



DIOCESE OF SODOR AND MAN

SICKNESS ABSENCE POLICY

This policy supersedes any previous policy of this nature. It will be reviewed as appropriate, and amended where any clarification or actions are needed, and at a minimum 2 yearly.

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SICKNESS ABSENCE POLICY

1. Introduction

The Diocese of Sodor and Man will do all they can to support staff and clergy during periods of absence and to provide help and guidance for their return to work.

The following document sets out the Diocese's policy on sickness absence, and the accompanying procedure sets out the process of reporting absence and dealing with absences.

2. Principles

The policy encompasses the importance of taking care of one another within a pastoral framework which is clear to all.

Our approach to managing sickness and critical illness are based on the following diocesan principles:

- **Healthy space for support staff and clergy to feel confident to talk about their health issues** – creating healthy relationships between all involved is the first step the Diocese will take to ensure that support staff and clergy feel able to talk freely about their health issues. The individual should feel confident to pick up the phone and ask for some time and space to discuss health matters.
- **Respect for individual dignity and privacy** – whenever health issues are disclosed, the Diocese will ensure that the Diocese respect the individual's dignity and privacy by keeping numbers of those involved to a minimum. If the Diocese need to obtain medical records or share information with professional bodies, such as occupational health (OH), the Diocese will always ask for written consent.
- **Quality pastoral and practical care** – the Diocese will endeavour to keep regular contact with the individual throughout the stages of illness and/or longer-term treatment so that the Diocese can offer and/or link with local networks of colleagues for the best professional, pastoral and practical care. The Diocese will discuss this with the individual from the start and will be led by the individual in terms of deciding on the frequency of contact, respecting their personal needs.
- **Seeking medical and professional advice** – in order to take actions to support the individual, the Diocese may need to seek medical reports and professional advice. The obtained reports will offer practical advice, suggestions and recommendations phrased both in terms of fitness for duty and short, medium and longer-term adjustments which will enable the individual to return to full capacity at work as safely as possible.
- **Exploring financial support is in place for individual concerned** – ensure that stipends or salaries are maintained within the appropriate diocesan and Church Commissioner policies, and that in cases of hardship the Diocese will support the individual to identify grants and other benefits from appropriate bodies.
- **Flexibility** – it is important to reassure the individual who is going through illness that the Diocese is prepared to consider reorganisation of patterns or work, readjustment of duties and so on. This will give the maximum flexibility to balance medical treatment with maintaining effectiveness and efficiency at work. Whenever relevant, actions taken will be based on medical advice to ensure the Diocese are giving the most appropriate support (for example through the advice of the occupational health doctor).

- **Providing information and support in identifying other sources of support** – whenever possible, the Diocese will help the individual to identify other sources of support that may help with their circumstances.
- **Providing assistance with cover arrangements** – often an individual is left to make their own arrangements at a time when they are feeling most vulnerable/ill. Whenever possible and within the means of the Diocese, the Diocese will endeavour to lighten this load and to help make cover arrangements for them.

3. What to do in the case of sickness requiring absence from work

The Human Resources Officer (HRO) will be responsible for the overall management and administration relating to the absence. **The HRO must be notified in the first instance of all cases of illness.**

All illnesses resulting in absence from work should be reported.

3.1. In the case of the Clergy, the Archdeacon must be notified on the first day of absence indicating the reason and length of time the absence is likely to last. The HRO should be copied into the email. Then depending on the circumstances of the parish the Archdeacon and church wardens may need to be involved with the clergy in deciding who should be providing cover during the illness.

3.2. For Support staff the individual must notify their line manager on their first day of absence, again indicating the reason and length of time the absence is likely to last copying in the HRO.

Please see Appendix 1 flow chart

4. Pastoral Care During Sickness Absence

4.1. Clergy

Pastoral care will be provided through the Archdeacon, the Bishop and the HRO as appropriate. The Archdeacon and Bishop will be notified of all illnesses by the HRO. In cases of long term absence the Diocese would wish to maintain pastoral care of the absent staff member and clergy, and their family and will remain in regular contact for such purposes. This responsibility will be shared by the senior clergy.

For non stipendiary and self supported ministry pastoral care during periods of ill health is equally important and should be brought to the notice of the HRO especially where the illness is longer term and /or serious, but the financial provisions of this policy do not apply.

The HRO will maintain regular contact and the individual are asked to keep in touch regularly too, ensuring that all documentation and sickness notes are shared in a timely fashion.

4.2. Support/Lay Staff

Pastoral care will be provided by the Line Manager and the HRO as appropriate. The Archdeacon and/or Bishop will be notified as appropriate.

