

Research Report
No 235



Ill Health Retirement and Absenteeism Amongst Teachers

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Executive Summary

Introduction

1. This research was conducted between October 1999 and May 2000. It addresses two related strands: teachers' retirements due to ill health and teachers' sickness absence from work. In the second of these, LEAs' policies on sickness absence management are examined and some of the issues within them are illustrated using eleven case studies.

2. The study concentrates on teachers in maintained schools in England. However, research was also conducted in independent schools to determine levels of sickness absence within them. Comparisons are made between the levels of absence of teachers in maintained schools and those of other occupational groups, as well as between the rates of absence of teachers in the maintained and independent sectors.

Ill-health retirement

3. Following changes in the criteria and rules for ill-health retirements from teaching made in Spring 1997, the next two years saw a substantial fall in the level of such retirements. September figures, traditionally the highest each year, went from 1099 in 1997 to 563 in 1998 and to 524 in 1999. Retirements in the year 1998/9 were not evenly distributed: the North of England saw substantially higher rates than the South. However, there is a high correlation between the age of the teacher workforce and the incidence of ill-health retirement.

4. A survey of 369 former teachers who recently took ill-health retirement revealed that on average they retired aged 51. About half left teaching with psychiatric problems. Two-thirds of male teachers had heart conditions or mental health difficulties, both of which may well have been associated with stress. Data from this group suggest that there is a North-South divide between teachers in the 40+ age bracket. On an annual basis, 1 in 177 such teachers will receive ill-health retirement due to mental health problems, compared with just 1 in 236 in the South. Over 70 per cent of retirees had been absent from their schools for more than twenty days in the 12 months leading up to their retirement. However, responses from some retirees suggested that they may have received advice that extended periods of absence would enhance their chances of being granted ill-health retirement.

5. Retirees' accounts of events in school leading up to their illnesses are by definition subjective. If we accept that bias will occur in any attempt to explain unpleasant events, it is still possible to learn from these former teachers' experiences. More than 60 per cent said that their work as a teacher had made their illness worse. While 5 per cent said their home life may have worsened their illness, nearly half (47 per cent) said that home life, particularly the support of family and friends, had helped them to continue to work for longer. In a few cases, supportive headteachers and colleagues were also said to have helped teachers to continue in their jobs longer than they might otherwise have done.

6. Workload and paperwork were the most commonly cited job-related contributors to these former teachers' illnesses. Around 10 per cent told of bullying by schools' managers and 13 per cent mentioned OFSTED inspections in their accounts of work-related factors contributing to their illnesses. By no means all of them recounted receiving unfavourable evaluations in their inspections. Some told of the pressures caused by impending inspections, while for others there was a mismatch between their personal evaluation and that of the school as a whole.

Teacher sickness absence

Measurement

7. LEAs collect teacher absence data from all maintained schools in their area, even though they have a role as 'employer' in only some of those schools. Current recording and reporting arrangements mean that teacher time lost through sickness absence, however diligently the figures are gathered, can only be reliably calculated for full-time teachers. The project has therefore concentrated on data relating to that group.

8. 119 LEAs provided usable data on teacher sickness absence in their Spring 2000 returns to DfEE. 14 provided none; a further 17 combined figures for full-time and part-time teachers and so their information was excluded from the analysis. The figures covered the period from January to December 1999. Where relevant, obtained figures have been adjusted using DfEE's formula for turnover. Unadjusted figures are presented in this summary.

Incidence of absence

9. The median teacher time lost by full-time teachers (i.e. the mid-point of the average absence in each LEA) is 3.28% or 6.4 working days each year. There are regional variations in teacher time lost as a result of sickness. In the South-East it is 2.67%, in Outer London 2.76% and in Inner London 2.82%. In contrast, the absence rate in the North-West (including Merseyside) is 3.6% and in the North-East it is 3.61%. Yorkshire and Humberside region has the highest level of teacher absence: 3.9%.

10. The above figures represent an analysis of statistics applying to the 119 LEAs providing usable data. Combining absence figures for all full-time teachers in those LEAs results in a figure of **3.15% teacher time lost in England**. This is equivalent to **6.14 working days** in each year.

11. The median teacher time lost by part-time teachers is 3.68% or 7.17 working days each year. In the South-East it is 2.49%, in Outer London 2.51% and in Inner London 3.93%. In contrast, the absence rate in the North-West (including Merseyside) is 4.80% and in the North-East it is 4.39%. East Midlands has the highest level of part-time teacher absence: 5.17%.

12. The above figures represent an analysis of statistics applying to those LEAs providing usable data. Combining absence figures for all part-time teachers in those LEAs produces a figure of **4.31% part-time teacher time lost in England**. This is equivalent to **8.40 working days** in each year.

13. Average figures can provide a distorted picture of what is typical. Over one-third (34.8%) of full-time teachers took no time off at all during 1999. Much of the absence of teachers resulted from time periods of more than 20 days or 4 working weeks. 42% of lost time came from long-term absences of this kind. When such long periods of absence are excluded from calculations, the percentage of time lost through absences of between one day and twenty days is 1.83%. This is equivalent to an average of 3.56 days per teacher each year.

Comparing teacher absence with that in other groups

14. Comparisons with average rates of absence in other professions have taken account of the different forms which such data can take. Full-time teachers' absence rates are lower than those of comparable local authority Social Services staff, whether those staff have client contact or occupy administrative or managerial posts. They are also 15 per cent lower than those of other 'non-manual' local government employees.

15. Nurses, midwives and health visitors take 37 per cent more time off work due to sickness than teachers. However, many members of these groups are expected to work 'unsocial' hours. Other NHS workers with similar training expectations to teachers, such as speech and language therapists, physiotherapists and occupational therapists, tend to have similar working hours to teachers. However it is accepted that they may have different work practices and work loads. On average, teachers take 6 per cent more time off due to sickness than members of those groups.

16. Recent figures from the Institute of Personnel and Development (IPD) suggest that central government employees lose 30 per cent more time due to illness than teachers. However, teachers' sickness absence rates are 12 per cent higher than those of workers in some other industries.

17. Independent schools were asked for information on teacher sickness absence over 12 months. More than a quarter kept no adequate records on this topic. However, the responses from 137 independent schools gave us information on more than 697,000 available teacher working days in 1998/9. Figures suggest that the average teacher in a maintained school loses 30 per cent more time due to sickness than the average teacher in an independent school. Also, a teacher in a maintained school is two and a half times more likely to take time off due to sickness than one in an independent school. Such statistics have to be seen in the context of independent schools' lower teacher-pupil ratios (less pupils per teacher) and an average working year 17 days shorter than that of maintained schools.

LEA policies and guidance on managing sickness absence

18. Thirty of these were examined. Under local management arrangements, governors' duties and powers mean that LEAs, even where they are employers of teachers, have less control over teachers than most other local authority departments have over their employees. LEA policies usually offer guidance to governors.

Suggestions for 'model' school policies tend to be offered by LEAs, though their adoption and application lies within governors' discretion.

19. All the policies distinguished between managing short-term and long-term absences. Trigger points for management action, relating to absence duration and/or frequency, were commonly suggested. LEA policies tended to concentrate on actions which could be taken to inhibit teacher absences, i.e. to make a teacher less likely to report sick. Other policy elements designed to forestall/prevent absences, or to facilitate the return of absent teachers to their jobs, were found in some policies although they were less evident.

20. Five case studies, one of an LEA and four of schools, look at 'inhibitory' policies in action. The first involves an LEA's pro-active role both as employer of teachers and insurer of schools against the consequences of staff absences. The LEA's human resource department has specific expectations of its Occupational Health physician. These and other factors are looked at in the context of a 10 per cent reduction in teacher sickness absence. 'Whole school' initiatives in absence management reduction, return-to-work interviews and the role of INSET are examined in the second study, while trigger points for action which emphasise absence frequency are expanded upon in the third. Creating a climate which encourages attendance, while less instrumental in nature, is also absence-inhibitory in its intention. Two ways of doing this are exemplified in the fourth and fifth case studies. The themes of staff commitment and shared responsibility for colleagues' absence are combined with a distinction between 'absence' and 'absenteeism'.

21. Some LEAs' policies were accompanied by provision for teacher health checks and advice on such matters as diet and exercise. The provision attempts to forestall or prevent absence. Two case studies illustrate such schemes. The second, available to all employees of the local authority, has had a much lower take-up by schools than by other divisions of the local authority. This may be because the schools must pay for it from their delegated budgets, whereas no charge is made to other divisions. Stress counselling can also prevent or limit the need for absence. Several LEAs have combined resources to offer this to teachers and their scheme is described in a further case study.

22. Many policies mention modifying teachers' jobs or redeployment within the school or LEA to facilitate return to work. During the research we did not encounter many examples of this in practice, possibly because of the limited options which schools have to modify their expectations of teachers and because of the restricted opportunities which LEAs have to redeploy teachers within their schools. Phasing a teacher's return to work does happen in some cases, and a further case study exemplifies this process.

23. The final two case studies examine some of the issues which heads and governors encounter in implementing 'capability' proceedings where a teacher's absences are protracted because of illness. The second of these studies also looks at the incidence of absence in a cluster of inner-city schools placed by OFSTED in 'special measures'. The role of leadership in such cases is examined.

The school level

24. 126 primary, secondary and special schools responded to our survey with detailed information on staff absences. In all, their statistics covered 248,559 teacher working days. We were able to analyse the absences of both full-time and part-time teachers. In all 3.3 per cent of available teacher time was lost through sickness absence. Part-time teachers were less likely to be absent than full-time teachers. Overall, however, part-time teachers lost a greater percentage of available time through sickness than full-time teachers.

25. Absence episodes of more than 20 days during that term explained 38 per cent of teacher time lost, while episodes of one or two days explained about 30 per cent of time lost. In all, teacher absences of 5 or less days (and so not requiring a medical certificate to verify illness) accounted for a little under half the teacher time lost through illness.

26. Just over a quarter of the schools' managers thought that teacher sickness presented a problem in their schools. A quarter had no insurance against staff absence. Of the 95 which did, 73 insured with their LEAs. Just 10 per cent of respondents thought that LEA guidelines on sickness absence management, where applied, would prove effective in reducing levels of sickness absence, even though almost half (46 per cent) reported the availability of practical assistance from their LEAs in managing absence.

27. Considerable variation was found in what schools did and did not record as sickness absence. Only 90% recorded short-term uncertificated teacher absences, while nearly two-thirds (64.3%) would not record absences of less than a day. Close to 30% of schools recorded a visit to the doctor or dentist during the day as absence, the remainder did not. Some schools also recorded unpaid absences in the same way as they would absences with pay. That some schools record absences that others do not leads us to query whether the figures on teacher absence gathered by LEAs provide an accurate reflection of overall rates of attendance.

The research in context

28. Particular note is taken of the contents of the Cabinet Office report *Working Well Together* and of NEOST's recent publication, *Monitoring and Management of Sickness Absence in Schools*. A chapter is devoted to describing the means of data-gathering, while a further chapter reviews relevant research on teachers' health, ability to work and the measurement and management of sickness absence. Much of that research has been conducted in other countries, and the review makes relevant connections with the earlier-reported findings of the project.

Conclusions

29. The report ends with seventeen conclusions:

1. New ill-health retirement criteria appear to have reduced the number of retirees.
2. Mental health problems constitute almost half of all debilitating conditions leading to retirement.

3. Levels of teacher sickness absence, while still capable of reduction by effective management practice, do not compare unfavourably with comparable sectors of the public service.
4. Policies which aim to increase teachers' absence thresholds may be expected to have some impact. Universal application and a sense of fairness appear to be important features of effective policies.
5. Since more than 40 per cent of recorded teacher time is lost in long-term absences, policies which prevent such absences or which assist teachers to return to work more easily should, if successful, have an impact on overall statistics.
6. In some cases, 'capability' procedures appear to take a long time before schools are able to resolve them.
7. LEAs are expected to report on the absences of teachers in all schools within their boundaries. Yet LEAs do not employ all those teachers.
8. School-level awareness of the importance of effective policies on sickness absence management appears, to say the least, patchy.
9. Where they are available, health checks and health awareness programmes for staff appear to be appreciated by teachers.
10. Staff health, motivation and commitment appear to be three important elements which restrict absence through sickness.
11. Occupational Health departments appear to serve two distinct roles in some LEAs.
12. Teacher absences with similar underlying reasons can be recorded as 'sickness' in some schools but not in others.
13. Despite this being the second year that DfEE has asked LEAs to return teacher sickness absence data, 14 LEAs (including a number of large authorities) did not do so.
14. Some LEAs which did provide absence returns for the DfEE were unable to separate full-time from part-time absences.
15. To be consistent with measures used for other relevant occupational groups, teacher sickness absence is better expressed as 'percentage time lost' than as 'days lost'.
16. LEA monitoring procedures might usefully distinguish between the impact of long-term and short-term absences on the overall statistics for each school.
17. Days lost by absenting teachers' as a means of assessing teacher absence through sickness can offer a distorted picture of overall absence.

Introduction

The research reported here sets out to

- i. assess the extent of teacher ill-health retirements and the reasons for them;
- ii. examine the amount of time lost by teachers in maintained schools during a working year as a result of illness;
- iii. compare the amount of sickness absence recorded by those teachers with the absence rates of other occupational groups;
- iv. examine LEAs' policies on managing sickness absence and to suggest ways in which they may and may not be effective;
- v. illustrate issues in the management of teacher sickness absence at both LEA and school level;
- vi. set the matters considered above in the context of relevant research.

In the first two chapters we consider ill-health retirement from teaching. National trends are looked at before reporting a detailed survey of former teachers who have now retired because of ill-health. Chapter 3 considers some of the problems which may be encountered in accurately assessing levels of absence in a large but diversely-managed workforce, while in Chapter 4 we report on the actual levels of absence among teachers in the maintained sector during 1999. Comparisons with other occupational groups, including teachers in the independent school sector, are offered in Chapter 5.

Chapters 6 and 7 focus upon LEAs' policies on sickness absence management. Running through both these chapters we present eleven detailed case studies. Their themes are designed to highlight important issues in the implementation of policies at LEA and school level. In Chapter 8 we look in some detail at absences during one term in 126 maintained schools, offering reasons for those absences and profiles for different groups of absent teachers. The last two chapters address the range of methods used to gather data to inform the research and at some of the findings of other researchers, which may impact upon matters considered in this project report.

Each of the ten chapters is followed by a brief summary of findings. While the summaries are there for the convenience of readers, the findings within each of them should always be considered in the context of the preceding substantive chapters. In some cases we set out reservations in those chapters and these should be taken into account in seeking to understand the summary information. A concluding section provides suggestions for possible actions which, while not exhaustive, offer the prospect of assessing sickness absence more effectively with a view to reducing its impact in the future.

Chapter 1

Teachers' Retirement Due to Ill-Health

Examines recent incidence of ill-health retirement, both nationally and regionally. This is set in the context of revised criteria for such retirement.

The current context

1.1 Figures for teachers in the state sector retiring because of problems of health suggest a decline since the criteria for such retirement were altered in 1997. Average monthly figures for ill-health retirements of state school teachers in England between January 1995 and October 1999, shown in Figure 1 below, illustrate this drop.

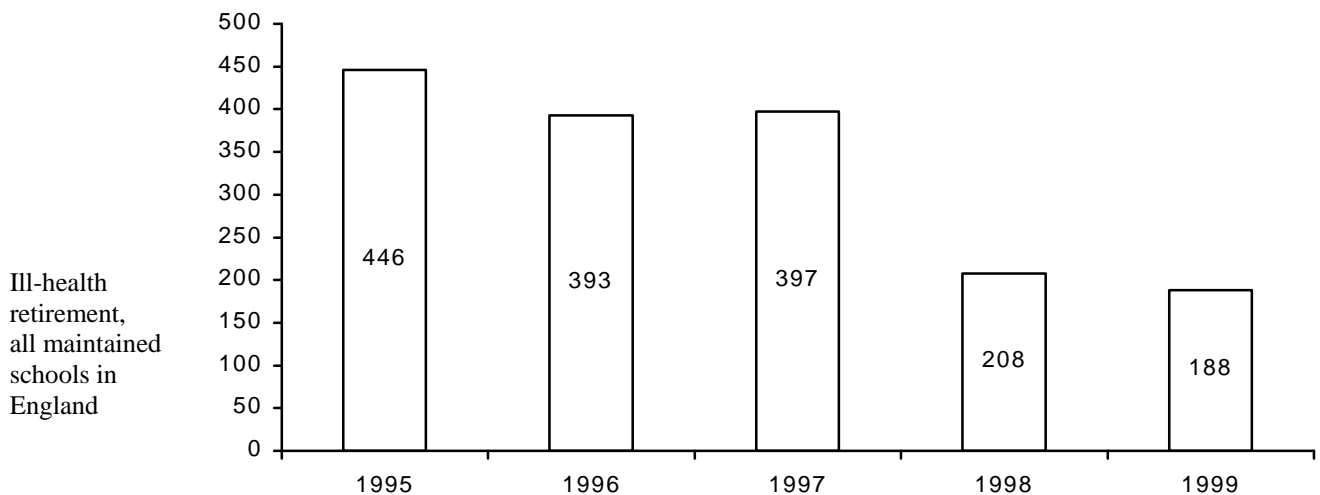


Fig 1: Average monthly ill-health retirement for teachers in state schools

1.2 The averages mask monthly variations, although in every year the figures for January and September stand out as considerably higher than those for other months, reflecting the common termination of teachers' employment in December and August.

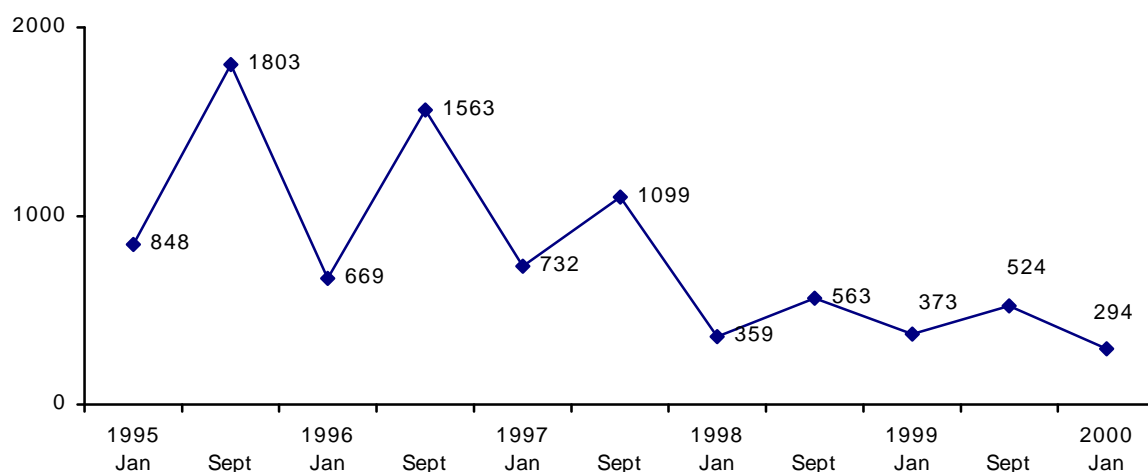


Fig 2: January and September ill-health retirements from teaching: state schools

Altered criteria

1.3 From April 1997, new criteria came into force for the acceptance of teachers' applications to retire on the grounds of ill-health. While beforehand it had been possible for a teacher to be granted ill-health retirement and subsequently to teach in schools, the Teachers' Pensions Division now requires evidence that a teacher's illness or disability is such that she or he will be unable to work again as a teacher in any school. Acceptance for ill-health retirement now also brings with it the requirement that the retired teacher will not subsequently be employed as a teacher. We understand that the retirement figures for the later part of 1997, and to some extent those for 1998, may include teachers whose applications preceded the adoption of the revised criteria. However, the two charts above show that the new criteria have had an effect on ill-health retirements from teaching.

1.4 The study reported here covers ill-health retirement between 1 October 1998 and 30 September 1999. During that time 2,244 teachers, formerly employed in state schools (LEA-maintained, voluntary-aided and grant-maintained), began to receive pensions after having their applications for ill-health retirement accepted by the Teachers' Pensions Division. 2071 of these had been employed in LEA-maintained and voluntary aided schools. In the first of these the local education authority (LEA) remains the employer, despite the enhanced powers given to the governors under local management arrangements. For the purposes of this analysis we have included teachers employed in voluntary-aided schools in our consideration of former LEA-employed teachers.

Regional differences

1.5 LEAs vary considerably in size and therefore in the number of teachers they employ. A large LEA is therefore more likely to have higher numbers of ill-health retirements among its workforce than a small one. To examine regional variations in LEA-employed teachers'

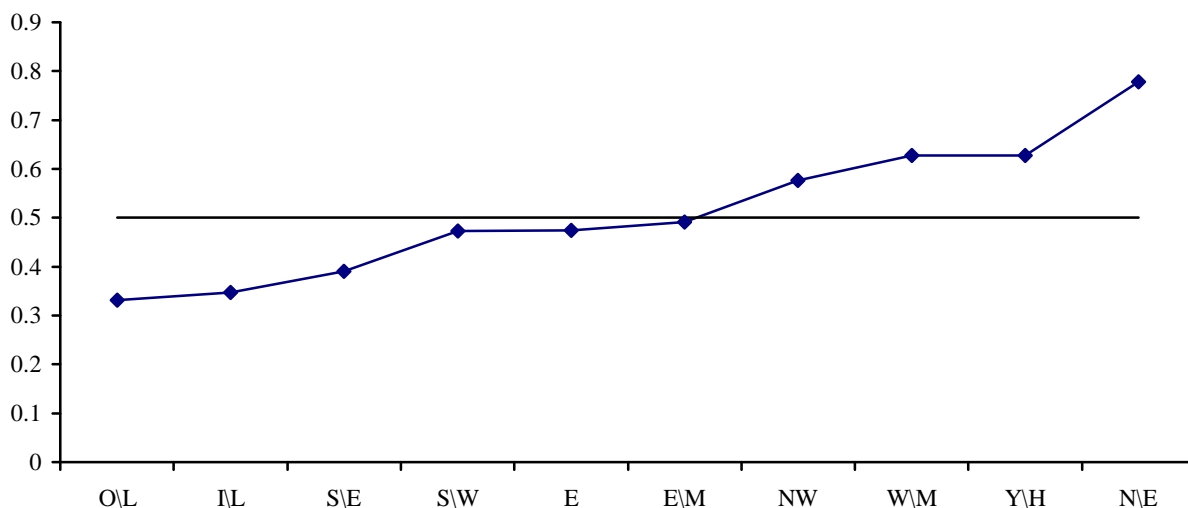
retirements due to ill-health, the rate of such retirement in each LEA is expressed as a percentage of all teachers employed by that LEA, so compensating for the influence of size.

1.6 Mean percentage rates of ill-health retirement for each region in England have been calculated. Table 1 below shows these, together with the range of teacher ill-health retirements among LEAs in each region.

**Table 1: Percentage rates of teacher ill-health retirements,
October 1998 to September 1999**

Region	No of Ill-health Retiree's	Mean percent-age rate	Range	
			Highest LEA rate	Lowest LEA rate
Outer London	125	0.33	0.65	0.12
Inner London	82	0.35	0.92	0.00
South East	283	0.39	0.77	0.00
South West	197	0.47	0.69	0.00
Eastern	230	0.47	0.84	0.19
East Midlands	190	0.49	1.08	0.00
North West (inc. Merseyside)	347	0.58	0.97	0.27
West Midlands	285	0.63	1.07	0.29
Yorkshire and Humberside	269	0.63	1.48	0.26
North East	163	0.78	1.03	0.54
ALL LEAs		0.50	1.48	0.00

1.7 The mean rate for teacher ill-health retirements in all LEAs over that twelve-month period is 0.50 per cent. Figure 3 below illustrates the mean rates for each region, with the figure for all LEAs indicated by a horizontal line.



**Fig 3: Regional rates for ill-health retirement from teaching in
LEA-maintained schools,
October 1998 - September 1999**

1.8 Are the regional differences shown above likely to have occurred simply as a result of chance factors? A statistical test of these variations suggests that they are so different that it is highly probable that the tendency for ill-health retirements from teaching to be higher in LEAs outside London and the South East is not simply a chance occurrence ($\chi^2 = 121.8$, df 9, $p < .001$).

1.9 The significance of these differences does not explain the factors which may have led to them. Conditions of employment can, of course, have a bearing on the health of teachers, as can the climate of the schools in which they work. However, it may be that the age profiles of teachers in the regions studied account for much of the difference, since we may expect age to increase the likelihood of serious illness occurring in the teaching force. DfEE statistics for 1999 (*Database of Teacher Records*) reveal that the North East had the highest proportion of teachers aged between 40 and 59 years (64.6%), the West Midlands the second highest (63.9%), and Yorkshire and Humberside the third highest (63.8%). By contrast, London as a whole had the lowest proportion of teachers in that age group (49.2%).

1.10 We calculated the rank-order correlation between the incidence of 40-plus year-old teachers in each region's teacher workforce and the incidence of ill-health retirement from its teaching force. At **0.85** it is both high and significant. It seems that age may account for much of the regional variation in retirement. However, we need to bear in mind that personnel practices can also influence both applications for and receipt of ill-health retirement, a matter to which we return in Chapters 6 and 7.

