

CIPD

Survey report
May 2023

Workplace support for employees experiencing fertility challenges, investigations or treatment

The CIPD has been championing better work and working lives for over 100 years. It helps organisations thrive by focusing on their people, supporting our economies and societies. It's the professional body for HR, L&D, OD and all people professionals – experts in people, work and change. With almost 160,000 members globally – and a growing community using its research, insights and learning – it gives trusted advice and offers independent thought leadership. It's a leading voice in the call for good work that creates value for everyone.

Survey report

Workplace support for employees experiencing fertility challenges, investigations or treatment

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1 Introduction

This report presents the findings from our UK employer and UK employee surveys about the organisational support currently provided for employees experiencing fertility challenges, investigations or treatment.

Around one in seven couples in the UK may have difficulty conceiving. Given that the majority of people wanting to start or grow a family are of working age, it's safe to assume that it's typically people who are in employment who are affected.

It can be a long and uncertain road for employees experiencing difficulties conceiving, trying to start or grow a family. It can have significant impacts on someone's mental and physical health. It can also be emotionally draining, socially challenging and financially tough. Managing the impacts alongside employment can be extremely difficult without an understanding employer. We believe practical support and compassion at work can make a significant difference to how someone copes.

Fertility issues are still not openly talked about in society, and so the importance and benefits of a supportive work environment haven't been widely discussed. Therefore, how to support employees through fertility issues or treatment is not yet on the radar of most employers or managers. Our research shows a lack of workplace provision for people at what can be a very difficult time in their lives. For example, just over a quarter (27%) of employers we surveyed have a policy in place concerning fertility treatment.

When dealing with the physical and mental wellbeing impacts of fertility issues, employer support can be very valuable. The way an employer responds can have an impact on how someone can balance work with the demands of treatment, as well as on their longer-term view of their employer. It also sends a message to the rest of the workforce about whether the organisation genuinely cares for the health and wellbeing of its people. There are also potential benefits for the employer in terms of enhanced levels of staff loyalty, retention and performance.

If employers don't build support and an inclusive environment for employees, there's a risk they could lose valuable skills and talent. Our survey found that almost one in five (19%) employees said they had considered leaving their job because of their experience at work in relation to fertility challenges, investigations or treatment.

There's a real opportunity to improve the workplace environment for employees experiencing fertility challenges or treatment. The findings of a 2019 poll by LinkedIn and Censuswide of 1,000 HR professionals suggest that the profession would welcome better workplace support in this area. A high 91% said they would benefit from education and support to better understand employee fertility issues. Interestingly, two-thirds of HR professionals also thought fertility support in the workplace should be considered a statutory right.

We want to help bridge the gap in workplace support by providing practical guidance to help people professionals develop a framework of effective

support. There are also guides for line managers and colleagues. The guidance is informed by survey data gathered from employers about the current support provided and from employees with lived experience.

We have produced a [case study](#) of good practice in this area, as well as publishing the [CIPD's Fertility Journey Policy](#) for our own employees.

Focus on inclusion

The CIPD's aim in carrying out this research is to be as inclusive as possible. By 'fertility challenges, investigations or treatment', we mean any employee experiencing difficulties conceiving, or undergoing any investigations or type of fertility treatment, or supporting a partner who is undergoing investigations or treatment. This includes men and women, same-sex couples, people pursuing parenthood alone, people choosing to delay parenthood (ie through egg freezing) and people with secondary infertility (ie have a child or children but is having difficulties conceiving again).

Men can also experience fertility issues, although it is necessary for the woman to undergo treatment in the majority of cases. However, both partners can equally experience the emotional and mental health impacts of undergoing fertility challenges, investigations or treatment, and so policies should be inclusive of partners. Fertility issues can also affect same-sex couples who want to start a family or someone pursuing parenthood alone, and so it's important to not assume someone's personal situation or family makeup.

We believe any support provided should be underpinned by the principles of compassion, empathy and inclusivity.

2

Background to the research

This report, exploring support in UK workplaces for employees experiencing fertility challenges, investigations or treatment, is based on findings from two surveys.

The first is a survey of 2,023 senior HR professionals and decision-makers in the UK, conducted by YouGov Plc. Fieldwork was undertaken between 22 March and 18 April 2022. The survey was carried out online. The figures have been weighted and are representative of UK business by size, sector and industry. Respondents come from organisations of all sizes and work within a wide range of industries. Overall:

- 1,477 are based in the private sector
- 354 in the public sector
- 192 in the voluntary sector.

SMEs refer to organisations with fewer than 250 employees.

In this survey we asked about employer support for fertility treatment. Since carrying out this survey in 2022 we have widened our focus to cover 'fertility challenges, investigations and treatment' to be inclusive of all experiences where workplace support could benefit as many people as possible.

We also conducted a survey of 300 UK employees who had experiences of fertility challenges, investigations or treatment while in employment within the last five years, conducted by YouGov Plc. Fieldwork was undertaken between 10 and 20 June 2022. The survey was carried out online and the figures are unweighted. The gender profile of respondents is:

- 195 people identifying as female
- 93 identifying as male
- 8 people identifying in another way
- 4 people preferred not to say.

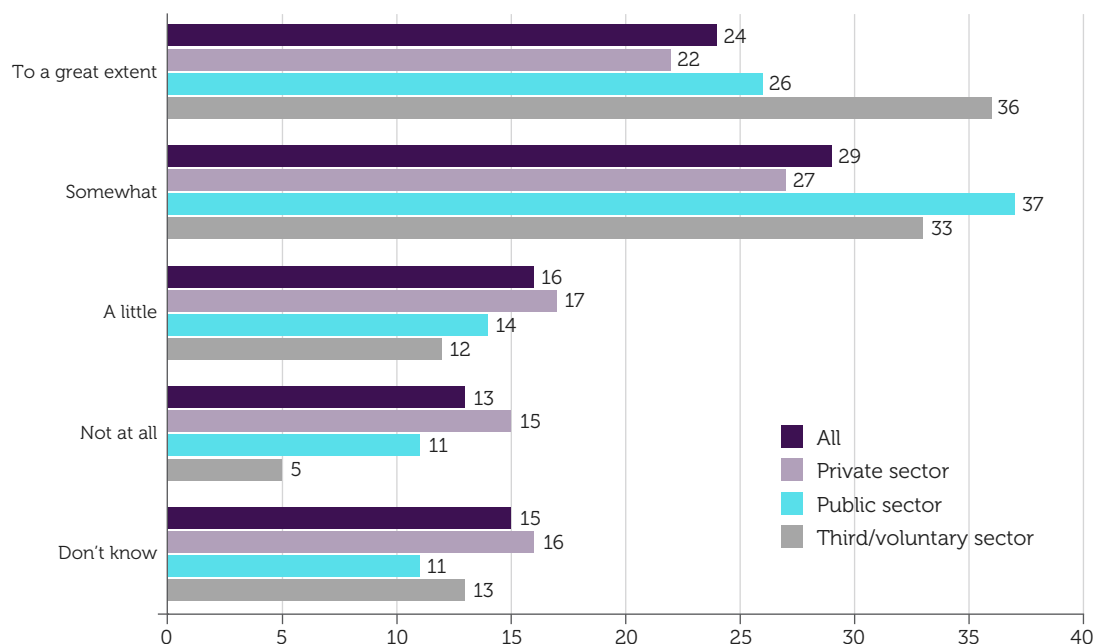
All figures in graphs have been rounded to the nearest percentage point. Due to rounding, percentages may not always total 100.