In cases of long term absence, the Diocese would wish to maintain pastoral care of the absent staff member and clergy, and their family and will remain in regular contact for such purposes. This responsibility will be shared by the senior clergy. In addition the HRO will arrange a welfare check in/visit as well be being responsible for arranging any relevant Occupational Health Referrals.

5. Sick Pay

Clergy are entitled to receive their stipend at the full rate for the first 6 months of sickness. At this stage if the illness appears to be longer term, guidance will have been sought from their GP or an Occupational Health Advisor regarding both the prognosis and likelihood of a return to work and with in what framework.

Support Staff are entitled to sick pay as follows

- Upon passing probation and up to 2 years = up to 3 months full pay paid
- After 2 years employment onwards = up to 6 months full pay paid

In both cases in respect of absences lasting four or more calendar days, the individual should complete a SC1 form. <https://www.gov.im/media/1345897/sc1-february-2015.pdf>
The completed SC1 form should be sent to The General Benefits Section, Ground Floor, Markwell House, Market Street, Douglas. Any monies obtained must be declared to the Diocesan Board of Finance and will be offset against the full stipend/wages payable.

Continued payment of stipend will be subject to a review in the 5th month, which may include a medical opinion on the diagnosis and prognosis and long-term fitness to return to work. Payment may only be extended in exceptional circumstances.

6. Documentation required for periods of Sickness Absence

Records of Sickness Absence need to be kept and the HRO is responsible for keeping such records. Copies of the required documentation (see section on Sick Pay) will be kept on the relevant file.

In respect of absence lasting seven or more calendar days, the individual must provide a medical certificate stating the reason for absence and thereafter provide a like certificate to cover any subsequent period of absence. This should be sent to the HRO care of the Bishops Office **within 24 hours of it being issued.**

The Diocese reserves the right to ask the individual at any stage of absence to produce a medical certificate and/or undergo medical examination.

7. Support Available

7.1. The role of Occupational Health

Where there are concerns about the impact of the illness on the individual a professional opinion may be sought from an Occupational Health Advisor. The doctor is independent and is bound by the Access to Medical Records Act in terms of confidentiality. Their expertise on the Occupational Health advice focuses on how the individual's medical condition impacts on their ability to fulfil their role and what reasonable adjustments might be made to facilitate a return to full capacity. Advice may include a framework and guidelines for managing a gradual return process, and may also include, where appropriate, advice for family, colleagues, and senior staff.

The Occupational Health professional will look at nature of work, workload, current pressures, and priorities, and give their advice on what is realistic and what is not advisable. It is usual that more than one OH appointment will be made so that the OH physician can help the individual track progress and increase workload gradually and so return to their full duties.

7.2. Counselling and other professional support

Through the Occupational Health referrals, individuals may be recommended for confidential professional counselling - this may be to an external therapist or to the Diocesan Service as most appropriate. Other referrals may be for other short term medical interventions/support such as physiotherapy.

Individual members of the clergy, and their families are also able to refer themselves independently to the Diocesan Counselling Service.

St Luke's for flourishing, healthy clergy – this is a charity that specialises in improving the health and wellbeing of clergy. St Luke's focuses on three areas:

- Clergy and families by offering access to medical expertise through their network of clinicians
- Dioceses by providing two wellbeing resources, resilience training and reflective practice groups for all dioceses
- St Luke's virtual wellbeing programme, specially prepared to support clergy wellbeing during the coronavirus (Covid-19) period.

To find out more, please visit their <https://www.stlukesforclergy.org.uk/>

7.3. Disability

In its support of all sick clergy including their family circumstances, the Diocese will follow the spirit of the Equality Act 2017 (regardless of whether or not the individual's circumstances fall within the legal definition of a disability to which the Act applies).

Where a critical illness has left an individual with a disability the Diocese will take responsibility for working with the individual (and where appropriate local senior colleagues) to ensure that appropriate reasonable adjustments are made that will enable the individual to work effectively.