A north-south divide?

1.11 Inspection of Table 1 suggests that there is a tendency for northern LEAs, for whatever reason, to record higher levels of ill-health retirements than midlands authorities, and that their figures are higher than those for southern LEAs. If we combine the regions in Table 1 to form three 'bands' (North, Central and South), it is possible to examine any differences between these bands. To do this, we have defined the bands as follows:

North	Yorkshire and Humberside, North West (including Merseyside) and North East regions.
Central	East Midlands, West Midlands and Eastern region.
South	Inner and Outer London, South East and South West regions.

1.12 Looking at the average figure for each of these bands, we can see (Figure 4) the distribution of ill-health retirements from teaching.

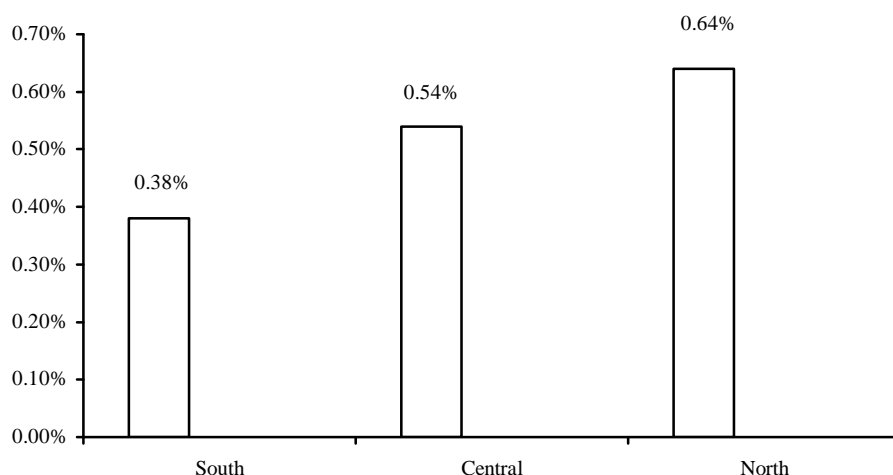


Fig 4: Ill-health retirements among LEA-employed teachers, October 1998 - September 1999

These differences appear to be statistically significant ($\chi^2 = 61.3$, df 2, $p < .001$). For whatever reason, ill-health retirements in the north of England exceed those further south to an extent which is not easily explained as the result of chance occurrence.

Summary: Chapter 1

- The last two years to September 1999 saw a substantial reduction in teacher retirements due to ill health.
- In September 1997, 1099 teachers from maintained schools retired for health reasons. In September 1998 this had reduced to 563 and by September 1999 just 524 teachers took ill-health retirement.
- There appear to be significant regional differences in the proportion of the teaching force retiring because of ill-health. This may in part be due to the fact that there is a higher distribution of teachers aged 40 + within the workforce of some regions.
- The North of England records teacher ill-health retirement rates which are nearly seventy per cent higher than those in the South.

- There is a high correlation between age of the teacher workforce in the regions of England and incidence of ill-health retirement.

Chapter 2

The Teachers Who Retire for Reasons of Ill-Health

Considers results from a one-third sample of ill-health retirees over a one-year period. Their responses are analysed statistically to provide a profile of retirees. Responses are also subjected to qualitative analysis to reveal those ex-teachers' perceptions and experience.

Introduction

2.1 Between 1 October 1998 and 30 September 1999, 2,071 teachers employed by LEAs (and employed in voluntary-aided schools) retired prematurely and were granted pensions because of their difficulties of health. We have already considered the criteria now applying to such retirements. The figures do not include those who may have given up working in schools because of failing health: they relate to those teachers who actually were granted a pension, with the enhancements associated with ill-health retirement, before the age of 60.

2.2 A randomly-selected sample of 570 (27.5%) former teachers was contacted in December 1999. Three hundred and sixty nine of them replied, a response rate of 64.7 per cent. As the more detailed account of the survey (Chapter 9) indicates, it was not possible to follow up non-returns. For the purposes of this chapter we will assume that those replying to our survey are representative of all teachers retiring during that twelve-month period.

The respondents

2.3 As might be expected, many of the former teachers replying had taught in different types of schools. Table 2 below summarises the type of school in which they had last taught. For the purposes of this summary, those in infant and/or nursery schools have been classified as ‘primary’ and those in middle schools have been deemed ‘primary’ or ‘secondary’ depending on the age range of pupils served. The classification ‘other’ relates to teachers directly employed by an LEA in a service:

Table 2: Ill-health retirees by gender and type of last school

	Primary	Secondary	Special	Other	Total
Women	154	57	15	2	228
Men	56	79	6	0	141
All	210	136	21	2	369

139 of the men had last taught full-time, as had 210 of the women. Those in part-time teaching posts at the point of retirement therefore constituted 4.9 per cent of those responding to our survey.

2.4 The **roles** which the retirees last occupied are shown in the table below:

Table 3: Role occupied by ill-health retirees before retirement

Headteacher	Deputy Head	Head of Department or Head of Year	Class/Subject Teacher etc.
50	40	105	174

Teaching experience and age at retirement

2.5 Table 4 below shows the average age at which occupants of the different roles retired; it also illustrates the average length of teaching experience which role occupants had prior to retirement. With each average we provide a 'standard deviation' (SD). This gives an indication of the way scores are spread around the average figure. As a rough guide, the figures describing about two-thirds of the occupants will be within plus or minus one standard deviation from the average.

Table 4: Age and teaching experience of role occupants at the point of ill-health retirement

	Age at retirement		Years of teaching experience	
	Average	SD	Average	SD
Head	52.6	4.0	28.1	6.1
Deputy	51.1	4.1	26.4	4.5
Head of Dept./ Head of Year	51.0	4.2	26.2	5.4
Class/Subject Teacher	50.8	4.9	22.8	6.7

2.6 Although headteachers in this sample are older than members of the other groups (and, as might be expected, also have worked as teachers for longer) statistical tests (ANOVAs, one-way) show no significant difference either between the average ages or between the lengths of service. We cannot therefore infer from these figures that the type of post held will have an influence on the age at which the postholder takes retirement.

2.7 The **overall average age** at retirement for this sample of ill-health retirees was **51.18** years. For men the average age was 51.09 years and for women it was 51.23 years.

Illnesses which led to retirement

2.8 In our survey we asked each retiree to classify her/his illness at retirement using seven categories: cancer, musculo-skeletal, neurological, cardio-vascular, psychiatric, respiratory and 'other'. If the last of these was used, we asked for elaboration. Many respondents chose to tell us more about their illness even when they had selected one or more of the inclusive definitions and so, where necessary, it was possible to reclassify self-allocations. For example, two of those who had selected the 'other' category told us that they had retired after suffering from depression, while another whose worsening arthritis had led to her retirement chose the 'neurological' classification.

2.9 As might be expected, individuals' illnesses will not always fall neatly into one single category and will not necessarily fit any of the first six listed above. Thirty-seven of the 369 respondents had illnesses that fell within two or more categories, while a further 16 reported no illness that could be placed under any of those headings (e.g. diabetes, chemical dermatitis, Crohn's Disease, HIV). We also excluded Chronic Fatigue Syndrome from any of the six formal categories, although we are aware that some authorities might not think this appropriate.

2.10 In all, the 228 women retirees recorded 255 types of illness within these categories linked to their retirements, while the 141 men recorded 160. Twenty women fell into two or more categories, as did 18 men. The incidence of illnesses *as a proportion of the 415 reported* is shown in the chart below:

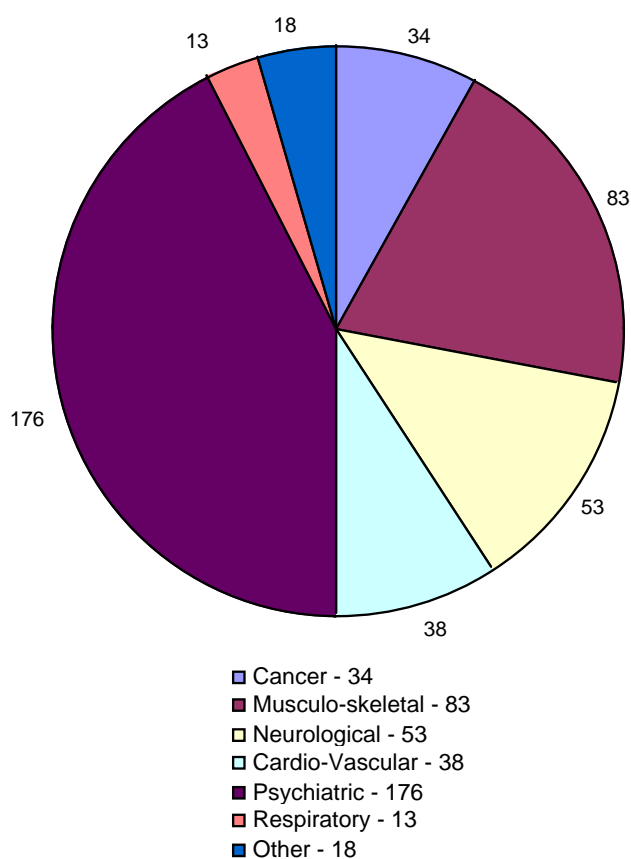


Fig 5: Illnesses reported by 369 teacher retirees

2.11 Figure 6 below offers a picture of the distribution of the categories of illness (or disorder) in the male and female ill-health retirees. *The categories are expressed as percentages of those teachers recording them.* In both cases, therefore, the totals for males and females exceed one hundred per cent, since some individuals fall into two or more categories:

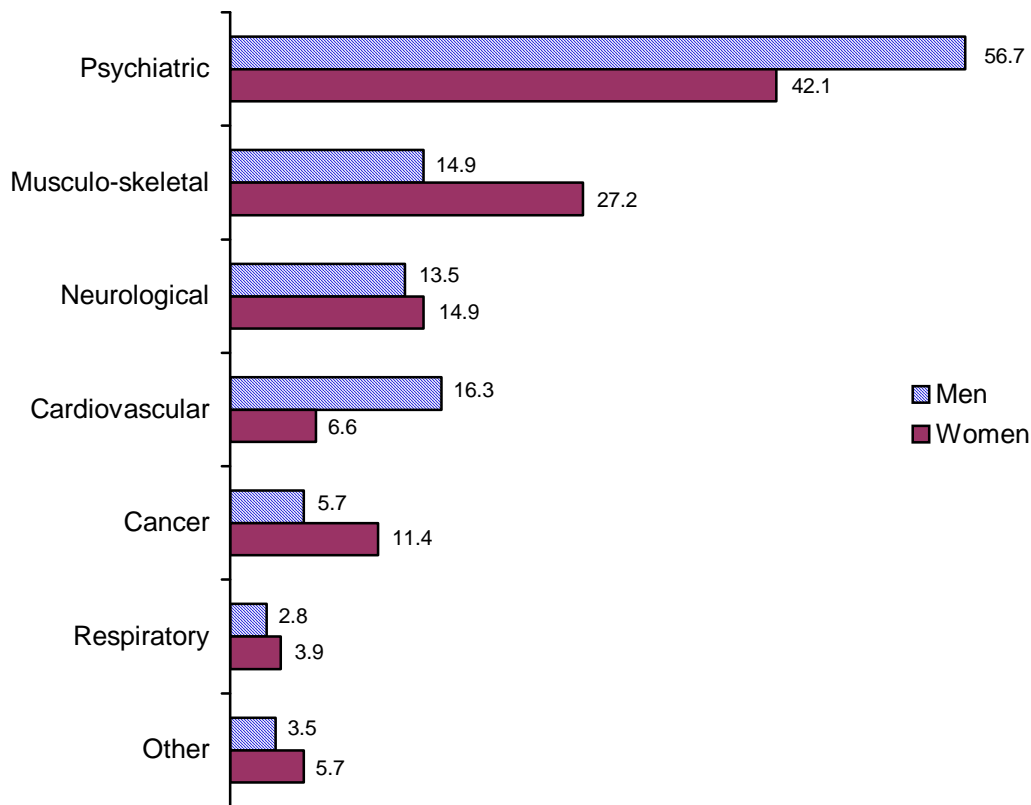


Fig 6: Percentage of male and female teacher ill-health retirees by category of illness

2.12 Because some conditions are combined, it is not appropriate simply to sum particular categories. For example, eight men fall into both the psychiatric and cardiovascular categories. Illnesses within both these categories are associated in much research literature with environmental stress, since each is seen as providing a different set of manifestations of response to stressful conditions. Simply summing the two categories for men would provide 73% for the combined condition; in fact, the actual figure for men falling into one or both these categories is 67.4%. In the case of women, where only one person shares both disorders, the true figure of 48.2% is closer to a summation of the category percentages.

2.13 Table 5 below summarises the categories into which teacher ill-health retirees' illnesses fall. Because the information is disorder-based, the summed percentage of retirees affected by those categories exceeds 100.

Table 5: Illness categories for all ill-health retirees

Total disorders: 415

	Cancer	Musc-skel	Neurol	Card-vas	Psych	Resp	Other
Total	34	83	53	38	176	13	18
As % of disorders	8.2	20.0	12.8	9.2	42.4	3.1	4.3
As % of retirees	9.2	22.5	14.4	10.2	47.7	3.5	4.9

Incidence of retirement for mental health reasons

2.14 Since the ‘psychiatric’ classification, associated as it is with mental health difficulties, is perhaps the most unequivocal indicator of stressful circumstances with which the individual can no longer cope, we examined its incidence in different regions in England. Using the regional groups outlined in Chapter 1 (1.11), we looked at the proportion of teachers in service in relation to the incidence of ill-health retirement for mental health reasons in each of the three bands (see 1.11): North, Central and South. One former teacher’s last LEA could not be identified and so we relied on details from 175 former teachers. Our sample, of course, took just 27.5% of all retirees from maintained schools during the twelve months from October 1998 to September 1999. We therefore extrapolated our figures to all ill-health retirees in that year. This may lead to some error, given the relatively small number of former teachers in that sample, and *the results offered below should be read with some caution*. They do, however, provide an idea of the impact of psychiatric difficulties.

2.15 As Table 4 suggests, most ill-health retirees are aged over 40. We therefore benchmarked the mental health retirements against the population of teachers aged between 40 and 59 in each region (source: *Database of Teacher Records*). The lowest suggested incidence within this age group was in London (the Database does not discriminate between Inner and Outer London). Here one teacher in 448 in the 40-plus group retired with mental health problems. In North East England, which had the highest incidence of such retirements, the proportion was one teacher in 122. Overall regional figures are set out below:

North: 1 in 177

Central: 1 in 218

South: 1 in 236

N. B. These figures exclude teachers in former grant-maintained schools.

2.16 If we assume that the distribution of disorders among non-responders was similar to that among those who did respond, it is possible to make the following estimate. Nationally, one teacher in 236 in the 40-plus age bracket retired in the twelve months in question due to some form of mental health difficulty.

Attribution of causality

2.17 In looking at the following responses to our survey questionnaire, it should be remembered that it is a common human characteristic to seek to make sense of life events in ways which protect their sense of adequacy and esteem. Any attempt to interpret the replies to our questions must therefore take note of the inevitable subjectivity of responses. The replies only indicate respondents' opinions, and these are likely to be shaped by a complex set of experiences both in their jobs and outside them.

2.18 Among the questions we asked retirees were:

- i) *If they considered that their work in school contributed to them becoming ill.*
57.5 per cent replied that it did.
- ii) *If they considered that their school life helped delay the onset of their illness.*
Just 1.4 per cent said that this was so.
- iii) *If their illness became worsened by their school life, increasing the likelihood of their retirement.*
60.7 per cent said that their illness was made worse by their school life.
- iv) We asked about the effects of their home life. *Did they consider it had worsened their condition?* Twenty (5.4 per cent) respondents said it had. Only three provided information on this, however. In one case, increasing problems of mobility within the home were cited. Another, a former teacher of infants, related the constant demands on her in school which were mirrored at home by her growing family, while another talked of his divorce increasing the sense of stress at work. These respondents exemplify the interactive effects of home and work for many people.

- v) However, *we asked also if they considered that their home life had enabled them to work for longer*. Nearly half (47.7 per cent) thought that it had done. The support of family and friends was widely cited.

The effects of the job

2.19 What was it, we wondered, about the job characteristics of the five teachers (two men and three women) who told us their lives at school had enabled them to work for longer before they retired? Three had taught in secondary schools, one in a special school and one in a primary school. Two had cancer, one had progressive deafness, one a progressive form of dystrophy, while another had a muscle-wasting condition of the legs caused by a viral attack. It is perhaps noteworthy that none of them fell within the most numerous group who reported mental health problems. Four of these five former teachers wrote or spoke to us about the sympathetic and supportive stance taken by their headteachers and colleagues. They had experienced reduced workloads not through formal arrangements but through colleagues' preparedness to take on more themselves. They reported concern and a reduction in perceived pressure to work at their normal pace. The fifth teacher, a former hill walker whose leg muscles were now much weakened, taught Mathematics in a large secondary school. It had many stairs. He was given a classroom next to the staffroom and appeared to have a sense of the school's management doing all it could to assist him.

Help and advice from their employer

2.20 The ill-health retirees were asked if they had received any help or advice from their employer which had delayed their decision to retire. 10.6 per cent said they had, although it was apparent from the comments made by some of them that perceptions of who had been their employer varied. Some related accounts of the actions of their LEA's human resources (personnel) department, while others referred simply to their headteacher. Only one respondent nominated both as her employer, giving an account of what she perceived as a conflict between the LEA, which wanted her to have a phased return to work after an extensive absence, and her headteacher who was unwilling to allow it.

2.21 Of the fifteen sets of comments we received, only six referred to the employing role of the LEA. Three of these linked the delay in their decision to retire not to sensitive handling but to earlier advice that there was little point in them applying for ill-health retirement since DfEE's Pensions Division would reject their applications. The other three told of their LEAs' personnel departments referring them to an Occupational Health doctor who advised them to wait longer until they returned to work. Only two of them actually returned before retiring.

2.22 The remaining nine all recounted headteachers who modified conditions for them in a similar fashion. Adjusting the timetable, allowing them to return part-time, organising a 'trial' return, and reassuring them of a welcome when they did return appeared to encapsulate the strategies that they saw their headteachers using.

2.23 A further eight respondents (2.2%) reported receiving help or advice from their employers which delayed the onset of their illness. Their responses indicated that their headteachers were in any case viewed as their 'employers'. It seemed that the term 'onset' really represented the point when they could no longer work. The help they had received consisted of counselling (by the head), praise for limited but real achievements and encouragement to keep fit and to take breaks from work.

The contribution of work

2.24 Did these former teachers consider their work had made a significant contribution to their illness? There were 283 responses to our query. Some were hard to interpret, simply recounting the progress of illness or what a doctor or other specialist had suggested. Others provided affirmation without content.

2.25 The most frequently cited ‘contributory’ factor was **workload**. Fifty-four (19%) responses referred directly to this or to long hours spent on the job. In some cases workload was simply yet directly cited:

‘Massively increased workload.’ (Female primary teacher, 42, retirement for mental health difficulties)

‘Ever-increasing workload definitely contributed to my condition.’ (Female primary teacher, 40, retirement for mental health difficulties)

2.26 Others gave more detail, contextualising their illness to the school situation:

‘I was put under tremendous pressure for several years from 1994. The headteacher was made to retire, the school was in debt. Then workload increased to make up a deficit in the budget.’ (Female secondary head of department, 54, retirement because of cancer)

‘I worked through a bout of ‘flu because we were very understaffed and already had various classes split up and put in other classes and couldn’t get supply staff. Afterwards there was a gradual decline in my stamina.’ (Female primary teacher, 49, retired with Chronic Post-viral Fatigue Syndrome)

‘I worked for 2½ years after my quadruple heart by-pass because I did not want to retire. I felt I could cope and did so pretty well at first. However, retirement of one of my deputies and the decision to cut the post due to financial pressures meant my workload relentlessly began to increase.’ (Male secondary headteacher, 55, retired with cardiovascular difficulties)

2.27 In other cases, the demands of work were put in the context of the individual’s capacity to deal with them:

'The workload increased to the extent that I was working every day until late evening. Marriage breakdown and my father dying added to the stress.'
(Female special school teacher, 56, retired with psychiatric and musculo-skeletal problems)

'As a single parent, coping with a difficult family alone was becoming impossible due to workload at school. I was working all day and staying up late each evening preparing work and writing reports. I had no other life.'
(Female primary teacher, 53, retired due to mental health difficulties)

2.28 Workload and **'paperwork'** often go together and this was reflected in the observations of the 54 teachers who offered the first of these as contributors to their illness. However, a further 16 (5.7%) referred exclusively to 'paperwork' or 'bureaucracy'. Their remarks often associated these with new initiatives.

'Constantly changing curriculum pressures of paperwork.' (Female primary teacher, 52, retired with mental health problems)

'Pressure of paperwork related to the National Curriculum and unrealistic targets for statemented children.' (Female primary teacher, 51, retired with mental health problems)

Behaviour and discipline

2.29 Six of the retirees (2.1% of those offering an account) attributed their need to retire to physical injuries, to the mental trauma resulting from assault by a pupil, or to both.

'I needed to move a disruptive pupil, who was having a major tantrum, for his own and other students' safety. My welfare assistant and I used the correct lifting technique but as we moved him I felt something go in my neck—it was like a fuse wire travelling from my neck to the centre of the top of my head. Since then I have had severe headaches. I have not taught from that day.'
(Female special school teacher, 56, retired with neurological and musculo-skeletal problems)

'I was assaulted by a pupil at school while trying to settle a dispute between two students. I was subsequently diagnosed as suffering from traumatic stress disorder.' (Female secondary school Head of Year, 46, retired with mental health difficulties)

2.30 To these six respondents can be added a further seven who cited problems of **discipline and control**. In all, therefore, 4.6 per cent of those offering explanations for their ill health included pupil behaviour in their accounts.

'My "illness" was anxiety and depression, brought on entirely by work, poor discipline and lack of support. At the time I was ill three others were off long-term for similar reasons.' (Male secondary IT specialist, 50, retired with mental health problems)

'In the classroom you are at the mercy of 30 or more teenagers. About half are usually fairly willing to learn. The aim of the rest is to get through the lesson by having a laugh and winding up the teacher.' (Female secondary Maths specialist, 46, retired with mental health problems)

'I think "yes" is the answer (to our query) because I had a series of difficult classes and increased workload from new curriculum developments and a not very supportive head.' (Female primary teacher, 57, retired with cardiovascular problems)

2.31 Three retirees referred to **adult threats** or **actual violence** against themselves and in some cases against pupils as well. Two related incidents which involved parents, while another gave an account of a serious attack in school by an intruder. We do not offer sample quotes here because they might identify those giving them.

Climate and support

2.32 Perhaps inevitably, many of the comments from retirees appeared to seek to project responsibility away from themselves. This was not universal, 5 **internalised responsibility**. A former primary teacher, who retired at 57 with a diagnosis of psychiatric illness, told us:

'I wanted to go on as long as I could. All help was given and it was a very amicable decision that I should go.'

2.33 Another retiree, a secondary Music specialist, who retired at 48 with mental health difficulties, acknowledged that:

'24 years in the job led to staleness.'

2.34 These two were the exception. Forty-two comments had the effect of **externalising responsibility**, even if that externalisation had not been fully complete at the point of the person's illness:

'I left the profession believing I was a total failure. Only now can I see that the system was at fault - it was not my fault.' (Female primary headteacher, 48, retired with mental health difficulties)

2.35 Others attributed their worsening condition to the absence of a supportive infrastructure in the school or the LEA:

'I received no help or advice from my employer about my disability. I continued to teach until my mental health suffered.' (Male secondary school Head of Department, 50, retired with a condition categorised as musculo-skeletal and neurological)

'There is absolutely no support system in place at my LEA.' (Female primary teacher, 53, retired with a neurological condition)

'Advice/help from employer is not independent or confidential - to raise a problem is to make it worse.' (Female primary teacher, 50, retired with mental health difficulties)

2.36 One key theme which arose directly in 21 of the comments (7.4% of those received) and obliquely in a further six (9.5% in all) was that of perceived **'bullying'** or **'victimisation'** on the part of one or more individuals in the school. Those cited as 'bullies' usually included

the headteacher. The perception of being singled out for unusual treatment in some cases accompanied the individual's periods of time off through sickness. In others it appeared to precede them.

'Bullying headteacher. I was responsible for audio-visual aids, boys' games, INSET, RE and History as well as normal class teacher and deputy head responsibilities. The attitude was "you have to do anything I tell you".' (Male primary deputy head, 49, retired with mental health problems)

'He (the headteacher) could not cope with all the changes and bullied his staff, made us all feel inadequate. We were all loyal, got him through his OFSTED inspection. He has since resigned.' (Female primary teacher, 56, retired with musculo-skeletal and vision difficulties)

'The Management Team at ... School were most unhelpful and did everything to force me out of a job. I will never forget their total lack of compassion or the solidarity among the mass of my fellow teachers - not just for me but for others in my situation.' (Male secondary teacher, 52, retired with musculo-skeletal and subsequent mental health difficulties)

2.37 Some comments linking respondents' conditions to managers' behaviours suggest that **absence management procedures** were being followed in the school. They have been presented by the respondents as examples of 'bullying', indicating the care which must be taken by headteachers both in drawing up and in implementing absence management procedures.

