

THE THIRTIES: BALANCING PRIORITIES

Minutes



Date	28 November 2023
Time	17:00 – 18:00
Venue	Room C, 1 Parliament Street
Chair	Flick Drummond , Co-Chair of the Women and Work APPG and MP for Meon Valley
Speakers	Mims Davies MP , Minister for Social Mobility, Youth and Progression at the Department for Work and Pensions Laura Seebohm , Chief Executive of the Maternal Mental Health Alliance Analiese Doctrove , Head of Operations at Pregnant then Screwed Becky Kearns , Co-Founder of Fertility Matters at Work Ami Thacker , Finance Project and Governance Manager at Centrica
Theme/ Background information	Women aged between 30 and 34 now have the highest fertility of any age group, while women over 40 are having more babies than under 20s. The weight of career progression, familial expectation and biological changes have created a decade of deadlines and hard decisions for women in their 30s. This session will discuss: <ul style="list-style-type: none">• Reproductive health and work• Leave for miscarriage, abortion and IVF• Childcare provision

NON-VERBATIM MINUTES

Mims Davies MP, Minister for Social Mobility, Youth and Progression at the Department for Work and Pensions: Rightly, the government is fully committed to supporting women to stay and progress in their careers, regardless of postcode, background and lived experience. Women often face challenges balancing work, health and children. I would like to talk about how we're addressing those matters for women, to help women and all parents. We are looking to support those on universal credit to progress with work and to have childcare payments given upfront. The Department for Work and Pensions increased how much parents could claim back on universal credit. DWP have worked on a range of measures including to support those who experience still birth or take time off during latter ages of pregnancy. Employers should treat IVF appointments as medical appointments. It is important that women are protected in the workplace in relation to pregnancy, and that this includes pregnancy loss. Managing that conversation in the workplace is important. Managers and teams are best placed to support. All employees have a right to request flexible working. Regarding menopause in the workplace, there are over 2 million more women in work than since 2010. Mims was delighted to appoint Helen Tomlinson as the DWP menopause

employment champion; she is there to actively support women experiencing both perimenopause and menopause while working. The over-50s are the fastest growing group in the labour market.

Laura Seebohm, Chief Executive of the Maternal Mental Health Alliance: 50% of women's maternal mental ill health goes unrecognised; this can be devastating. Perinatal mental health concerns can be quite serious, far too often leading to suicide. There's also an economic cost of £8.1bn each year. With early intervention, it can be hugely treatable, because psychiatrists say that women recover really well once their condition is identified. There are stark differences for black women and Asian women. Teenage maternal suicide rates are rising, and women suffering from domestic abuse, poor housing and addiction are all at greater risk of experiencing mental health concerns. Of all of Laura's workplaces, none had a policy on maternal mental health, despite the fact that 60% of new mothers leave their jobs soon after taking maternity leave. We need to dig deeper into what is happening and raise the profile of maternal mental health in policy and public discussions. Of 500 new mums polled, 100% said they had experienced a physical or mental health problem relating to their birth – for four fifths, this was mental health. Many of the Alliance's champions had to leave their jobs. The fathers also suffered.

Analiise Doctrove, Head of Operations at Pregnant then Screwed (PTS): PTS provides advice and campaigns on issues relating to the motherhood penalty – this is a term coined by sociologists to articulate the disadvantages mothers experience through pay and status. When men have children, they receive pay rises and promotions; it's the opposite for women. Ending the motherhood penalty would have benefits for thousands of women. There are key policy changes that would make a difference, particularly childcare, parental leave reform, flexible working and access to justice. We need substantial reform of childcare to make it affordable and accessible, considering that parents can't work without it. It provides emotional, physical and developmental opportunities to children, while reducing the attainment gap between rich and poor children. The UK has one of the most expensive childcare systems in the world. According to a poll of 1600 women who had an abortion, 6 in 10 cited childcare costs. If we got childcare right, it would have a huge impact. Flexible working is a really hot topic. It is expected that if a woman asks for flexible working, they have to fit their full-time job into this, and so the request is usually denied or only given to senior workers who employers don't want to lose. Half of new parents don't get the flexibility they ask for and this forces parents out of their careers. Moving to same day requests just makes the same thing happen faster. As a candidate you have to leave one job and start another before you can find out if its flexible. We want employers to have to advertise jobs as flexible, so that candidates know upfront. We also want access to justice: the government commissioned a report into maternity discrimination in 2016, which found that 50,000 women are pushed out of their jobs every year for getting pregnant. Fewer than 1 in 10 take this to tribunal. More than 3 quarters of mothers are in work and need the income. They are critical to our economy, and we are failing them.