8. Return to Work

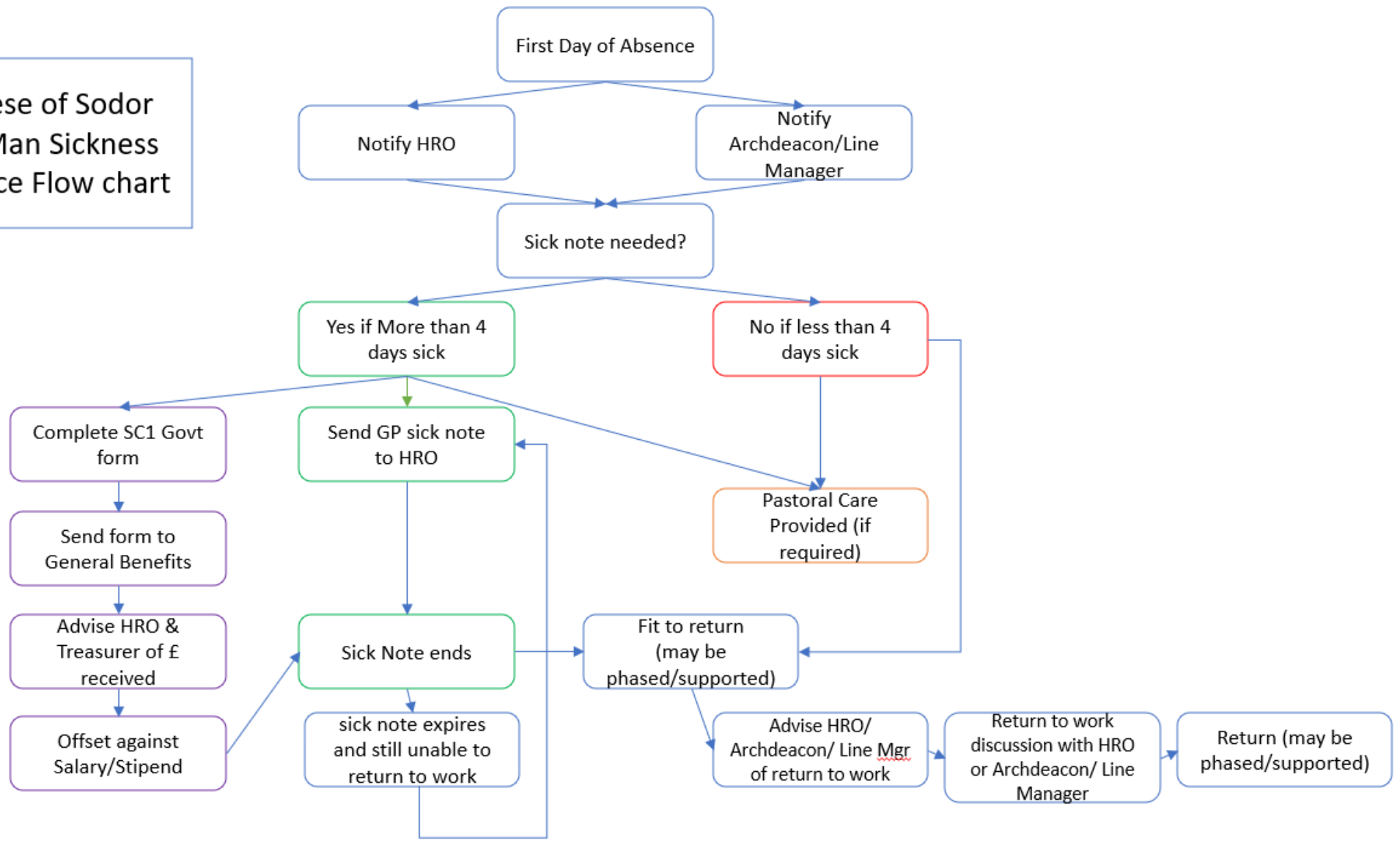
After any period of extended sickness, and once the individual have been deemed fit for work by their doctor, the individual should notify the Archdeacon and HRO that the individual is ready to return to work.

They will then discuss with the individual any issues around resuming their duties/work. This may take the form of a Return to Duties discussion. A template is attached as appendix 2. This is to ensure that the right level of support is provided to the individual and where applicable, that any ongoing health issues are taken into account. Where appropriate, a phased return to duties might be recommended.

9. Recording of Absence

The HRO will keep a record of all absences for quantitative analysis and monitoring purposes in line with data protection obligations

Diocese of Sodor and Man
Sickness Absence Flow chart



CONFIDENTIAL

RETURN TO WORK DISCUSSION RECORD

NAME OF EMPLOYEE				
NAME OF LINE MANAGER OR DESIGNATE COMPLETING THIS RECORD				
Date of Conversation:				
	No of working days/weeks absent:	Dates From &To:	Self Cert?	GP note?
Nature of illness:				
Is there a 'phased return' to work plan in place. If so details:				
Is the employee taking medication which may affect their performance?				
Are there any ongoing issues which require support and adjustments for the employee?				
Any further comments				