'The headteacher threatened disciplinary action if my attendance did not improve. She also wrote to and telephoned me when I was absent, causing additional stress. When I was hospitalised due to a heart attack I was then told that I had to attend a medical at the local authority.' (Female secondary Maths specialist, 42, retired with cardiovascular illness)

'My headteacher contributed to my illness by her insensitivity to my condition. She pressurised me about work-related matters when I was off sick. My union representative provided no support ... a complete waste of many years'

subscription payments!’ (Female primary teacher, 51, retired with mental health problems)

External influences

2.38 The perception that teachers’ jobs had become **harder** or their roles **more complex** was commonly encountered in retirees’ responses. The term ‘government changes’ cropped up frequently. However, change is an inevitable element of the lives of practically all workers and it is difficult to know whether teachers who retired with ill-health in years past would have been less likely to mention changes than as sources influencing their illnesses.

2.39 ‘**Accountability**’ was another term mentioned frequently by respondents. One key element of the mechanism of accountability is unique to recent years: inspections commissioned by the Office for Standards in Education (OFSTED) or conducted by members of Her Majesty’s Inspectorate of Schools (HMI) using the OFSTED inspection framework. Thirty-nine retirees (13.8% of respondents) mentioned OFSTED inspections in their accounts of work-related factors contributing to their illnesses.

2.40 The issues surrounding OFSTED which the retirees raised involved three main themes. The first we have called **criticism of self**. In this, an OFSTED inspection has drawn attention to weaknesses in the teacher’s performance, perhaps as an individual or as part of a more general problem in the school. We identified only eight responses which seemed to fall into that category, although others referring simply to ‘OFSTED pressure’ or describing the inspection process as ‘exhausting’ might also, with better elaboration, have been included.

‘The crunch came during OFSTED week. From then on it was obvious I was a liability. Before I knew I had been granted my pension, the authority persuaded me to resign before I was dismissed.’ (Male primary deputy head, 49, retired with mental health difficulties)

‘Constant harassment/bullying by new headteacher sent in after a “bad” OFSTED.’ (Female primary teacher, 46, retired due to mental health difficulties)

'The final straw came with our OFSTED inspection. Ours was a school where staff worked tremendously hard to offer its disadvantaged pupils the very best. Unfortunately the registered inspector ... thought the staff had a "mindset" that the children couldn't achieve any better academically due to their backgrounds.' (Male primary deputy head, 48, retired with diabetes and hypertension)

2.41 The second group of responses indicates a sense of **impending pressure**. These describe the sensations leading up to an inspection. The six replies that clearly fit into that category were all made by individuals whose illnesses became so pronounced before the actual inspection that they were already taking sick leave when it occurred.

'I lived with my back problems. My illness came to a head at the news of the next impending OFSTED. My whole system just collapsed. My problems had started after the previous OFSTED.' (Female primary teacher, 55, retired with musculo-skeletal illness)

'The Head "resigned" four months before the OFSTED inspection. This resulted in me having a nervous breakdown and (taking) early retirement on the grounds of stress.' (Male primary deputy head, 54, retired due to mental health difficulties)

'I found our OFSTED inspection in 1996 an extremely stressful, draining experience, even though the report was good. The prospect of another inspection barely two years later was a horrific blow.' (Female primary head of nursery, 51, retired due to mental health problems)

2.42 Four responses were categorisable within the final group. They express **feelings of dissonance**. The dissonance arose from the individual being identified as competent and able by OFSTED, yet placed in circumstances which made the teacher unable to perform in a way which was consistent with their estimation.

'I and many of my colleagues had very good or excellent feedbacks on our personal performances. When the lead inspector said that I should realise

that when she was speaking of leadership she would not be talking about me, I still did not realise the implication of the remark. I had just been given such glowing feedback on my performance in both my areas of curriculum responsibility and on my performance as Deputy. Ten minutes later I actually fainted after they read out that we were to be placed in Special Measures. The Head went home that day and did not return.’ (Female primary deputy head, 50, retired with renal failure)

After some months spent assuming a leadership role she had not anticipated, this teacher’s health declined and she was eventually granted ill-health retirement.

Sickness absence

2.45 It appears axiomatic that somebody who retires because she or he is too ill to work will have had time away from work through illness. Yet this was not so for this sample of former teachers. Figure 7 below shows the days of sickness absence which respondents recalled taking from their jobs in the twelve months preceding retirement.

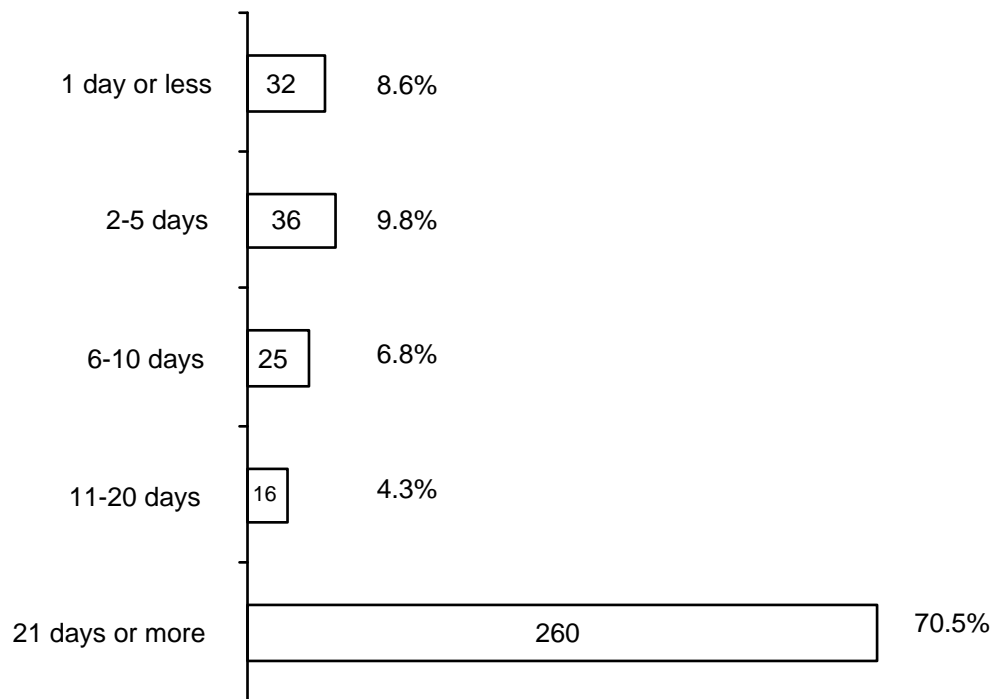


Fig 7: Time off from school in the year up to retirement

2.46 Some retirees emphasised that they took no time off at all before retirement while some others who had recorded longer absences qualified these by telling us that they had

always attended school regularly before their illness. As might be expected, the majority of those responding to the survey had taken more than twenty days of sickness absence. Many of them told us that they had been continuously away from work for more than a year.

2.47 It is easy to see a direct relationship between the extent of sickness absence and the need to retire on grounds of ill-health. People who are too ill to work should not attend work and people who are so ill that they cannot work for a long time are likely to qualify for ill-health retirement. This is surely so for most of the cases we studied. However, some respondents, usually those whose illnesses fell within the 'psychiatric' classification, indicated that they had been advised not to return to school because in doing so they would weaken their case with the Pensions Division. That advice had various sources: the LEAs' Occupational Health departments, personnel departments and trade unions were all cited. Indeed, we encountered cases where a teacher had been discouraged from returning to work, usually by his or her headteacher, with the warning that in doing so the individual would jeopardise his/her chances of being granted ill-health retirement. We will return to this topic when we consider LEAs' policies on managing sickness absence.

Summary: Chapter 2

- 369 teachers who retired due to ill health between October 1998 and September 1999 responded to our survey.
- Their average age on retirement was 51.2 years.
- About half of those retiring for health reasons had psychiatric problems which led to them leaving teaching.
- Two thirds of male retirees had psychiatric or cardio-vascular illnesses; both these conditions are often related to stress in people of this age.
- The incidence of ill-health retirement due to mental health difficulties is higher in the North of England than in the South; the figure for the Midlands lies between those for the North and South.

- Nationally, one teacher in 236 in the 40+ age group took ill-health retirement linked to psychiatric causes over a 12 month period. Psychiatric causes usually represent extreme stress reactions.
- The perceptions of the former teachers, and their accounts of events, while valid in their terms, will not necessarily provide an objectively accurate picture of occurrences in school.
- More than half the ill-health retirees thought their work had contributed to their condition and 60 per cent said it had made their illness worse.
- Support, in the shape of practical help from colleagues, appeared to assist some teachers to work for longer before having to retire.
- Schools' managers were thought, by some teachers', to have enabled them to stay in their jobs by making adjustments to timetables, allowing phased return to work, counselling and general encouragement.
- Workload and paperwork were most frequently cited as job-related contributors to the teachers' illnesses.
- Around ten per cent of retirees consider they have been victims of managers' or colleagues' bullying.
- OFSTED inspections and management changes in their wake appear to some retirees to be contributory factors in their illness and need to retire.
- Over 70% of retirees had been absent for 21 or more days in the 12 months preceding their retirement.
- It is possible that in some cases long-term sickness absence may be connected to a need to demonstrate serious illness. This can apply in cases where Teachers' Pensions Division needs to be convinced of the intractability of a teacher's condition.

Chapter 3

Determining Teacher Sickness Absence

Provides a background to the means of measuring and analysing figures for sickness absence. It should be read before the data in Chapters 4 and 5 are examined.

Introduction

3.1 This chapter and the next examine teacher absence through sickness from maintained schools in England. Not all teachers work in maintained schools. Some teach in independent schools and rates of sickness absence in these will be looked at in Chapter 5. Some teachers, among them those in Sixth-Form Colleges and City Technology Colleges, do not work in ‘maintained’ schools, even though they teach in the public sector. As a result, data relating to their absence from work have not been included in this analysis.

Understanding the figures

3.2 The figures on which the analysis in the following chapter is based relate to the returns from 119 LEAs throughout England. There are more LEAs than this, of course. However, 14 LEAs were unable to provide any data on teacher sickness absence. The returns from a further 17 LEAs were excluded from our analysis because they were unable to separate figures for full-time teaching staff from those for part-time teachers. The Annex to Form 618G does not seek to know from LEAs the number of part-time teachers who work for 1, 2, 3 or 4 days per week. We therefore considered that aggregating full-time and part-time teacher data would lead to a false picture of sickness absence. A part-time teacher should only be counted as absent when away on those days for which he or she is contracted to work. Any attempt to calculate the proportion of teacher time lost through sickness must take account of the amount of time that ought to be worked.

3.3 For the reasons given above, some of the figures which we offer in this report may differ from those already released by DfEE.

3.4 At certain points in this and later chapters we refer to ‘unadjusted’ or ‘adjusted’ figures. Unadjusted figures are what the term suggests: straightforward figures based on the returns provided. ‘Adjusted’ figures have been computed using the formula employed by DfEE. This is intended to take account of staff movements and ‘wastage’ within LEAs: a figure for staffing at one point in the year may be expected to be lower than the overall number of staff who have worked for the LEA during that year. Figures arising from this adjustment will be lower than the actual figures from which they have been derived. We are not aware that other recent researchers have used such statistical adjustments (see Chapter 5) for comparative data. In the ensuing tables (Chapter 4) we provide both ‘unadjusted’ and ‘adjusted’ figures to enable comparison, while emphasising the former.

The LEA role

3.5 LEAs are the employers of teachers in community schools and voluntary-controlled schools. In foundation schools (many of them former grant-maintained schools) and voluntary-aided schools, the governors of those schools are the employers. Recent regulations (Statutory Instrument no. 2256) bring the responsibilities of governors of community and voluntary schools into closer alignment with those of governing bodies of foundation and voluntary-aided schools. However, the LEA has no employer’s interest in personnel matters of schools within its boundaries which fall into the latter two categories.

3.6 LEAs are, though, required to gather data on teacher sickness absence from *all* maintained schools within their boundaries. These are returned to DfEE in the spring of each year. A partial return was made in 1999, covering the period from 1 September to 31 December 1998. Figures in this chapter relate to the first full-year (1 January to 31 December 1999) return made by LEAs in the first quarter of the year 2000.

Measuring sickness absence

3.7 Teachers in maintained schools are expected to attend for work, usually but not always in their schools, on 195 days each year. In practice, many teachers work for more than 195 days. The calculation of time lost through absence in this study is, however, based on the number of days that a teacher is contractually required to work.

3.8 Research on employee absence tends to centre on three measures:

- i) *Absence percentage*: the total number of days lost due to sickness, expressed as a percentage of the total number of available days over a certain period.
- ii) *Reporting frequency*: the total number of episodes or spells of absence due to sickness, divided by the average number of people employed over the period in question.
- iii) *Average duration of absence*: the sum of lost days divided by the number of episodes or spells of absence during a certain period.

3.9 Form 618G asks LEAs for data which, if accurately provided, allow the first of these to be calculated. It also asks for information on teacher absences set within these duration bands (5 working days or less, 6-20 working days and more than 20 working days). This might enable duration of absence (measure iii above) to be calculated if figures for reporting frequency (measure ii) were also available. Unfortunately, they are not provided in the returns made by the LEAs.

3.10 We have therefore concentrated on the first of the measures outlined in 3.8 above. This focuses upon the *average number of days lost from work in the calendar year 1999*. The information provided by LEAs also allows for the calculation of a further measure, not in the list above but closely allied number ii. This is the *number of teachers employed by the LEA who took any time off due to sickness during 1999*.

3.11 We provide information relating to this measure, although it should be treated with caution since there are indications that some LEAs may have ‘double counted’ teachers when they were absent for more than one period of time during the year.

Full-time and part-time teachers

3.12 In paragraph 3.2 we explain the problem involved in calculating the time lost by part-time teachers when the only information available is that they are not employed full-time. Seventeen LEAs completed the part of Form 618G relating to teacher sickness absence in a

way which failed to distinguish between full-time and part-time teachers. We have excluded those LEAs from our analysis because their inclusion would inevitably distort the results. A part-time teacher, for example, who is employed for two days a week and misses one, is away for half that working week. Yet if it is not known that the teacher is part-time, that day's absence will feature as just one fifth of the week, since teachers will be assumed to be expected to work from Monday to Friday. It may be that our exclusion of data considered not suitable for analysis explains the difference between the findings on teacher sickness absence for 1999 reported here and those which have already been released by DfEE.

3.13 Our analysis therefore focuses primarily on *full-time teachers employed by the 119 English LEAs whose returns provided separate information about those teachers and their sickness absence*. This is a selective sample of the 136 LEAs who completed form 618G, yet for the reasons given above we expect it to provide more valid information than analysis of returns from all 136.

Numbers and 'corrections'

3.14 The 119 LEAs in the usable sample employed 270,901 *full-time* teachers when the return was completed. It should be noted that the 31 LEAs which provided no data (14) or unutilisable data (17) included large metropolitan LEAs and populous shire counties. It is possible that their inclusion in the analysis might have made a difference to the results.

3.15 Using DfEE's adjustment formula, the 270,901 teachers returned by LEAs as working for them translate to 295,282 teachers who may have worked for those LEAs during the course of 1999. As we have mentioned before, the teaching workforce is not static. To be consistent with DfEE's own procedures, in the next chapter we will direct attention both to 'adjusted' figures as well as 'unadjusted' figures to enable comparison.

Measuring central tendency

3.16 The arithmetic *mean* or *average* is commonly used to represent what is 'typical' about members of a population. We tend, therefore, to refer to 'average height' or 'average income' in seeking a notion of how tall somebody in the population under discussion might be or to know how much she/he might earn. This is an acceptable practice when we can be

reasonably sure that the data are normally distributed. In the case of sickness absence, this is not so for a fairly obvious reason. If a lot of workers take little or no time off, and a few take a great deal of time off, the average will be unduly influenced by the figures for the latter group. This leads to what is called a ‘negatively skewed’ distribution of figures for sickness absence.

3.17 In such a distribution, the *median* score provides a better indication of what is ‘typical’ in the population. This is the middle score or mid-point of the distribution. It has been used by the National Employers’ Organisation for School Teachers (NEOST) and the Local Government Management Board (LGMB) in analysing sickness absence figures and, where appropriate, we provide median figures in the following chapter.

Summary: Chapter 3

18. Current recording and reporting arrangements mean that time lost through sickness absence cannot accurately be calculated for part-time teachers.
19. LEAs collect teacher sickness absence data from all maintained schools in their area, even though they have a role as ‘employer’ only in some of those schools.
20. Three measures of sickness absence are commonly used in research. This study uses days lost, percentage time lost and a further measure: the proportion of the full-time teacher workforce taking any time off due to sickness.
21. 119 LEAs provided utilisable data on teacher sickness absence. 14 provided no data at all and 17 did not separate data for full-time and part-time teachers.
22. ‘Average’ scores are often better represented by median figures, since the distribution of absences tends to be skewed.

Chapter 4

Sickness Absence in 1999

Looks at regional and national statistics for teacher sickness absence and considers the influence of short-term and long-term absences in those figures.

4.1 In Table 6 below we present **national** and **regional** figures for the **average time lost** by full-time teachers in maintained schools in England during 1999. The names of the LEAs whose figures make up these regions can be found in Appendix 2. Appendix 1 shows the names of LEAs which failed to provide utilisable information. Table 6 provides median figures for the percentage of time lost through teacher sickness absence in each region.

Table 6: Regional and national figures for percentage of working time lost by full-time teachers in England, 1999

Region	Ranked by lowest	% time lost		Lowest (adjusted)	Highest (adjusted)
		*unadjusted	*adjusted		
South-East	1	2.67	2.45	0.94%	3.15%
Outer London	2	2.76	2.53	0.65%	3.73%
Inner London	3	2.82	2.58	0.84%	4.78%
Eastern	4	2.86	2.63	1.89%	3.53%
West Midlands	5	3.00	2.76	2.26%	3.84%
South-West	6	3.41	3.13	2.07%	4.54%
East Midlands	7	3.56	3.27	1%	3.65%
North-West (inc. Merseyside)	8	3.60	3.30	0.92%	4.51%
North-East	9	3.61	3.31	1.48%	5.98%
Yorkshire and Humberside	10	3.90	3.57	1.01%	4.9%
ALL ENGLAND	-	3.28	3.01	0.65%	5.98%

* See Chapter 3, 3.4 and 3.16

- 4.2 When looking at regional sickness absences in Table 6, we urge three cautions.
- (i) Because the figures are derived from the *average* percentage teacher time lost in each of the 119 LEAs, it is quite possible for a small LEA with a few teachers on long-term sickness absence to record a high level of time lost. For example, in one small LEA, relatively few teachers take sick leave at all, yet that same LEA has the highest level of teacher time lost in its region.
 - (ii) Some large LEAs have had to be excluded from the analysis, so potentially distorting regional figures. The East Midlands, for example, lacked data from Nottinghamshire, Northamptonshire and Lincolnshire, all of them large shire counties. Birmingham offered no data and Warwickshire combined its full- and part-time teacher data; with their presence in the analysis, it is possible that a different picture might have emerged for the West Midlands.
 - (iii) Methods of collecting data may be subject to distortion at school level. We have been told of schools, for example, which may exercise substantial discretion in determining whether or not a teacher's absence is due to sickness. Distortions may also occur at LEA level, with differences between LEAs in what schools are asked to provide.

Part-Time Teachers

4.3 The table above uses DfEE figures for full-time equivalents of part-time teachers employed in England, using these figures it is possible to calculate the percentage of time lost through sickness absence for part-time teachers during 1999. Table 7 below summarises these percentages. The 'adjusted' figures result from the use of DfEE's formula to allow for teacher wastage and turnover.

Table 7: Regional and national figures for percentage of working time lost by part-time teachers in England, 1999

REGION	Ranked by Lowest	% Time Lost		Lowest (adjusted)	Highest (adjusted)
		unadjusted	adjusted		
South East	1	2.49%	1.99%	0.30%	7.11%
Outer London	2	2.51%	2.01%	0.29%	4.50%
West Midlands	3	3.19%	2.55%	1.34%	5.01%
South West	4	3.71%	2.97%	1.60%	4.08%
Inner London	5	3.93%	3.14%	1.62%	9.60%
Eastern	6	4.02%	3.22%	1.57%	10.20%
North East	7	4.39%	3.51%	0.08%	13.63%
North West & Mersey	8	4.80%	3.84%	0.14%	12.14%
York & Humber	9	4.92%	3.94%	0.73%	5.21%
East Midlands	10	5.17%	4.14%	2.25%	5.68%
ALL ENGLAND		3.68%	2.94%	0.08%	13.63%

Sickness absence and ill-health retirement

4.4 If the rank order of regions in Table 6 for teacher sickness absence is compared with that for incidence of ill-health retirement in Table 1 (Chapter 1), it is apparent that there is some consistency between the two. Regions which record high or low levels of teacher time lost due to sickness tend to be those which record similar levels of teacher retirements as a result of ill-health. The rank-order correlation between regional sickness absence and ill-health retirement is 0.75, so indicating a statistically significant ($p < .01$) relationship between them. We urge caution, though, in assuming that one necessarily has an effect on the other, or that a reduction in one may lead to a reduction in the other.

A 'pure' measure of time lost?

4.5 We indicated earlier that scrutinising the average time lost by teachers may create a false impression of teacher absence. However, the approach used in Table 6 also presents problems. Some LEAs are large and employ a lot of teachers. Others are small and employ less teachers. If we seek the median or mid-score of all LEAs, then no account is taken of the number of teachers employed by those LEAs. A large LEA counts for no more than a small one.

4.6 We consequently took the total number of teachers employed by all 119 LEAs in our sample (270,901) and looked at this in relation to the total number of days lost through sickness by those teachers over a twelve-month period.

4.7 Using the above measure, time lost per teacher due to sickness absence came to **6.14 days** in 1999. Using DfEE's adjustment formula to allow for staff movement over the year, that figure translates to 5.64 days per teacher. The first (unadjusted) figure for days lost yields a sickness absence figure for full-time teachers in England of **3.15 per cent**. Adjusted, that figure becomes 2.89 per cent.

4.8 Overall, without any adjustment, and accepting that average figures mask the effects of an uneven distribution of absences, we can say that **6.14 teacher working days are lost each year due to sickness absence**. This compares quite closely with the overall median shown for regions in England in Table 6. Here, the unadjusted figure for teachers yields a figure of **6.4 working days** lost and the adjusted figure gives us 5.87 working days.

Teachers who are absent

4.9 As we mentioned earlier in this chapter, a further measure of teacher sickness absence is available in the information provided on Form 618G. This is the *total number of teachers employed by an LEA who, for whatever period of time, are absent from their work due to sickness*. We report the figures here, although we urge caution in interpreting them. From our analysis of responses from a randomly-selected sample of maintained schools, for example, we discovered that about thirty per cent of them record absence to visit a doctor or a dentist as sickness absence. The other seventy per cent do not. An otherwise fully-attending teacher who worked in a school belonging to the first group would feature in his/her LEA's annual statistics; one who worked in a school belonging to the second would not.

4.10 Looking solely at those teachers who took *any* sickness absence during the year (i.e. excluding those with a full record of attendance), the average percentage of their time lost is 4.97%. This translates to an average 9.7 working days lost annually by every absenting teacher.

4.11 Table 8 below shows the median percentage of teachers in each region and the country as a whole who had *any* time off work at all in the three terms of the calendar year 1999. Regions are ranked with the lowest first.

Table 8: Percentages of all full-time teachers taking time from work due to sickness in England during 1999

Region	Ranked by lowest	% Taking Sickness Absence		Lowest (adjusted)	Highest (adjusted)
		*unadjusted	*adjusted		
East Midlands	1	59.15	54.26	26.13	77.37
South-East	2	59.51	54.6	9.84	77.04
North-West (inc. Merseyside)	3	61.94	56.82	41.50	74.11
North-East	4	62.68	57.50	47.28	64.19
Eastern	5	62.66	57.48	37.41	72.35
West Midlands	6	65.68	60.25	55.3	73.87
Yorkshire and Humberside	7	68.68	63.01	42.42	67.64
South-West	8	70.28	64.47	29.49	73.17
Outer London	9	74.80	68.62	22.93	77.33
Inner London	10	75.47	69.24	64.84	78.36
ALL ENGLAND	-	65.19	59.81	9.84	78.36

* See Chapter 3, 3.4 and 3.16

4.12 The profile of the different regions in relation to numbers of absenting teachers provides a rather different picture from that offered by the regional profile (Table 6) for overall percentage time lost. It appears that LEAs in Inner and Outer London, which generally record less overall time lost due to sickness, have more teachers who take some time off than do other LEAs. There is actually a negative correlation (-0.21) between the figures for time lost from work shown in Table 6 and those for the overall teaching force who take some time off. The magnitude of the correlation is not sufficiently great to infer any statistical significance. It does, though, demonstrate that these two indicators (amount of

time lost and actually taking some time away from work) of sickness absence may bear very little relationship to one another.

Do long-term absences distort the picture?

