

# Civil Service Conciliation and Arbitration Scheme

## General Council Report 1397

(Meeting/s of 26 September 2001, 28 November 2001, 12 December 2001)

That the parents of children born with any of the following illnesses or disabilities be granted 16 weeks special leave with pay, additional to maternity leave, after the birth of the children:

1. Mental Handicap
2. Phenylketonuria
3. Cystic Fibrosis
4. Spina Bifida and Hydrocephalus
5. Epilepsy
6. Haemophilia
7. Cerebral Palsy
8. Muscular Dystrophies
9. Acute Leukaemia

### **Claim**

That parents of children born with any of a list of 9 illnesses or disabilities be granted 16 weeks special leave with pay, additional to maternity leave, after the birth of the children. The illnesses are: Mental handicap; Phenylketonuria; Cystic Fibrosis; Spina Bifida and Hydrocephalus; Epilepsy; Haemophilia; Cerebral Palsy; Muscular Dystrophies; and Acute Leukaemia.

1. The Staff Side sought these additional provisions of 16 weeks special leave with pay as said the illnesses identified in children at birth are very difficult for parents to cope with. More than the normal care for new-born infants is required.

2. The Official Side considered the claim and responded at the meeting of 28 November 2001.

The current arrangements for paid leave after the birth of a child are set out in Circular 35/95 on Maternity Leave. In addition, under the terms of Circular 22/98 (Parental Leave), parents have an entitlement to 14 weeks unpaid leave for each child under the age of 5 years. Furthermore, under Circular 32/99 (Paternity Leave), fathers have an entitlement to 3 days Paternity Leave on the birth of a child.

Children can be born with many conditions that would require parents to

take additional leave. The advice of the CMO is that it would be inequitable to confine the conditions to those listed. Any new policy should apply to (i) the parents of children born with congenital birth defects of a serious disabling nature and (ii) the parents of children born with serious life threatening cancers occurring in childhood. Consideration would also need to be given to the parents of children who are not born with, but who develop, disabling disorders in childhood.

Furthermore, the CMO expressed concerns about (i) confining the definition to "mental handicap" - physical handicap is also disabling and (ii) epilepsy - the condition can be mild, moderate and severe. Many children take one convulsion (mild epilepsy) and are treated successfully without recurrence.

3. The Official Side stated that it could allow **unpaid** leave to parents of children born with congenital birth defects of a serious disabling nature or with serious life threatening cancers occurring in childhood under the provisions of circular 22/98. It was agreed that a letter would issue to Personnel Officers advising them of this development.

4. The Staff Side (i) welcomed this suggestion and (ii) asked for some flexibility under the Guidelines for the operation of Flexible Working Hours (FWH).

The Official Side undertook to consider this suggestion. It was agreed that officers will be able to avail of either (a) four FWH credits (not exceeding 14 hours) or (b) a total of 14 hours credit whichever is more favourable to the officer concerned.

These new provisions will apply to (i) parents of children born with congenital birth defects of a serious disabling nature and (ii) parents of children born with serious life threatening cancers occurring in childhood. The additional flexi-leave must be taken within four weeks of the diagnosis of the illness.

The FWH Guidelines may be regarded as having been modified accordingly with effect from the date of this letter. Corresponding arrangements may be applied in respect of staff to whom FWH arrangements do not apply, but who are covered by the C&A Scheme.

Recorded agreement

This report was adopted on 30 January 2002