



Sickness and Absence Policy

MCS is committed to creating a safe and positive place to work, both for those using its services and those working there. The sickness and absence policy reflects this aim.

Administration

Reliable and efficient administration is essential to the operation of a successful service. If an office-based staff member is unable to work as expected they should inform their line manager and discuss arrangements. If there is not the time to do so then they should inform:

- 1) the office, leaving a message clearly on the answerphone
- 2) the line manager and/or clinical director, leaving a message on their mobile

This should take place as soon as it is known they will be unable to work, preferably well in advance so alternative arrangements can be made to cover the office.

Short Term Illness

The staff member should convey the general nature of the illness and the date when it might be anticipated they will return to work.

Appointments

The staff member should indicate the length of time they are likely to be away and if they intend to work their hours at a different time.

Emergency

If this occurs when in the office and the staff member needs to leave, they should lock the office and put a clear notice on the door saying they have had to leave and when they intend to return. They should inform anyone present at the time, and leave a message on their line manager / clinical director's mobile.

If the emergency occurs before they have arrived at the office then they should leave messages as indicated above.

Compassionate Leave

It may be that a staff member's personal circumstances change so that they need to arrange an extended period away from the office, but do not wish to leave the service. Wherever possible MCS will attempt to accommodate their needs. However the capacity for the service to do so will be restricted by resource constraints, both financial and personnel.

Return to Work

If the absence is more than two days and was not discussed in advance then there should be a meeting with the line manager to ensure that any absence issues have been resolved, and to provide an update regarding any office developments.

Repeated Absences

Patterns in absences will be noted and discussed with the staff member concerned. If there is concern about the ability of the staff member to fulfil the requirements of the post, this will be highlighted and unresolved issues addressed as far as is possible. Staff members are asked to bring any concerns they might have with their ability to provide the service required of them to the attention of their line manager, or if experiencing difficulty in relationship, to the attention of a trustee. If there are unresolved issues then it may be necessary to follow a grievance or disciplinary procedure. Please see the appropriate policy.

Clinical Staff

If a clinician is unable to work as expected they should inform the administrator and / or clinical director to discuss arrangements. If there is not the time to do so then they should inform the office, leaving a message clearly on the answerphone. This should take place as soon as it is known they will be unable to work, preferably well in advance so arrangements can be made with any clients effected. It may be preferable for the counsellor to contact clients themselves if this is possible.

Short Term Illness

The clinician should convey to the office the general nature of the illness and the date when it might be anticipated they will return to work. Where possible they should contact any clients to explain the situation. If this is not possible then they should facilitate the administrator so doing.

Longer Term Illness

If a counsellor has an illness that has not cleared in 2 weeks, they should notify their supervisor as soon as possible.

The counsellor should write to their clients letting them know that they are unable to keep the contract they made and offering them three options:

1. to suspend counselling for the duration of the counsellor's illness and recommence when the counsellor returns to work
2. to transfer to another counsellor
3. to see an alternative counsellor for support as a holding exercise for one or two sessions as required.

The nature of the counsellor's illness and the stage at which the client is within the counselling process may mean that one of these options is preferable to the others, but the client should be given the opportunity of choice. This should be discussed with the supervisor.

Clients

Absences from pre-arranged sessions by clients should always be taken seriously. They may be important clues to the progress of the counselling sessions. Absences should always be documented for the purpose of statistics, as well as to determine patterns which may assist understanding the processes at work, conscious or unconscious.

1. If a client misses three consecutive appointments the counsellor should write asking whether the client intends to continue with the contract [standard letter from office to accompany].
2. If they return, but this happens again then the counsellor should address the issue formally in the counselling session if possible, or by letter if not, querying whether this is an appropriate time for the client to engage in counselling and exploring what might be getting in the way. [This is part of our duty of care to the client and terminating counselling can sometimes be in their best interest.]

3. Supervision should be used to explore possible psychological blocks, as practical constraints, although offered as explanation, are often only part of the problem.
4. Many clients, although having much to work on, need time outside of counselling to process what they have already done before being able to move on. Terminating counselling, done well should facilitate the client returning to counselling at a point where they can better engage or are ready to go further.

Policy adopted: 20/04/2015

Review pending 01/10/2022