4.13 In Chapter 6 (6.16) we report that all LEAs' guidance on the management of teacher sickness absence differentiates clearly between 'short-term' and 'long-term' absences. Our analysis of 126 schools' sickness figures in Chapter 8 further differentiates between absences which call for no medical certificate (five working days or less), those which we call 'medium-term' (6-20 working days) and 'long-term' absences (more than 20 working days). Long-term absences, often of several months' duration, can result from a number of causes. Most relate to verifiable illnesses or injuries. While active approaches to sickness absence management may ameliorate the effects of such illnesses or injuries, just one teacher's sickness absence of several months' duration can substantially bring down the average figures for an otherwise well-attending staff.

4.14 Examination of the 1999 returns from the 119 LEAs whose sickness absence figures appear in this chapter shows that 42.1 per cent of teacher time lost through sickness absence is lost in spells of absence which exceed 20 days. In other words, **more than two fifths of lost time results from long-term sickness absence** (see Chapter 2, 2.41).

4.15 We can now return to paragraphs 4.7 and 4.8 of this chapter, in which the unadjusted average for working time lost per teacher is given as 6.14 days. If 42.1 per cent of those 6.14 days are constituted by periods of long-term (21 days or more) sickness absence, then it may be useful to consider that, on average, 3.56 days per teacher are lost each year in absence periods of 20 days or less. This translates to a percentage time loss of 1.83%.

Summary: Chapter 4

- There are regional variations in the time lost by teachers as a result of sickness. For full-time teachers it ranges from 2.67% of available working time in the South East to 3.9% in Yorkshire and Humberside. For part-time staff the range is 2.49% in the South East to 5.17% in the East Midlands.
- When full-time sickness absence is measured by percentage of teacher time lost, the lowest absence rate is found in an outer London borough. The highest is in a north-eastern metropolitan authority.
- Some large LEAs failed to provide any data on teacher sickness absence.
- There is a significant correlation between time lost due to sickness in a region and that region's proportion of ill-health retirements. One does not necessarily cause the other, however.
- The average time lost by full-time teachers due to sickness absence *among LEAs* is 3.28% or 6.4 working days each year. Using DfEE's adjustment this becomes 3.01% or 5.87 working days.
- The average teacher time lost *among all full-time teachers* is 3.15% or 6.14 working days. Using DfEE's correction formula, this adjusts to 2.89% or 5.64 working days.
- More teachers in London take time off through illness than teachers elsewhere. However, the overall teacher time lost in London is among the lowest found nationally.
- Over one third of full-time teachers take no time off at all.
- 3.68% of part-time teacher time is lost due to sickness absence.
- There appears to be no relationship between the number of teachers who have some time away from work and overall rates of teacher time lost through sickness.
- Long-term absences can distort the picture of teacher sickness absence both at school level and in LEAs.

- More than 40% of teacher time lost due to sickness is made up of long-term (21 continuous days or more) absence.
- When long-term absences are excluded from teacher absence figures, the average teacher loses 1.83% of available time, or 3.56 days per year, due to sickness.

Chapter 5

Comparing Teachers' and others' Sickness Absence

Considers teacher sickness absence in relation to Social Services staff, Local Government employees and NHS staff. Compares teacher figures with those for workers in other recent surveys. Looks at a sample of independent school teachers in relation to state school teachers' absences.

5.1 We have already drawn attention to some of the issues encountered in seeking to measure sickness absence. Comparing the rates of sickness absence for different groups of workers invites further problems. Among the reasons for difficulties in making valid comparisons are:

- (i) Different ways of computing absence rates may have been used. For just one group – teachers – we have provided three estimates of sickness absence in the previous chapter.
- (ii) Those analysing the data from the different groups may or may not employ a means of adjusting the data to take account of worker turnover.
- (iii) Different criteria may have been applied to non-attendance at work to define whether or not it was due to sickness. Hospital appointments, maternity leave, illness of a child, etc. may or may not be recorded as 'sickness' in different types of organisation.
- (iv) The quality of record-keeping may vary considerably within the units which supply the data on which occupational groups' levels of sickness absence are founded.

5.2 It will be apparent that it may be over-optimistic to lay sets of figures for sickness absence, applying to two different occupational groups, alongside one another and seek accurately to compare them. In this chapter we will juxtapose the information on teacher sickness absence reported in Chapter 4 with information drawn from a range of other sources. However, we point out at this stage that many factors may account for any similarities or differences that arise.

Earlier data on teachers

5.3 It is worth first touching upon a study conducted by the **National Employers' Organisation for School Teachers (NEOST)** for the Local Government Management Board. NEOST sought data on teacher sickness absence from 171 LEAs. The time period was the school year (September to August) 1997/8. 86 LEAs provided what they describe as 'usable data', although an appendix to the report acknowledges that it was not possible to express 'time lost' for part-time teachers when LEAs could only count the days on which part-timers were absent. In our view such data were not appropriate for the purposes of this research, as we have explained in Chapter 3.

5.4 NEOST's estimate of teacher time lost through sickness absence related to LEAs in England *and* Wales. Expressed as an arithmetic mean or **average**, this came to **3.65%**. No mention is made of any weighting formula being applied to their figures to adjust for teacher turnover. For comparison purposes, therefore, it seems appropriate to use the **unadjusted average** for teachers in England arising from the 1999 survey. This gives us:

NEOST 1997/8 survey: 3.65% teacher time lost in England and Wales

618G 1999 Cambridge analysis: 3.15% teacher time lost in England.

5.5 Despite the problems we have already mentioned, we consider that the 1999 survey is more valid for a number of reasons, including:

- Its use of a larger sample of LEAs: 119 rather than 86
- Its exclusion of data from LEAs which could not accurately separate full-time and part-time teacher absences
- LEAs' improved ability to provide accurate teacher absence data, due largely to the requirement from January 1999 to provide information from DfEE's Form 618G.

5.6 The NEOST report also provided median percentage sickness absence data for LEAs in what its authors term 'North', 'Midlands' and 'South' regions. We cannot make comparisons between their findings and ours because NEOST offers no information on where the boundaries of these regions have been set.

Comparison with Social Services

5.7 In the last months of 1999 and in early 2000, the **Employers' Organisation**, of which NEOST is a part, conducted a survey of its local authority members. 171 social services departments were asked to provide sickness absence information for the period April 1998 to March 1999. This is obviously a different time period from that reported for teachers in Chapter 4. However, there is some overlap of dates and the time span (one year) is the same. Data from 105 authorities were used to inform its report.

5.8 We have chosen just those groups of social services staff for comparison with teachers. These are **field social workers**, since they have regular face-to-face contact with clients, as teachers do with pupils; **day nursery staff**, since they work with children in a fixed location; and **strategic and central staff**, who have managerial and planning responsibilities. The Employers' Organisation uses median data drawn from local authority returns, and so we do the same here. We have used **unadjusted** figures for teachers, since there is no indication that the Employers' Organisation used any adjustment formula.

Table 9 : Median rates of sickness absence recorded by local authorities' Social Services Departments, and by LEAs for teachers

	Days S/A per annum	Absence rate %	Sample size (local authorities)
Field social workers	11.9	5.2	49
Day nursery staff	12.8	5.6	16
Strategic and central staff	8.9	3.9	58
Teachers	6.4	3.3	119

All Local Authority employees

5.9 Inspection of sickness absence rates for these three comparison groups suggests that figures for teachers compare quite favourably. Members of those groups are, of course, simply a sub-set of local authority employees. How do teachers compare with local authority workers as a whole?

5.10 **The Employment Surveys and Research Unit (ESRU)** has produced figures for all **non-manual workers** in English local authorities during the period April 1998 to March

1999. We understand that these, based on a 51% response rate, excluded teachers employed by replying authorities and so there will have been no overlap between the two groups. Median rates have been used by ESRU to represent average sickness absence. There is no indication of an adjustment formula being applied, so we have used unadjusted figures for teachers. Table 10 shows the comparison.

Table 10 : Percentage of days lost through sickness absence by non-manual local authority workers and teachers

	‘Non-manual’ local authority employees 1998/9	Teachers in maintained schools 1999
Median	3.9%	3.3%
Lower quartile	3.0%	2.6%
Upper quartile	4.8%	3.8%
Mean	4.0%	3.15%
No. of authorities in sample	139	119

5.11 It should be noted that the 139 local authorities responding to ESRU’s survey will have included district councils which do not employ teachers or social services staff.

Comparison with NHS staff

5.12 The NHS is the single biggest public sector employee in the UK. During 1998 and 1999 the Statistics Workforce Branch (B2) of the **NHS Executive** gathered sickness absence data from 402 NHS Trusts. The NHS employs a considerable number of part-time workers but it has been possible to weight sickness absence statistics since ‘whole time equivalent’ information is available for part-time employees of these Trusts. Data from 231 Trusts have been used to provide the information in Table 11 below, since we have excluded those whose sickness absence records, for whatever reason, make their data hard to reconcile with those from the bulk of NHS Trusts.

5.13 Average figures (medians) for teachers provided in Table 11 have not been subjected to DFEE’s adjustment formula, since NHS data are unadjusted and the provision of ‘adjusted’

data for NHS employees may require the application of a different formula. We have used two occupational categories for comparison with teachers: **qualified nursing, midwifery and health visiting staff**, and **‘professions allied to medicine’**.

Table 11 : Comparison of two NHS groups’ percentage sickness absence rates over a 12 month period

Occupational group	Median sickness absence rate expressed as percentage of time lost	No of organisations providing data	Total number of ‘whole-time equivalent’ staff
Qualified nurses, midwives and health visitors	5.24%	231 Trusts	159,292
Professions allied to medicine	3.09%	231 Trusts	28,629
Full-time teachers in state schools	3.28%	119 LEAs	270,901

5.14 ‘Professions allied to medicine’ is a category embracing a range of qualified workers. It includes physiotherapists, occupational therapists, speech and language therapists and radiographers. Most of these will work ‘regular’ hours, whereas many (though by no means all) of those who are qualified nurses and midwives will be expected to work on different daily shifts and to work on some weekends.

The Private Sector

5.15 So far our comparisons have been with other public sector employees. This seems reasonable, since teachers in maintained schools are employed in the public sector. However, it is possible to benchmark teacher sickness absence figures against those released in May 2000 by the **Institute of Personnel and Development (IPD)**. Their survey of employees included those in the public as well as the private sector. IPD’s report does not offer information on the sickness absence of particular occupational groups: it covers ‘sectors’ in terms of the types of services or products they relate to. Mean levels of sickness absence are given; they appear to be unadjusted for staff turnover. We include some of their figures in Table 12, together with equivalent (mean, unadjusted) percentage figure for teachers in the 1999 survey reported in Chapter 4.

Table 12: IPD sector average sickness absence, published May 2000, with 618G teacher absences figures during a similar time period.

Sector (from IPD)	% time lost through sickness absence
Central government	4.6
Local government	4.3
Transport, storage and communications	4.3
Food, drink and tobacco	4.9
Full-time teachers: 1999 survey	3.2

5.16 We can also compare the bottom figure in Table 12 (that for the mean level of teacher sickness absence) with the May 2000 press release by the **Confederation for British Industry** (CBI). Its headline figure for all employees is 3.4 per cent of working time lost. This translates, using CBI's estimates, to an average 8.5 days lost per employee. The unadjusted mean figure for teacher days lost per year was 6.13. However, it may be argued that this figure is not directly comparable with the CBI's, since teachers are expected to work for less days annually than the notional 'average' employee.

Independent Schools

5.17 We surveyed a randomly-selected sample of 300 **independent schools** and received replies from 137 of them in a shape which enabled us to assess their levels of sickness absence over a 12-month period (September 1998 to August 1999). The utilisable responses have been obtained from 58 preparatory schools, 31 secondary schools, 36 all-age schools and 12 special schools. Replies from other schools were consistent with IPD's findings that around 25 per cent of employers keep no record of staff sickness absence.

5.18 Because our survey, unlike DfEE's 618G, asked to know how many teachers had been employed full-time *at any time in the twelve-month period*, our analysis of independent school teacher sickness absence has been able to take account of variations due to staff turnover. Table 13 below therefore presents the **adjusted** figures for maintained schools which have been derived using DfEE's adjustment formula. We also include in Table 13 the *actual* numbers of staff employed in independent schools at any time during the twelve-

month period, on whose sickness absence the figures are based. These are set against the maintained schools' adjusted staffing figures which allow for teacher turnover.

Table 13: Sickness absence measures over 12 months for teachers in independent and maintained schools

	Full-time teachers in independent schools N = 3,885		Full-time teachers in maintained schools N = 295,282 (adjusted)	
	Mean	Median	Mean	Median
%full-time teachers taking any sickness absence	23.45	20.37	58.43	59.81
Number of days lost through sickness absence	3.32	3.03	5.64	5.87
% time lost over 12-month period	2.02	1.26	2.89	3.01

5.19 To assist comparison, we have included mean or average figures as well as median (mid-point) figures for both groups of teachers. The total number of working days available to the independent school teachers in this sample was 697,417. In the maintained school sample, the number of (adjusted) working days was 57, 579, 990, or more than 82 times the independent school working days.

5.20 It should be noted that the overall figures for independent schools shown in Table 13 mask considerable variations between the different types of school. Figures for these are set out below.

Table 14: Independent schools' sickness absence by type of school

School type	% of teachers taking any sickness absence		% of time lost over 12 months	
	Mean	Median	Mean	Median
Preparatory (58)	19.99	16.15	1.6	0.96
Secondary (31)	17.66	18.5	1.36	1.15
All-age (36)	23.08	24.8	2.55	1.43
Special (12)	59.53	62.5	4.42	3.42

5.21 In comparing sickness absence rates for teachers in independent schools with those of teachers in the public sector, we need to bear two factors in mind: the pupil-teacher ratios in schools and the length of the school year. In our independent school sample (excluding special schools) the average *full-time* teacher-pupil ratio was 14 : 1. With part-time teachers included, it would have been lower. The figure for all maintained schools (*DfEE, Statistics of Education: Schools in England 1999*), including part-time teachers, is 17 : 1 in secondary schools and 23.5 : 1 in primary schools. The number of days in which teachers were expected to work in the independent schools responding to our survey ranged between 162 and 220. On average, independent schools expected their teachers to report for work on 178 days each year. This compares with 195 days in the maintained sector.

5.22 A further potential cause of the disparity between the absence figures for state and independent school teachers may lie in the differences between the conditions of service of members of the two groups. Some independent school principals and headteachers indicated that sickness absence extending over more than a relatively limited period might lead to the end of entitlement to pay or to the termination of a teacher's contract.

Summary: Chapter 5

- It is difficult to make accurate comparisons of sickness absence rates for different occupational groups. Several ways of dealing with our data have been used to help overcome this difficulty.
- A 1997/1998 survey by NEOST found that the annual percentage of teacher time lost was 7.12 days (3.65%). The present survey shows it be almost 1 day less than this figure, at 6.14 days (3.15%). However NEOST looked at LEAs in England *and Wales*.
- Teachers' absence rates are lower than those of comparable Social Services staff, including Social Services staff whose roles are administrative and managerial.

- Teachers' sickness absence rates are 15 per cent lower than those of other 'non-manual' local government employees.
- Nurses and midwives take 37 per cent more time off work due to sickness than teachers.
- Teachers have 6 per cent more time off due to illness than speech and language therapists, occupational therapists and other similar groups of NHS workers.
- Central government employees lose 30 per cent more time due to sickness than teachers.
- The average teacher loses 27 per cent less working days than the UK 'average employee' in the CBI's recent survey.
- The average teacher in a state school loses 30 per cent more time due to sickness than the average teacher in an independent school.
- Teachers in state schools are two and a half times more likely to take some time off due to sickness than teachers in independent schools.
- Pupil-teacher ratios in independent schools are generally lower than those in state schools; independent school teachers are on average expected to work 17 days less each year than those in state schools.

Chapter 6

Policies to Control Absence

The context of current LEA policies on sickness absence management is examined. Thirty such policies are scrutinised and their key elements considered in relation to five Case Studies.

6.1 In this chapter we examine some of the key elements of LEA policies on teacher sickness absence management. Where relevant, case studies will be provided to illustrate some of the issues that arise.

Background

6.2 In July 1998 the Cabinet Office published a substantial review or report entitled *Working Well Together: Managing Attendance in the Public Sector*. This offers six elements which distinguish successful from unsuccessful policies, the former being seen to demonstrate

- management commitment to caring for staff health, safety and welfare
- whole-organisation policy ownership through communication and consultation
- universal application
- clarity on roles and responsibilities
- training to ensure consistency, combined with flexibility for individual circumstance
- removal of incentives for absence.

6.3 *Working Well Together* goes on to recommend that the policy should be written down and accessible to all staff at any time. It offers what it terms 'best practice techniques'. Among these are the expectation that *early contact* is made by a staff member with her or his line manager, that *return-to-work interviews* are held with that manager after any period of absence, and that specified absence length or absence episodes will be used as *trigger points* for management action. It also recommends the use of *targets* for reducing sickness absence, suggesting the organisational levels to which these targets might be applied.

6.4 While it touches upon the use of *penalties for absence* and *rewards for attendance*, the Cabinet Office report shows little enthusiasm for them. Extra inducements to work are not seen as desirable and penalties for absence are regarded as potentially unfair.

6.5 The report recommends that the ‘best practice’ principles and techniques be adopted by public sector organisations by the end of 1999 and that they establish their true levels of absence by that time in order to benchmark any improvements. It ends by issuing a challenge to all public sector organisations to reduce current sickness absence rates by 20% by 2001; by 2003 the reduction should be 30%.

LEAs and schools

6.6 While the term ‘public sector organisations’ is not clearly defined, as employers of teachers in maintained ‘community’ schools, local authorities have responded to the Cabinet Office initiative. In December 1999, the National Employers’ Organisation for School Teachers (NEOST) published a document for its members entitled *Monitoring and Management of Sickness Absence in Schools*. Its preface acknowledges the influence of two key initiatives: the Cabinet Office report, *Working Well Together* and the *Healthy Schools Initiative* jointly launched at about the same time (mid-1998) by the Department of Health (DoH) and the Department for Education and Employment (DfEE).

6.7 Drawing on an analysis of LEA policy statements on sickness absence, most of which were in place by mid-1998, NEOST offers guidance to its members both on constructing statements of policy and establishing procedures for the management of sickness absence. As might be expected, NEOST defines the purpose of ‘effective’ sickness absence management as *preventing* absence. NEOST lists three key elements of a preventive approach:

- (i) establishing an ‘attendance culture’ which recognises the importance of staff attendance;
- (ii) addressing issues such as health and safety at work, stress and demotivation which may lead to absence;

(iii) promoting occupational health and staff welfare.

6.8 As might be expected, the document expands upon the Cabinet Office recommendations. It differentiates between ‘intermittent’ and ‘long-term’ absence and draws attention to the importance of not treating sickness absence as a disciplinary matter unless evidence of procedural abuse or fraud arises. It advocates the adoption of ‘cautions’, ‘review periods’ and ‘consultation’ where intermittent absence is concerned. However, it goes on to consider the matter of dismissal if a school is unable to accommodate the consequence of a teacher’s long-term absence.

6.9 When dismissal is a possibility, NEOST’s advice that ‘reasonable adjustments’ under the Disability Discrimination Act 1995 and suitable alternative employment be considered appears to be directed at headteachers. They should consult, it says, with the LEA on redeployment options, although it acknowledges that under local management arrangements the scope for this is often very limited.

6.10 It is at this point that the potential difficulty for LEAs in achieving Cabinet Office targets becomes apparent. The LEA is the employer of teachers in schools which it maintains. These exclude voluntary-aided and foundation schools, where the governors are the employers. Yet teachers in primary, secondary and special schools in England who are LEA employees find that the headteacher and the governing body are *de facto* employers in that they appoint, deploy and dismiss staff. Local management arrangements were first introduced in 1990. They delegate considerable powers and budgetary control to schools and carry with them a reduction of the local authority’s powers as an employer. That reduction is not paralleled in most other local authority departments. The conditions set out for governing bodies of schools with delegated budgets in the 1999 Statutory Instrument No. 2256 essentially bring many of the responsibilities and powers of those bodies very close to those of schools where the governors are unequivocally the employers of all those who teach in them.

Local Authorities’ Guidance to Schools

6.11 We examined thirty sets of guidance to schools on the management of sickness absence. Some of these used the term ‘absence control’ but all those that provided rationales

for the policies connected high levels of staff attendance with efficient or high quality services and/or the reduction of unnecessary expenditure.

6.12 With just one exception, the guidance focused specifically on staff in schools. That exception appeared to be intended for use in all departments of the local authority, and its tone was more directive than that found in guidance sections aimed at school governors. Documents aimed at them all drew attention to the potential assistance of the local authority's or the LEA's Personnel or Human Resources department and pointed to the importance of consulting that department when any concerns or doubts were experienced in handling particular cases.

6.13 The thirty sets of documents were sent to us in response to a request made to all LEAs for copies of policies and procedures on the management of sickness absence. A lot of them did not respond at all and it is possible that some LEAs may not yet have produced suitable documentation for schools.

6.14 Twenty-two of the LEAs which did reply included with their guidance model policies and procedures for managing sickness absence. It appeared that these were intended to be considered by school governors for adoption as their school's policy on this topic. Twelve of them also provided specimen letters to be sent to staff members under a range of circumstances. These included meetings to discuss a teacher's sickness record, to arrange a visit to the teacher's home, to refer her/him to an Occupational Health Physician or Nurse and hearings relating to medical (in)capability. One LEA offered fifteen different letters. Others enclosed a range of related policies, including those on alcohol and substance abuse at work, on no-smoking and on violence in the workplace.

6.15 Most of the documents were substantial. Some ran to more than thirty pages, although in one case we were given just three pages of simple bullet-point instructions and a blank record form for a sickness absence review meeting. Our first impression was that this over-simplified the issues. However, it appeared to embrace the major points in the 1998 Cabinet Office Report: return-to-work interviews, target-setting, communication and contact, concern for welfare and health, Occupational Health involvement, trigger points for further action. The user was referred to further information in Managers' Guidance Notes on the

Intranet and we understand that this LEA's schools' managers can easily follow up particular problems and concerns in that way.

What policies offer

6.16 The overall framework of a policy is perhaps more important than its individual components. We noted that all LEAs' guidance differentiated between long-term sickness absence and short-term (or 'intermittent') sickness absence. Definitions of the former ranged from 'four weeks or more' to 'fewer than five days' duration'. Where short-term absences were concerned (which were synonymous in many but not all sets of guidance with self-certificated absence), some LEAs avoided defining the point at which action should be taken. This lack of definition was justified by reminding headteachers of the importance of careful monitoring and treating each case on its merits. The guidance from one LEA sums up this approach: 'At some point', it counsels its readers, 'You will have to ask yourself the question "how much more do I have to tolerate?" When you reach this point, contact an Education Officer.'

6.17 The term 'cause for concern' cropped up frequently in many of the policies when considering short-term absences, so emphasising the discretion which the headteacher might exercise. A few set firmer parameters. 'Three absences totalling ten or more days in a twelve month period' was the suggestion of one policy, although that only led to internal review in the school. In contrast, the LEA in **Case Study 1**, which at first sight set less demanding criteria for concern - 'five separate absences accumulated in a twelve-month period' - expected to have a case referred to its personnel department. Even then, it was apparent that the matter technically rested in the hands of the school. 'Appropriate advice' or the recommendation of 'suitable action' were the proposed outcomes of such a referral.

Case Study 1: Reducing sickness absence in one LEA

**Key terms: absence reduction;
LEA role;
policy in action;
Occupational Health;
insurer involvement.**

The background

Centreborough is a new unitary authority. Set in an area with a strong history of heavy industrial production, it has 63 schools. The LEA, like most LEAs, circulates guidance on the management of staff absence to Headteachers and governors of all its schools. Issued first in April 1998, that guidance is backed by the local authority's corporate policy on the management of absence.

In the twelve months to March 1998, teacher time lost to sickness absence was 4.15 per cent. The end of the next 12-month period saw that figure fall to 3.74 per cent: a reduction of 10.9 per cent on the year. The local authority's Human Resource Department (HRD) links much of that reduction to implementation of the policy on absence. This study will examine the key components of that policy and its application.

The policy

It would be easy to attribute the improvement in teacher attendance at work to the local authority's written policy. The policy is written unambiguously. Its audience is clear: Headteachers and governing bodies. It contains flow charts which exemplify the processes of investigation of absence, dismissal and ill-health retirement. It might be made plainer that the last two are in practice frequently parallel procedures. There may also be an overly strong indication that ill-health retirement is, with the LEA's approval and assistance, an easily accessible exit route.

The policy is broadly consistent with the guidelines offered at the end of 1999 by the National Employers' Organisation for School Teachers (NEOST). Its stated intention, to treat staff consistently and fairly, is supported by the declaration that it is neither intended as a disciplinary measure nor as a means of prohibiting sickness absence. Benchmarked against a neighbouring LEA's policy, it suggests a less

'hands-on' approach from the local authority. The neighbouring authority, for example, states that as employer, *'the LEA will maintain records of absence for individuals and will, through its Officers, assist Headteachers to follow the policies of the Council.'* Centreborough, on the other hand, places the onus on school managers: *'Headteachers should monitor individual absences, patterns of sickness and any comparative statistical data'* and, the policy continues, *'Absence statistics (given to the LEA) will not disclose individual identities'*. Yet the nearby LEA cannot demonstrate absence reductions of the magnitude reported by Centreborough. Some of the ingredients which may have led to these reductions will be examined.

