

# Paper C10

## URC Sickness and Ill Health Policy (Revised)

### Ministries Committee

#### Basic information

<b>Contact name and email address</b>	Mary Thomas <b>dso-s@urcwessex.org.uk</b> Nicola Furley-Smith <b>nicola.furley-smith@urc.org.uk</b>
<b>Action required</b>	Decision
<b>Draft resolution(s)</b>	<b>Resolution 17</b> <b>General Assembly adopts the revised <i>URC Sickness and Ill Health Policy for Ministers of the Word and Sacraments and Church Related Community Workers.</i></b>

#### Summary of content

<b>Subject and aim(s)</b>	<p>This policy sets out how the United Reformed Church responds to sickness absence among Ministers of the Word and Sacraments and Church Related Community Workers, holding together pastoral care, accountability and the good order of the Church. It recognises that illness is part of the reality within which vocation is lived and seeks to respond with compassion, clarity and responsibility.</p> <p>Last revised in 2016, it needs to be updated in light of changes in legislation. Changes include</p> <ol style="list-style-type: none"> <li>1. notification of sickness from day one;</li> <li>2. compliance with Occupational Health Assessments</li> <li>3. guidance on contact during sickness.</li> </ol>
<b>Main points</b>	<p>The policy is a timely reminder of the clear expectations for notification, communication and record-keeping, ensuring that appropriate support for both the minister and the congregation is put in place from the outset. It affirms that ministers must follow medical advice, with the aim of enabling a safe, sustainable and faithful return to ministry wherever possible.</p> <p>A structured framework is provided for pastoral care, review and decision-making during periods of absence. This includes regular contact through the Synod Moderator, formal review points, and the appropriate use of medical and occupational health advice to inform discernment about fitness to return, reasonable adjustments, or longer-term outcomes such as phased return or ill-health retirement.</p>

	<p>The policy also clarifies financial provision, including the continuation of stipend during periods of sickness and the process for determining support beyond six months, ensuring transparency and fairness.</p> <p>Throughout, the emphasis is on restoration, wellbeing and shared responsibility within the conciliar life of the Church. Where return to ministry is not possible, appropriate pathways are provided to ensure that decisions are made with care, dignity and proper oversight.</p>
<b>Previous relevant documents</b>	URC Sickness and Ill Health Policy 2016
<b>Consultation has taken place with...</b>	

## Summary of impact

<b>Financial</b>	N/A
<b>External (eg ecumenical)</b>	N/A

### 1. Purpose

1.1 The United Reformed Church recognises that ministry is exercised by those called and set apart to serve the whole people of God, yet ministers remain human, finite, and at times vulnerable to illness in body, mind, or spirit. Periods of sickness are therefore not interruptions to vocation, but part of the reality within which vocation is lived.

1.2 This policy exists to ensure that, when illness arises, the Church responds faithfully, pastorally, and responsibly:

- caring for the wellbeing and dignity of the minister;
- sustaining the life and worship of the Church;
- and exercising proper accountability within our conciliar life.

1.3 The Church seeks to hold together compassion and clarity: offering support without ambiguity and ensuring that appropriate processes are followed for the good of all.

### 2. Responsibilities within the life of the denomination

2.1 Responsibility for carrying out these procedures is divided between

- the minister
- their Synod Moderator (who may delegate some aspects of the Synod role);
- and the Maintenance of the Ministry sub-committee (MoM), or its successor, acting on behalf of the Church.

2.2 In some situations, input will be sought from others, for example in relation to potential ill-health retirement. Where ministers are not deployed within a Synod their ministry support will fulfil the role ascribed to the Synod Moderator. A copy of the full procedures is available to ministers in the Minister's Handbook and upon request.

# Paper C10

## **3. Sickness Absence Policy – Principles**

- 3.1 The policy aims to ensure that during the course of an illness there is:
- pastoral and practical support
  - respect for privacy and dignity
  - appropriate use of professional and medical advice
  - clarity regarding financial provision and responsibilities.
- 3.2 Ministers are expected to take seriously medical advice. Where a doctor advises that a minister is not fit for work, the minister should refrain from undertaking all ministerial duties. Where a phased return is recommended, this will be discerned collaboratively with the Synod Moderator and the local pastorate.
- 3.3 The aim is always restoration: enabling the minister, where possible, to return to ministry in a way that is sustainable, healthy, and faithful.

