

## Section 6

### **CLERGY WELFARE AND WELLBEING**

(version 6 January 2020)

The following policies were set in place to help address the pressures on clergy in their personal and family lives, and to offer a range of pastoral and practical support.

-  **Supporting clergy and their families through short, medium and longer term periods sickness absence and critical illness**

<https://www.churchofengland.org/resources/clergy-resources/national-clergy-hr/clergy-payroll/what-happens-if-i-am-ill>

-  **Holidays and leave**

-  **Menopause Policy**

# **GUIDELINES FOR SUPPORTING CLERGY AND THEIR FAMILIES THROUGH SICKNESS ABSENCE AND CRITICAL ILLNESS**

## **1. Introduction**

- 1.1 All clergy will be supported through the stages of short, medium and longer term sickness, and in critical illness.
- 1.2 Throughout this policy the term 'The Diocese' is often used for ease of refers to the bishops and senior clergy and their colleagues, who will support clergy and their families. Support from diocesan central offices at Church House may also be offered and coordinated.
- 1.3 What remains key in any situation are the support networks, and the pastoral and practical care that local clergy, senior colleagues, and local communities are able to provide.

## **2. Principles**

This policy is based on the following principles:

- 2.1 Respect for individual dignity and privacy – in accordance with medical guidelines, medical information (see 2.3) will only be shared with the individuals' express informed consent.
- 2.2 Quality pastoral and practical care – to ensure that we stay in touch throughout the stages of illness and/or longer term treatment and that we can offer and/or link with local networks of colleagues, for the best professional, pastoral, and practical care.
- 2.3 Seeking medical reports and professional advice – to ensure that any medical reports obtained when needed, 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.
- 2.4 Ensuring appropriate financial support – to ensure that stipends are maintained within the appropriate diocesan and Church Commissioner policies, and that in cases of hardship we will work to try and secure grants and other benefits from appropriate bodies on an individual's behalf.
- 2.5 Being flexible and focusing on the individual – to work with an individual to help them structure their working schedule and workload in such a way that will give them the maximum flexibility to balance managing their medical treatment with maintaining effectiveness and efficiency at work. The Diocese may take independent medical advice to ensure we are giving the most appropriate support (for example through the advice of the Occupational Health doctor - see 3 below).

- 2.6 Providing information and support – to work with individuals to seek out information that may help with their circumstances, and where appropriate and wanted, put people in touch with others known to us who may have knowledge of/been through similar circumstances and can offer support.
- 2.7 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. We will work with individuals to lighten this load and to help make cover arrangements for them where this is helpful.

### **3. Day to day reporting and ill health / sickness absence arrangements**

- 3.1 Under Common Tenure arrangements all Stipendiary clergy are required to ensure that they communicate any periods of ill health:

For **the first week** a self certify note/email should be completed and returned to the Director of People and Pastoral [jknight@glosdioc.org.uk](mailto:jknight@glosdioc.org.uk)  
This sickness absence should at least be communicated locally and to the Area Dean so that any cover arrangements can be made.

For **absences of 7 days or more** a GP fit note should be sought and forwarded (scanned or sent in hard copy) to the Director of People and Pastoral [jknight@glosdioc.org.uk](mailto:jknight@glosdioc.org.uk).  
This sickness absence should be communicated locally, to the Area Dean and to the Archdeacon.

### **4. The Role of Occupational Health**

- 4.1 The Diocesan Occupational Health arrangements have a professional consultancy arrangement with a qualified and experienced and local independent Occupational Health provider.
- 4.2 Occupational Health advice focuses on how the individual's medical condition impacts on their ability to fulfill 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, line managers, and senior staff.
- 4.3 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.
- 4.4 Occupational Health referrals are made by the Director of People and Pastoral following a discussion with the Archdeacon and individual concerned.
- 4.5 In general terms clergy who will be off sick for one month or more will be referred to the Occupational Health doctor.

## **5. Supporting critical illness**

5.1 There are four key stages to critical illness

- diagnosis
- treatment
- recovery
- returning (not returning) to work

### **5.2 Diagnosis stage**

5.2.1 It may be that an individual has taken some time to achieve a diagnosis of a critical illness, or that a diagnosis is a sudden shock.