The **key elements** of the LEA's policy are summarised below, even though they are frequently found elsewhere:

- consistency and fairness;
- entitlement of schools' managers to establish firm attendance targets;
- importance of behaving 'reasonably' if seeking to dismiss staff on grounds of ill-health;
- expectation that staff will:
 - (i) notify Headteacher by 8.00am on first day of absence
 - (ii) notify again on fourth day and complete self-certification form
 - (iii) obtain medical certificate if absent for more than seven calendar days;
- entitlement to sick pay, determined by length of service;
- duty of Headteacher to monitor sickness absence;
- 'return to work discussion' with Headteacher or named alternative on first day back from any period of absence;
- purposes of discussion and recording procedure (the LEA issues a sample record form);
- 'triggers' for referring a staff member to the Human Resource Management (HRM) section of the LEA:
 - 5 separate absences in any 12-month period, or
 - 20 days or more absence in any 12-month period;
- actions which may be taken when these trigger points are reached, including:
 - (i) home visit by HRD member;
 - (ii) referral to Consultant in Occupational Health;
 - (iii) disciplinary action;

(iv) referral to another agency;

- summary of the Access to Medical Reports Act 1988, with a reminder that the Act does not apply to Occupational Health Reports.

Accompanying characteristics

What elements make this policy more successful than many others? Why is it that this document, so like those used in very many LEAs, has produced close to an 11 per cent reduction in absences from schools in this authority? While it is not possible to identify causal features with certainty, we have identified a number of factors which may have been influential in the policy's success.

- The *close relationship* which the LEA's HRD maintains with its schools, in particular the Headteachers, appears to be a function both of a long history of co-operation (no schools opted for grant-maintained status in earlier years, for example) and of a small and geographically close-knit authority.
- The LEA's role as *insurer* as well as employer. The Human Resources Officer acknowledges that much of the cost of teacher sickness absence is borne by the LEA after the requisite number of days have elapsed. At present all schools hold policies with the LEA and it is in the LEA's financial interest to minimise the compensation due to schools.
- The LEA's Human Resource Department's adoption of a *proactive stance* in relation to the Occupational Health Service at the local hospital. It appears to regard itself as the client; its policy document confirms this:

'Our employees are not under the direct clinical care of any of the Occupational Health Staff. Occupational Health reports must not be given or disclosed directly to employees or their representatives. An interpretation of their general message or conclusion can be given, at the LEA's discretion, if the employee so wishes, provided that in doing so neither the Authority's nor the Occupational Consultant's position is undermined.'

In some LEAs, Headteachers observe that their local Occupational Health Service appears to view a staff member referred to it as having the role of a patient, so leading to a level of cynicism concerning referral of a staff member. That cynicism is not apparent in Centreborough. The HRD's prescription is quite simple: they do not ask open-endedly for an opinion when a teacher is referred to Occupational Health. Specific questions are asked, e.g.

'Is there a genuine reason for her/his absence?'

'How long should she/he reasonably be away from work?'

'Is the teacher managing her/his absence properly?' (i.e. is the teacher taking care to recuperate as quickly as possible?)

- The local education authority operates a *counselling service specifically for teachers*. 'Teachers' Stressline' is available to all teachers (see Case Study 8). This may have contributed to the lowered sickness absence rate among teachers. However, since the service has been available for about seven years, it seems reasonable to assume that the new policy initiative reported here has had some impact upon the improved figures, even if other factors were also at work.

Observations

Three main points arise from this study:

1. It is not sufficient for an LEA to have a good policy on sickness absence. That policy requires active promotion to schools' governors and Headteachers.
2. 'Absence awareness' and the conviction that something can be done to check it appear to be fundamental to Centreborough's improved figures. The Human Resources Officer indicates that newly-appointed Headteachers are more inclined to show these characteristics than those who have been in post for some time.
3. The LEA's role as insurer may boost its function as an employer. Schools' budgetary accountability under Local Management distances the local authority from the immediate financial consequences of high levels of staff absence. However, here it underwrites the salaries of non-attending staff and

so has a direct incentive to be actively involved in encouraging teacher attendance at work.

Policy emphases

6.18 We have already mentioned the use of the term ‘controlling’ as an alternative to ‘managing’ absence. Both of these are open to a range of interpretation; in seeking to understand policies it may be necessary to look at the underlying purpose of the procedures outlined with them. Dutch researchers (see Chapter 10, 10.9) have recently distinguished three main thrusts to organisational policies on staff sickness absence and we have used their framework to examine the 30 LEA policies.

- **Preventive** policies aim to *modify the workload* of individuals in ways that make them better able to cope with the demands of the job. They may also seek to increase the ‘coping capacity’ of individuals by providing information, education or training.
- **Inhibitory** policies seek to *reduce the opportunity for absence*. Procedures to be followed in reporting sick and on the return of the individual to work fall into this category. So too may the actions or recommendations of health professionals: if they are organisation-orientated they will be seen as inhibitory, whereas individual-orientation will place them in the third category below. Policies which aim to *increase work satisfaction and/or commitment* also have the purpose of absence-inhibition.
- **Curative** policies aim to improve *guidance on health care and/or relationships*. They also focus on the *reintegration of individuals* after a period of sickness.

6.19 Some aspects of the LEAs’ policies which we looked at might fall into more than one of the above categories. It is difficult, as the case study above shows, easily to disentangle the influences of policies and this is certainly apparent in some of the ensuing studies. However, it is our impression that the central thrust of all these policies is *inhibitory* and so we will look first at some elements of this.

Return-to-work interviews

6.20 Twenty of the 30 policies recommended the use of these. Some others made mention of ‘counselling sessions’ or ‘discussions after a period of absence’ without making it clear

that these would take place on or shortly after an individual's return from a period of absence due to ill health.

6.21 Just eight emphasised the importance of the headteacher (or a senior member of staff to whom the task is delegated) conducting such interviews on every occasion that a teacher returned from a period of sickness absence. Others suggested 'triggers' which were linked to duration (e.g. after five days of continuous absence) or frequency (e.g. after three episodes of absence) or which were discretionary (e.g. 'if appropriate'). Just six policies stressed the importance of such interviews being arranged on the first day of return.

6.22 The return-to-work interview, recommended both by the Cabinet Office in its 1998 Report and by NEOST, may be seen as the second phase of an absence-inhibition policy. It inevitably links with an individual first reporting that she or he is too ill to come to work. It would be a very fragmented policy which focused only on return-to-work interviews. **Case Study 2** illustrates the integration of such interviews within a school's wider initiative on sickness absence reduction.

Case Study 2: Stimulating improved levels of staff attendance

**Key terms: staff training; absence policy;
return-to-work interviews;
target-setting;
workplace norms**

The school and its staff

St David's School is a special school. Formerly designated a school for children with 'moderate learning difficulties', it now takes pupils with a range of specific learning problems (dyslexia, dyspraxia) as well as specialising in children who are seen as having speech, language and communication difficulties. There are 118 children (ages 3-16) on roll.

The school employs 18 teachers (16 full-time and two part-time) as well as 20 full-time learning support assistants, known there as 'teaching assistants'. As in many schools committed to interdisciplinary working, the pupils' education is highly reliant not only on the work of its teachers: teaching assistants and administrative and clerical staff are all seen as part of the education team and the absence of any one of them impacts more or less directly on what is done in the classroom. The Headteacher reports greater difficulties arising from support staff absences than from those of teachers.

Anticipating absences

In the Spring Term of 1999, staff sickness absence amounted to 6.22% of possible working days. The Headteacher sees this term covering a particularly high-risk time for staff absence. Before the start of the same term in the year 2000, it was predictable that absences would be higher. The term was set to be a long one and an influenza epidemic was widely forecast.

The senior management team at the school developed a three-point strategy. The school, formerly grant-maintained, is now situated in a new unitary authority and the LEA's guidelines were not used. Instead *Working Well Together: Managing Attendance in the Public Sector* (Cabinet Office, 1998) was referred to. This

emphasises a number of practices, three of which were robustly taken up by the school:

- early contact from the employee;
- return to work interviews after *each* period of absence;
- training for all staff beforehand.

Staff awareness

The school took the third of these into account in structuring the morning's activities for its training day before the children returned for the start of the Spring Term 2000. The Headteacher and Deputy made a joint presentation, based on 17 overhead transparencies. They covered four themes.

Theme 1: *Context:* government concerns make sickness absence an issue.

Theme 2: *The current picture:* details of past year's staff absences by month and role; excluded categories of absence (course attendance, dentist/doctor/hospital appointments, maternity leave).

Theme 3: *Costs to the school:* salaries of absent staff; insurance premiums paid; costs of supply cover for absence due to illness.

Theme 4: *Implications:* draft absence management procedure for school presented to staff and then discussed in small groups; staff attendance targets set for school.

The school's absence management procedure, given to all staff, sets out two objectives:

'To operate a professional approach to staff attendance at work'

and

'To ensure that there are clearly understood, rigorously adhered to expectations of individual staff which aim to allow the total staff group to function effectively for the children'.

The targets involve a reduction of staff absence by 20% in the first year and by 30% in the second. Benchmarked against the figures for 1999 (4.8% time lost) this results in:

2000: 3.86% (maximum) sickness absence

2001: 3.38% (maximum) sickness absence

Early contact

This is one of the cornerstones of the sickness absence policy. St David's School has gone beyond the notion of one early contact: on *each day* of a member of staff's self-certificated sickness absence, she/he is expected to telephone the school office as early as possible and no later than 8.00 a.m. In practice this means the staff member will speak to the Headteacher or, failing that, will be put through to the second-tier line manager (the school has four) to whom she/he reports.

Return to work

On the morning of a member of staff's return to work, the school administrator arranges a time for an *interview with the Headteacher*. The school considered an immediate line manager interview for this purpose but rejected the idea for two reasons. First, it was seen to clash with the job supervisory role of the line manager: a returning member of staff would need as a priority to be brought up to date with events and developments that had taken place in her/his absence. Secondly, if the importance of the return-to-work interview was to be emphasised, it should be seen as a distinct and separate event; the fact that the Headteacher took time for it served further to underline its significance.

The interviews themselves are reported to have three purposes:

- (i) they signal the value the school places on the member of staff;
- (ii) they show proper concern for their health and to discuss;
- (iii) they give the opportunity to consider, where relevant, ways in which the school can assist the staff member to ensure her/his continuance at work.

Outcomes so far

Comparing the Spring Terms of 1999 and 2000 may not be comparing like with like. The 2000 term is longer and — as in most schools — there have been staff changes over the last twelve months.

Two measures have been used by the school to evaluate the effectiveness of the first term of its new policy. Alongside *the number of staff working days lost*, they have looked at *the number of staff recording any absence at all*. Taking this second measure, the figures read:

	1999	2000
Teachers absent	9	6
LSAs absent	18	15
Administrative staff absent	2	1
Totals	29	23

Because the two terms are of different lengths, days lost through sickness absence in each term have been converted to percentages of available working days. The overall figures for staff sickness absence in the two Spring Terms are:

	1999	2000
	6.22%	3.23%

Observations

There is much research evidence from the USA that teacher absenteeism can be reduced by nearly a quarter by requiring teachers to notify the school's principal in the event of an absence. St David's School has tried, where possible, to follow this approach. However, the Headteacher cannot always be available when a staff member telephones and so, as a second preference, the administrator receiving the call puts it through to a line manager. The training session was seen by the school's management to have two main purposes. First, it informed staff and reinforced their awareness of the importance of regular attendance. It was not intended to cover staff who were genuinely too ill to work into coming into school. The Headteacher talks of '*lowering the opportunity for absence*' in some staff, by which he means altering ideas of when it is or is not acceptable to report sick. Secondly, it was intended to support the notion of interdependence on one another. The Headteacher sees this as '*reducing the attraction of absence*'.

Return to work interviews, a cornerstone of the policy, are always set for the day of return. They offer, says the Head, the opportunity to greet a returning member of staff and say how glad he is to see them back. It is his chance also to ask how they are feeling and to listen if they want to tell him about being sick. The act of listening, he says, shows that interest and care, not criticism or reproach, are the key matters for consideration.

Absence monitoring 'triggers'

6.23 All the 20 LEAs which suggested return-to-work interviews provided guidelines on what should go into them. All of those guidelines emphasised, in one way or another, the need to show concern for the health and welfare of the teacher. Twelve specifically mentioned welcoming the teacher back as part of the process and six reminded headteachers that this was an opportunity to bring the teacher up to date with developments in the school.

6.24 What should be the next stage when a staff member's absence is a matter of continuing concern for the school's management? All the policies referred to absence monitoring and to the review of absence. The nature of that review appeared to vary. In one

LEA, for example, it was seen as a counselling interview, with quite detailed suggestions made for the manager to use in structuring the environment, questioning, listening and creating a ‘trusting and confidential’ atmosphere. In contrast, a nearby LEA’s guidance suggested simply that an interview be arranged, the teacher advised that his/her attendance gives ‘cause for concern’ and asked for an explanation. Despite the apparent difference in style in the suggested procedures, all emphasised that this was not a disciplinary matter but a means of enabling communication between manager (not all specified the headteacher) and teacher.

6.25 Some LEAs offered a range of pre-specified triggers for such action. One, for example, suggested:

- four or more periods of uncertificated absence of four or more days in the past 12 months;
- six or more spells of uncertificated absence in the last 12 months; or
- twenty or more days of absence in the last 12 months.

6.26 Another LEA provided a simpler trigger: ten or more days in the last year.

6.27 In **Case Study 3** below we look at a school which has adopted a ‘trigger mechanism’ which is widely used in industry. It is not the one suggested in its LEA’s policy but it has become part of that school’s policy because it takes account of both length of absence and the spells or episodes which make up the overall duration of that absence.

Case Study 3: Absence Frequency: Triggers for Management Action

**Key terms: Frequency of absence;
duration of absence;
school culture**

‘It’s quite simple, really’ says Jean Parker, Deputy Head at Bramstones Secondary School. Set in a Midlands county LEA, Bramstones takes many of its pupils from the nearby industrial city. ‘We don’t like our pupils to be away too often — it disrupts their learning. So it seems logical that an absent teacher will disrupt their learning,

too. Not that we want our staff to work when they are ill: we just want to make sure we're clear about what's happening.'

Measuring staff absence

What Jean refers to as 'simple' is the *Bradford Factor*. 'There are basically two ways to set off the warning bells on staff sickness absence', she says. 'We can count the number of days someone is away and when they reach a certain figure we can take action; or we can look at the number of spells of absence that somebody has. Each of these has to be set within a certain time period, of course. You can do it termly, you can do it yearly. But if you do, then there is a point where the slate is wiped clean, so the alarm bells are much more likely to ring at the end of a term or a school year than at the beginning. We prefer to look at every absence in the context of what has gone on in the twelve months leading up to it, so if an absence day is on 25 February we start from 26 February the previous year. Then we apply the formula and we work out the Bradford Factor'.

As Deputy Head, Jean is responsible for covering staff absences at Bramstones. There are 82 full-time and seven part-time teachers at the school, together with a further 14 full-time and nine part-time support staff and three full-time administrative staff. 'Our policy on sickness absence doesn't differentiate between these staff, even though their contracted working days may be quite different. The formula applies to their expected working days, and twelve months is still twelve months whatever job you've got'.

The policy, monitored by Jean, involves return-to-work interviews with an immediate line manager after every spell of absence. As soon as an absence is recorded, the person's line manager receives a reminder from Jean; a further reminder comes if she has not had the completed interview form within 24 hours of the staff member's return. 'We don't hassle anybody', Jean says, 'These interviews are just part of keeping in touch and showing concern. The next stage in that process is triggered by the Bradford Factor.'

Applying the formula

So what is the Bradford Factor? It is an absence 'score' that can be attributed to any member of staff. It takes account of two elements of non-attendance at work: the number of *days* a person is absent and the number of *episodes* or *spells* of absence that make up those days. Devised some time ago at the University of Bradford, it is used by organisations which are conscious of the disruptive nature of short-term absences. Counting days of absence as a means of triggering management action ignores the way those days are distributed. A simple count of two teachers who registered eight days of absence in a twelve-month period would give each a score of eight. Yet one might have eight days' continuous (certificated) absence and the other might have had five separate spells of absence spread throughout that time.

'As far as we're concerned', says Jean Parker, 'irregular attendance is something that we need to give particular attention to. We can arrange longer-term supply and internal cover more easily than we can deal with unexpected short spells of time off. And on a purely financial note, short-term absences cost us more because our insurance policy gives us nothing until five continuous days are reached.'

By awarding points in a way which is weighted to emphasise spells or episodes of absence, the formula leading to the Bradford Factor allows attention to focus on the frequency of an individual's absence. The equation looks like this:

$$(S \times S) \times D = \text{Bradford Factor Score}$$

where S represents the number of spells of absence over a defined period and D is equal to the total days away from work in the same period. Taking the example given earlier in which two teachers each have eight days off through sickness, the formula applied to the first teacher yields:

$$(1 \times 1) \times 8 = 8 \text{ points}$$

Applied to the second teacher, who recorded five episodes of intermittent absence, the equation reads:

$$(5 \times 5) \times 8 = 200 \text{ points}$$

Showing concern

'Of course', says Jean, 'If we applied this formula mechanically, somebody who had 40 days off at a stretch would only get 40 points. But then we'd be concerned about that person's health in a very different way. Forty points is our frequency "trigger": a member of staff then sits down with the Headteacher and discusses his or her attendance. It marks the beginning of a cause for concern and its significance is demonstrated by the fact that the Head always shows a direct interest at that point.'

How well has it worked? 'This is the first year of its operation', says Jean, 'And it did seem reasonable to start with a clean slate for everyone in September 1999.' By the end of the Easter term, just one teacher and one member of the support staff had exceeded the 40 point trigger for seeing the Headteacher. 'It's not a punishment, of course,' says Jean, 'Just a way of making sure that we are keeping track of any problems which might make matters worse.'

When the figures for the same point in the previous year were analysed, it seems that by Easter 1999, six members of staff would have amassed more than 40 points. Yet Jean is careful not to attribute the change to the application of the Bradford Factor. 'The formula is there and everybody knows about it, but probably the most important thing is the increasing knowledge among colleagues that absence is something we take an interest in.'

Culture and climate

6.28 'Establishing an attendance culture' features as the first element of the 'preventive' approach recommended by the National Employers' Organisation for School Teachers in its 1999 document on monitoring and managing sickness absence. We will return later to *prevention* of sickness absence, since it seems likely that NEOST is actually referring to another *inhibitory* approach.

6.29 None of the LEAs' policy guidance that we looked at got to grips with the issue of 'culture', although it was implicit in many of them. The importance of early contact with an absent teacher was emphasised throughout the policies. Two suggested home visits, but only where these were appropriate, while another suggested that staff should be required to obtain medical certification for absences of more than three days. The signing of a return-to-work certificate, called for in a number of policies after 14 or more days' continued absence, was suggested by one LEA as a procedure to follow after an absence of any length.

6.30 Arguably all of these expectations reinforce the importance of regular attendance in the minds of those teaching in schools. Yet such mechanisms may not generate the satisfaction, loyalty and/or commitment to the job which appear necessary to sustain high levels of teacher attendance. In the following two case studies we look at two quite different approaches to absence management. Each has had the effect of influencing the 'absence thresholds' of staff – the point at which they decide whether to come in to school or to 'phone to say they are unwell – although each has gone about it in a different way. In the first, **Case Study 4**, sickness absence from school has not actually been considered as an overt issue, yet many staff appear conscious of its consequences.

Case Study 4: Creating a Climate which Discourages Absence

**Key terms: culture;
climate;
shared responsibility;
cover for absent colleagues**

'In my last school it didn't seem to matter so much. Here, if I'm ill, I know that I'm taking somebody's cover — and I'm mindful of that.' (Teacher in Maths Department).

'Absence' from teaching

Like many secondary schools, Brayfield Upper no longer insures against sickness absence. The cost was too great and the restrictions imposed by the insurers prevented the flexibility required by the changing demands placed on staffing at different points in the school year. 'Cover' in the school — ensuring that timetable requirements are met — is worked out by a senior member of staff; less than 30 per cent of the lessons needing to be covered by alternative provision are the result of staff absence due to sickness. Medical appointments (hospital bookings, visits to dentist, etc.) using part of a day are not counted as 'sickness'. Yet when these are included in the calculations they still leave 65 per cent of staff 'absence' from timetabled commitments explained by other reasons which arise from the school's own activities and its role in the surrounding educational community. The school was recently awarded 'Beacon School' status.

Over the past three years, since the school cancelled its insurance policy, the annual rate of staff absence attributable to sickness has been 2.42%, 1.92% and 2.51%. We will return to these figures; although they suggest increased sickness absence within the staff, comparison of the last two years with the LEA's overall rate for secondary schools (2.82% and 2.74%) indicates that they remain low.

Increasing commitment

There is no overt policy of sickness absence management in the school. However, a number of steps have been taken to create a climate of corporate responsibility. First, it was agreed with the teachers' union representatives in the school to end the earlier-existing notion that after two days' illness a supply teacher should be brought in. Second, the school staff have agreed that the priority in covering a lesson must be that the agreed programme of study is maintained and that a lesson should, wherever possible, be taken by a teacher with appropriate subject knowledge. This means that the first call for cover for an absent colleague - whatever the reason for that absence - is made to those in the teacher's department. If a teacher is ill (illness accounts for less than a third of absence coverage), he or she is expected to

telephone in advance and leave details of what will constitute his/her lessons for the day so that these can be implemented with the minimum of preparation.

For longer-term (certificated) sickness absences, supply cover is usually arranged from known local teachers with relevant specialisms. However, the staff speak of a 'culture of cover' to enable staff who are not ill to be able to attend meetings, accompany students on field trips, visit other schools, attend courses, observe lessons, conduct research, etc. This culture appears to extend also to cover for sickness absence, even of more than a few days. Awareness of the potential impact of absence on their colleagues' workload seems to ensure that short-term absences are minimised.

Reducing stress

Staff speak of a lot being expected of them but of the school giving a lot back. Among the institutional features which managers identify as minimising the incentive for some staff to take 'time out' from school are:

- The school crèche, which provides for staff children. There are currently 15 pre-school children and the two nursery nurses who staff it are on the school's payroll.
- Six teachers who have been trained in counselling techniques are designated as points of reference for any staff member experiencing problems in coping with their job and/or personal life.
- The 'stress box' in the staffroom, through which staff can communicate to the school's management (anonymously if necessary) dissatisfactions with policies, decisions etc.
- The school participates in IQEA, a nationally-operating improvement programme (Improving the Quality of Education for All), and those staff who choose to be involved are encouraged to conduct relevant research. Current projects include 'quality meetings', 'groupwork as a teaching technique' and 'teaching for responsibility'.
- The school has achieved the standard for the Investors in People award. This involves, among other things, regular staff supervision and appraisal and a linkage between this and identifying and meeting training needs.

Understanding the absence statistics

The overall time lost through sickness has actually increased slightly in the past year. One senior manager speculated that the school's recently-acquired Beacon School status, with its accompanying funding for increased supply cover, may have led to a little more complacency. However, the increase in days lost through sickness is more likely to be the result of the *long-term illnesses* of two teachers who have required hospital treatment. The school intends in future to benchmark its staff sickness absence rate against *short-term absences* (those of five days or less) rather than the overall percentage of teacher days lost. This is expected to 'factor out' the disproportionate influence of a small number of teachers who may, for quite unavoidable reasons, need to take substantial amounts of time off in a particular year.

Case Study 5: A Whole-School Approach to Attendance

**Key terms: establishing attendance culture;
school policy;
staff awareness of absenteeism**

Six Hills High School, on the outskirts of London, serves a cosmopolitan community. It is a multiracial school: three-quarters of its pupils (ages 11-18) come from minority ethnic backgrounds. A quarter of the children in the school qualify for free school meals.

Pupil absenteeism has been an issue at the school. *Absenteeism* is distinguished from *absence* in this school not simply in terms of the well-known dichotomy between 'authorised' and 'unauthorised' absence. The term 'absenteeism' can include minor illness and injury which merit a note from home, as well as arising from a pupil's attitude or from prioritisation of activities which leaves the school a poor second. 'Absenteeism is an expression of choice' says John Barrow, the Headteacher. 'Absence is when a pupil or a colleague has a compelling and legitimate reason not to be in school. Sickness absence is when someone is just too ill to be here. If the absence is *controllable* - if they could take more care of their

health, get enough sleep, put the school first - and they still can't make it to school, then it's absenteeism.'

A culture of attendance

In 1997-1998, pupil attendance in the school ran at 92.5%. Of the absences, one per cent were unauthorised. Given the Headteacher's definition of absenteeism, however, he surmised that at least half of the 7.5% lack of attendance was controllable. 'Someone who doesn't come in when they could, whether they are conscious of it or not, is expressing lack of attachment to the school' says John Barrow. 'It can be catching and I don't want it to spread.' He acknowledges that the pupil absence statistics are often influenced by a 'hard core' of absentees. 'They move through after a time and I don't want to create a lasting impression in pupils coming to the school or in the community that we condone non-attendance.'