3 The organisation climate

Around a quarter (24%) of senior decision-makers say that their organisation encourages an open and supportive climate to a great extent, where employees are able to talk about issues like pregnancy loss or fertility treatment (see Figure 1). A further 29% say they encourage this climate somewhat, while just 13% say they don't.

The voluntary sector is significantly more likely than the private and public sectors to say their organisation encourages this open and supportive climate where employees are able to talk about these issues to a great extent.

Figure 1: To what extent do you think your organisation encourages an open and supportive climate where employees are able to talk about issues like pregnancy loss or fertility treatment? (%)



Base: all employers (total: n=2,023; private: n=1,477; public: n=354; third/voluntary: n=192).

The employee perspective

In June 2022 we conducted a survey of 300 UK employees who had experiences of fertility challenges, investigations or treatment.

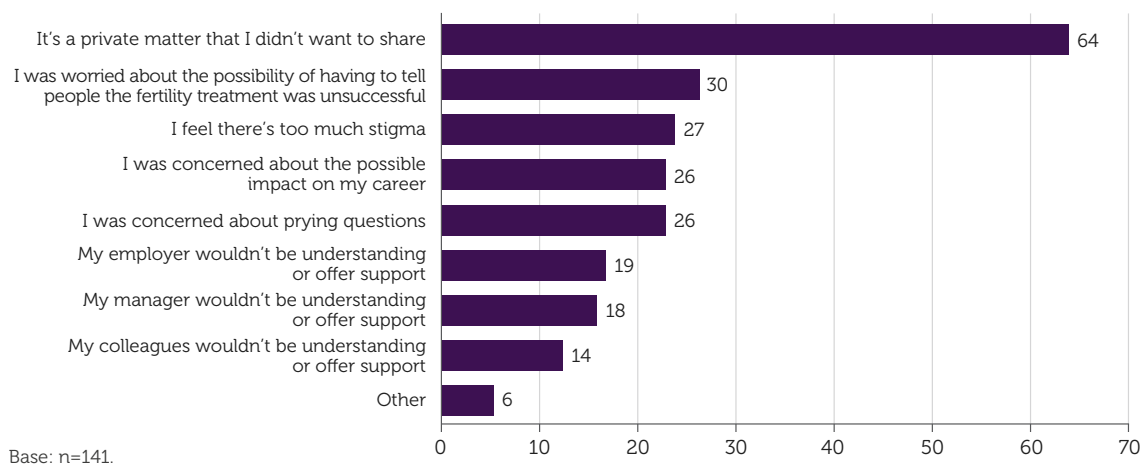
Did you tell your employer or HR?

We asked people if they told their manager or HR about their experience of fertility challenges, investigations or treatment. Three in ten (30%) told their manager, 11% told someone in HR and 13% told both their manager and HR. Almost half (47%) said they didn't tell their manager or HR.

We asked all those who said they didn't tell their employer to tell us why that was. The most common reason was because they felt it was a private matter that they didn't want to share (64%). Three in ten (30%) people were worried about the possibility of having to tell people the fertility treatment was unsuccessful, 27% felt there's too much stigma, 26% said they were concerned about the possible impact on their career, and 26% were concerned about prying questions (Figure 2).

It's understandable that individuals may not want to share such personal and sensitive information. However, organisations can still build a compassionate climate that will help people to feel supported and able to ask for workplace support, as well as respect the fact that people may not want to talk about it. The default reaction to disclosure should be, "how can we support you at work?" A supportive climate will also help to raise awareness about the topic, discourage people from asking prying questions and reduce stigma.

Figure 2: Which, if any, of the following are reasons that you decided not to tell your employer about your experience of fertility challenges, investigations or treatment? (%) Please select all that apply.

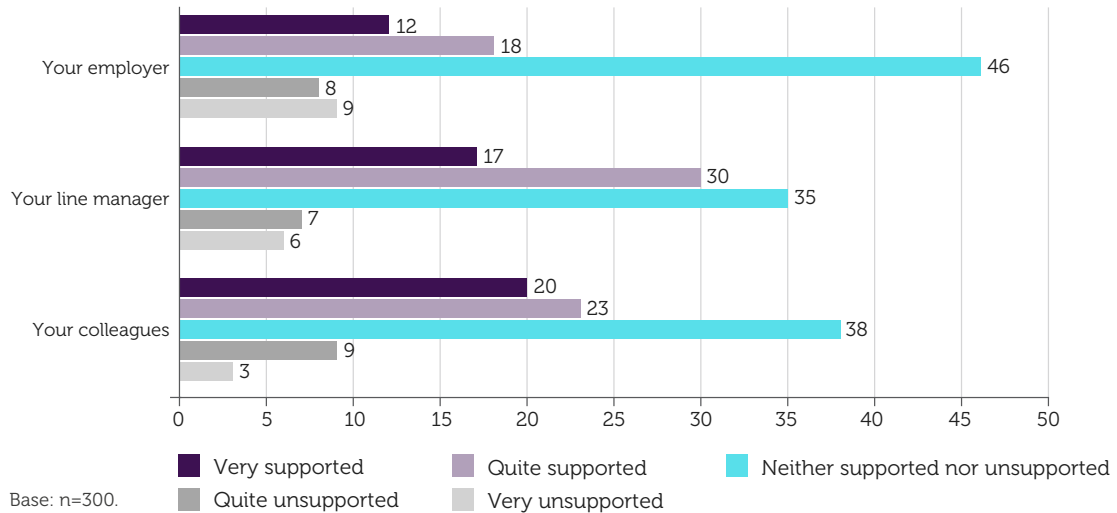


Did you feel supported at work?

Three in ten people (30%) said they felt very or quite supported at work by their employer while having fertility challenges, investigations or treatment (Figure 3). Interestingly, just under half (46%) said they felt neither supported nor unsupported, suggesting the employer did nothing to help but also nothing to hinder. Women were more likely to say they felt neither supported nor unsupported at work than men (53% versus 35% respectively). Just under a fifth (17%) said they felt quite or very unsupported.

In terms of support from managers, 47% said they felt very or quite supported by their line manager. But again, a notable number (35%) felt they had been neither supported nor unsupported. A smaller 42% said they felt they were very or quite supported by their colleagues.