5.2.2 It is important that as soon as possible after diagnosis the individual contacts their appropriate senior local colleague (eg Team Rector, Area Dean and/or their Archdeacon, Training Incumbent (or another member of senior staff), so that both practical and pastoral support can be put in place.

5.2.3 The Archdeacon will arrange to meet the individual as soon as possible and will be in touch with their senior colleague or Area Dean. They will ensure the individual has access to this policy and will talk through immediate plans for treatment and other hospital visits etc, the likely impact of treatment, whether or not it would be appropriate for the individual to continue to work and how this should be reviewed. They will also review local cover arrangements with the appropriate people. Most importantly they will focus on the likely impact of the diagnosis and ongoing medical treatment on the individual themselves, their family members; on their team/local senior colleagues; and on their local church communities.

5.2.4 The primary purpose of this meeting (which may be with the individual on their own or with a spouse or other family member or colleague – whichever they prefer) is to be as supportive as possible, to explain the diocesan priorities in supporting its clergy, and to offer practical and pastoral support and to be assured of local pastoral and practical support.

### **5.3 Treatment stage**

5.3.1 The nature of treatment for critical illnesses will vary from person to person and will determine how much/what work an individual is able to maintain.

5.3.2 If an individual is absent for more than an initial 6 day self-certifiable period a doctor's certificate is required. For this, and for subsequent absences, all certificates should be sent to the Diocesan Head of HR and Safeguarding as soon as possible.

5.3.3 During treatment (or with long term sickness for other reasons) an Archdeacon or any other nominated contact person, should arrange to be in contact at regular intervals - purely for the purposes of keeping in touch.

5.3.4 At any stage of an individual working through treatment they feel they are unable to work, or are advised not to for a period of time, they should let their Archdeacon know and send in doctor's certificates at the appropriate times.

## **5.4 Recovery and returning to work**

- 5.4.1 During a period of recovery and the road to returning to full capacity/duties the Diocese may take professional medical advice on what is most appropriate for an individual.
- 5.4.2 Through the Head of HR and Safeguarding, a referral may be made by the Archdeacon for the individual to meet with their chosen Occupational Health (OH) service, who will give both the individual and the Diocese professional advice.
- 5.4.3 The Occupational Health professional will look at nature of work, workload, current family and other 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 professional can advise and help the individual, their senior colleagues, senior staff, to make adjustments, track progress and increase workload gradually and so return to their full duties safely.
- 5.4.4 The Occupational Health professional will advise throughout the period of recovery, and the phased return to work, appropriate adjustments. These may include a range of temporary changes which may include eg:
- reduced working hours
  - reduced days
  - only working one or two `session's' a day/week etc
  - change in role
  - reduced responsibilities
  - recommendations to assist plans for transport to and from work engagements
  - onward referral for other professional specialist advice and guidance (where appropriate these costs will be met by the Diocese), and
  - any other reasonable adjustments that would be helpful.
- 5.4.5 Where appropriate the Director of People and Pastoral, the Archdeacon, or a local senior colleague, may arrange a `round-table' discussion to ensure that the professional advice and guidance, and diocesan and local pastoral and practical support which are in place for the individual and their family, are well planned and coordinated.

## **5.5. Where an Individual is unable to return to work**

- 5.5.1 In the most serious of cases, it may be that an individual will not be able to return to, or maintain their duties.
- 5.5.2 Where their own doctor/specialist and the Occupational Health advice concurs, the Diocese through the Director of People and Pastoral will make the appropriate applications/ arrangements through the Clergy Pension Scheme.
- 5.5.3 Where the individual is not able to move from the diocesan property into their own accommodation the Diocese will do all it can to provide assistance and/or advice.
- 5.5.4 Initially a period of 3 months will be given to remain in the current property during which time the Diocese will work with the individual and their family to help them find appropriate alternative accommodation.

5.5.5 Pastoral support to both family members and the individual will be paramount at this time.

## **6. Payments during Ill-health absence process details**

6.1 A certificate must cover all days of absence through sickness, although for the first seven days a "self certificate" is acceptable.

6.2 If the absence is to be for a period longer than seven days, then individuals must consult their doctor and obtain a medical statement giving the reason for their absence from work. For longer periods of sickness absence doctor's consecutive notes should be sent at regular intervals according to the dates given on each note.