The drive against pupil non-attendance has been systematic. The school is a designated resource centre for pupils with physical disabilities and has appointed a full-time nurse, Merle Solanki, as part of its agreement with the LEA. She is also designated Senior Welfare Officer and, since September 1998, has spearheaded the school's drive against pupil non-attendance. The importance that the school's management attaches to this drive is emphasised by the resources allocated to it: a Learning Support Assistant (33 hours per week) has been deployed to assist Merle in reducing pupil absences. This decision was obviously likely to have an impact on the teaching staff and so was discussed beforehand in a full staff meeting. At that meeting, the Headteacher's belief that staff punctuality and attendance was an essential component of a high-attending school was once again restated.

Several strategies have been adopted. Key ones are listed below:

- The Senior Welfare Officer and the LSA make telephone calls in relation to any pupil not present at morning registration. They are *persistent*, aiming to get through to a parent, guardian or close relative at one of an increasingly comprehensive list of contact numbers. The purpose is to check the reason for the pupil's absence and to establish a likely return date.
- On two afternoons each week, *a particular year group is targeted*. Classes are checked after afternoon registration to establish whether any pupils registered

are no longer present. Telephone calls to parents, at home or work, are linked to a range of suitable strategies, including calls to the pupil's mobile telephone, home visits or visits to a suspected alternative choice of venue.

- *Term-time holiday taking* is being actively targeted, with teachers who speak the first language of a particular family assisting in drafting suitable letters and year heads joining in the drive to make parents aware of the way that such breaks can disrupt pupil learning. This is particularly so when a term-time 'holiday' involves an extended visit to relatives in a far-away country.
- The school has a growing sixth form. The school's management ensures that the more generous funds that attach to a sixth form place are used effectively to subsidise *smaller classes lower down the school*. This has two linked purposes - to make the teaching process easier for teachers at Key Stages 3 and 4 and to ensure that teachers have a closer knowledge of the pupils in the groups they teach. 'Greater job satisfaction ensures better attendance from the teachers,' says John Barrow, 'And a more relaxed environment where teachers and students know each other well makes it that bit harder for the student to be absent without good cause.'

The results so far

Pupils' attendance, up from 92.5 to 94.6 per cent last year, is now targeted at 96 per cent for the present year. *Teacher absences through illness have decreased over the same period of time*. In 1997-98, 2.52 per cent of teacher working days were lost through sickness absence, while 1998-99 saw this reduced to 2.2 per cent.

'We don't want to stop our pupils from staying at home if they are genuinely ill,' says John Barrow, 'Any more than I'd expect a teacher to come in if he or she is really unfit for work. It's the bit in the middle that counts; the "shall I or shan't I go in?" We aim to make it that bit easier to make that decision. In this school, being here really counts.'

- The 1998 Cabinet Office Report, *Working Well Together*, defines six key features of successful policies on sickness absence management: Committed to Caring, Policy Ownership, Universal Application, Role Clarity, Incentive Removal
- NEOST has responded to *Working Well Together* with a document aimed at preventing absence among staff in schools.
- Governors' powers under local management mean that LEAs have less control over teachers than most other local authority departments have over their employees.
- Our survey of LEAs' policy documents reveals that all of them distinguish between long-term absence and short-term (or intermittent) absence.
- Most policies leave room for headteachers' discretion over what constitutes 'cause for concern'.
- Policy initiatives can be classified under three headings: those which seek to *inhibit* absence, to *prevent* absence and to '*cure*' absence. Some LEAs' policies tend to emphasise the former.
- Return-to-work interviews and 'triggers' for action by management are widely recommended in LEAs' policy guidance. Case Studies 1, 2 and 3 offer examples of policies in action at LEA and at school level.
- A school culture of attendance can reduce the incidence of sickness absence. Case Studies 4 and 5 provide examples. In the second of these the school distinguishes between 'absence' and 'absenteeism'.

Chapter 7

Other Policy Components

Analysis of LEAs' policies and guidance is continued, accompanied by six further Case Studies.

Preventive Policies

7.1 All policies from the 30 LEAs mentioned points for referral to Occupational Health. Few gave firm 'trigger' points for such referral: it would arise as action after earlier meetings had failed to satisfy the school's management about the ability of the staff member to attend regularly and subsequent behaviour had confirmed it. Referrals to an Occupational Health physician or nurse, when built into a policy on sickness absence, seem to have an essentially inhibitory purpose. They appear to occupy a particular place in the process of absence control. Beneficial effects for the individual may occur as part of that process but the policies did not give the impression that this was the primary purpose of Occupational Health's response to the referral of an individual teacher which came, typically, via the Personnel or 'Human Resources' section of the LEA.

7.2 Adjustments to working conditions were mentioned in many policies as a possible outcome of the process of sickness absence monitoring and review. This suggestion is potentially preventive; however, where it features (as it did in all cases) as a possible course of action after a formal hearing, we judged such a measure to be 'curative'.

7.3 Occupational Health involvement can serve a primarily preventive function. Health Risk Screening (essentially an assessment approach) and Health Education (information-giving) featured as part of the policies of just four of the LEAs who responded to enquiry. The next two case studies look at two programmes available to teachers. Both of them involve Occupational Health staff who report finding this aspect of their work important and fulfilling. Yet teacher take-up is quite different from that of other local authority staff in the second of these. The reason is quite apparent: the LEA in **Case Study 6** offers a 'free' service, while most of what is available to schools in **Case Study 7** has to be charged for.

Case Study 6: Healthy Lifestyles

**Key terms: health screening;
teacher stress;
preventing absence;
funding services**

In one LEA, the last three years have seen 75 schools participate in this screening programme. It is available throughout the local authority. Each department contributes a share of the cost and the education authority does so too. The service is not a charge on schools' budgets.

The service

Two occupational health nurses visit the school by arrangement. It is not necessarily a service to the whole school, although in many cases most of the staff take the chance of the free health-check that is provided. Whether all the teachers or just one or two staff choose to use it, the service will operate outside school times. It starts at eight and finishes at five. Lunchtimes can prove busy.

The screening

A menu of checks and tests is offered. Height, weight and percentage fat assessments are accompanied by tests of vision, urine tests and tests of cholesterol level. While teachers can choose which to have, most opt for them all. A stress analysis, consisting of verbally-administered questions with responses fed by the nurse into a computer, accompanies the battery of physical tests.

In the experience of the Occupational Health Nurses, teachers are generally more healthy than other groups of local authority workers that they see. Excess weight and raised blood pressure are among the most commonly encountered problems, with raised stress levels often linked to these. Teachers tend to attribute high levels of stress, revealed by the stress check, to their work; however, very few of them are regarded as having stress levels serious enough for them to be referred to the counselling service which is available at the discretion of the Occupational Health Nurse conducting the assessments.

Results of tests are given to the teachers at the time, with any necessary explanation, advice or 'education' on how to modify any of the less desirable elements of the findings. For a small number of teachers, usually those who are overweight and/or have raised blood pressure levels, there is the opportunity to attend a follow-up clinic based in the Occupational Health Department. On a few occasions (said to be rare), a teacher will be referred to her or his own General Practitioner.

Musculo-skeletal problems

All local authority employees are entitled to up to ten sessions of physiotherapy. Teachers are no exception; the LEA contribution to this service is from centrally-retained funding. Referral is via the Occupational Health Department and may or may not coincide with one of the school visits detailed above.

The reported take-up by teachers is low, possibly because they tend to seek help of that kind through their GPs.

Counselling

There are three ways for teachers to access one of the two counsellors employed by this local authority: through a visit to the school by the Occupational Health Nurse, by self-referral or, with an individual's consent, via a referral from the school. The last is rare; in the past two years this route has not been used at all. Records show that around 10-12 teachers will use the service in any year. Proportionately, the counsellors say, they see far more social workers than teachers.

Bearing in mind the small number of teachers seen by the service, it is hard to gain a 'typical' picture of the problems that lead to referral. It seems that about three-quarters cite difficulties at work; workloads that are perceived to be too high and/or headteachers' 'excessive' demands seem to crop up frequently. Last year, of those teachers given counselling sessions, all but one was able either to continue in the job or to return to it after a period of absence through stress-related illness.

Does the project have an effect on sickness absence?

Like so many preventive initiatives, it is difficult to assess the impact of the Healthy Lifestyles project on sickness absence in teachers. In the past three years, though, staff at seventy-five schools have taken part in the health screening programme. The message from the employer, as one teacher told us, is 'We care about your health, we care about you'. The follow-up clinic, counselling and the opportunity for physiotherapy signal to staff not only that their employer takes their health seriously but that something can be done to maintain or even improve it.

Case Study 7: The Health Bus

**Key terms: diet and stress;
health awareness;
staff morale;
delegated funding;
value for money**

What people eat and how much they weigh are by now both well established links with their long-term health. Weight management and 'nutritional risk management' programmes have therefore become a standard part of 'wellness' or health promotion campaigns. Perhaps the clearest links between diet and health outcomes relate to *cardiovascular disease*. Fat and cholesterol intake, as well as salt consumption and weight gain have been implicated as contributors to coronary artery disease, hypertension and stroke.

Stress is also thought to affect diet and weight. The 'negative mood' that can result from stress may lead some people both to eat more and to seek 'comfort foods' – foods that make them feel better. Most of these foods are relatively high in fat or sugar or salt. Stress can easily increase the consumption of less healthy fatty, salty or sweet foods.

Origins of the bus

These were key considerations when a northern metropolitan local authority set up a mobile *health promotion and education* initiative. The rationale is simple: a health-aware workforce is likely to be a healthier workforce. Healthier workers will not need as much sick leave as less healthy workers. However, the traditional model, in which health services operate from a fixed base, was rejected by the Human Resource Division of that local authority. Working in conjunction with the local Occupational Health Department, the maxim has been that people who are to all intents and purposes 'well' are unlikely to visit a health promotion service; the service therefore should go to them.

The Health Bus, as its name implies, is a mobile unit which tours the city. It is available to all the units and departments of the local authority. It offers a range of health checks, notably assessing individuals' height/weight ratio, their blood pressure, hearing, vision, and lung function. Urine analysis is also offered as part of the service, with the usual checks for sugar, protein and ketone levels. Many of the results are immediately available and at a follow-up appointment a nurse will, where necessary, provide help and advice. This will cover aspects of lifestyle such as smoking, dietary intake and exercise. Where necessary, further tests at the hospital will be arranged. The results, of course, are confidential to the employee: no managers are told about them and the individual's personal records are not affected.

Teacher take-up

Nearly all divisions of the local authority make extensive use of the Health Bus. The service is free at the point of delivery, it is confidential and generally seen as a 'perk' of employment. The exception is the Education and Libraries Division. Only six schools used the service last year. The reason, according to the Occupational Health Manager, is simple. Under 'Fair Funding', most of the money for the service is not held centrally but devolved to schools. This contrasts with other divisions of the local authority, whose budgets are 'top sliced' to fund the service. So with the exception of the 'standard service' set out below, schools are expected to fund a visit from the Health Bus from their own budgets. 'Basically,' says the Occupational Health Manager, 'Many schools either consider the service too expensive or they just have greater priorities for their limited budgets.'

The Occupational Health Department's 'standard' service, not billed to schools, is not delivered by the Health Bus. It consists of pre-employment health checks for newly-appointed staff, vaccinations for those working in special and nursery schools

(Hepatitis B) and in nursery classes (Hepatitis A). The Department also offers the LEA a health assessment for staff who have been absent for more than 13 weeks as a result of any illness classified as psychiatric in origin. There is a further service to schools, for which they are separately billed: staff whose patterns or frequency of sickness absence cause concern can be referred for medical checks. Uptake of this, compared with that by other divisions within the local authority (who are not billed), is described as 'very poor'.

A satisfied school

South Benfield Primary is one school which has used the service. Six months ago, the Health Bus visited and all ten teachers took the opportunity to get their health checked. They had decided at a staff meeting that it would be a good idea. Three of them were advised to make some changes to their diet or to their eating patterns; they have subsequently all lost some weight and say that one another's support in maintaining the suggested minor changes in their lifestyles has helped them. 'It was better doing it with my colleagues than trying to do it alone' said Mary, a 43-year-old Year 4 teacher. 'I suppose we could have gone to a health club and we still might. But this got us started.'

One other teacher, though, discovered as a result of the Bus's visit that she had an under-active thyroid gland. Without early diagnosis and treatment this would almost certainly have led to her taking time off from school. As it was, with the exception of two hospital appointments, she had had full attendance in the six months since the Health Bus came to her school. 'I consider that £30 a teacher is money well spent,' the headteacher observed. She sees it as vital to take all possible steps which reduce the prospect of staff absence. Following the school's first OFSTED inspection some five years ago, both long- and short-term sickness absence became a significant problem. With stress-related illness and early retirement applications featuring large in the life of the school at the time, she took a decision to ensure that staff health, commitment and morale would always be maintained in future. For her, the bill for the Health Bus is an investment in all three.

Dealing with stress

7.4 We have listed *stress reduction* under the heading of preventive policies. It may, of course, be seen also as 'curative', depending on the state of mental health of the individual and the amount of sickness absence which he or she has already experienced. Six of the

thirty authorities told us that they made provision to ameliorate the result of job-induced stress, either through offering counselling support from an independent provider or stress management assessment and advice. Two of these gave out stress management packs to staff with the clear intention that they would improve the coping capacity of the individuals using them.

7.5 **Case Study 8** below gives an example of a collaborative arrangement among separate LEAs which were at one time part of the same large education authority. Their approach to stress management involves face-to-face, one-to-one counselling, which can be resource-intensive. However, the stress counsellor will also visit schools by arrangement to run 'stress workshops'. These offer a mixture of assessment, stress-reduction exercises and information on how to reduce stress in the workplace.

7.6 Although we have not included it in our case studies, we note here that *Teacherline*, a nationally-accessible telephone counselling service offered by the Teachers' Benevolent Fund, has now been operating for more than a year. During its first year it took 7,260 calls from teachers. While *Teacherline's* telephone counselling service may lack the personal element of the service in the following case study, it has several advantages, not least among them its immediate accessibility, the anonymity it affords and its relatively low per-capita cost.

Case Study 8: The Teachers Stress Project

**Key terms: counselling;
stress reduction;
maintaining mental health**

Four local education authorities which formerly constituted a large county LEA, contribute to the Teachers Stress Project. Together they employ a qualified counsellor for two days a week. The service is free to all teachers employed by the participating LEAs.

Referral

Teachers refer themselves directly to the counsellor. Details of how to do so are sent out to every school at the beginning of the academic year. The principle of self-referral is important, although it is always possible that a teacher seeking the help of the counsellor may be doing so on the suggestion of a headteacher or one of the participating LEAs' human resource departments.

Times and timing

A teacher is entitled to up to eight sessions. It seems that most of those using the service take up all their entitlement. Appointments are made by telephone but the sessions are held face-to-face in a neutral venue: away from school and not in the education office. If a teacher is still working (most are), the appointment can be made for a time outside school hours.

Take-up

Approximately 50 teachers use the service each year. The totals for the last three academic years are:

1996/7: 47; **1997/8:** 45; **1998/9:** 48

As well as one-to-one sessions, the counsellor also runs occasional courses for groups of teachers (between 14 and 22 in a group) on methods of managing stress.

The clients

In the experience of the counsellor, those who use the service are representative of the stress-illness continuum. The majority are still working while a slightly smaller number are on short-term sick leave. A few who refer themselves are on long-term sick leave. It is the counsellor's impression that those who come for counselling at an early stage are more likely to be helped and maintained in their teaching posts: 'If you get them while they are in the job you have a much greater chance of keeping them at work,' she says. Typically, those who come to counselling are over the age of 40. It is common for a client to have twenty or more years of teaching experience.

The cause most commonly given by teachers for contacting the service is work-related stress. 'A feeling of being overwhelmed by the amount of paperwork and

administration' is said to be the most frequently-occurring symptom brought to the first session. However, by the fourth session it is not unusual for teachers to acknowledge that their *problems may stem from aspects of their personal lives*. Where work-related issues seem to be central to the experience of stress, around a half of all cases are linked to a change in management (typically a change of headteacher) over the past two years. Other associated difficulties involve relationship problems with colleagues and/or failure to meet what they perceive to be the contemporary demands made of them by schools, pupils and parents.

The counsellor reports anxiety often being compounded by changes to the retirement regulations resulting in clients' long-planned-for age for leaving teaching having to be postponed. 'They feel locked out, shut in,' she says.

In all, this counsellor has worked with over 150 self-referred teachers. Between five and seven of those seen each year are viewed as 'burnt out'. To be described in this way, a teacher has to be viewed as having little capacity to continue working and little to offer her/his school or its children. In those cases the counsellor will, if asked to, support an application for ill-health retirement.

Sources and destinations

An analysis is available for 101 recent referrals. 48 came from primary schools, 40 from secondary schools and 13 from special schools. Of these, four were headteachers, 24 were described as 'middle management' (a term embracing deputy heads, heads of department and those with designated posts of responsibility) and 73 were placed in the 'main professional grade' category.

At the time of the analysis, 85 of these teachers had completed their sessions of counselling. 72 were classified as having primarily 'work related problems' while the other 13 were seen as having 'personal problems affecting work.' To differentiate clients so accurately is probably more difficult than this dichotomy makes it appear. However, behavioural follow-up is less prone to subjectivity. When this was done as part of the analysis, four categories were used:

'Able to maintain their positions at work with the help of counselling':

34 teachers (40%)

'Returned to work following periods of sickness':

24 teachers (28%)

'Required longer time off work due to severity of distress':

14 teachers (17%)

'Given support and help to make a decision about their future.':

13 teachers (15%).

The last category is an ambiguous one. It appears that teachers here were actively considering a life outside teaching. They may have included those seeking ill-health retirement and/or those subject to 'capability' proceedings, although no record of this is available.

Curative policies

7.7 Any aspect of a policy which seeks to lower the work resumption threshold of an individual (i.e. to facilitate his or her return to work) can be classified as 'curative'. We encountered two elements in the LEAs' policies on long-term sickness absence which seemed to fall into this category. The first, mentioned by twenty-three of them, was a *phased return to work* from long-term sickness absence, designed to reintroduce the teacher gently to her or his job. The second was adapting the workplace suitably. We found no examples of such adaptation offered in the policies, although many of them mentioned the obligation on employers to make 'reasonable adjustments' under the terms of the 1995 Disability Discrimination Act.

Phased return to work

7.8 **Case Study 9** provides an example of the successful phasing of two teachers' return to work. It looks also at different ways of assessing the cost of doing this. In the introductory section we also touch upon some of the issues which headteachers may have to consider in sanctioning and supporting this way of re-entering the classroom.

Case Study 9: Phasing Teachers' Return to Work

**Key terms: long-term sickness absence;
reducing workload;
cost of absence;
planned return.**

More policy than practice?

LEA policies on long-term sickness absence often suggest a 'phased return to work' as one option for schools' Headteachers or governors to consider. There is a strong element of common sense in this suggestion. If a teacher, or even a Headteacher, has been too ill to work in school for a period of several weeks or more, then it may be better for her or him to return to work in gradual fashion, perhaps following a partial teaching timetable or carrying out just some of the normal duties of the job. However, local management arrangements now mean that schools themselves, rather than the employing LEA, must take financial responsibility for the costs of staffing. It is not uncommon to find that headteachers are sympathetic to the needs of a teacher who has been absent for some time but reluctant to contemplate the cost of continuing to fund replacement teaching when the teacher has returned to work. If the school has an insurance policy covering it for staff absences, that policy will usually cease to pay out upon the teacher's return to work; if the school is uninsured and therefore underwrites its own staff absences, there may be an immediate attraction to halting the cumulative cost to its budget. It does not seem to be regular practice for teachers to be given the opportunity for a phased return to school. Indeed, some former teachers who have retired due to ill-health report requesting a gradual return to work but being refused.

Yet there are cases of **successful phased integration of teachers** into their schools after significant periods of sickness absence. The following examples demonstrate that it can be done.

Two teachers: one problem?

St Augustine's High School is set within a northern local education authority which has a very high incidence of teacher sickness absence. The LEA is in a region

which records one of the highest levels of ill-health retirement among its teachers. Two teachers at the school have been 'gently readmitted'. Two cases are examined separately, although what the Headteacher describes as a 'knock-on effect' may have led from the first to the second.

Ms. Seddon (44) is the Head of Religious Education, even though she is only employed for four days per week. She had taught overseas some years before and a latent virus she had contracted led to a long history of recurring absences. However, some ten months ago she was diagnosed with breast cancer and was away from work for six months whilst receiving the appropriate treatments for this disease. The school's insurance policy with the LEA meant that after the first five days most of her salary was recoverable and the school directed this to supply teaching.

'Home-based' return

Supply teachers, however good, cannot be as familiar as the regular teacher with students and the work they are doing. The school kept in close touch with Ms Seddon and with the progress of her treatment. Both the Headteacher and the Deputy Head visited her, while other senior colleagues maintained contact with telephone calls and letters. She expressed an interest in working from home and after five months' absence took on *progressively more marking* of students' work, beginning with her own and then moving on to the *work of other students* also. The LEA, in its guise as insurer, was involved at this point: if she was now working, albeit from home, the school wondered if it should still be compensated for her absence. It was agreed that the policy would cover her full pay until she had completed six months' absence.

Less days, less time

After six months, Ms Seddon returned to work. Instead of the four full days she had worked before, she now worked for just three days, starting at 10.00am and finishing at 2.00pm. This went on for six weeks, after which the three days became full school days. She continued, though, to be paid for four days: her normal contracted time.

Ms Seddon is once again teaching for four full days a week. Her cancer is in remission and the Headteacher describes her effective return to work from a serious illness as 'a humanitarian and managerial success'.

The second absence

At about the same time, **Mrs Jacobs** (51) a full-time teacher of History as well as Religious Education at the school, experienced what she and the school termed 'a nervous breakdown'. Her workload had increased as a result of Ms Seddon's absence and she was known already to find the job demanding. Now many of Ms Seddon's responsibilities fell on her. She became increasingly anxious, although that anxiety was masked by her progressive irritability with students and colleagues. Problems which she might have taken in her stride before became exaggerated difficulties. She would easily become angry and that anger would translate into argumentative and domineering treatment of pupils in her classes and public shouting at pupils. She was also now prone to quite open conflicts with colleagues over matters which they considered 'petty'.

It was not long before these things came to the notice of the Headteacher, and it was he who urged her to seek help from her G.P. Mrs Jacobs had seldom taken any time away from work but now she was off continuously, leaving the running of the department to just one other colleague.

The phasing of her return to work coincided with that of Ms Seddon. Mrs Jacobs had received medication for her condition and had attended as an outpatient a local clinic for mental health difficulties. This, of course, meant that she had to receive clearance to return to work from the local authority's Occupational Health Doctor; after six months this clearance was given, with the proviso that she should be given the opportunity to acclimatise to her job in a progressive fashion.

The Headteacher, with the backing of the governors, agreed that Mrs Jacobs should return full-time, cutting back her timetable to a little more than half its previous size. The remainder would continue to be covered by supply teaching. The school, true to its pastoral tradition, ensured that Mrs Jacobs had plenty of opportunity to receive

mentoring from the Head and the Deputy Head; part of this involved the rebuilding of relationships with particular colleagues and students. **After six weeks she was able to resume her full timetable.**

The cost to the school

This has been quite high. Even though its insurance policy with the LEA supported much of the replacement of these two teachers during the first six months of absence, their phased return was effectively 'double-funded'. The Headteacher is quite clear that in a situation where the school has to manage its own budget, an automatic expectation of phased return cannot be built into the school's policy on sickness absence. Each case must, he says, 'Be judged on the basis of the school's needs, the resources available and the merits of the individual.'

The financial loss to the school has to be set against the potential costs of not offering the opportunity to return to work at a slower-than-usual pace. These are hard to quantify but no less real. They relate to such matters as the morale of other staff who perceive that ill colleagues are being treated unfairly, as well as to the impressions formed by members of the school's community. The loss of time and energy which might have been entailed in alternative strategies (dismissal on the grounds of incapability, for example) have also to be taken into account in any estimate of cost.

When curative policies fail

7.9 'Medical incapacity' and 'Medical capability' were two commonly-used terms in the LEAs' policy documents that we examined. Twenty-four of them produced guidance in the form of prose, flow diagrams or both, for headteachers to apply before referring a staff member to the governing body for dismissal. Long-term sickness absence was usually posited as a precursor to such a referral, although several documents offered guidance on when suspension of a teacher on medical grounds might be necessary. Such suspension might also eventually lead to dismissal.

7.10 Often the guidance seemed simple. We are told it can be deceptively so. We found that it typically involved ensuring that all earlier formal procedures had been adhered to,

consultation with the staff member, with the LEA and with an Occupational Health physician, as well as allowing sufficient time for improvement. The possibility of alternative employment in the school and elsewhere in the LEA had also to be considered, although we are informed by headteachers that the latter is seldom possible under local management arrangements and the former option - employment elsewhere in the school - is almost certainly impossible in school settings, where one teacher's job is very similar to another's and where teachers are usually employed to teach.

7.11 **Case Study 10** below provides an example of the time taken to implement dismissal proceedings on grounds of medical (in)capability. When the staff member who is absent claims that those proceedings have an influence on her/his health, headteachers report both difficulties of access to the absent colleague and problems in ensuring that they are not perceived by others to be harassing or bullying that person.

