



# NEONATAL CARE LEAVE AND PAY POLICY

| POLICY IMPLEMENTATION CHECKLIST |               |
|---------------------------------|---------------|
|                                 |               |
| Policy Guardian:                | PAUL MURPHY   |
| Author:                         | PAUL MURPHY   |
| Approved by Director:           | 23 APRIL 2025 |
| Effective From:                 | 30 APRIL 2025 |
| Date of Next Review:            | APRIL 2030    |
| Diversity compliant:            | YES           |
| Equality Impact Assessment:     | LOW           |
| Data Protection compliant:      | YES           |
| Health & Safety compliant:      | YES           |
| Procedure implemented:          | YES           |
| SDM system changes made:        | N/A           |
| Training Completed:             |               |
| Posted on Sharepoint:           |               |
| Posted on website:              |               |
|                                 |               |

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## **1.0 INTRODUCTION**

Employees are entitled to neonatal care leave (if they meet the eligibility criteria) for a baby born on or after 6<sup>th</sup> April 2025 and the baby has received medical or palliative neonatal care for at least 7 consecutive days within the first 28 days after birth.

Forgewood Housing Co-operative understands that if an employee is considering the use of this policy, they will be going through a difficult and stressful period. Forgewood Housing Co-operative is committed to supporting our employees to both be able to be with their baby and look after their own wellbeing throughout this period.

## **2.0 SCOPE OF POLICY**

This policy and procedure applies to all employees.

## **3.0 Legislation**

This entitlement has been introduced through the Neonatal Care (Leave and Pay) Act 2023 and comes into effect on 6<sup>th</sup> April 2025.

## **4.0 DEFINITION**

Neonatal care means:

- medical care received in hospital;
- medical care received in any other place where:
  - the baby was an inpatient in hospital and the care is received upon the baby leaving the hospital;
  - the care is under the direction of a consultant;
  - the care included ongoing monitoring by, and visits to the baby from, a healthcare professional arranged by the hospital where the baby was an inpatient.
- palliative or end of life care.

## **5.0 ELIGIBILITY**

### Neonatal Care Leave

An employee will have the right to neonatal care leave if they meet the following criteria:

- At the date of birth they are the baby's parent, intended parent (under a surrogacy arrangement) or the partner of the baby's mother;
- At the date of birth, they are the baby's adopter or prospective adopter or the partner of the adopter or prospective adopter (including children adopted from overseas);
- Have or expect to have the responsibility for the upbringing of the child;
- Take the leave to care for the baby who has received neonatal care.

### Neonatal Care Pay

Employees with 26 weeks continuous service by the end of the relevant week, who earn above the lower earnings limit and who are entitled to neonatal care leave are also entitled to statutory neonatal care pay. The rate for statutory neonatal care pay is set by the government and reviewed annually in April.

The relevant week is deemed to be:

- For births, the week preceding the 15th week before the expected week of childbirth;
- For adoption, the week in which the adopter is notified of being matched with the baby;
- For any other cases, the week immediately before the week in which the neonatal care starts.

## **6.0 LEAVE ENTITLEMENT**

If an employee meets the eligibility criteria detailed in this policy, they have the right to one week of neonatal care leave for every week their baby is in neonatal care, up to a maximum of 12 weeks. An employee can take one week's leave for every uninterrupted week that the baby is receiving neonatal care.

Neonatal care leave must be taken within 68 weeks of the baby's birth.

Neonatal care leave and pay is additional to statutory rights for other types of family leave such as maternity, adoption, paternity and shared parental leave.

Where 2 or more babies from the same pregnancy require neonatal care, the following points apply:

- If the babies receive neonatal care at same time the leave will accrue once;
- If the babies receive neonatal care at different times the leave accrues for each baby;
- The number of weeks leave available remains at the maximum of 12 weeks;
- The 68 weeks within which the leave must be taken is based on the date of birth of the first baby.