6.3 This statement should be sent to the Director of People and Pastoral, who will arrange for it to be forwarded to the Church Commissioners. Once the Commissioners have received the statement you will receive a letter of acknowledgment from the Clergy Pay Department.

6.4 Diocese offers an Occupational Sick Pay Scheme during periods of certificated absence. The Scheme supplements Statutory Sick Pay and other Benefit so as to maintain normal pay during defined periods of sickness absence.

6.5 Under the Occupational Sick Pay Scheme individuals may receive payment for a maximum of 26 calendar weeks within a 12month period which will be monitored by the Director of People and Pastoral.

6.6 A further period of three months of full stipend/SSP/benefits may be agreed, only when the individual has been referred to the Diocesan Occupational Health physician and a report/progress update and professional medical advice has been received,.

6.7 A final period of three months at full stipend (SSP/benefits) may be agreed at the discretion of the bishop (and again only when the individual has had regular reviews with the Diocesan Occupational Health physician) and in preparation for moving to zero pay from the end of that time.

6.8 Any clergy who do not qualify for SSP under government regulations or who have exhausted their period of entitlement can claim sickness benefit direct from the appropriate government department.

## **7. Professional counseling support for clergy and their families**

7.1 Through the Occupational Health referrals, individuals may be recommended referral for professional counseling - 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.

7.2 Individual members of the clergy, and their families are however, also able to refer themselves independently to the Diocesan Professional Counseling Service. Information can be obtained from the Director of People and Pastoral in the strictest confidence. All referrals are in confidence. In addition the Diocese offers

further advice and support through Health Assured; again, details are available from the Mission and Ministry Department or the Director of People and Pastoral.

## **8. Disability**

- 8.1 In its support of all sick clergy including their family circumstances, the Diocese will follow the spirit of the Equality Act (regardless of whether or not the individual's circumstances falls within the legal definition of a disability which is set out in the Act).
- 8.2 Where a critical illness has left an individual with a disability, or where an individual with a disability is appointed to a clergy role, 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.
- 8.3 The Archdeacon and will work together with the individual and their local senior colleagues to ensure the parish(es) are aware of, and have the training required, to ensure that local reasonable adjustments are in place.
- 8.4 Centrally, the Archdeacon and Director of People and Pastoral, will make the appropriate links with departments (eg Property and Development Team, Mission and Ministry Department, etc), to ensure the individual is supported, and their needs addressed appropriately; and will also ensure that there is access to appropriate professional advice and support which will ensure that the individual is able to take up/continue their role effectively.
- 8.5 In circumstances where specific equipment is required, eg specialist software, adaptations to property etc, the Director of People and Pastoral, and Archdeacon will provide advice on funding and resourcing.
- 8.6 Access to Work: <https://www.gov.uk/access-to-work>

# HOLIDAYS AND LEAVE

## 1. Introduction

- 1.1 It is important that clergy make time for and protect time with, their personal space, and families.
- 1.2 The responsibility for ensuring the leave and days off are taken lies with both the individual member of clergy, and their parish.
- 1.3 It is expected that clergy will take responsibility for ensuring that they do take the right time off. (The diocese discourages all clergy from not taking time off and over-working, as not respecting their own private and family time, does not role model good practice and puts their own health at risk).

## 2. Annual leave entitlement

- 2.1 Annual Leave entitlement:
  - ✓ Full time entitlement for annual leave = 42 days (pro rated for part time clergy) and to include days leave taken after Christmas and Easter
  - ✓ 6 days included in the total leave may be Sundays
  - ✓ Where Christmas Day, Easter Day or New Year's Day fall on a Sunday when clergy are working – an additional day's holiday should be taken shortly after.
  - ✓ Public Holidays = not including Christmas and Easter or where New Year's Day falls on a Sunday (clergy should take a day's leave in lieu of each)

## 3. Time off during the week

- 3.1 Full time stipendiary clergy are expected to work a six-day week and ideally one full day should be taken off a week, and ideally two evenings.
- 3.2 In addition to 3.1 in any working month clergy should allocate themselves an additional day off to link in with a day off already designated.
- 3.3 When planning a working week, where it is possible clergy should work two out of three 'sessions' in a day (am/pm/evening) and where on several occasions during a week an individual has worked all three sessions, then they are entitled to take the whole or part of a second day off during that week.
- 3.4 Clergy are of course flexible because of the nature of the role, but should excessive hours be being worked or planned, it is advisable that they discuss this with their Archdeacon and in ministerial reviews and spiritual directions so that they can be advised and guided appropriately.
- 3.5 Clergy with their own property may stay overnight at the beginning or end of days off and of course as part of leave arrangements, but they should not stay more than one night away from the parsonage house during normal working weeks without prior arrangements agreed with the Archdeacon.