**Case Study 10: Hilton Primary School: the anatomy of a long-term
sickness absence**

**Key terms: absence due to stress;
headteacher role;
maintaining contact;
Occupational Health role**

In its December 1999 report, the National Employers' Organisation for School Teachers (NEOST) has neatly summed up the problem confronting many schools:

'One of the most demanding issues that schools have to face is determining a suitable period of time before pursuing actions that may end in dismissal. There is, of course, no prescribed timescale, sincethe principle is that each case should be assessed on its own facts based on the medical prognosis and a management assessment'.

(3.24)

The newly-appointed Headteacher of Hilton Primary identifies strongly with NEOST's sentiments. The previous Head had left with a stress-related illness and been granted ill-health retirement. She took over in September and it was quickly apparent that Mrs Taylor's absences were a problem.

Mrs Taylor was a Year 6 class teacher. Aged 49, she had been at the school for more than twelve years. She was well-liked by colleagues and despite her progressively intermittent attendance at the school over the last twelve months, appeared to retain the general support of governors and many parents.

Before the new Headteacher took over, Mrs Taylor would sometimes be absent for two or three days, sometimes for longer. When medical certificates were needed, they initially recorded her 'debility' and then her 'depression'. That September, even though she stayed until late at school, it was apparent that there was little in the classroom to excite or inspire the children and Mrs Taylor appeared to rely on raising her voice and criticising pupils to achieve any discipline. The Headteacher learned from the secretary that two parents of Year 5 children had withdrawn their children the previous term on finding that they would be with Mrs Taylor. It seemed that there were some rumblings in the community, although Mrs Taylor appeared to retain the sympathy of colleagues and governors.

Before the October half-term the Headteacher spent an afternoon working with a group of pupils in Mrs Taylor's classroom, so providing her with the opportunity to observe and discuss what she saw. The

possibility of disciplinary proceedings was not mentioned. By now, Mrs Taylor had already been absent for six days that term. She did not come in again that term. Her medical certificate, which arrived after the half-term break, read 'acute depression'.

The school's insurance cover, arranged with a private insurer, was invalid in Mrs Taylor's case, since at renewal it struck out cover for Mrs Taylor where depressive illness was concerned. The Headteacher had, however, received guidance which suggested the importance, in cases of long-term sickness absence, of:

- maintaining contact with staff as early as possible
- seeking information about the condition and its prognosis
- arranging independent medical assessments
- accepting, as a final resort, the need for dismissal or retirement.

She did all of these as far as she could. However, her telephone calls were taken by Mrs Taylor's husband who made it quite plain that his wife was ill and did not want to be disturbed. A brief order of events is summarised here:

Week 1: Mrs Taylor phones in sick. Certificate follows.

Week 3: She is referred to Occupational Health *by her own GP*, so pre-empting the trigger point of four weeks of continuous absence which would have led to this.

Weeks 9, 14,

19: Review meetings at LEA offices between Headteacher, Mrs Taylor, her Union Representative and a member of the LEA's Human Resource Department. After each one, Mrs Taylor says she 'feels worse'. After the third meeting, Union Representative asks that they be discontinued.

Week 25: Having received no contact from the LEA's Occupational Health Doctor, the Headteacher telephones him, seeking confirmation that Mrs Taylor is unlikely to return. The doctor will not commit himself to this and recommends an independent psychiatric report.

Weeks 26-31: LEA reluctant to pay for psychiatric report. Governors meet and will not pay for report. Some governors still feel that the Headteacher is placing undue pressure on Mrs Taylor, although there is now an acknowledgement of the cost in terms both of the budget (she is now on half pay) and uncertainty over covering her teaching.

Week 32: LEA agrees to pay for psychiatrist's report.

Week 35: Headteacher informed via LEA that psychiatrist's report says Mrs Taylor is 'not fit to return to work *at this time*'.

Week 52: Headteacher pays home visit. Mrs Taylor, 'feeling better', discusses phased return to work. However, the LEA point out that (i) she will have to be given a medical check since she is returning to work after a long-term psychiatric illness; (ii) if she is deemed fit to return to work, then she is fit to

return full-time: there can be no half-way point in relation to her depression.

Week 56: Mrs Taylor's condition deteriorates.

Week 62: Headteacher recommends Mrs Taylor's dismissal to governors and support for her application for early retirement due to ill-health.

Week 63: Dismissal proceedings initiated.

Week 91: Dismissal notice issued.

Week 95: Mrs Taylor appeals against dismissal, claiming that, under the terms of the Disability Discrimination Act, she has been unfairly treated.

Week 110: Appeal hearing rejects teacher's claim.

Week 114: Teachers' Pensions Division agrees to Mrs Taylor's application for ill-health retirement. Dismissal notice rescinded.

Lessons learned by the Headteacher

The Headteacher learned four vital lessons:

1. *Try to keep in touch with the absent teacher;* another time, she says, she would write in an informal way to show that the school is missing the teacher and cares about her problems.

2. The single biggest obstacle to the resolution of the problems, she believes, was the Occupational Health doctor's apparent belief that a *duty of care* was owed only to Mrs Taylor. This may have been because she came to the Department's notice via a G.P. referral. However, she hopes that the HRD of her LEA will clarify the purpose of its purchase of Occupational Health advice in future.
3. She believes that if the school had commissioned the independent psychiatrist's report, then *clearer and earlier information* about Mrs Taylor's condition and prognosis might have been forthcoming.
4. The nature of Mrs Taylor's condition made it likely that any attempt to meet with her and discuss return to work was likely to exacerbate her problems. Postponement and delay flowed from this. The school will, she says, need to develop a *more pastoral approach* in future, with home visits by a senior member of staff focused solely on concern for the absent teacher's welfare rather than emphasising the problems it creates for the school.

Where long-term sickness absence can be common

7.12 We referred earlier to the apparent yet deceptive simplicity of LEAs' guidance on procedures to be followed when dismissing a staff member on the grounds of medical incapacity. The secondary headteacher in **Case Study 11**, who inherited a school in special measures, told us that every case appeared the same but each was different. Like the head in Case Study 10, he related particular difficulties in implementing absence management procedures when teachers whose illnesses were stress-related claimed that their stress was exacerbated by the procedures. The case study looks at a cluster of schools in a socially-deprived area of an industrial city. Problems in meeting the standards required by OFSTED and of staff illness and absence appear in this study to be closely linked.

Case Study 11: Schools in Special Measures and Staff Sickness

Absence

Key terms: staff stress;

medical capability;

dismissal;

maintaining morale

Background

An unfavourable OFSTED inspection, leading to a school being placed in 'special measures', is likely to cast doubt upon the competence of some, if not most, of the staff in a school. This study looks at a cluster of schools in the inner part of an industrial city.

The secondary school and its eight feeder schools all serve multi-ethnic communities; the area has long been regarded as socially depressed. The secondary school, under a new headteacher since entering 'special measures', has recently satisfied OFSTED's standards. Four of the feeder primary schools (Schools A-D) remain in special measures. A fifth, with more than ten per cent of teacher time lost in the past year, was also deemed by OFSTED to be failing as the study was completed.

Absence Statistics

The four special measures primary schools have experienced absence levels ranging from 3.7% to 16.5%. *Such statistics are potentially misleading.* School A, with 3.7% absence to December, by April had four teachers and a nursery nurse who were regarded as on 'long term sick'. The school was inspected and placed in special measures in January. School C, on the other hand, with a 6.5% record of absence to December, reports high levels of teacher attendance even though it has been in special measures for more than a year. Much of the 6.5% is accounted for

by the former headteacher's stress-related illness which resulted in extended absence immediately following the inspection and finally led to his retirement through ill-health. Until that was confirmed, the head's absence featured in the school's staff attendance record.

A similar picture emerges of the secondary school. At 6.7% its record of staff absence places it just above the bottom of the LEA's secondary school league table. Yet the headteacher reports almost universally high levels of teacher attendance. The difference is explained by sickness absences registered before their resignation by staff against whom 'capability' proceedings were being taken by the new headteacher appointed by the LEA.

Sickness absence and 'capability'

There appears to be a strong link between headteachers' or governors' actions to deal with lack of competence in teachers and the incidence of sickness absence. Recent research at Exeter University suggests that processes aimed at resolving allegations of incompetence are likely to be prolonged when teachers go on sick leave. In this LEA, the guidance to heads and governors on the procedures for staff absence management in schools acknowledges the interaction between these two elements in its revised version:

'The Capability Procedure does not address the management of ill-health absence, which means that it has been necessary to continue the previous Incapability Procedures for Teachers for this purpose, although in many cases the absence is linked to the employee being placed in the Capability Procedure.'

Since 'capability' of a teacher relates to 'skill, aptitude, health or any other physical or mental quality', the LEA advises that dismissal for a combination of poor performance or lack of competence and sickness absence, whether related or not, would be reasonable. This combined route is one which is being taken in most of the cases of long-term sickness absence in these schools in special measures.

The schools

There appears to be greater concern in the secondary school about the budgetary consequences of long-term sickness than there is in its feeder primary schools. This may be explained by the fact that all primary schools in that LEA insure against staff absences through the local authority. Within that policy, absence of three or more days triggers indefinite financial compensation for the school. In contrast, the secondary school is required by the LEA to take out private insurance and the terms of this are less generous. As a result it seems that there is greater proactivity on the part of the secondary school's management in dealing with sickness absence. The primary schools appear to rely on the initiatives of the local authority's Personnel Department which, as insurer, has an interest in mitigating its liabilities.

Of the four primary schools, one has a newly-appointed headteacher, in one the deputy head is acting as headteacher, and the other two are led by 'Associate' heads seconded from other schools in the LEA. Since entering 'special measures', three members of School B's staff have been on long-term sick leave (the head, the deputy head and SENCO), while School D has one class teacher on long-term sick leave. That teacher is applying for ill-health retirement.

The contrast between schools A and C has already been noted. In the former, four long-term teacher absences are accounted for by two teachers who became absent with stress-related illnesses before the inspection and two (one whose long-standing back problem has now become acute and one with depression) whose absences followed it. A nursery assistant has also recently submitted a medical certificate citing depression. School C, with its second 'associate head' has had only occasional staff sickness absence.

The Secondary School

Eleven teachers were identified by the incoming headteacher as showing marked shortcomings in their competence. He was assisted in reaching that judgement by the report of the OFSTED inspectors,

although that, he says, did not constitute all the information used. Five teachers left during his first two terms; as far as he knows, they are no longer teaching.

The remaining six, all of them full-time teachers, became subject to competency proceedings. The LEA's policies were, he says, 'very useful' and 'followed to the letter'. Five teachers took sick leave immediately; the medical certificates of four of them referred to 'stress-related' problems, that of the fifth to 'clinical depression'. The one who continued to attend left to take up another post at the end of the next term. 'Capability' procedures were started and the headteacher says that the consistent application of support and advice, alongside targets for improvement which were attainable, enabled the teacher to recover what he describes as 'lost self esteem'.

Three of the other five teachers were dismissed. The LEA's procedures for *Dismissal for a Combination of Capability (Performance) and Ill-Health Absence* calls wherever possible for meetings with the teachers and these were hard ('impossible' in one case, says the headteacher) to arrange given the illnesses of the teachers concerned. All five were subject to these procedures; four of them applied for retirement on the grounds of ill-health. Two were successful in obtaining it, and so their dismissal proceedings were ended.

The headteacher reports the process taking a long time to complete: the shortest was over in two terms, the longest took more than a year. 'The length of time taken to reach final decisions on dismissal actually seemed to make these teachers more ill,' he says. There appear to be exacerbating interactions between perceived incompetency, absence

from work, stress-related illness and the management actions required to deal the first two of these.

‘Getting rid of these five teachers is one of the things I am least proud of doing,’ recounts the Head. Yet he sees it as an essential part of the process of improving his school. ‘They were not cut out to work in a school serving an area as challenging as this one,’ he says. ‘In my opinion, only one of them was unfit to be a teacher. They just needed to be in a school which did not have the inner city problems that we encounter daily and where pupils’ behaviour problems do not require the highest levels of skills to manage them and ensure that learning takes place.’

He questions two sets of received wisdom: that the headteacher is the vital ingredient in the success or otherwise of a school and that long-serving staff in a ‘failing’ school are automatically part of that failure. ‘There are twenty or so teachers who have been here for years who, if they were to leave all at once, would make it impossible for me to run this school effectively. They have developed an understanding with pupils and the community that is vital to the school’s efficient functioning.’ He also draws the analogy between ‘problem’ pupils and ‘problem’ teachers (including those whose absence record is higher than it might be). ‘There are so many that a school can cope with before they adversely influence anyone’s performance and morale. We had too many “problem” teachers, so something had to be done.’

Special measures and high attendance

What differentiates School C from the other nearby primary schools? All are in special measures yet, unlike the others, this school has recorded

practically no staff absences. It would be easy to say that there appears to be 'high morale' among the teaching staff. There does, but how has it been achieved?

We have identified the following features:

- (i) The school was placed in special measures because its leadership was deemed inadequate. That leadership has been changed.
- (ii) The new headteacher has consistently reassured the teachers of their competency and worth.
- (iii) Failure has been 'externalised': the headteacher has identified shortcomings in the LEA's earlier attempts to support the school which staff now cite as the cause of their current difficulties.
- (iv) There are 'treats' after each follow-up inspection visit: staffroom parties, teacher trips to the theatre, bowling alley, etc.
- (v) The new headteacher attempts to give staff as many breaks as possible, covering their classes himself where necessary.
- (vi) Staff training days have been moved into 'twilight' sessions after school, so allowing teachers more vacation time.

'If I make them feel valued and appreciated', says the new headteacher, 'They will value the children and the school. That means they come to work.'

The issue of incentives

7.13 None of the policies which we examined spoke of incentives for good attendance. None referred to systems of reward (group or individual) for achieving target rates of staff attendance. In contrast with other English-speaking countries (USA, Canada, Australia) the issue of sick leave ‘entitlement’ (see Chapter 10, 10.13 and 10.14) for teachers received no mention.

7.14 The absence of such matters in these LEAs’ policies is consistent with the Cabinet Office’s general rejection of any systems of penalties for absence or rewards for regular attendance. In *Working Well Together*, however, the Cabinet Office does suggest that an exception might be made where a public sector organisation ‘has deep seated attendance problems and faces hostility among staff’ to a changed approach to absence management (5.52). Under such circumstances a system which draws in particular on rewards may, suggests the Cabinet Office, ‘kick start’ a new policy. The Institute of Personnel and Development (IPD) survey of employers, published in May 2000, found that 15 per cent used staff bonuses or incentives as ‘absence management tools’. More than a quarter of their responses came from managers in the public sector.

7.15 Direct incentives to attend or penalties for non-attendance can lead to problems. Not least of these are the pressure to attend work which a teacher may feel when he or she is too ill to do so. A sick staff member’s attendance can be counterproductive. Two days at home recovering from a minor ailment may, if not taken, translate into more serious illness requiring more time off. Yet there are other ways in which incentives can be framed.

7.16 Although not in any of the LEAs’ policy guidance for schools, in the course of our research we came across some schools which sought to create *incentives for staff to be open about their reasons for absence*. The recent IPD survey of managers, referred to in Chapter 5, suggested that managers attributed up to thirty per cent of staff absences to reasons other than the illness of the staff member. A common cause of such absences was the illness of a staff member’s child. Some schools built an *allowance of days to look after sick children* into their absence policies. In one secondary school, for example, up to five days could be taken for this purpose in any year without it being recorded as ‘sickness’ absence on the teacher’s part.

Yet this school did not have a lax policy of staff sickness absence. Like the one in Case Study 3, it employed the Bradford Factor universally in signalling problems and dealing with them.

A further incentive?

7.17 In considering options for governors who may be taking action for dismissal against a teacher on the grounds of medical (in)capability, all LEA policies suggest that ill-health retirement is one possibility. They stress that teachers must apply for this themselves, adding that the LEA's Personnel or Human Resources Department is able to advise teachers on the possibility of their being accepted and on the procedures to be followed in applying.

7.18 Our interviews with some teachers who had been granted ill-health retirement suggested that they had been told that without a record of continuing absence, teachers with certain disorders would be unlikely to be granted ill-health retirement. In some cases, it was apparent that a teacher had been advised not to return to work because to do so would place at risk her/his application to retire on the grounds of ill-health.

Summary: Chapter 7

- Referral of a teacher to Occupational Health is rarely triggered by duration or frequency of absence; school managers are advised to use it when earlier in-school intervention has failed.
- Occupational Health involvement in screening, health awareness and advice constitutes a preventive approach. Case Studies 6 and 7 provide examples of this in action.
- Funding for staff health and welfare which is delegated to schools but held centrally in other divisions of a local authority, can lead to markedly lower take-up of health checks, etc. by teachers than by other local authority staff.
- Health screening, even when charged directly to a school's budget, may be a worthwhile use of resources.

- Stress counselling may constitute a preventive approach to absence. Case Study 8 examines this.
- Phasing the return to work of teachers who have been absent for a long period is a feature of many LEAs' policies. However, it can present practical difficulties and may be costly. Case study 9 offers an example of managing teachers' phased return.
- Headteachers report problems in implementing 'capability' proceedings when a teacher is absent and her/his illness may be worsened by those proceedings. Case Study 10 offers one headteacher's reflections on managing the process of dismissal.
- Some schools in 'special measures' report particular problems with long-term teacher absence. Case Study 11 looks at the issues which have arisen for a cluster of schools in responding to the challenge of 'special measures'.
- Some features of 'morale building' leadership can assist in maintaining high staff attendance in schools in special measures. Case Study 11 touches on these.
- Schools can offer incentives to staff to be accurate in their reasons for reporting sick.
- In some cases where early retirement is sought there may be a perverse incentive for both teacher and employer to maximise the level of absence.

Chapter 8

Schools Themselves: a Picture of Teacher Sickness Absence and its Management

National and regional statistics are based on LEA returns. This chapter looks at schools' own figures and heads' views of sickness absence management policies. The most commonly reported causes of sickness absence are analysed. Profiles of absenting teachers are given.

8.1 It is important to remember that the figures on teacher sickness absence which appear in Chapters 4 and 5 have first been gathered by schools. Each LEA collects and collates the records of all maintained schools within its boundary, whether or not it is the employer of the teachers in those schools. The rigour with which an LEA carries out that task will affect the quality of the information in its annual return to DfEE on Form 618G. However, an LEA's return, however diligently it is compiled, can only be as accurate as those of the schools which contribute to it.

8.2 We sought to examine sickness absence at the point at which it is recorded: the schools. 296 maintained schools of all types were invited to participate in a postal survey which called, among other things, for the details of all teaching staff absences during the Autumn Term 1999. We recognised that absences in just one term may not be typical of those throughout the year. However, the level of detail sought was such that asking for a year's retrospective data might have further reduced the rate of response. The survey is described more fully in Chapter 9 (9.19-9.24).

8.3 We received information from 134 schools. Because of incomplete returns, only the responses of 126 schools (56 primary, 46 secondary and 24 special) were analysed. In all, 248,559.75 teacher working days were available to those schools during the Autumn Term 1999. Table 15 below shows the total number of full-time and part-time teachers working in those schools, together with their overall 'full-time equivalents':

Table 15: Number of teachers and full-time equivalent teaching staff in 126 schools surveyed

	Full-time	Part-time	Overall full-time teacher equivalents
Primary	533	85	573.7
Secondary	2412	329	2589.1
Special	281	52	305.2
Total for all schools	3226	466	3468

Recording sickness absence

8.4 What did these schools count as ‘sickness absence’ when compiling their records? Since what they told their respective LEAs about teacher absences would influence those LEAs’ returns to DfEE, we assumed that their responses would show considerable consistency.

8.5 As might be expected, all of them recorded absence accompanied by a doctor’s certificate as sickness absence. Yet self-certification (typically for absences of one to five days) was only recorded as sickness absence by 120 schools (95.2%), while uncertificated absence (short-term absence without any written explanation) was recorded by just 90 schools (71.4% of the sample). A teacher’s absence for less than a whole day, for whatever reason, was recorded by 45 of the schools (35.7%), while a visit by the teacher to her/his doctor or dentist, necessitating a period of absence from school, was recorded as sickness absence by 37 schools (29.4%) but not by the other 89. Unexpectedly, 44 schools (34.9%) told us that a teacher’s *unpaid* absence would be recorded as sickness absence.

A problem for management?

8.6 We asked those completing the questionnaire if they regarded levels of sickness absence as a ‘significant problem’ in their schools. 35 (27%) said that it was, 92 (73%) replied ‘No’ to that question. We cannot, of course, judge whether the term ‘significant’ conveyed the same meaning to all respondents. However, follow-up telephone interviews with twenty headteachers revealed that for seventeen of them the critical feature of a teacher’s sickness absence was neither its extent nor overall duration. It was the frequency of

that absence that concerned them; in particular, the unpredictability of attendance of an intermittently attending teacher. The weight given to episodes of absence rather than duration in the Bradford Formula (Case Study 3, Chapter 6) provides a reflection of that concern.

Commonest causes of sickness absence

8.7 What were the most commonly-reported illnesses or conditions which led to teacher sickness absence? 115 schools provided us with a list. We used the IPD's 'importance' ranking system (see Chapter 9, 9.25) to establish these. Table 16 shows the rating of importance assigned to each set of causes.

Table 16: Reported causes of sickness absence and importance rating using IPD's criteria

Rank	Reported causes of teacher sickness absence	Importance ranking (highest possible rank=3)
1	Colds, 'flu and respiratory conditions	2.72
2	Upset stomach	1.13
3	Headache/migraine	0.45
4	Stress/depression	0.41
5	Back problems	0.23
6	Doctor/Dental appointment	0.09
7	Pregnancy-related	0.06
8	Family illness	0.02

8.8 The first cause is consistent with the finding of IPD's 2000 survey, *Employee Absence*. However, 'back pain' and 'musculo-skeletal injuries' were ranked second and third in responses from IPD's managers, while they made no mention of gastric problems or intestinal disorders. It should be noted that IPD's questionnaire contained a category which we did not identify: 'absence for reasons not seen as genuine'.

Insuring against sickness absence

8.9 Of the 126 schools, 31 (24.6%) had no insurance against staff sickness absence. Some of these told us that they found it preferable to underwrite absences themselves, either because of the expense of insurance or because their former policy had failed to pay out until a teacher had been absent for an unacceptably long period of time. Some cited policies which would not indemnify a school against categories of illness experienced by teachers in earlier years as their reason for preferring to cover themselves. Others indicated that exemptions for such things as stress-related illness and maternity leave had deterred them from insuring.

8.10 73 schools (57.9%) insured with their LEA, while 22 (17.5%) had policies with an outside insurer. Perhaps unsurprisingly, a greater proportion of secondary schools chose not to purchase insurance against staff absences. Economies of scale in such schools make it less likely that the long- or medium-term absence of one or two members of staff will have a major impact on their budgets. Twenty-two (47.8%) secondary schools in our sample had no insurance, compared with only four (7.1%) primary schools and five (20.8%) special schools.

Guidelines issued by the schools' LEAs

8.11 We asked four questions.

- (i) *Did the schools always apply the guidance issued by their LEAs when a staff member was absent?*

Forty (31.8%) said they did, 86 (68.2%) did not. Comments from members of the latter group indicated that lack of time was one factor in this, or a perceived lack of necessity to apply such measures as return-to-work interviews in all cases.

- (ii) *Did they consider the guidance issued by their respective LEAs to be appropriate?*

Sixty (47.6%) did, 66 (52.4%) did not. Criticisms from members of the latter group included LEA guidelines which failed to allow for the illness of teachers' children or which gave no indication of levels of 'acceptable' or 'unacceptable' absence. The most frequent response from members of this group, however, was that they had not seen any guidance from their LEA.

(iii) *Was the application of LEA guidance effective in reducing sickness absence?*

Thirteen (10.3%) thought it was. Among the 113 schools (89.7%) which answered 'No' to this question, reservations were qualified by comments indicating that there was now consistency in dealing with sickness absence in the school. Two respondents told of the reduction of isolation for staff on long-term sickness absence which had resulted from following LEA policies. Another recounted how referral to Occupational Health had helped a member of staff. Only one response indicated that sickness absence had increased since the school began implementing its LEA's guidelines.

(iv) *Was practical assistance provided by their LEA in managing sickness absence?*

Fifty-eight (46%) said it was. Comments on this topic were either positive, citing assistance from personnel officers and/or the provision of various monitoring and staff support activities, or neutral. It appeared that the neutral comments indicated that it had not been necessary for the schools' managers to seek assistance. No criticisms of LEA assistance were made.

Staff selection and sickness absence history

8.12 Only 19 schools (10 primary, 4 secondary, 5 special) reported using guidelines which included previous sickness absence when appointing new staff. Health declarations made by the applicants themselves were the most frequently mentioned ways of checking on a teacher's likelihood of future absence. Seeking information on a candidate's attendance record from their current employer, or observations on general health from those giving references were also mentioned.

8.13 The 15.1 per cent of state schools referring to this pre-emptive policy of sickness absence management contrasts with the 36.5 per cent of independent schools (see Chapter 9, 9.12-9.14) which reported doing the same.

Teacher sickness absence in the schools

8.14 In Table 17 below we show the percentage of recorded sickness absence for all teaching staff (full-time and part-time) in the 126 schools. We also show this in terms of school type.

