

## Royal College of Nursing response to Department for Business and Trade consultation on Make Work Pay: leave for bereavement including pregnancy loss

### About the Royal College of Nursing

With a membership of over half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector.

The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

### About You

Please indicate whether you are responding as:

A trade union or staff association (trade union and professional body)

### Question 1

Which relationships between the employee and the person who has passed away should qualify for the bereavement leave entitlement? Please select all that apply.

- a) Immediate family members (including biological, adopted, step, half), for example, spouses, civil partners and partners in a committed long-term relationship, parents, adult children, siblings
- b) Grandparents and grandchildren
- c) Extended family members, for example, in-laws (mother/father/sibling/child), aunts, uncles and cousins, niece/nephew
- d) Title doesn't matter, it should be based on the importance that person played in their life ( for example, foster carers or "chosen family" including close friends, kinship caregivers)
- e) Another type of relationship not listed above

### Question 2

Please describe the types of relationships or roles that should be eligible

### Response:

*Eligibility should recognise caring relationships beyond legal kinship. The RCN advocates inclusion of foster carers, kinship carers, legal guardians, long-term cohabitants who provide care, and 'chosen family' where a demonstrable caring reliance exists. This mirrors how nurses experience bereavement in complex households and aligns with existing practice around time off for dependents.*

ACAS guidance already recognises that dependents can include someone living in a household or relying on the employee for care, even without a formal familial tie, and urges employers to act compassionately where grief affects work. Extending statutory cover to those roles avoids inequity and prevents frontline staff, often key caregivers, being forced back to work prematurely.

We also support employer discretion to recognise other culturally significant relationships where grief has a comparable impact. This approach supports retention, wellbeing and safe services by acknowledging the realities of modern family structures encountered by nursing staff.

### **Question 3**

Should bereavement leave for pregnancy loss be restricted to the person who has physically experienced the pregnancy loss?

- a) Yes
- b) No

#### **Response:**

RCN does not support restricting pregnancy-loss bereavement leave to only the person who has physically experienced the loss. Partners and intended co-parents are frequently involved in pregnancy decisions, provide care during loss, and experience significant psychological distress.

RCN's Pregnancy Loss Guidance emphasises the emotional impact of loss at any gestation and the need for sensitive, family-centred support. NICE guidance similarly highlights that early pregnancy complications cause significant distress for women and partners and recommends training in sensitive communication and support.

Recognising partners and intended co-parents ensures care plans and workplace adjustments reflect the shared nature of bereavement, reduces stigma, and supports return to safe practice for nursing staff. Extending eligibility also aligns with the Government's stated intent to recognise pregnancy loss before 24 weeks as bereavement within employment rights.

Therefore, eligibility should include the pregnant person and their partner or intended co-parent, with day-one protection and flexible leave to accommodate clinical recovery and grief.

### **Question 4**

If your answer is no, who else should be able to take leave?

Please select all that apply and/or suggest others:

- a) A spouse, civil partner, the other parent, or partner (who is in a committed long -term relationship ) with the person who physically experienced the pregnancy loss b) The intended co-parent of the child who was expected to be born (who may not live with or be in a committed relationship with the pregnant woman or person. This could include ex-partners.

- c) Intended parents in a surrogacy arrangement
- d) Another type of relationship not listed above (please specify)

**Response:**

*Evidence shows significant distress across these groups, and NICE recommends sensitive information and support for partners alongside the woman's care. The Miscarriage Association has consistently advocated that pre-24-week loss be recognised in law as bereavement affecting both partners.*

*Including these categories provides consistency with parental bereavement frameworks and reflects how nursing staff organise family life, particularly in shift-based roles. Qualification should be by simple self-declaration of the relationship to avoid barriers at a time of crisis, with employer discretion for other comparable relationships where grief impact is evident.*

**Question 5**

Do you agree that all the types of pregnancy loss listed above by the Government should be eligible for bereavement leave?

- a) Yes
- b) No
- c) Not sure

Please explain your answer, including any suggestions for clarification.

**Response:**

*The listed types all entail profound bereavement for many families and should be eligible. Clinical guidance confirms the physical and psychological impact of early pregnancy loss and the need for dignified support.*

*We recommend that the regulations explicitly state that the term 'miscarriage' includes very early (biochemical) pregnancy loss, vanishing twin, and anembryonic pregnancy, to prevent disputes where formal documentation is limited.*

*Recognition of medical termination should be framed sensitively to avoid stigma. RCN practice guidance on termination of pregnancy emphasises person-centred care within lawful frameworks. A single, inclusive list reduces confusion for managers and ensures equitable access to bereavement leave across settings.*

**Question 6**

Are there any additional forms of pregnancy loss that should be included?

- a) Yes (please describe)
- b) No
- c) Not sure

Please explain your answer.

**Response:**

*Additions should include explicit reference to biochemical ('chemical') pregnancy loss and selective reduction undertaken for clinical reasons before 24 weeks.*

Selective reduction may be performed to safeguard maternal health or overall pregnancy viability and is covered by the Abortion Act 1967 framework.

