**How to use this resource**

As an employer, you can use this resource to support your employee to identify their wellness tools, networks of support and trigger points, as well as agreeing an action plan to ensure they are supported. This tool can be used before or after an employee goes on maternity or paternity leave and can be used in conjunction with other resources on the PATH website: <http://path-perinatal.eu/>

* This resource should be completed by the employee, but you should be involved to support and empower them.
* Do not try to influence what they write in their plan
* Ask questions and use active listening to encourage your employee. **See our guide** for more information on how to do this effectively.
* Agree on an action plan based on this plan to ensure the employee is fully supported, to promote positive relationships and to encourage resilience
* Regularly review the plan and make sure you are approachable. This isn’t set in stone, and things could change suddenly
* Encourage your employee to seek extra support if they need it. It’s important to look after your own wellbeing too, and not to take on their problems as your own

**PRIVATE & CONFIDENTIAL**

To be completed by employee with support from their manager

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line Manager’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leave Date: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Planned Return to Work Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My Wellbeing Toolkit**

What do I do to keep well? What do I enjoy doing?

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| --- |
| e.g. Talking to a friend, taking time to myself, having a lunch break |

**Staying Well**

What do I do on a daily basis to look after my wellbeing?

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| e.g. Remind myself that I am doing my best and that adjusting back to work can take time, talking to my employer if I am struggling, making sure I get enough fresh air |

What can my employer / manager do to help me look after my wellbeing?

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| --- |
| e.g. Feedback, regular supervisions, adaptations and adjustments |

**Trigger Points**

Are there any situations at work that can impact your wellbeing, trigger stress or cause poor mental health? How might this affect you at work?

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| e.g. Conflict, changes in the organisation, whether they are big or small |

What can you do to minimise these triggers? Is there anything your manager can do to help?

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| e.g. Breathing exercises, taking some time out, speaking to a trusted friend |

Are there any changes or “early warning signs” your employer might notice when you are feeling low?

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| e.g. changes in behaviour, withdrawing from work |

What should your employer do when they notice these signs?

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| e.g. Talk to you about it, give you some space |

**Crisis Plan**

Remember in a health emergency you should always call 999

If you are feeling stressed or unwell, what steps can you take?

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| --- |
| e.g. Go for a walk, speak to your manager, call your employee helpline |

What support can your manager give when you are feeling stressed or unwell?

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| --- |
| e.g. extra catch up time, call your designated contact, remove specific trigger points if possible |

Who should your employer contact if you become unwell at work?

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship** | **Phone Number** | **Permission to contact** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Ongoing Support**

If you have felt unwell, stressed or anxious, what can your employer do to support your return and make sure it doesn’t happen again?

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| --- |
| e.g. Phased return, peer support, extra supervisions |

Are there any adjustments or adaptations that you feel would help you during your pregnancy / return to work?

|  |
| --- |
| e.g Reduced hours, designated wellbeing space |

Discuss these ideas with your line manager and see if they can be implemented

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature: |  | Date: |  |
|  |  |  |  |
| Employer Signature: |  | Date: |  |
|  |  |  |  |
| Review Date: |  |  |  |

**Wellbeing Plan Reviews**

It’s important to regularly review your Wellbeing Plan. Use this space to record any discussion, changes or updates to your Wellbeing Plan.

Review 1

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Discussion:  Changes since last review: |

Review 2

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Discussion:  Changes since last review: |

Review 3

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Discussion:  Changes since last review: |