## **4. Notification of sickness**

- 4.1 A minister must inform their Synod Office and the Ministries Office on the first day of sickness absence. This is an essential part of ministerial accountability and ensures that appropriate pastoral support and record-keeping can begin promptly.
- 4.2 Where sickness continues beyond seven days, appropriate medical certification (“fit notes”) must be provided and kept up to date.
- 4.3 The Synod, in consultation with the pastorate or post, will ensure that appropriate arrangements are made for the continuation of worship, sacramental life, and pastoral care during the minister’s absence.

## **5. Pastoral care during Sickness Absence**

- Ministers should notify their Synod Office, pastorate/post and the MoM Office if they are unable to work for more than three days due to sickness and ensure that they are kept up-to-date if the absence becomes prolonged.
- 5.1 Pastoral care will be provided through the Synod Moderator who may delegate some aspects of this care appropriately.
- 5.2 Contact will be maintained in a way that reflects both the needs of the minister and the responsibilities of the Church. Such contact is not supervisory alone but an expression of the Church’s care, concern, and prayer.
- 5.3 Where absence is prolonged (beyond four weeks), the Church also bears responsibility for the wellbeing of the congregations served, ensuring that they are supported in an appropriate and supported manner.

## **6. Continuation of Stipend**

- 6.1 The stipend will be paid during periods of sickness in such sums as shall be determined from time to time by the MoM sub-committee, or its successor, and will take into account the regulations and benefit schemes of the Department for Work and Pensions (DWP).

- 6.2 Under the terms of the current Plan for Partnership (para 6.1.2), ministers who are unable to work because of sickness or accident shall be paid full stipend (less any Employment Support Allowance or Industrial Injuries Disablement Benefit received) for a period of six months. Any sickness arising in the twelve months prior to the first day of a new period of sickness will be taken into account in the calculation of those six months.
- 6.3 At the appropriate time after the beginning of any sickness absence, the MoM sub-committee, or its successor, shall determine, in consultation with the Synod Moderator and having taken independent occupational health advice, what further help, if any, should be given when the entitlement to full stipend comes to an end. The level of any payments to be made after six months will be notified by the end of the fifth month of absence, in the first instance, and may be reviewed later with regard to circumstances.
- 6.4 The Church will communicate clearly and in good time regarding any changes to stipend provision, recognising that financial clarity is an important aspect of pastoral care.

## **7. Medical and Occupational Health Advice**

- 7.1 Where illness is prolonged or raises questions about a minister's capacity to exercise ministry, the Church may seek medical or occupational health advice.
- 7.2 An Occupational Health assessment should be understood not as a procedural requirement imposed upon a minister, but as a gift offered for their support. It enables the Church to listen more carefully and respond more wisely, by drawing on independent professional insight into the realities of a minister's health and the practical implications for their ministry.
- 7.3 Such assessments do not replace the Church's discernment, which remains pastoral and conciliar in nature, but they strengthen it—ensuring that decisions are informed, proportionate, and attentive to both the wellbeing of the minister and the faithful exercise of their calling.
- 7.4 Ministers are required to engage fully and constructively with such processes, including attending assessments and responding in a timely manner.
- 7.5 When an occupational health assessment is undertaken, ministers are required to give consent for the report to be released to the Church. Without such consent, the Church is significantly limited in its ability to offer appropriate support, make informed decisions, or discern a way forward.
- 7.6 Occupational health advice may inform decisions regarding:
- fitness to return to ministry;
  - appropriate and reasonable adjustments;
  - phased return;
  - or, where necessary, longer-term outcomes such as ill health retirement.

## **8. Disability and reasonable adjustments**

- 8.1 Where illness results in disability, the Church will seek to respond in accordance with its theological commitments and the spirit of the Equality Act 2010.

# Paper C10

8.2 The Synod will adhere to the Reasonable Adjustments Policy.

## 9. Review and ongoing discernment

9.1 Where absence extends beyond a short period, structured reviews will be undertaken by the Synod Moderator in consultation with the Ministries Office.

9.2 These reviews are part of the Church's shared discernment, seeking to understand the minister's situation, support recovery, and consider appropriate next steps.

9.3 This process may include:

- pastoral conversations;
- formal review reports;
- medical or occupational health assessments.