NICE guidance highlights the need for sensitive information and support, regardless of management pathway, and RCN's Pregnancy Loss Guidance stresses that distress can occur at any gestation.

Clear drafting prevents inconsistent employer interpretation and aligns with bereavement care pathways across the NHS.

### **Question 7**

How long should unpaid bereavement leave be?

- a) One week
- b) Two weeks
- c) An alternative leave length (please describe).

Please explain your answer.

**Response:**

*The RCN view is that if Bereavement Leave is to be effective and meaningful, it needs to exist alongside a statutory entitlement to pay. Our view is that bereavement leave should be two weeks minimum but that it should be underpinned by a statutory right to bereavement pay.*

*If Bereavement Leave is to be effective and meaningful, it needs to exist alongside a statutory entitlement to pay. Without this financial safety net in place, for most, the ability to take the leave becomes difficult.*

*If faced with the choice of being signed off by a GP and taking paid sick leave or unpaid bereavement leave, most would opt to continue taking paid Sick Leave.*

*We would like to see Statutory Bereavement Leave, in line with Statutory Sick Pay, in place to ensure the effectiveness of any new proposal. Without this provision, there would be a theoretical provision, but potentially low take-up.*

### **Question 8**

Do you think employees should be offered the same amount of leave for all types of scenarios, and all relationships to the deceased, that you have selected above?

- a) Yes
- b) No

**Response:**

*RCN favours a blanket approach, while allowing employers to exceed the minimum. Evidence and guidance underline that grief impacts differ by relationship and circumstance. ACAS advises sensitivity to individual needs and recognises that grief varies widely; CIPD recommends compassionate, flexible responses to support wellbeing and retention.*

*Nursing staff often juggle safety-critical duties and disrupted sleep patterns, so proportionate leave helps prevent clinical risk and burnout. The relationships that the nursing workforce holds with loved ones who have died will vary, and a tiered approach risks time off and support falling short of what is required during the grieving process.*

### **Question 9**

N/A

### **Question 10**

For Bereavement leave, which of the following options for the leave entitlement to begin would be most appropriate?

- a) From the date of death or pregnancy loss
- b) The date of knowledge of the death or pregnancy loss**
- c) An alternative arrangement (please describe).

[For options A and B] Please explain your answer.

#### **Response:**

*In early pregnancy, loss may be diagnosed days or weeks after the event; using the date of knowledge prevents inequity and administrative disputes. NICE guidance notes that early pregnancy care involves staged investigations and follow-up and sensitive communication and support are essential while diagnosis is confirmed.*

*The consultation recognises pregnancy loss may occur before awareness, so aligning the start to knowledge accommodates clinical reality and allows immediate leave when the loss is known.*

*Where the death is known at the time, the start date will coincide with the date of loss. This approach provides clarity for scheduling and respects the experience of nursing staff working shifts who may only receive confirmation outside work hours.*

### **Question 11**

Which of the following options for taking bereavement leave would be most appropriate?

- a) Leave must be in one continuous block
- b) Leave can be taken discontinuously, in blocks of one week
- c) Leave can be taken discontinuously, in units of one day**
- d) An alternative arrangement (please describe).

Please explain your answer.

#### **Response:**

*Grief does not follow a timetable, and therefore day-based flexibility allows employees to attend funerals, inquests, memorials, medical follow-up (for miscarriage or other care), or religious/cultural observances without exhausting a single block.*

ACAS guidance emphasises sensitivity and acknowledges varied needs over time. CIPD recommends policies that manage absence with compassion and flexibility to aid retention and wellbeing.

For rota-based services, day-units enable safer staffing by spreading absence and reducing sudden long gaps.

Whether an employee chooses to take a continuous block or in discontinuous blocks, the process should be employee led, accompanied by employer support

### **Question 12**

Which of the following windows for taking bereavement leave would be most appropriate?

- a) Eight weeks (56 days)
- b) 52 weeks (one year)
- c) 56 weeks**
- d) Other – please specify.

Please explain your answer.

### **Response:**

RCN recommends an approach that aligns with Parental Bereavement Leave. This permits use around anniversaries and accommodates delayed administrative or clinical processes.

ACAS and gov.uk guidance on Parental Bereavement Leave set a clear precedent for 56 weeks with pragmatic notice rules and maintaining the same window simplifies HR processes and increases fairness across leave types.

Nursing staff frequently face unpredictable rotas and mandatory training, therefore a longer window improves uptake without operational strain.

### **Question 13**

Do you think employees should be required to provide notice they intend to take bereavement leave to their employer?

I. If the leave is taken very soon after the bereavement (e.g. within the first few days or weeks)

- a) Yes**
- b) No

II. If the leave is taken at a later period (e.g. several weeks or months after the bereavement):

- a) Yes**
- b) No

Please explain your answer.

