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| **Document Control Sheet** |

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# Introduction

# Statement of intent

The Equality Act 2010 does not specifically protect people undergoing fertility treatment. However, there are arguable links with the pregnancy and maternity protections; additionally, people who are LGBTQ+ are more likely to have their children using this route.

It is expected that all employees are supportive of their colleagues undergoing fertility treatment, and mindful of potential welfare issues that may arise.

# Definition and eligibility

This policy covers all employees. This covers any parent-to-be, of any gender who is undergoing any form of medical treatment or intervention to enable them to get pregnant, or who is the partner of that person, or co-parent of any potential child-to-be.

It also applies where an employee is attempting to get pregnant as part of a surrogacy arrangement, in which the pregnant person has no plan to parent the child.

As with most other matters requiring absence, managers will usually take information disclosed by employees to them on trust. They can require proof of appointments if needed.

# Information about fertility treatment

There are 3 main types of fertility treatment:

* Medication
* Surgical procedures
* Assisted conception, including IVF.

There is more information on the NHS [website](https://www.nhs.uk/conditions/infertility/treatment/)

# Types of support

An employee undergoing fertility treatment is likely to need:

* Recognition of the impact of fertility treatment on their physical, mental and emotional welfare, and support to meet their physical and mental health needs, including wellbeing support and signposting the employee assistance programme.
* Time off to attend fertility appointments, or because of an emotional or physical response to the fertility treatment. Please refer to the Leave of Absence policy for more information regarding time off. Due to the importance of timing with biological cycles, and the difficulties in obtaining appointments, managers should note it may be difficult, or even impossible, for employees to arrange or re-arrange appointments to be outside of working hours.
* Line managers must treat issues such as fertility leave and pregnancy/baby loss as confidential. They must not share it with others, except on a need-to-know basis, without the express permission of the employee. It is recommended to have a conversation with the employee about what they would like their colleagues to know. If they do want people to know, it should be ascertained if they want to be able to tell them themselves or have their manager do it for them.
* Fertility treatment takes time, and the above should be present throughout, and not as a ‘one-and-done’ conversation.

# Entitlements

# Fertility leave

Please refer to the leave of absence policy regarding employees undergoing fertility leave.

Leave should be taken when required to support appointments for fertility treatment that need to take place during working hours. Employees can also take fertility leave to attend an appointment to support their mental health connected to their fertility treatment.

The leave is subject to managerial authorisation. However, as with other types of leave, we would expect managers to take a supportive and reasonable approach to accommodate employees’ needs and requests. If a manager is unable to support a request, they should discuss and explain the business reason to explore an alternative for both the employee and the school.

Employees should provide a reasonable amount of notice, wherever possible.

# Interaction with other types of leave

It is recognised that the offer of up to 5 days of paid leave will not always cover the full amount of leave needed. Employees may be able to access other types of leave to cover additional leave needed for treatment – this may include sickness if they are sick, unpaid leave, or annual leave.

# Sick leave

Authorised Fertility leave is excluded from absence triggers. If the level of fertility leave exceeds the 5 days entitlement, this may be included and count towards absence triggers under the absence management policy. Sickness absence associated with IVF will not be regarded as ‘pregnancy-related’ as documented in the leave of absence policy.

# Pregnancy & baby loss/miscarriage and parental bereavement leave and compassionate leave

People who have suffered the loss of a baby or a miscarriage may subsequently undergo fertility treatment. Employees receiving fertility treatment could miscarry which could have lasting effects on the pregnant person.

Headteachers, line managers and / or colleagues should support any employees who experience pregnancy or baby loss/miscarriage. They may benefit from:

* time off, including for medical appointments
* increased flexibility of hours or location for a fixed period of time to ease a return to work
* counselling
* a referral to Occupational Health.

In the case of miscarriage, i.e., pregnancy/baby loss before 24 weeks, employees can access paid compassionate leave of up to 10 days pro rata. This can be used by any parent, and potentially by other people in the family who may be affected by the loss of the child. Please refer to the leave of absence policy.

There are special provisions for stillbirth, i.e., the loss of a baby at birth or after 24 weeks of pregnancy. The pregnant person is entitled to the full maternity leave and pay if they wish. They must take a 2-week period of compulsory maternity leave after the loss of the baby, for the purposes of recuperation. Please see the Maternity Policy for more information.

There is also a statutory entitlement to parental bereavement leave of two weeks off following the death of a child under 18, or a stillbirth after 24 weeks. This is for either parent, and also extends to other close family members. For those who have at least 26 weeks service on the Saturday before the child’s death, it is paid at the statutory rate. Employees who have less than 26 weeks service may be able to use compassionate leave at their headteacher’s discretion. Please see the Maternity or Paternity Policy for more information.

Sick leave (which is usually paid) may also be relevant for longer periods of absence. Employees should be supported by their headteacher/manager and may need a referral to occupational health, and potentially a phased return, to support them back to work when they are ready.

# Health and safety concerns

It is good practice to consider any health and safety implications arising from their work. Headteachers/managers should undertake a Workplace Risk Assessment when an employee informs them, they are undertaking fertility treatment. If there are any risks that could cause the employee or an unborn child harm, these should be mitigated as far as possible.

# Sources of more information and support

For all employees

##### Stress toolkit.

* Employee Assistance Programme, including self-referral counselling and financial advice.
* Occupational Health – discuss with your manager.

External sources of support

* [Fertility Network UK](https://fertilitynetworkuk.org/)
* [The Miscarriage Association](https://www.miscarriageassociation.org.uk/)
* [Child Bereavement UK](https://www.childbereavementuk.org/) supports families when a baby or child of any age dies or is dying, and when a child is facing bereavement.
* [Cruse Bereavement Care](https://www.cruse.org.uk/)helps people understand grief and cope with their loss.
* [Saying Goodbye](https://www.sayinggoodbye.org/) provides information, advice and support to anyone who has lost a baby at any stage of pregnancy, at birth or in infancy.
* [The British Association for Counselling and Psychotherapy](https://www.bacp.co.uk/) provides information for those who are thinking about having private counselling. The website includes a directory of qualified therapists who work to professional standards in your area.
* [The Ectopic Pregnancy Trust](https://ectopic.org.uk/)

1. Document Control

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| **Issue No** | **Date** | **Amended By** | **Summary of Changes** |
| 1 | October 2024 | Jess Dumbill | New policy |
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