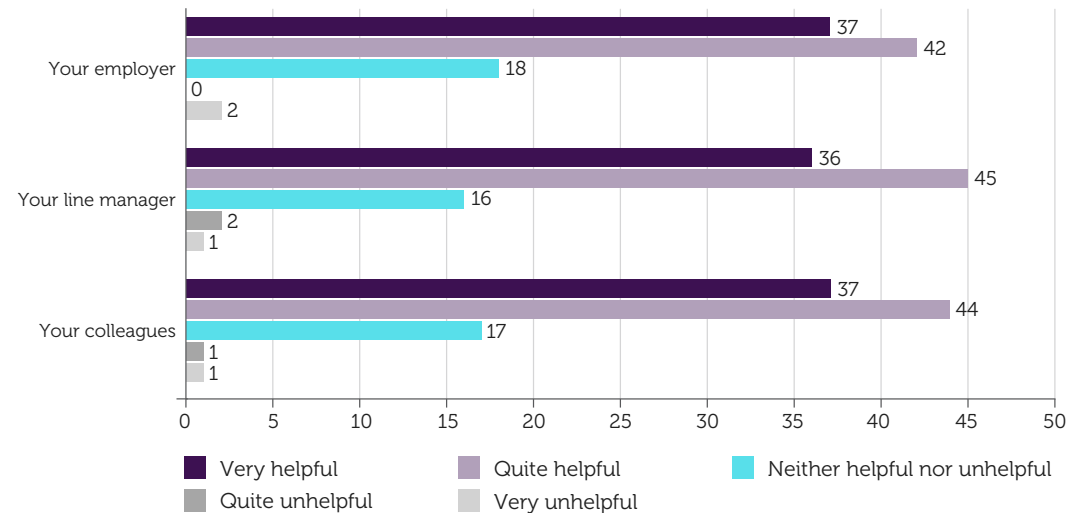
Figure 3: To what extent, if at all, do/did you feel supported by the following people in the workplace with your experience of fertility challenges, investigations or treatment? (%)



How helpful was the support you received?

We then asked all those who said they felt very or quite supported by someone at work in relation to their experience of fertility challenges, investigations or treatment, how helpful, or not, they found that support. The majority of people said the support they received from their employer, line manager or colleagues was helpful (Figure 4), with very small numbers saying that support was quite or very unhelpful.

Figure 4: You said you felt supported by the following with your experience of fertility challenges, investigations or treatment. How helpful or not did you find the support from the following? (%)



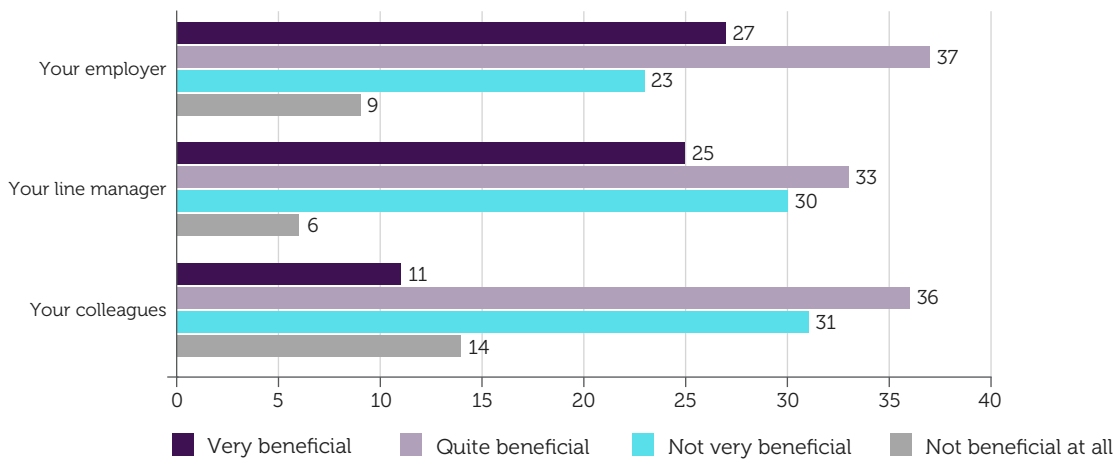
Base: your employer: n=90; your line manager: n=141; your colleagues: n=127.

For those who didn't receive any support at work, how beneficial would such support have been?

We asked all those who said they felt they were neither supported nor unsupported, quite unsupported or very unsupported at work (by their employer, their line manager or their colleagues) how beneficial, or not, such support would have been.

Support from the employer is deemed most beneficial, followed by line manager support; colleague support is seen as the least beneficial. This finding is surprising given that it's colleagues we spend most time with on a daily basis. However, looking at this finding together with responses to other questions suggests that people are valuing employer support the most. For example, in section 5 of this survey report we'll see that support from the employer is reported to have the greatest impact on mental wellbeing, people's sense of commitment to their employer and their intention to stay, in comparison with support from a line manager or colleagues. And the most beneficial type of support was reported to be paid time off, which, in practice, is likely to be part of a formal HR policy, so associated with the employer.

Figure 5: How beneficial, if at all, do you feel that having support from the following, in relation to your experience of fertility challenges, investigations or treatment, would have been? (%)



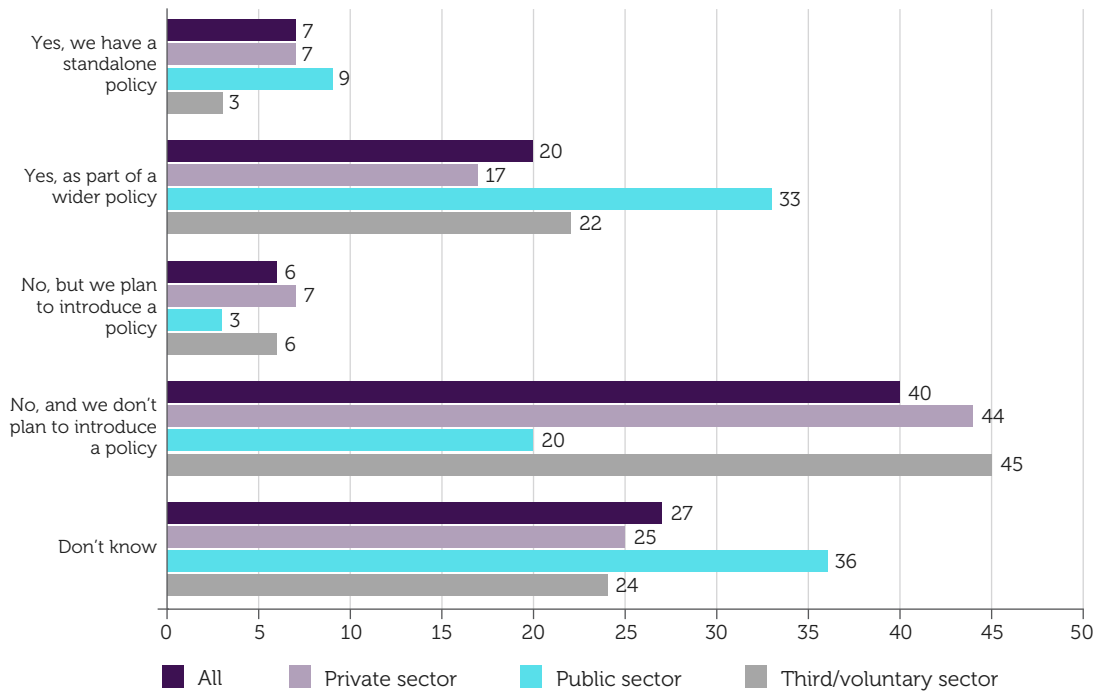
Base: employees who did not feel supported: your employer: n=190; your line manager: n=144; your colleagues: n=149.

