that company wellbeing policies are developed, regularly reviewed and are visible, known and applied throughout the organisation, especially when there is pressure from other priorities.

Recommendation 2: Organisations should set clear targets / key performance indicators, in collaboration with their employees, for monitoring and improving employee health and wellbeing.

This should include staff surveys or other means of assessing employee health and wellbeing. The organisation should also publicise action taken in response to survey findings or any wellbeing issues raised by employees.

Recommendation 3: Organisations should provide health-promoting workplace spaces with the necessary adaptations, equipment, training and resources to respond to the unique needs and circumstances of new and expectant parents.

This should include comfortable, accessible workplaces with adequate lighting, temperature control and break-out spaces. According to The Workplace (Health, Safety and Welfare) Regulations 1992, employers must provide suitable rest facilities for pregnant women or nursing mothers. Appropriate time and facilities, including a lockable space to guarantee privacy, must be available to allow breastfeeding mothers to express and store breast milk.

Recommendation 4: Organisations should provide opportunities for employees to monitor and improve their wellbeing at work.

Whilst actions taken will depend on the nature of the business and the size of the organisation, initiatives may include weekly wellbeing tips (posted on intranets, workplace noticeboards or sent to all employees via email); on-site relaxation or exercise sessions; lunch-time walking groups or 'lunch and learn' sessions; on-the-hour flash walks; 'deskercise'; Fitbit challenges; or access to online resources such as monitoring, health coaching or counselling apps.

Additional initiatives to demonstrate organisational commitment to workplace wellbeing may include 'walk and talk' weekly catch-ups; 'Wellbeing Wednesdays' (all employees encouraged to take an extra hour away from work to do something that enhances their wellbeing every Wednesday), 'Fitness Fridays' (employees encouraged to do something active on Fridays) or an extra day off awarded to all employees in mental health awareness week.

Recommendation 5: All managers should receive appropriate training to enable them to undertake regular reviews of employee wellbeing.

This should involve consideration of mental and physical health, social, family and environmental circumstances, and financial stability. Individual 'wellness action plans' could be introduced as part of employee induction programmes, and then maintained throughout employment, to help identify what individuals need to keep well at work, what causes them to become unwell, and the support they would like to receive from their manager to boost wellbeing, or provide support through recovery from a mental health problem.

Wellbeing passports could be used to document anything (personal/family circumstances, caregiving responsibilities, religion, workstyle, cognitive preferences, disability/ long-term conditions) that may affect performance at work and provide details of the 'reasonable adjustments' to working patterns agreed with the line manager.

In the context of a holistic approach that is preventative and proactive as well as reactive, line managers should undertake monthly 'check-ins' of employee wellbeing and remain alert to changes in personal/family circumstances that may compromise both wellbeing and performance at work. Managers must keep in mind that alterations in workplace performance may reflect changes in employee mental state arising from increased external demands on time and energy. This is particularly relevant for parents during pregnancy and the first postnatal year when they may be more vulnerable to mental health issues.

Line managers should receive training in how to:

- conduct legally-required risk assessments to identify problems and solutions to workplace conditions that may compromise health and wellbeing, especially in response to pregnancy or changes in mental state;
- recognise triggers, signs, symptoms and impact of perinatal psychological distress;
- initiate conversations about sensitive topics;
- understand and initiate the adjustments that may be needed to respond to the challenges that some parents/ carers and/or individuals with mental health problems may face (such as sleep deprivation, childcare issues, domestic abuse, fatigue, relapse, drug side effects);
- signpost employees with caregiving responsibilities and/or mental health problems to relevant policies, processes and sources of support.

Recommendation 6: Organisations should demonstrate a commitment to promoting work-life balance.

This should include specified working hours / patterns and clear and reasonable expectations of employees to respond to work demands outside of agreed work hours. Managers at all levels need to lead by example and demonstrate their commitment to wellbeing through their words, actions and behaviour. For example, working reasonable hours, taking regular breaks, limiting expectations of out-of-hours communication, and taking holiday entitlements.

Employees should be given the opportunity to negotiate temporary and permanent flexible working arrangements, unless there is a good business reason for not doing so. This may include term-time contracts, compressed hours, delayed start times, working from home or taking an hourly lunch break in three twenty-minute blocks.

Flexible leave arrangements to respond to personal/family commitments/circumstances may also be considered.

For example, some organisations have introduced:

- flexible annual leave or sick days to care for sick children or respond to childcare crises;
- additional annual leave allowance for families of a specified number of 'family absence' days / year.
- the option of an annual one-month block of unpaid leave to help with childcare during holidays;
- additional paid leave to deal with the repercussions of bereavement or domestic violence.

Recommendation 7: Organisations should strive to create a culture of openness and compassion, where the uniqueness of individuals is respected, and variations in circumstances and wellbeing are considered as a normal part of life and proactively accommodated.

Both physical and mental health exist on a continuum. It is likely that all employees will need to take time off at some point in their working lives to recover from mental or physical illness. There are steps that organisations can take to acknowledge particularly stressful periods in the lives of their employees in order to provide anticipatory support and prevent the negative repercussions of mental ill-health for both the employee and the organisation. Employers should take a positive, proactive approach to supporting parents in the workplace, especially during pregnancy and the first postnatal year, as this represents a period of increased vulnerability to mental ill-health and a period in the child's life where their optimal health and development is strongly influenced by parental mental wellbeing.

Adaptive organisations that are perceived as parent-friendly are more likely to retain experienced employees, reduce the costs arising from absenteeism, presenteeism and recruiting new staff, and provide the foundations for a loyal, happier, motivated and more productive workforce.

As there may still be a stigma associated with mental illness, workplaces need to be psychologically safe environments where employees feel able to share their stresses and concerns amidst a culture of acceptance and empathy, rather than one of judgement, resentment and discrimination.

Affinity networks/staff engagement forums should be developed to allow coalitions of like-minded individuals (parents, individuals with mental health issues, LGBT) to share ideas, experiences, tips and resources, and make needs-led recommendations to improve working practices and environments.

One-to-one mentor/buddy/peer support schemes should be introduced to link employees with shared 'lived experience' in order to ease potentially stressful transitions such as changing teams, location, responsibilities, working patterns or returning to work after parental/sick leave.

Efforts should be made to organise timely and inclusive team/client meetings, team-building and social activities to enable employees constrained by parenting/caring responsibilities and/or mental health issues to attend.

Recommendation 8: Employees at all levels of the organisation should have access to appropriate workshops or training in, for example, mental health first aid/ awareness, stress management/ resilience, becoming a parent/ carer.

Mental health awareness/wellbeing should be included in all new starter induction programmes and should be discussed openly in company and team meetings.

Recommendation 9: Information about the resources available (both within and outside the organisation); the key people to turn to for help and advice; and what to do in the event of a mental health emergency.

Confidential in-house support services may include Employee Assistance Programmes, GP appointments, counselling sessions or online CBT.

Recommendation 10: Procedures should be in place to ensure that employees who take parental or sick leave are supported before, during, and on their return, from leave.

A plan should be devised at the onset of parental, carer or sick leave specifying how work tasks will be transferred, how the manager will maintain contact during the leave, how long the leave will last (if known), what support the organisation can provide during the leave taken, and plans for return to work (Keep in Touch sessions, phased return). Prior to return, managers may use a 'Back to work' checklist and design a 'welcome back' pack for the returning individual.

All employees, but particularly those who are parents/carers and /or experiencing mental ill-health, need to be assured that they can adapt working conditions and patterns to their unique and changing needs and circumstances without harassment, discrimination or feelings of guilt.



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