## **7.0 TYPES OF LEAVE**

Neonatal care leave can be taken in 2 ways:

- **Tier 1**

This begins when the baby receives neonatal care and ends on the seventh day after the baby is discharged. Neonatal Leave in tier 1 can be taken in a continuous block or a non-continuous block of one week at a time and up to 12 weeks.

- **Tier 2**

This begins once the tier 1 period has ended and must be taken within 68 weeks after

the birth. Tier 2 leave must be taken in one continuous block. This type of leave is most likely to apply to employees who are already on maternity or adoption leave as they will exhaust their maternity or adoption leave first.

## **8.0 REQUESTING LEAVE**

Employees are encouraged to speak to their line manager as soon as possible if they may be taking neonatal care leave, this will help us to provide appropriate support and information regarding these entitlements.

To apply for leave employees should complete the form at appendix 1 which covers the required information to process the leave request.

We understand that it may be difficult to comply with notice periods, however, where possible we would ask that the following notice is provided:

- For tier 1 leave we require 15 days' notice for each period of absence;
- For tier 2 leave we require 28 days' notice.

## **9.0 CANCELLING LEAVE**

An employee can cancel leave which falls under the category of tier 2 leave. They should provide 15 days' notice for one weeks leave and 28 days notices for longer periods of leave.

## **10.0 CONTRACTUAL BENEFITS**

All terms and conditions in your contract, apart from salary, continue to apply during the leave period.

## **11.0 SUPPORT FOR EMPLOYEES**

We encourage employees to seek support from their line manager and agree the best way to communicate throughout periods of leave.

Employees also have access to the following support:

*Rowan Consultancy - Rowan Counselling Service*

An independent and confidential service, telephone Tel 01738 562005 between 9am – 4pm on weekdays for an appointment. Alternatively contact Rowan via their website.

The service includes:

- Up to six counselling sessions for employees;
- Confidentiality - there is no identification or feedback to your employer beyond basic statistical data.;
- Face to face or telephone or Skype appointments;

- Counsellors throughout Scotland.

## **12.0 GENERAL DATA PROTECTION REGULATIONS**

Forgewood Housing Co-operative will treat your personal data in line with our obligations under the current data protection regulations and our own GDPR policy. Information regarding how your data will be used and the basis for processing your data is provided in Forgewood Housing Co-operative's employee privacy notice.

### **13.0 EQUALITIES & DIVERSITY**

The Co-operative is committed to Equal Opportunities and will endeavour to ensure that all services are carried out in an undiscriminating manner in line with the Co-operative's Equality and Diversity Policy.

In particular, the Co-operative will not discriminate on the grounds of age, disability, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender, gender reassignment or sexual orientation.

We seek to embrace diversity, promote equal opportunities for all and eliminate any unlawful discrimination in all areas of our work.

### **14.0 POLICY REVIEW**

This Policy will be reviewed on a 5 yearly basis or earlier if the legislation changes to ensure that its aims are being met.

## Appendix 1

### Neonatal Leave Request Form

|                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none"> <li>• Baby's date of birth;</li> <li>• Date of adoption placement;</li> <li>• Date the baby entered the UK for overseas adoption.</li> </ul> |  |
| Date(s) that neonatal care started                                                                                                                                              |  |
| Date neonatal care ended (if appropriate).                                                                                                                                      |  |
| Date you request your neonatal care leave to start.                                                                                                                             |  |
| How many weeks neonatal care leave are you applying for?                                                                                                                        |  |

|                                                                                                                                                                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>I request to apply for the Neonatal Care Leave as detailed above.</p> <p>I can confirm I have read and understood the Neonatal Care Leave Policy and meet the criteria as set out within the policy.</p> |  |
| Employee name:                                                                                                                                                                                              |  |
| Employee sign:                                                                                                                                                                                              |  |
| Date form submitted:                                                                                                                                                                                        |  |

|                        |  |
|------------------------|--|
| Manager name:          |  |
| Manager sign           |  |
| Date request received: |  |