4 Formal policies

Just over a quarter (27%) of employers have a policy in place concerning fertility treatment. For 7%, this is a standalone policy, and for 20%, fertility treatment is covered within a wider policy. There are significant sector differences, with 42% of the public sector organisations saying they have a formal policy in place, compared with 25% of third/voluntary sector employers and 24% of private sector employers.

It's disappointing that 40% of employers don't have a formal policy on fertility treatment and don't plan to introduce one. It's also concerning that over a quarter (27%) of the senior decision-makers in organisations surveyed didn't know whether they had a policy covering this issue or not (rising to 36% of those in the public sector).

Figure 6: Does your organisation have a formal policy in place concerning fertility treatment? (%)

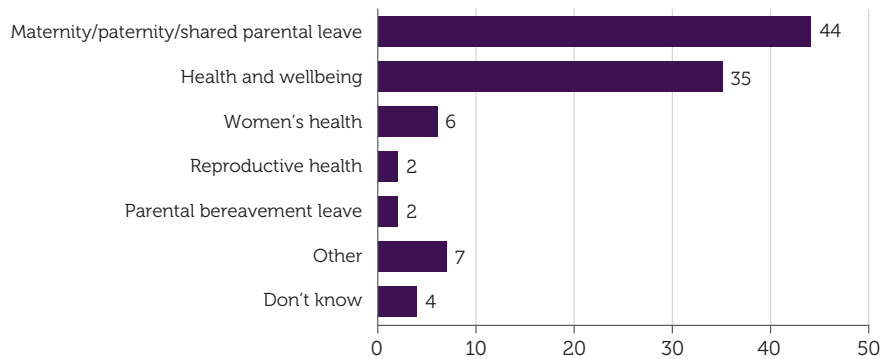


Base: all employers (total: n=2,023; private: 1,477; public: n=354; third/voluntary: n=192).

We asked all employers who said fertility treatment was covered within a wider policy, which policy this was. The majority (44%) said it's covered in their maternity/paternity/shared parental leave policy. This is not the best place to have information about employer support for employees experiencing fertility treatment and could feel very insensitive.

Just over a third (35%) include fertility treatment in their wider health and wellbeing policy.

Figure 7: What is the wider policy that covers fertility treatment? (%)



Base: n=369.

The employee perspective

Just 14% of respondents said their organisation has a formal HR policy which covers fertility challenges, investigations or treatment.

Forty-one per cent of people said they had some support at work, whether that was in the form of an HR policy, support from managers or support from colleagues. However, a third (33%) said there was no support on offer and a further 25% said they didn't know.

5

Support employers provide for employees

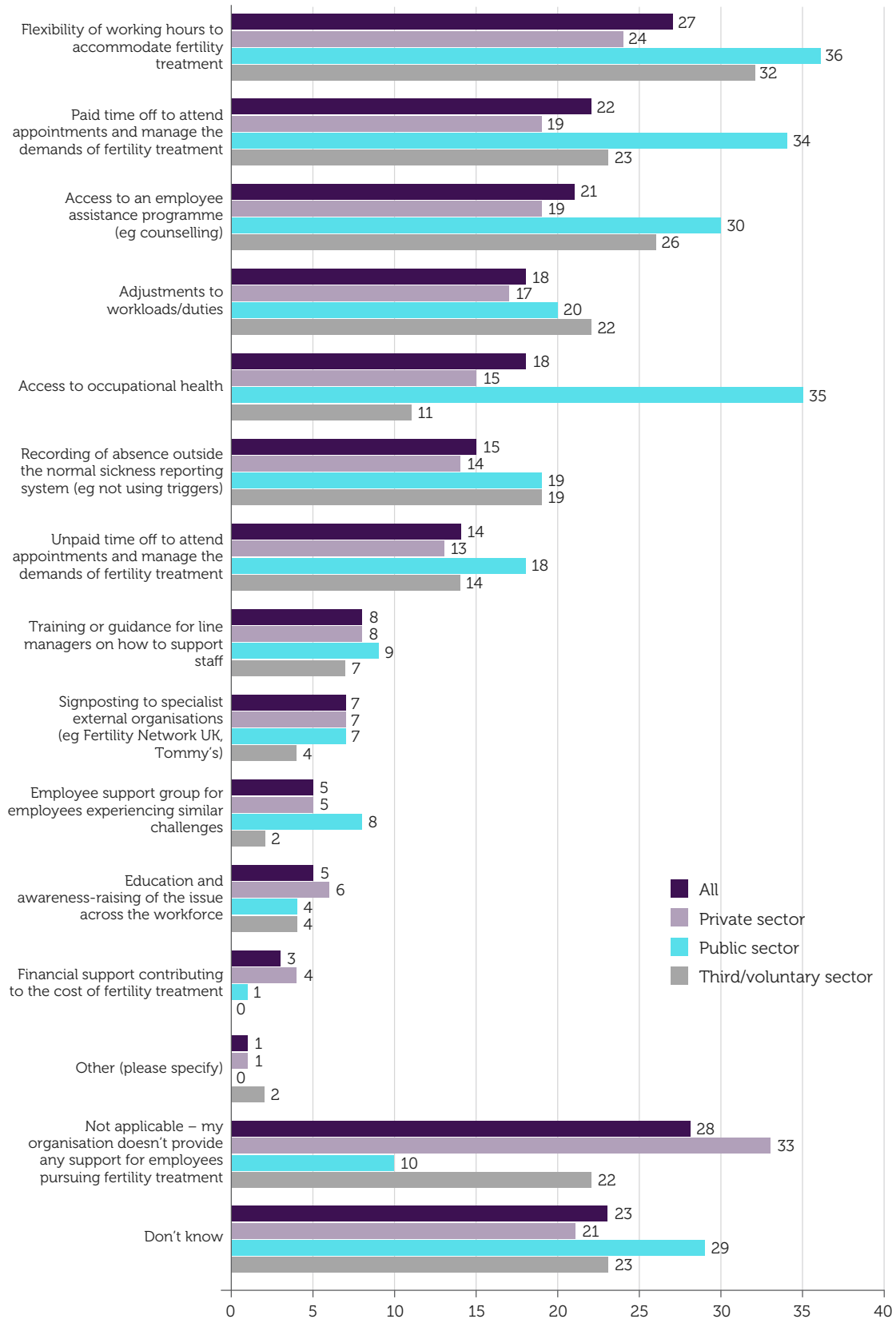
Around half (49%) of employers provide some kind of support for employees pursuing fertility treatment, according to our survey of senior decision-makers.