**Response:**

*The RCN supports the provision of notice requirements, just as there are notice requirements in the Parental Bereavement leave provisions, but we want to see notice requirements that are underpinned by greater flexibility and by compassion.*

*This flexibility is key to the approach to employee notification. In the immediate aftermath following a bereavement, individuals may be in shock or deeply immersed in grief and may not yet have processed the need to take leave or communicate with their employer.*

*ACAS guidance for Parental Bereavement Leave accepts phone, text or email and does not require written forms for leave, recognising the realities of acute grief. Applying a similar model to wider bereavement and pregnancy loss ensures consistency and reduces administrative burdens.*

*Managers should be trained to respond sensitively and avoid penalising staff for short-notice absence related to clinical emergencies.*

**Question 13a**

(For those that answered 'yes' to I): How much notice should employees be required to give to their employer that they intend to take bereavement leave straight away?

- a) Before the employee starts work on the day they intend to take leave, or as soon as is reasonably possible thereafter
- b) Other**

Please explain your answer.

**Response:**

*The RCN doesn't support a prescriptive timeframe in which employees must provide notice when the leave is taken immediately or soon after the bereavement. Informing employers as soon as practicably possible is a logical approach, but it must be one that also reflects individual circumstances.*

*As previously stated, communications with employers during a period of grief are unlikely to be a priority. Employees should not be punished for a perceived lack of communication or notice. Instead, managers should be considerate and sensitive to their employees' circumstances.*

**Question 13b**

(For those that answered 'yes' to II): What is a reasonable notice period employees should give for leave taken at a later period?

- a. Before the employee starts work on the day they intend to take leave, or as soon as is reasonably possible thereafter
- b. One week's notice before the leave is due to start**
- c. Two week's notice before the leave is due to start

d. Other

Please explain your answer.

**Response:**

*The RCN recommends one week's notice when leave is planned later in the 56-week window, with flexibility for significant dates.*

*This aligns with current Parental Bereavement Leave practices and enables the required staffing and patient care planning while respecting grief needs.*

*Where staff timetabling require longer-term planning, managers should still accommodate reasonable requests and avoid rigid approaches that undermine wellbeing.*

**Question 14**

If you think that notice should be given for bereavement leave, in what form should it be given?

- a) The same as Parental Bereavement Leave (any form of notice is acceptable)**
- b) Any form of written communication (e.g., text, WhatsApp, Teams, Slack, but not a phone call)
- c) Formal written notice should be sent via email
- d) Other (please state)

Please explain your answer.

**Response:**

*Any form of notice accepted under Parental Bereavement Leave should be acceptable (phone, voicemail, text, email, messaging platforms), supported by a simple record by the manager.*

*ACAS sets this precedent for Parental Bereavement Leave, and it is essential in acute grief, during hospital stays, or where written access is limited. Over-formalising notice risks deterring staff from taking needed time and may increase sickness absence instead.*

**Question 15**

For bereavement leave do you think that employees should be required to provide evidence of a bereavement to their employer?

- a) Yes, for the death of a loved one
- b) Yes, for pregnancy loss
- c) Evidence should not be required but an employer should have the right to request evidence if they feel it is necessary
- d) No, but they should be required to sign a declaration that they are eligible to take bereavement leave, and the reason they are taking leave is due to a bereavement or pregnancy loss**
- e) No
- f) Not sure
- g) Another option not listed here

Please explain your answer.

**Response:**

*The RCN does not support routine evidence requirements. A declaration of eligibility to take bereavement leave may be acceptable in some circumstances, if handled sensitively. Compassionate policies reduce stigma and protect psychological safety.*

*Rigid evidence rules risk deterring uptake and can harm patient care through presenteeism. Where employers seek assurance, this should never be a precondition to taking leave.*

*The consultation highlights practical barriers to evidence (e.g., miscarriages without formal documentation, overseas deaths, post-mortems) and Acas confirms no proof is required for Parental Bereavement Leave.*

**Question 16**

If you think an employee should provide evidence, or an employer should be allowed to request it, in order to take bereavement leave, what evidence would it be reasonable for an employee to provide?

Please explain your answer.

**Response:**

*The RCN does not support routine evidence requirements but if evidence is requested, reasonable options include: a death confirmation, hospital/clinic discharge notes after miscarriage or a letter from a GP/pregnancy unit.*

*For pregnancy loss managed expectantly or at home, a clinical note may not exist. In such cases, self-declaration will suffice. NICE guidance emphasises sensitive communication and support and policies should avoid intrusive demands for proof that exacerbate distress. Employers should record evidence securely and minimise personal data processing.*

**Question 17**

Do you have a view on timescales which an employee should be required to provide evidence?

Please explain your answer.

**Response:**

*Timescales should be flexible and providing evidence should never be a precondition to taking leave. Where documentation will be issued later (post-mortem, overseas death certificates), employers can request submission within a reasonable period (for example, within the 56-week window).*

*Pregnancy-related sickness should be recorded separately under Equality Act protections, and managers should be trained to handle sensitive documentation. This*

*approach is consistent with Parental Bereavement Leave's no-proof model and NICE's emphasis on dignified, compassionate support.*

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