Becky Kearns, Co-Founder of Fertility Matters at Work (FMAT): Becky introduced herself as an HR professional by background, who experienced early menopause at 28, and was told she would have to do IVF. Workplaces often don't recognise the need for a policy on IVF, but it impacts everyone, especially LGBT people. FMAT works with employers to improve experiences of fertility treatments. Fertility concerns have a physical, emotional and financial impact. FMAT educates managers on the impact this can have, and how they can support people. It creates peer networks, with sign-posting. On initiating fertility treatment, the individual doesn't have a baby, but they are admitting to their employer that they want to get pregnant – they worry that it will threaten their job security if it is known they are going on maternity leave. People worry what their employer will think. They are then passed over for promotion for undergoing fertility treatment. 9 out of 10 will suffer from anxiety or depression, and 93% say it impacts on their careers. It impacts the gender pay gap. 36% considered leaving their job due to treatment. 69.9% take sick leave, to hide the fact they are receiving treatment. FMAT are working with Nickie Aiken on a fertility bill to rectify these problems.

Ami Thacker, Finance Project and Governance Manager at Centrica: Ami introduced herself as a chartered accountant and finance product manager at Centrica for 8 years, and a mother of a 3-year-old child. She explained that she had undergone a long fertility journey, including loss and fertility treatments. Centrica has about 30,000 employees, and a diverse workforce. They have introduced fertility ambassadors and set up a Fertility Sanctuary with 250 members. Their work supports members, provides employees and line managers with toolkits, and runs webinars jointly with a charity. Centrica has signed the fertility pledge and offers 5 days of IVF leave on top of holiday. Centrica offers a pathway to parenthood with a monetary value of £15,000 for those who want to build a family; it doesn't discriminate against LGBT people. Complementary procedures are also covered, such as acupuncture and nutritionists. Additionally, the MyCare programme supports mental health. Centrica is retaining and attracting talent through these programmes. Ami added that more could be done to educate women on their declining fertility.

Mims: Do we know how many people are going through IVF?

Becky: It's hard to clarify because the statistics are from 2019, and many people go abroad for treatment. 1 in 7 couples will be impacted by infertility, and there are 3.5 million people in the UK going through fertility issues.

Guest: Is there anything we can do to encourage more businesses to invest in childcare, particularly looking at how we tax childcare?

Flick: We need to know how much the Treasury gets from taxing childcare first.

Guest: There's a huge number of employers who would like to operate a childcare salary sacrifice scheme, but the regulators are very stringent and say the employer has to be involved in the management and financing of that nursery – is this something to be tackled?

Mims: There's formal childcare and informal childcare, as some families get by through trusted relationships like grandparents. You could end up with a 2 tier system. We need to link this to community nurseries and childminders. If we are going to fix the whole of the labour market, you've got to have different variations of childcare for different sectors.

Guest: On career penalties, I'm a coaching psychologist – we work with businesses helping people return to work. Let's look at parental leave provision for the non-birthing parent. We need to normalise men being active carers of their children. We need to treat fathers equally.

Flick: This has come up before. Even in countries with good shared parental leave, fathers don't take it up. It's a cultural and leadership shift. We need the CEOs to start taking it.

Mims: This was how we changed the discussion around menopause, using leadership from the top. As women we need to help men to step back. We need to put our foot down and say, "I can't do this parents' evening, you do it!". We need to step back so that men can step in.

Guest: This is true, but it still puts the responsibility on the woman, not the man.

Guest: Identified themselves as an occupational health physician, working with the NHS and SMEs. They found that women routinely struggle with reproductive health support, and that education of employers is key.

Becky: We are trying to do more work on occupational health.

Mims: We have outreach in Tower Hamlets through youth hubs and others.

Flick: If you had to promote one policy, what would it be?

Analiese: Parental leave reform.

Becky: Improving workplace fertility policies.

Ami: Improving fertility education.

Laura: Having maternal mental health mentioned within workplace policies.

Mims: Shared parental leave and shared parenting is becoming a reality; let's not accept claims that this is not possible. Also, we need to share best practice with SMEs, and show them how this can boost recruitment and retention.