Over a quarter (28%) provide no support and 23% say they don't know (Figure 8). There is significant variation between the sectors, with a third (33%) of the private sector employers we surveyed saying they don't provide any workplace support to employees pursuing fertility treatment, compared with 10% of public sector employers and 22% of those in the third/voluntary sector.

The most common kind of support provided is flexibility of working hours to accommodate fertility treatment (27%). Significantly, more public sector employers (36%) and third/voluntary sector employers (32%) provide this than those in the private sector.

Paid time off to attend appointments and manage the demands of fertility treatment is provided by 22% of employers overall (34% of the public sector).

Figure 8: The support provided for employees pursuing fertility treatment (%)



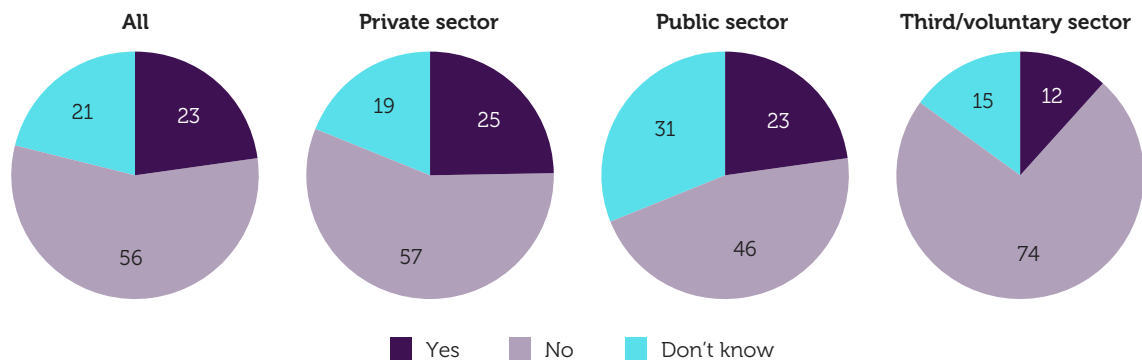
Base: all employers (total: n=2,023; private: n=1,477; public: n=354; third/voluntary: n=192).

Do employees know about the support that's available to them?

Support is only useful to people if they know it's available, so we asked employers if they had communicated with employees about the support available to people pursuing fertility treatment within the past two years.

Just under a quarter (23%) of those organisations providing some kind of support had told employees about it (Figure 9). Over half (56%) hadn't, and just over half of senior decision-makers surveyed about their organisation's practices didn't know. Employers in the third/voluntary sector were less likely to have communicated to their staff about the support available.

Figure 9: In the past two years, has your organisation communicated with employees about the support that is available to those pursuing fertility treatment? (%)



Base: all employers (total: n=958; private: n=636; public: n=218; third/voluntary: n=104).

The employee perspective

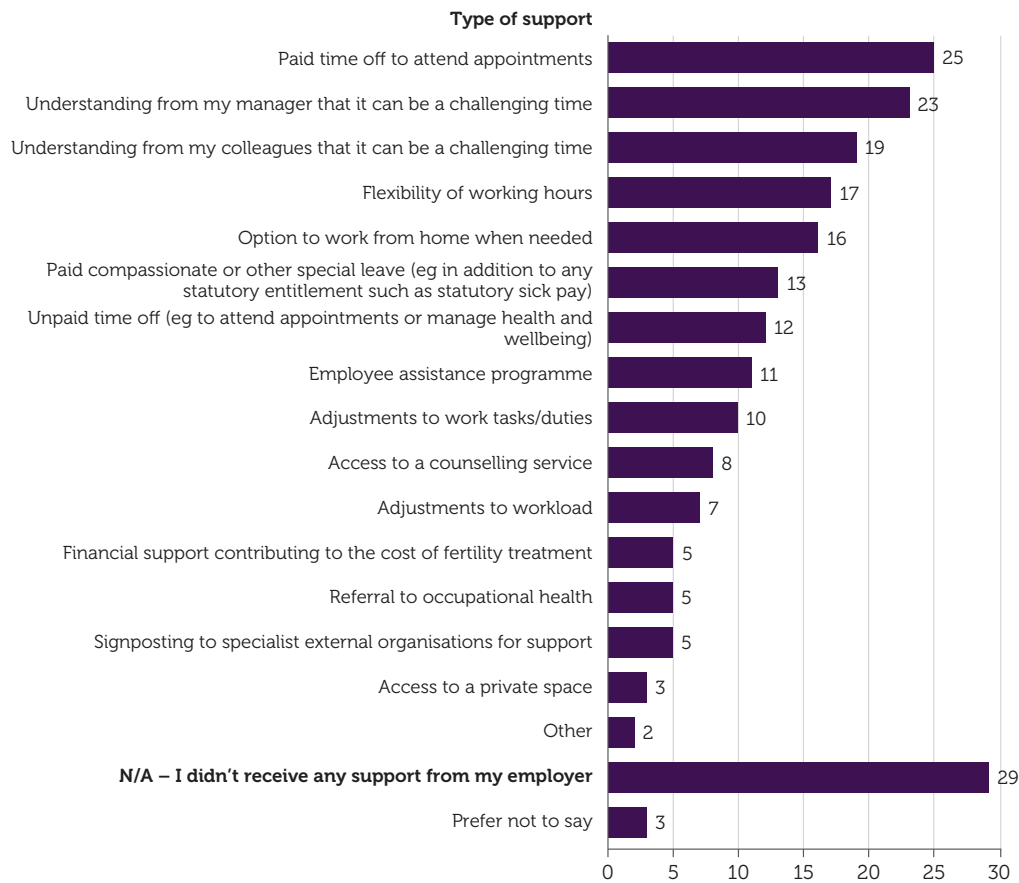
What support did you receive?

We asked people to tell us what support from their employer they received in relation to their experience of fertility challenges, investigations or treatment. The top five most common types of support provided (Figure 10) are:

- paid time off to attend appointments
- understanding from the manager that it can be a challenging time
- understanding from colleagues that it can be a challenging time
- flexibility of working hours
- option to work from home when needed.

Almost three in 10 people (29%) said they didn't receive any support from their employer.

Figure 10: What support, if any, did you receive from your employer due to your experience of fertility challenges, investigations or treatment? (%)



What support from your employer was or would have been most helpful?

After asking about the support people received from their employer, we then asked them to think about what types of support were, or would have been, most helpful (Figure 11). We hope that this insight will help to inform practice.

