**Approved by the Core Group on XXXXXXXX**

**Rationale:** Long COVID, much like other chronic illnesses, does not present with the kinds of acute symptoms that are associated with many other common illnesses. They can be unpredictable, making it possible for someone to work again, but not at their full hours, or to need more regular breaks, or to need unexpected time off, to accommodate a ‘flare up.’ Most sick leave policies account for fixed numbers of consecutive absent days, but in order to support staff experiencing longer-term conditions, different forms of support are often required. This policy aims to provide some clear structures from which Edge can support members of staff who are experiencing Long COVID or other forms of chronic illness, which might not be sufficiently accommodated by the standard sick policy. It aims to contribute to a wider organisational commitment to disability justice in our day-to-day working practices.

For wider context, chronically ill individuals, (whether ill when beginning their post or who develop illness during the course of their employment) are effectively forced to work beyond their capacity. This is because of the capitalist approach of putting a labour value upon each person, and the need for each person to try to increase this value in order to simply survive. The government’s policy of austerity since 2010 has led to high death rates amongst the disabled community ([see here](https://www.disabilitynewsservice.com/austerity-cuts-to-social-care-and-health-caused-57000-deaths-research-suggests/)). We also know from a [UN report conducted in 2016](https://docs.google.com/document/d/1n1HoZjC5o6xVhvy0rwZz1jxyx9-Bwh7a6XLQ-MICpPQ/edit?usp=sharing) that disabled people have faced “grave and systemic violations” of their human rights. The ideology of getting disabled people to work where they may not be well enough to nor have suitable adaptations made, coupled with the scrounger imagery that mainstream media has attached to disabled people, means that disabled people often find themselves in workplaces that do not authentically and honestly strive to meet their needs. It can also lead to disabled people en masse feeling like they are less valuable members of society (or in some cases, an organisation). This is why robust work support policies that consider the voices of disabled/ill people are paramount to challenging capitalist expectations of how we ought to work. Edge wants to actively challenge the contexts above and to take the following steps to practice disability justice in its role as an employer, and beyond. (More on the social model of disability [here](https://en.wikipedia.org/wiki/Social_model_of_disability)).

**Outline:** The four main areas that differ from existing sick leave provision would be:

* Offering short-term to medium-term reduced working hours at full-pay (usually between 2 weeks and 3 months)
* Encouraging [pacing](http://www.cfsselfhelp.org/pacing-tutorial) within working hours, with breaks and varieties of activities (ie - not 4hrs of back-to-back Zoom calls, but instead [for example] a 1.5hr video call, a 15min break, a 1hr phone call, a 20min walk, a 1hr Zoom call)
* Phased return to full working hours (based on how a member of staff is responding to their reduced hours, allowing for gradual increases with monitoring of impacts on any relevant symptoms)
* Proactive steps to redistribute, reprioritise or delay work plans, in the interests of the member of staff, their colleagues, and the organisational aims. In a small staff team like that at Edge, delays to work or hiring in additional time bound paid capacity are much more likely to be needed.

**Example:** With Long COVID or other chronic illness, the specific steps will need to vary to meet the member of staff’s individual needs. An example of how it could work would be:

* A member of staff contracts COVID and is away for 2 weeks with acute symptoms OR a member of staff with an underlying health condition experiences a significant flare up of illness.
* They return to work and immediately start to experience fatigue, headaches, brain fog and difficulty breathing.
* They take a few more days off to recover.
* When they return the following week, they continue to receive full pay, but only work half of their contracted hours, spread out over their full number of days (ie - 1.5 days/week, spread over 3 days) for the next 2-4 weeks (depending on how they are responding to the work exertion during that time).
* During the time they are on reduced hours, they will check in with the Staff Support person to assess how they are feeling. If necessary, they may see their GP or other medical professionals for specific advice.
* If, after 2 weeks, there have been no significant flare ups of symptoms, their hours may be increased by a half-day/week. At the end of the following week, they will check in again with the Staff Support person to assess if they have felt ok and are able to increase their hours again, by another half-day/week, the following week.
	+ If there are any significant symptom flares during this time, their hours will be reduced again to a manageable level for another two weeks, before re-assessing.
	+ If there are no significant flare-ups, then additional hours will be reintegrated, week by week, until they are doing their full workload again.

With Long COVID, as with other chronic illnesses, it is important to avoid overdoing it, too soon. A flare up of symptoms can set someone back further in their recovery, or worsen their condition. Therefore, it is always best to err on the side of caution when reintroducing working hours as part of a phased return.

**Work plan accommodations:** When it becomes clear that a member of staff is going to need to use this policy, a meeting should be held between the Staff Support person and the member of staff, to assess what their particular support plan might look like (as per the example above). Additionally, the Staff Support person will work with the member of staff to help them prioritise what aspects of their work:

1. They should continue to focus on in their limited hours,
2. They can drop or delay indefinitely,
3. Other members of staff could realistically take on (within their own workloads), and
4. May need additional capacity (whether via the Core Group, or via freelance support).

The Staff Support person should write this meeting up as part of a Long COVID/Chronic illness plan for the member of staff, ensuring that it supports the needs of the member of staff experiencing illness, the needs of other staff or CG members who may be taking on additional work, and the aims of Edge, as an organisation.

The Staff Support person may work with staff and the CG to help coordinate addressing any gaps in work plan, whether by highlighting the gaps to other staff and the CG, working collectively to agree reduced organisational commitments during a particular period of time, or by supporting a process to bring in freelance help for a short-to-medium term gap in capacity.

*One example of these adaptations is here: XXXXXXXXX*

**Cost implications:** It is very hard to predict the duration of Long COVID or chronic illness adaptations. They may only be needed for a couple of months, and may become part of a workers’ life in a permanent way. What is important, is to provide the reassurance that a worker will be supported by their employer, through their illness. Edge aims to be an employer that upholds its values, and as such upholds the rights of its workers regardless of difficult periods in their life and subsequent challenges to working.

With this in mind, there are a couple of longer-term policies that can help to support a Long COVID/Chronic illness policy.

1. Having a team of at least 3 staff at equal wages, so there is more room to share and redistribute workload, if someone is unable to work the full hours they’ve been contracted for;
2. Keeping reserves equivalent to 3 months’ staff wages, so if there are particular crunch points that arise while a staff member is unable to work their full hours, that additional freelance support can be brought in at short notice.

**Limitations:** To be able to think about limitations effectively, a third member of staff is needed, in order to offer a more sustainable baseline for the work of maintaining Edge’s day-to-day functions. Once this has been agreed and able to happen, the CG should make a priority of thinking through what amount of staff absence or reduced hours is manageable, within the annual budget, given the reserves recommendations above and the costs of having another member of staff in post. Until then, the policy outlined above should be exercised, as needed.