## 10. Extended Periods of Absence

10.1 For some individuals, incapacity through physical or mental illness may be judged to be permanent. In such cases ministers ordained or commissioned before 2023 will be encouraged to apply for ill health pensions benefits from the insurer. For those ordained or commissioned after 2023 will be encouraged to apply for ill health retirement through the MoM sub-committee or its successor.

10.2 At the point at which payments of stipend cease, some ministers will still feel unable to resume their full duties even though their illness is not considered permanent. Where such a situation is anticipated, their Moderator may make reference to the Pastoral Reference and Welfare Committee for stipend support.

## 11. Grievance

11.1 Where a minister has a grievance about the way in which the sickness absence procedures are implemented, they are encouraged to make every effort to resolve this informally with those involved. Where an informal approach does not resolve the grievance, the URC Complaints Procedure (Section Q) provides a means of seeking a fair and impartial resolution of the grievance.

## Appendix 1

### Sickness Absence Procedures

The pattern of timescales and requirements set out in the following sections may be applied flexibly where considered appropriate. The MoM convener will consider all individual cases and may make adjustments as judged appropriate.

#### 1. Notification of absence

1.1 Ministers should notify their Synod Office and the Ministries Office (via the Payroll Officer) if they are unable to work on the first day of sickness. This enables the proper records to be maintained.

1.2 The first seven days of sickness may be self-certified (by letter, email or telephone) but after that all continuing sickness must be covered by a doctor's statement of fitness for work ('Fit note'). Copies of these notifications should be sent to the Synod Moderator and the Ministries Office (via the Payroll Officer).

1.3 Both the Payroll Officer and Synod offices should also be informed when the

minister returns to work after a period of certificated absence.

## **2. Record-keeping**

- 2.1 The Ministries Office will maintain a full record of sickness absence, decisions about the continuation of stipend, including copies of correspondence and notes of any telephone calls. They will initiate the Moderator Reviews, doctor's reports and Occupational Health assessments as required and retain copies of the completed reports.
- 2.2 The Synod will maintain a chronological record of all their contacts with the minister and complete the necessary forms/reports needed by the MoM sub-committee or its successor in a timely manner so that decisions about the levels of stipend payable are based upon full information about the individual's situation.

## **3. Fit Notes**

- 3.1 The "Statement of Fitness for Work" was introduced to replace the old sick note in 2010. Doctors use the note to offer advice about the individual's fitness for work.
- 3.2 The two main options are that the individual is "not fit for work" or "may be fit for work" taking into account the doctor's advice.
- 3.3 In the latter case, the Fit note may contain advisory information from the GP, such as suggestions for a phased return, workplace adaptations or temporary adjustment to duties. The information given on the form is advisory and is not binding.
- 3.4 Where a note is received indicating that the minister may be fit for work, the Synod Moderator should take the initiative in contacting the individual to discuss how these recommendations can be put into effect. More details are given in 'Return to Work', below.

## **4. Actions During Absence from Work**

- 4.1 While all doctors' Fit notes should be sent to the Ministries Office (via the Payroll Officer), communication with the minister will normally be through the Synod Moderator or their deputy.
- 4.2 It is important to maintain good communication with a minister who is absent due to sickness for more than four weeks. Regular pastoral contact by the Synod Moderator or a representative can demonstrate care and ensure that the Moderator has up to date knowledge of the minister's condition. This may also enable the Church to provide appropriate support. With some ministers, perhaps in the event of mental illness, there will be a need for extra sensitivity; in such cases the Moderator may agree with the minister that a family member or friend be the Synod's prime point of contact.
- 4.3 In any event, in order that the MoM sub-committee can carry out its duties, Moderators are expected to complete formal review discussions with the minister as described below.

## **5. Initial Moderator Review**

- 5.1 Our practice is based upon evidence from research showing that people are more likely to get back to work as their illness recedes when they and their employers

## Paper C10

talk during periods of sickness and make plans for returning to work. Good practice is to begin to discuss and set a framework for actions towards a return to working when someone has been absent from work for a period of time, probably between 4–6 weeks, and review this in the light of the actual course of the illness.