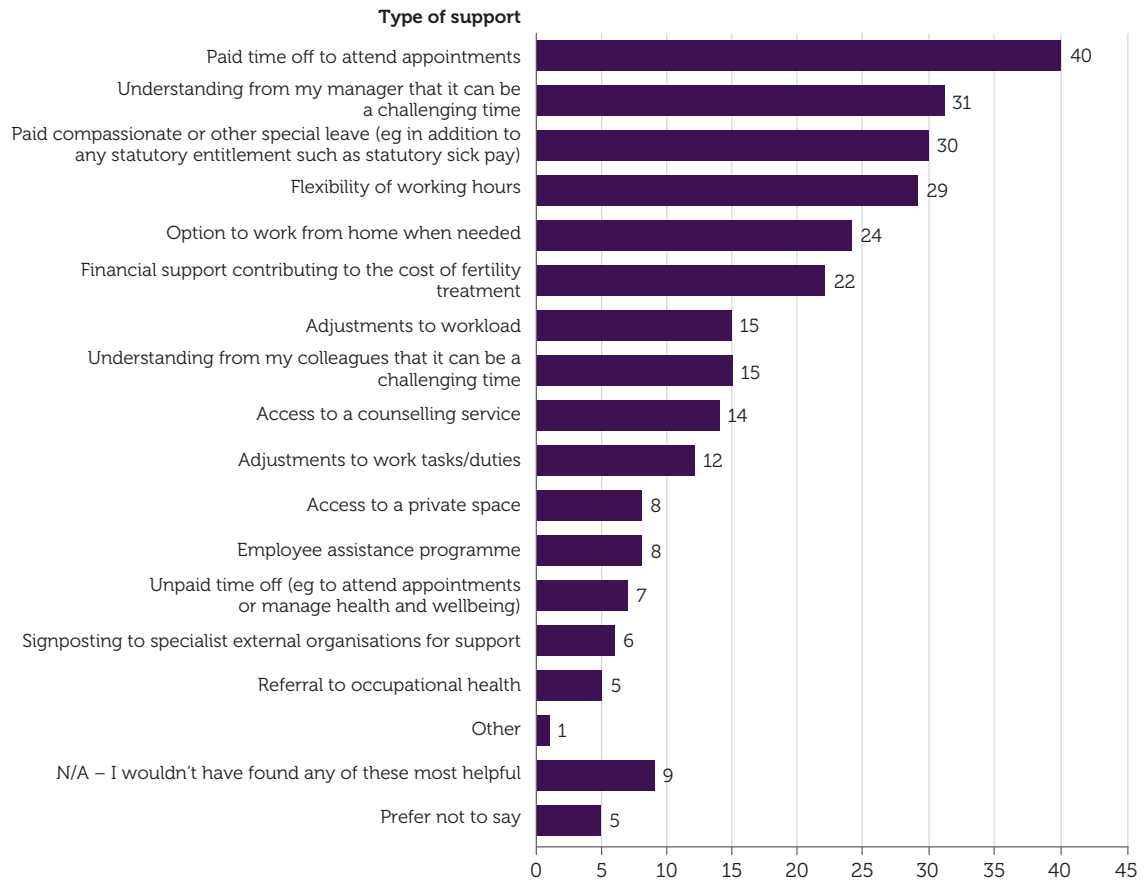
The top five rated most helpful forms of support are:

- paid time off to attend appointments
- understanding from your manager that it can be a challenging time
- paid compassionate or other special leave
- flexibility of working hours
- option to work from home when needed.

Overall, the findings suggest that the employers providing support are doing so in the right areas, but not enough employers are doing so. However, there is a mismatch in terms of paid compassionate leave, as although 30% of people surveyed said paid compassionate leave was or would be most helpful, just 13% of survey respondents said they received it.

The spread of responses in Figure 11 is a reminder that everyone has different circumstances and needs, so it's important to treat people as individuals, asking what support at work they would personally find useful.

Figure 11: Which, if any, of the following forms of support from your employer were, or would have been, most helpful with your experience of fertility challenges, investigations or treatment? (%) Please select up to five options.



Base: n=300.

Impact of support

We asked people who said they felt very or quite supported by their employer/line manager/colleagues, about the impact, if any, that support had on them and their experience of work.

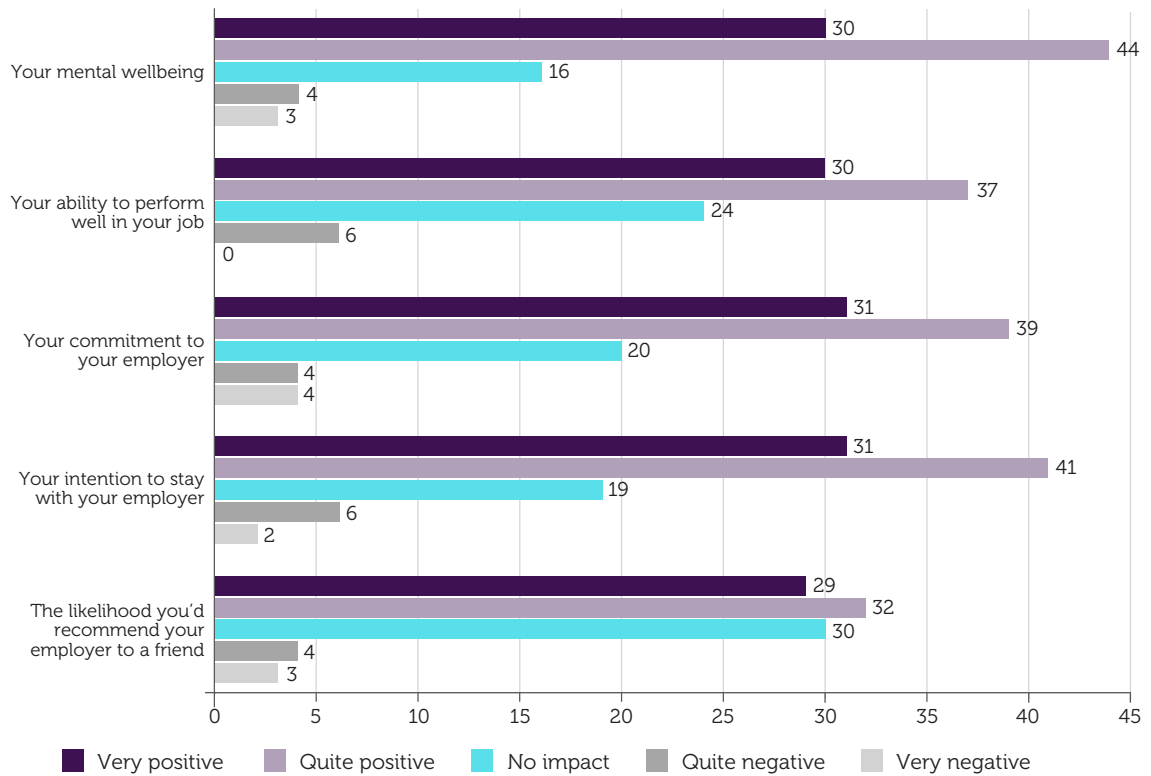
On the whole, survey respondents report a positive impact on each of the outcomes from the support they received, whether it's from their employer, their line manager or their colleagues. The strongest positive impact from support from both employer and colleagues was on people's mental wellbeing. The strongest positive impact of line manager support was on people's mental wellbeing and their ability to perform well in their job.