# MENOPAUSE POLICY

September 2022

## 1. Background and introduction

- 1.1 The purpose of this policy is to assist with creating open and honest spaces, where individuals can discuss any issues associated with the menopause.
- 1.2 The DBF recognises that the menopause can be a significant issue for those affected, and we seek to actively support and/or share information about the help and assistance that we can provide or signpost people to.
- 1.3 In our responses to any menopause related needs, we are committed to exploring with you a wide range of flexible supportive options and arrangements in your ministry.
- 1.4 In addition the Equality Act 2010 outlines that individuals must not be discriminated against due to any form of disability and we recognise that it is possible that severe symptoms of the menopause may, for some, constitute a disability.
- 1.5 Our aim is to build a culture of trust and confidence for clergy where they are able to talk openly and honestly about the impact of the menopause on them, and that they are listened to in supportive, positive and respectful ways.

## 2. Speaking out – clergy responsibilities

- 2.1 The DBF encourages everyone to prioritise their personal health and wellbeing.
- 2.2 If you find yourself struggling with any aspect of your role as a result of symptoms associated with the menopause (see appendix one for examples) please do feel able to discuss these in confidence with your/an Archdeacon, or with the Director of People and Safeguarding; or an appropriate senior female colleague.

## 3. Definition

- 3.1 There are clear medical definitions of the menopause (NHS) and its associated stages – and it is important to note that stages can occur at different times for different people, such as post-surgery; or through other medical intervention; linked to age etc.
- 3.2 Menopause, also referred to as ‘the change of life’, can cause a chain reaction of physical and psychological side effects to a woman’s body. It is the time during a woman’s life when menstruation permanently stops. It is defined as occurring when the individual has experienced no periods for 12 consecutive months and no other biological or psychological cause can be identified.

## 4. Making practical and pragmatic adjustments

- 4.1 For clergy making adjustments to a 'working environment' can be complex, but there may be a number of ways in which exploring how adjustments to your role/working environment may reduce the effect that the menopause is having on you.
- 4.2 Examples of possible adjustments that can be discussed and may be considered as initial temporary changes and reviewed regularly to help monitor/assess a situation may include:
- Conducting an individual risk assessment (to identify any particular areas of the work/ing environment that are a potentially challenging).
  - Flexible working (with later/earlier start or end days/weeks)
  - Locality to toilet facilities when visiting churches, homes, schools etc
  - Reviewing rest breaks
  - Flexible working patterns
  - Reviewing support for additional sickness absence

## 5. Support and sites for information and guidance

NHS

<https://www.nhs.uk/conditions/menopause/>

<https://www.nhs.uk/conditions/menopause/help-and-support/>

<https://www.nhs.uk/conditions/menopause/treatment/>

Menopause support websites - Over the bloody moon

<https://www.overthebloodymoon.com/>

<https://www.menopausematters.co.uk/>

Daisy Network – [www.daisynetwork.org](http://www.daisynetwork.org) support for women experiencing early menopause

Menopause charity

<https://www.themenopausecharity.org/menopause/>

Health Assured

<https://healthassuredeap.co.uk/>

(Gloucester and Diocese are the passwords)

## **Appendix I**

### **Physical symptoms**

Every woman will experience the menopause in different ways to others. There are however some symptoms and challenges that have been well researched and documented by medical specialists. These include (in a non-exhaustive list):

- hot flushes
- insomnia
- fatigue
- poor concentration
- joint pain
- headaches
- skin irritation
- heavy bleeding
- urinary problems.
- perimenopause symptoms

### **Psychological difficulties**

As a result of the symptoms above, or as an extension of the hormone imbalance, individuals going through the menopause may also experience (a non-exhaustive list):

- depression
- anxiety
- panic attacks
- mood swings
- irritability
- problems with concentration or memory
- loss of confidence.

Seeking professional medical advice and support will always be encouraged.