- 5.2 Where a minister's sickness absence is expected to continue beyond four weeks, the Ministries Office (via the Payroll Officer) will ask the Moderator to arrange a visit to the minister and complete a Ministerial Sickness Review Form. The completed form should be sent to the MoM Office who will forward this to the MoM convener. The minister will be sent a copy of this and any subsequent reports by the MoM Office if requested.

### 6. Subsequent Moderator Reviews

- 6.1 In the light of the initial review, and the nature of the minister's illness, the Ministries Office (via the Payroll Officer) will determine a pattern for further reviews. The normal timing of follow-up reviews will be to request one at 10 weeks, and if necessary, further reports to be completed by 5, 8 and 11 months. While best practice would be for these to be conducted during a visit, it is acceptable to conduct the reviews over the telephone by mutual agreement.

### 7. Occupational Health Assessment

- 7.1 In addition to the medical adviser's report, the Church's appointed Occupational Health organisation will be asked to review the position if the sickness absence continues for more than three months and where it seems possible that absence may extend to six or more months.
- 7.2 It is important that this report is completed and returned to the Ministries Office (via the Payroll Officer) in good time to allow the MoM sub-committee to consider whether, and at what level, any stipend payments should be made beyond six months. This decision has to be made by the end of the fifth month of absence. An additional important benefit of this assessment is that it incorporates an opportunity for the minister to have a confidential general discussion of health issues and receive advice on lifestyle/ health management.
- 7.3 The process is initiated by the Ministries Office (via the Payroll Officer), who will inform the Moderator and the minister of the need for Occupational Health assessment. The minister will be sent a link to the information sheet and the consultation referral form. The referral form will indicate the specific questions on which advice is sought. The minister is asked to complete Section D and send it on to the Moderator for their completion of Section E and return to the MoM Office. The form will then be sent to the OH company who will conduct their consultation with the minister either by telephone or face-to-face.
- 7.4 When the OH company has undertaken the consultation and sent its report to the Ministries Office (via the Payroll Officer), the contents will be shared with the Moderator and the MoM sub-committee. The report, which is advisory only, will focus upon the work-related aspects of the minister's health, their fitness to work and the practical steps that might facilitate a return to work. Medical information remains confidential to the OH organisation.
- 7.5 A further OH report may be sought at a later date if the MoM sub-committee considers it necessary in deciding whether further stipend payments should be

made.

## **8. Application for Ill-health Pension**

9.1 Please see the URC Ill Health Early Retirement policy and process.

## **9. Return to Work**

9.1 On return to work, the date of return should be advised to the Ministries and Synod offices.

9.2 Where there has been an extended period of absence a phased return to work may be appropriate. When a Fit note suggests a pattern of increasing duties, the Moderator should initiate a discussion about phased return to work. Such discussions might also arise in the course of regular contact between the minister and Moderator. Any such planned return to work must be agreed between the Moderator, the pastorate/post and the minister in a written plan of increasing involvement towards full duties. The plan would normally last up to two months, and not generally beyond three months.

9.3 The aim of phased return to work is to build up the workload in stages, beginning with those that seem easiest to undertake or by limiting working hours/location to those that best suit the minister's condition – and not necessarily beginning with the aspects perceived to be of most importance to the church(es). The approach will differ for different people and illnesses; there are no hard and fast rules.

9.4 Some examples of such patterns of return to work are: to begin with only Sunday services with the attaching preparation being undertaken; starting by working only mornings or afternoons with no evening meetings or pastoral visiting; in a multi-church pastorate, return might be limited to specific church(es) for the first few weeks.

9.5 Once a planned pattern of return to work has been agreed, the Ministries Office (via the Payroll Officer) should be informed of the date of phased return to work. At this point, where stipend has been reduced, the Maintenance of the Ministry (MoM) sub-committee will normally agree to restore payments to the full level.

9.6 If in practice a return to work does not continue as planned, this should also be notified to the Synod Moderator and MoM Office. In any event, the Moderator should report to the MoM Office on progress at the end of the planned phased period of return to work, and monthly if the period extends beyond four weeks.

9.7 Where, at the end of the planned phased return to work, the minister has not yet returned to full duties, but is expected to recover sufficiently to do so in future, the MoM sub-committee will decide whether it is appropriate to reduce the stipend payable to reflect the level of work being undertaken. If it is considered unlikely that in the foreseeable future the minister's health will recover sufficiently to allow a return to full duties, the process of formally reducing the minister's full-time service should commence immediately.