Some outcomes appear to be impacted more by support from a particular source. Therefore, in Table 1 we compare the net positive scores (the very positive and quite positive scores added together) from each source (employer, line manager, colleagues) for each of the outcomes.

Overall, the findings provide a strong rationale for employers providing effective support for employees, given the positive impact of such support in areas such as mental wellbeing, commitment and intention to stay with your employer.

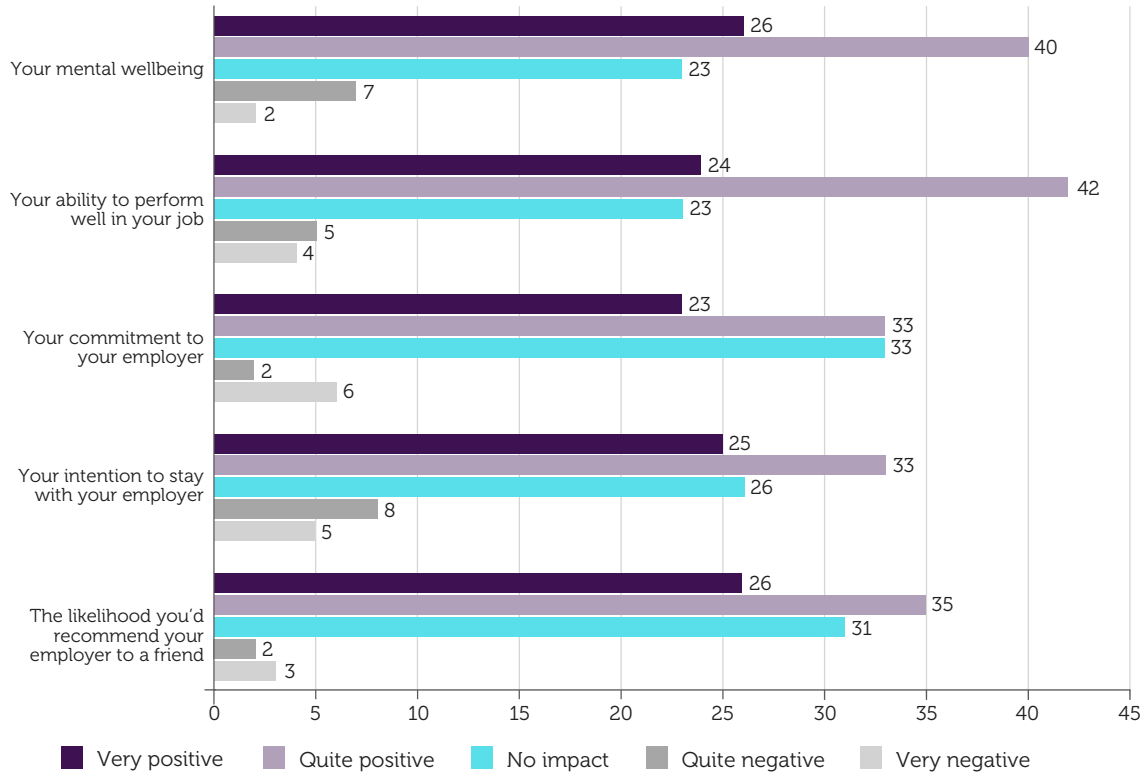
The framework (including policies, support, line manager guidance and training, and awareness-raising) that employers develop will also have a direct influence on how compassionate and supportive the climate is and how capable and confident managers feel to support people experiencing fertility challenges, investigations and treatment.

Figure 12: What impact, if any, has the support from your EMPLOYER in relation to your fertility challenges, investigations or treatment had on you and your experience of work? (%)



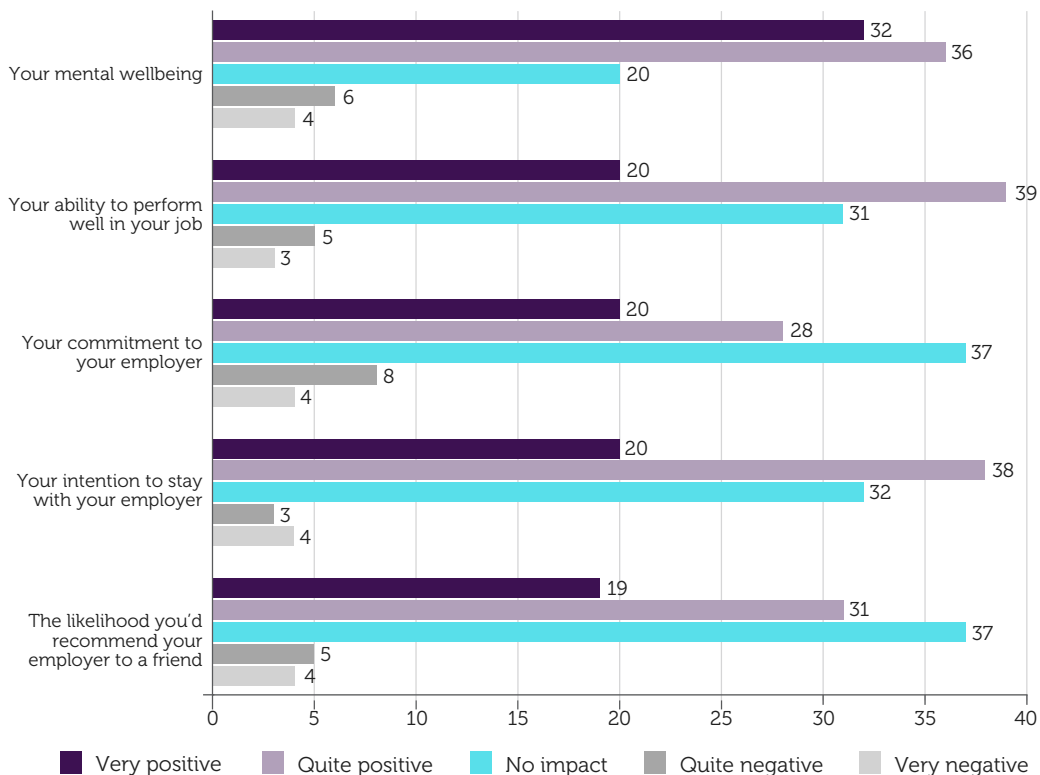
Base: n=90.

Figure 13: What impact, if any, has the support from your LINE MANAGER in relation to your fertility challenges, investigations or treatment had on you and your experience of work? (%)



Base: n=141.

Figure 14: What impact, if any, has the support from your COLLEAGUES in relation to your fertility challenges, investigations or treatment had on you and your experience of work? (%)



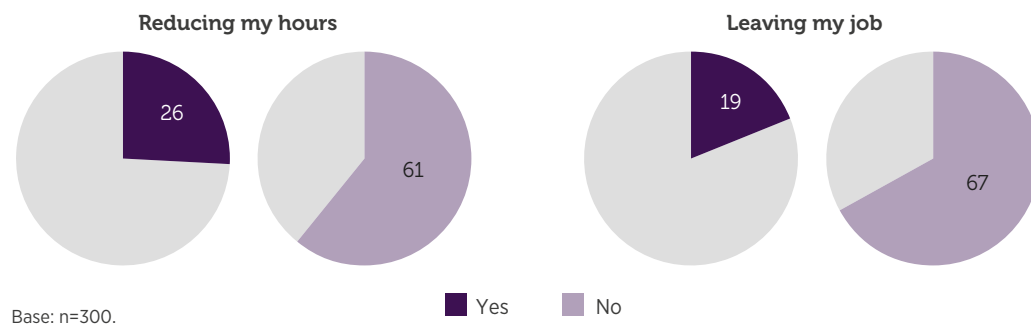
Base: n=127.

Table 1: Comparisons of the net positive scores (the very positive and quite positive scores added together) from each source (employer, line manager, colleagues) for each of the outcomes (%)

Source of support	Mental wellbeing	Ability to perform well in job	Commitment to employer	Intention to stay with employer	Likelihood to recommend employer to a friend
Employer	74	67	70	72	61
Line manager	67	66	55	58	62
Colleagues	69	58	47	58	50

Finally, we asked people if they had considered reducing their hours or leaving their job because of their experience at work. Just over a quarter (26%) of employees have considered reducing their hours and almost a fifth (19%) have considered leaving their job. These findings further add to the rationale for a framework of support to help employers retain valuable employees.

Figure 15: Did you consider reducing your hours or leaving your job because of your experience at work in relation to your experience of fertility challenges, investigations or treatment? (%)



6 Conclusion: Good practice principles for workplace support

The survey findings demonstrate that effective workplace support can benefit individuals at what can be a very difficult time. It can also benefit the organisation in terms of supporting employee commitment, performance and retention. However, it's clear there's a substantial gap in provision.

For example, just 27% of employers have a policy concerning fertility treatment, whether standalone or as part of a wider policy. And just three in 10 employees (30%) said they felt very or quite supported at work by their employer while having fertility challenges, investigations or treatment. Further, just under half (47%) said they felt very or quite supported by their line manager.

However, of those individuals who said they felt very or quite supported by their employer, line manager or colleagues at work in relation to their experience of fertility challenges, the majority said the support they received was helpful. And 64% of those who didn't feel supported at work by their employer said such support would have been beneficial.

We believe that supporting people is the right thing to do, but there is also a business case for employer action here. Overall, the findings suggest a positive impact of effective employer support in areas such as mental wellbeing, commitment and intention to stay with your employer. In addition, the provision employers develop here will form part of an attractive employer value proposition to recruit and retain talented people.

Our accompanying guidance to this survey report provides practical ideas for developing workplace support for employees experiencing fertility challenges, investigations and treatment. Drawing on our survey findings and wider research, the guidance is structured around five principles of good practice to help you design the support that would be most helpful to your employees.

- 1 Raise awareness across the organisation about the need for fertility challenges, investigations or treatment to be recognised as an important workplace wellbeing issue.** Education and awareness-raising require careful thought and sensitivity in terms of language and approach, and so it's a good idea to involve employee networks or resource groups, and draw on reliable sources of expert advice.
- 2 Create an open, inclusive and supportive culture.** The aim is to break down the stigma and ensure that people know they will be supported if they want to tell people about their experience. Communicate positive messages about the support available and set the expectation that line managers and colleagues show empathy and understanding.
- 3 Develop an organisational framework to support employees experiencing fertility challenges, investigations or treatment.** This should include specific policy provision, line manager guidance and education as well as access to sources of expert help, such as an employee assistance programme and signposting to external specialist charities.
- 4 Manage absence and leave with compassion and flexibility.** Given the lack of statutory provision to support employees with fertility investigations and treatment, consider how generous the organisation's policy can be in offering paid leave and flexibility in these circumstances. Absence management policies and procedures should be flexible and take into account the potential impacts of experiencing fertility challenges, investigations or treatment, for both partners.
- 5 Equip line managers to support people with empathy and understanding.** Line managers play a central role in supporting people's wellbeing and implementing people management policies. Employers cannot expect managers to act as counsellors or medical experts. Their role is to help employees with the work aspects of the situation and ensure

that work is not part of the problem. Therefore, organisations should ensure that line managers understand the boundaries of their role, and when and how to signpost to specialist support. They need to build trust-based relationships so that someone will feel able to talk about their need for support or workplace adjustments.

Useful resources

British Fertility Society (BFS): The BFS is dedicated to promoting expert medical practice in fertility treatment based on scientific evidence.

Fertility Matters at Work: Fertility Matters at Work exists to educate and inspire businesses with an awareness of how fertility issues affect both their employees and their organisation. Offers guidance, training and resources to support organisations and help them work towards becoming a 'fertility friendly' employer. Webinars and podcasts available through their website include organisations' experience of introducing fertility policies as well as individuals' stories and relevant research

Fertility Network UK: UK patient-focused charity providing free and impartial support, advice, information and understanding for anyone affected by fertility issues. Their Employment Issues factsheet includes examples of employers who have a policy on fertility treatments. Other useful resources include webinars, e-newsletters and magazines, and videos on juggling work and fertility struggles. It has an information line and support line.

Human Fertilisation and Embryology Authority (HFEA): The UK Government's independent regulator overseeing fertility treatment and research. It provides free, clear and impartial information to all affected by fertility treatment.

Manchester Metropolitan University (MMU): Research on complex fertility journeys and the workplace. Outputs include a report of the findings and what employers can do to help, events and conferences, and ethnodramas, including short audio clips for HR professionals and people managers as well as individuals on complex fertility journeys.

Mind: Mind provides advice and support to empower anyone experiencing a mental health problem. They campaign to improve services, raise awareness and promote understanding.

Miscarriage Association: Provides free support and information to anyone affected by miscarriage, ectopic or molar pregnancy, via its helpline, live chat and email services and through in-person and online support groups.

National Fertility Society: Helps people interested in fertility treatment or surrogacy in the UK or abroad, through providing information, referrals and support throughout the journey.

National Health Service (NHS): The NHS provides information on fertility problems, including advice on the causes of fertility problems and lifestyle factors that can contribute to fertility problems, diagnosis and treatment options.

NHS: Miscarriage

PaNDAS HR Toolkit: A toolkit for businesses and organisations to support employees who may be affected by perinatal mental health conditions.

SAMH: SAMH is the Scottish Association for Mental Health. It operates in communities to provide a range of mental health support and services.

Tommy's: UK's largest pregnancy and baby charity, funding research and supporting parents through pregnancy complications, miscarriage, stillbirth and premature birth. Tommy's offers pregnancy and baby loss e-learning modules for people managers and HR toolkits to build support for employees through any pregnancy journey, including those that end in loss. Visit [Tommy's pregnancy and parenting at work hub](#) for more information.

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