Table 17: Teaching staff absences during Autumn Term 1999

	Full-time teachers	Part-time teachers	Full-time equivalent teachers	% Full-time teachers absent	% Part-time teachers absent	% All teachers absent
Primary n=56	533	85	573.7	44.1	34.1	42.7
Secondary n=46	2412	329	2589.8	46.4	36.8	45.2
Special n=24	281	52	305.2	49.1	48.1	49
ALL n=126	3226	466	3468.7	45.5	35.6	44.3

8.15 It appears overall that a part-time teacher is less likely to be absent through sickness than a full-time teacher. This observation is confirmed by a statistical test ($\chi^2 = 9.54$, d.f.1. $p < .01$).

8.16 How do these teacher absences translate to the percentage of time lost by full-time and part-time teachers? In Table 18 below we show the time lost by each group as a percentage of all teachers in that category, together with the overall percentage of time lost by all 3692 teachers working in the 126 schools during the Autumn Term 1999. Figures for all schools are not rounded: remarkably, they came precisely to the whole number shown.

Table 18: Percentage teacher time lost by school type

	% Full-time time lost	% Part-time time lost	% of all teacher time lost
Primary	2.89	5.60	3.08
Secondary	2.98	3.87	3.04
Special	4.44	7.61	4.62

ALL	3.00	4.00	3.30
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248,599.75 working days were available to all teachers during this time period.

8.17 The percentage time lost by part-time teachers in relation to full-time teachers seems to contradict the finding above that a part-time teacher is less likely than a full-time teacher to be absent. However, as we point out in Chapter 4 (4.11), national statistics suggest that there is little relationship between the *incidence* of absence in the teaching force (i.e. whether or not a teacher takes time off due to sickness) and the *overall amount* of time lost. It appears from the data here that any part-time teacher is statistically less likely to have time off than any full-time teacher. However, in this sample, part-time teachers *as a whole* lose significantly more working time through sickness than full-time teachers ($\chi^2=89.2$, df1, $p < .001$).

8.18 The overall time lost through sickness by teachers in this one term was 3.3 per cent. This corresponds very closely to the 3.28 per cent (unadjusted) figure derived nationally from the 618G survey for 1999 (see Table 7, Chapter 4). It is also close to the unadjusted annualised average figure for full-time teacher absence (3.15%) which we cite in Chapter 4 (4.6 - 4.7).

Teachers who are absent

8.19 We will now look at the 44.3% of teaching staff in the 126 schools who had any time at all away from their jobs that term due to sickness.

How the time is lost

8.20 Figure 8 below illustrates the percentage of overall time lost through teacher absence in the 126 schools during the Autumn Term 1999. In all, 1442 teachers took 7554 days away from work. The pie chart shows how much time was accounted for by the varying episodes of absence.

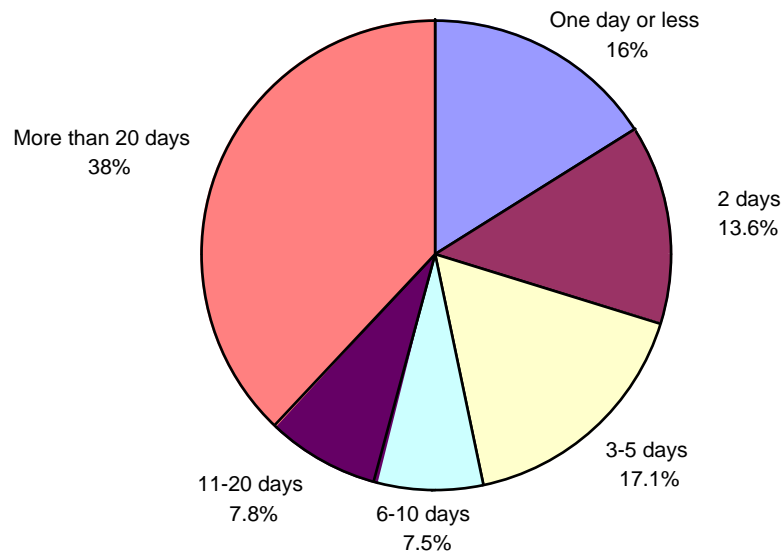


Fig. 8: Time lost by absent teachers during one term, categorised by duration of episodes of absence, Autumn Term 1999

8.21 Teachers will typically only be required to obtain a certificate from their GP after more than 5 days' continuous absence. Nearly half the lost time was therefore accounted for by self-certificated absence. It is noteworthy that more than a third (38%) of the lost time was accounted for by sickness absence spells of more than 20 days. The profile for men and women teachers is not illustrated here because there is no noticeable gender difference in any of the episode periods.

Type of school and time lost

8.22 Figure 9 illustrates how primary, secondary and special school teachers' absences are distributed between different types of school.

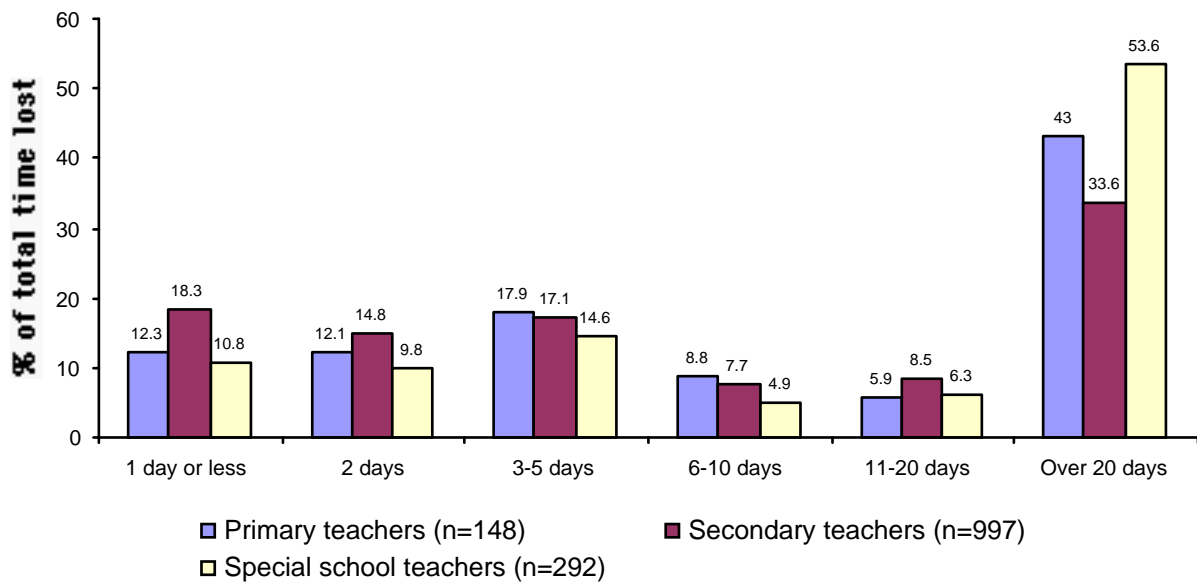


Fig. 9: How lost time is distributed by type of school

8.23 If we assume that ‘long-term’ absences are those which last for four or more weeks, it can be seen from Figure 9 that special school teachers’ absences tend to fall into this category more than those of other teachers. Around half (50.2%) of secondary school absences fall into the zone in which a medical certificate is not required, compared with 35.2% of special school absences and 42.3% of primary school absences needing only self-certification

Age and type of absence

8.24 Our questionnaire to schools asked for an estimate of the age-grouping into which each absent teacher fell. The questionnaire (see Chapter 9, 9.19-9.25), which was about sickness absence, gathered no information on the age-groupings into which fully attending teachers in those schools fell. It was therefore not possible to compare the relative proportions of absentees in different age groups. In Figure 10 below we show the age distribution of all teachers who took any time off during the term.

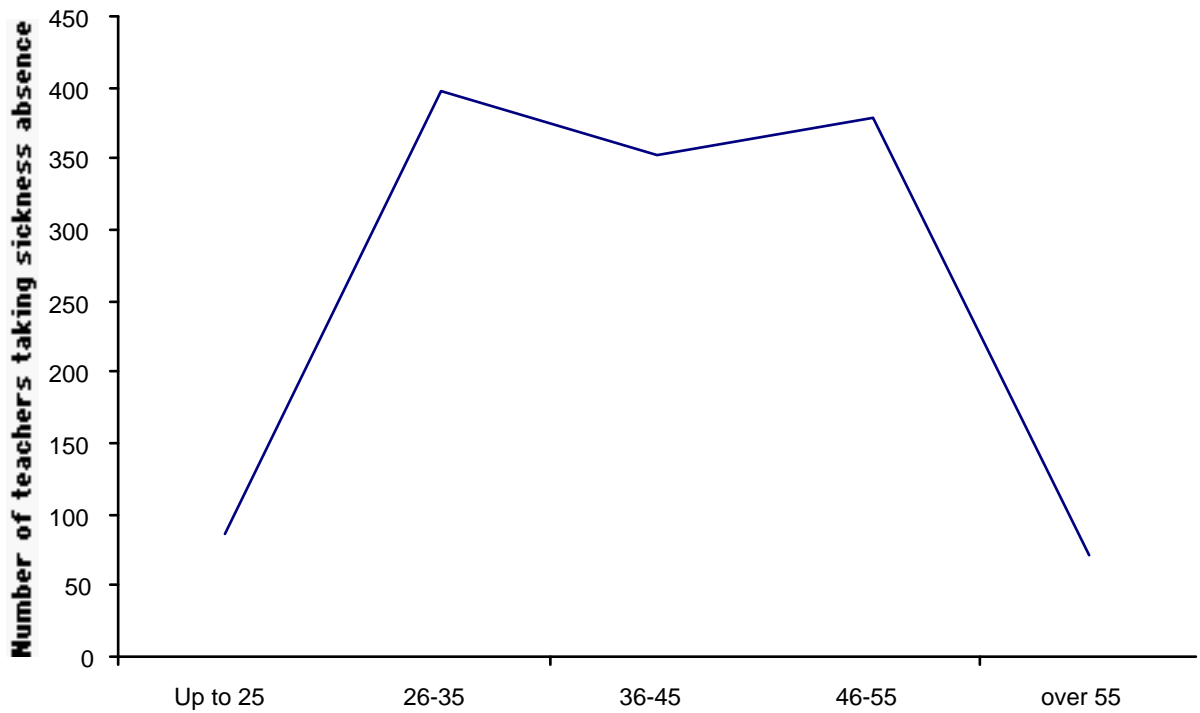


Fig. 10: Absent teachers by age group

8.25 A visual comparison of this distribution can be made with the age distribution of *all* teachers in service in maintained schools in England in 1999. Figure 11 below shows this.

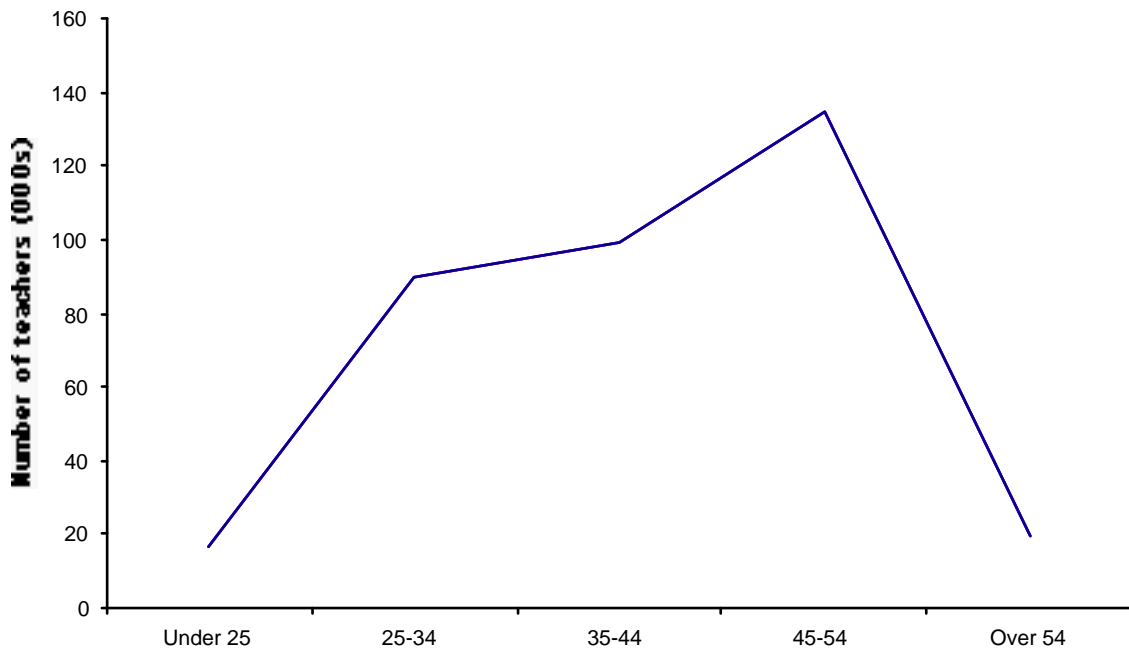


Fig. 11: Age distribution of all teachers in England in 1999
(Source: *DfEE Database of Teacher Records*)

8.26 While the age categories on the two horizontal axes (Figures 10 and 11) differ slightly, it can be seen that the age profile for most bands of those taking sickness absence corresponds to that of all teachers in England. The 46-55 band in our sample is either generally under-represented or its absences are under-representative of the teaching population. What, though, was the nature of the spells of absence taken by teachers in the different age groups within our sample of schools?

8.27 We categorised absence spells or episodes into four areas: *brief* (one day or less), *short-term* (2-5 days), *medium-term* (6-20 days) and *long-term* (21+ days). Absences in the first two categories would not usually call for presentation of a medical certificate. Within some insurance schemes, brief and short-term absences will not trigger payment to the school. We encountered no schemes which would compensate a school for a single day's absence. In figure 12 below, we illustrate the proportion of the days lost within each episode of absence by age group.

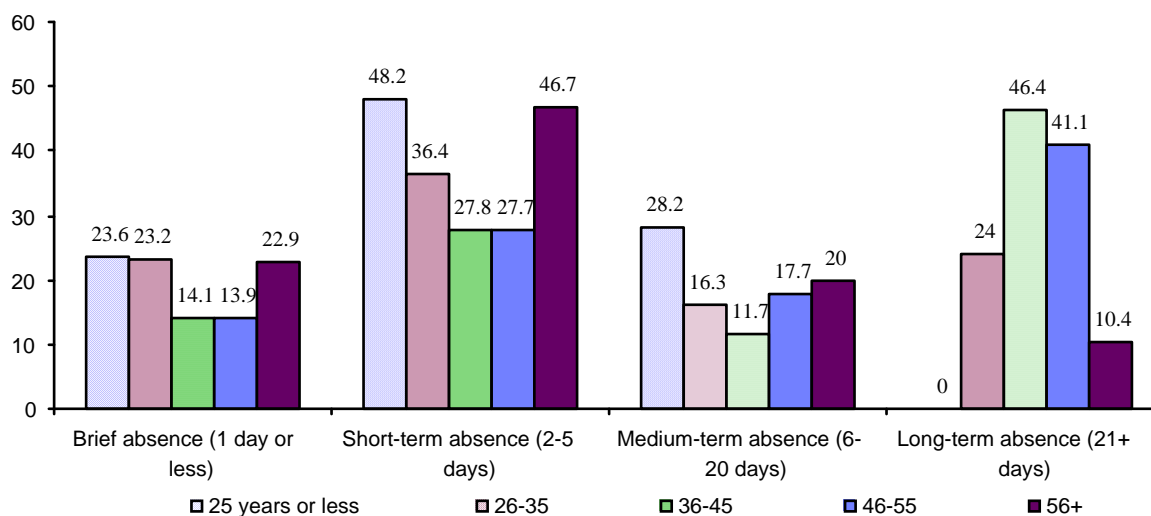


Fig. 12: How absent teachers' time is lost

8.28 It appears that absences of more than 20 days account for the largest amount of time taken away from their schools by teachers in the age bands 36-45 and 46-55. This is not so for the oldest group of teachers (56+): close to half (46.7%) of their absences are accounted for in episodes of from 2-5 days. Nearly three quarters (71.8%) of the youngest teachers' absences occur in the 'uncertificated' days: in single days (23.6%) or in groups of two, three,

four or five days (48.2%). In this sample, no members of the youngest group had any time away from work which exceeded 20 days.

8.29 Was there a gender difference in overall lengths of absence? We looked solely at those who had some time off school through illness during the Autumn Term. The 442 men who were absent lost an average 7.86% of available time, while the 859 women lost 8.21% of the working time available to them. The difference between the average time lost by the two groups is *not large enough* to infer that there is a significant difference in the overall lengths of time that men and women take away from school through illness ($\chi^2 = 1.39$, d.f.1., n.s.).

Summary: Chapter 8

- LEAs rely on what schools tell them to inform the figures on teacher sickness absence returned annually to DfEE.
- 126 schools provided detailed returns on staff sickness absence during the Autumn Term 1999.
- There is considerable variation in what schools count as sickness absence.
- Just over a quarter of schools saw teacher sickness absence as a problem.
- Colds, influenza and associated respiratory tract infections are reported to be the most important causes of teachers' absence, followed by upset stomach, headache and stress or depression.
- A quarter of the schools did not insure against staff absence. Most of the non-insurers were secondary schools.
- About a third of schools reported always applying LEA guidance in cases of staff sickness absence.
- Most schools thought that LEA guidelines, where applied, would not prove effective in reducing teacher sickness absence.

- Only 15 per cent of schools reported considering previous records of sickness absence when making staff appointments.
- 44 per cent of all teachers had some time off work due to sickness during the term.
- Part-time teachers were less likely to be absent than full-time teachers, although the percentage of available time lost by part-time teachers exceeded that lost by full-time teachers.
- All teachers in this sample lost 3.3 per cent of available time due to sickness. This compares with 3.28 per cent nationally.
- Absence episodes of more than 20 days accounted for 38% of the teacher time lost.
- Absence episodes of 1 or 2 days accounted for about 30% of all lost time.
- Teacher absences not requiring a medical certificate accounted for just under half the time lost by teachers.
- Over 40% of the time lost by absent teachers in the 36-55 year age band takes the shape of long-term (21+ days) absence.
- Less than a quarter of 26-35 year-old teachers' absences are categorised as 'long term'.

Chapter 9

Methods Used in the Enquiry

Considers ways in which data were gathered from retirees, LEAs, schools and other sources. Where relevant, approaches to analysis not already dealt with in Chapter 3 are discussed.

Introduction

9.1 The foregoing chapters report research data which were gathered in a variety of ways. In this chapter we look at the means of data gathering and analysis.

Ill-Health retirees

9.2 Contacting teachers who have retired because of problems of health is potentially problematic. While DfEE's Pensions Division holds names and addresses of all retirees, due to the Data Protection Act 1998 they cannot be provided to researchers, however legitimate the purpose of their research. The questionnaire designed for ill-health retirees was therefore mailed by DfEE on our behalf. It went to a randomly-selected sample of 27.5% (570) of all former teachers who had begun receipt of pensions based on ill-health retirement between 1 October 1998 and 30 September 1999. Those teachers had, in their last post, taught in maintained schools in England other than grant-maintained. Grant-maintained schools were excluded because part of the research brief entailed looking at the actions of LEAs as employers.

9.3 Two covering letters, one from the researchers and one from DfEE's Teachers' Pensions Division, accompanied the questionnaire, as did a reply-paid envelope and a small gift. The questionnaire called for brief factual information, while allowing respondents to expand upon that information if they wanted to do so. It was acceptable for responses to be made anonymously, although if respondents gave their personal details this would allow follow-up telephone interviews. 369 of those approached replied: a response rate of 64.7 per cent. Just 59 of the respondents (16%) chose to give no details which would allow us to contact them for further information.

9.4 Because of our lack of knowledge of the personal details of the sample of ill-health retirees, it was not possible to follow up the 201 non-respondents. Some may, of course, have been too ill to reply while others may have changed address since retirement.

9.5 Chapter 2 of this report provides summary details of the information contained in the returned questionnaires. It also offers a qualitative analysis of the written responses in the questionnaires. Verbal responses to twenty-five telephone interviews with respondents who had indicated their willingness to be approached were also included in this analysis.

National and regional statistics on teacher sickness absence

9.6 In Chapter 3 we devote attention to some of the methodological issues involved in determining teacher sickness absence. In particular, we look at the types of measure which may be employed and the need for accurate data on *part-time* teachers' contracted hours or days of work in order to calculate the time they lose through sickness.

9.7 We also examine the use of a 'correction' formula to allow for teacher turnover and 'wastage'. This has been used by DfEE in arriving at its headline figures for teacher sickness absence. When applied, it has the effect of reducing mean and median figures. As far as we can tell, such adjustments have not been made by other researchers into sickness absence (see Chapter 5), including NEOST's work with teachers. Through Chapters 4 and 5 we therefore offer *adjusted* (modified for turnover and wastage) and *unadjusted* (or raw) statistics.

9.8 Our analysis of teacher sickness absence during the calendar year 1999 is based on the returns made by LEAs in the annex to Form 618G. Those returns relate to *all* maintained (community, foundation and voluntary aided) schools located within their boundaries. LEAs are legally the employers only of teachers in community schools. 136 LEAs submitted 618G sickness absence returns to DfEE in the first part of the year 2000. 14 did not do so. Returns from 17 of the LEAs were omitted from the analysis (see Appendix) because they did not separate sickness absence records for part-time teachers from those for full-time teachers.

9.9 Part-time teachers' workload could not be adequately expressed as 'full-time equivalent' teachers (see Chapter 3, 3.2 - 3.3 and 3.12 - 3.14). Our analysis therefore relates primarily to the sickness absence of *full-time* teachers employed in maintained schools in England during 1999. This contrasts, as we understand it, with DfEE's early analysis of

618G, which utilised part-time teacher information. It also contrasts with research published in 1998 by the National Employers' Organisation for School Teachers (NEOST); they acknowledge the problem of combining absence figures for part-time and full-time teaching staff but base their results on such aggregation.

9.10 The 119 LEAs who provided usable information employed 270,901 full-time teachers. This is clearly a subset of all LEAs' full-time teachers. In Chapter 4 (4.5 - 4.8) we provide average (arithmetic mean) time lost by all teachers in the entire sample. The unadjusted mean is 6.14 days per teacher and the adjusted mean is 5.64 days. Respectively, the standard deviations of these means are 1.94 and 1.78.

9.11 The *sampling error* of the average days lost, when applied to the entire full-time teaching force in England, can be determined by reference to the standard errors of the mean scores. In the case of the unadjusted mean for days absent (6.14) this is 0.004, while for the adjusted mean (5.64) it is 0.003. Confidence limits for a sample mean are normally set at two standard errors either side of the obtained mean. It will be seen that the impact of such errors on the population estimate will be negligible and we can reasonably infer that the results from the sample of 119 LEAs correspond very closely to those which would be obtained if all LEAs had participated in the survey.

Surveying independent schools

9.12 In October 1999, questionnaires were sent to a randomly-selected sample of 300 independent schools in England. After pursuing non-replies, we received 174 responses.

9.13 Because the principal purpose of this survey of fee-paying schools was to provide a benchmark for teacher sickness absence in state schools, we sought information which was compatible with that provided by the annex to Form 618G. Only details of full-time teaching staff were requested. Of the 174 questionnaires returned, 137 contained data which could be used to analyse teacher sickness absence in independent schools over the 12 months from September 1998 to August 1999. This is the same time-span as that covered by the 618G figures, although only two of the terms (Spring and Summer) coincide.

9.14 The 137 independent schools whose figures were used had a total of 697,417 available full-time teacher working days during the year in question. We categorised schools as ‘preparatory’ (ages up to 13), ‘secondary’ (ages from 11 upwards), ‘all-age’ and ‘special’.

NHS employees: comparative information

9.15 We were provided with NHS Executive’s database of sickness absence figures from 402 NHS Trusts. It was hard to reconcile some of the information, since Trusts may have quite different ways of recording staff absences. However, 231 Trusts had records which were comparable with those held for teachers by NEOST and by LEAs for use by DfEE. Some covered an entire year and some spanned shorter periods. From these records it was possible for us to compute the amount of time lost through sickness and to convert this to a percentage of available time on the part of different professional groups.

9.16 The Trusts recorded part-time workers’ sickness absence in the same way as LEAs. Unlike LEAs’ returns on Form 618G, they were able to express part-time staff as full-time equivalents and so part-time data were incorporated into our analysis.

LEA policies and case studies

9.17 A letter to LEAs yielded thirty sets of guidance on sickness absence policies. In addition, some Personnel or Human Resource Officers gave us indications of schools which might be examined more closely in the case studies. LEA policies and guidance to schools are reported upon in Chapters 6 and 7, as are the case studies.

9.18 The actual case study topics were arrived at after discussion in the Consultative Group which met regularly throughout the life of the project. This consisted of headteachers of primary, secondary and special schools, teacher trade union representatives, members of DfEE and the researchers. NEOST was unable to be fully represented in this group and its absence may have led to a response rate from LEAs which was lower than initially expected. The low response rate may, though, also indicate that some LEAs are less than adequately prepared to meet the challenges contained within the Cabinet Office document *Working Well Together*. Indeed, NEOST’s 2000 report, *Monitoring and Managing Sickness Absence in Schools*, relies on only twenty sets of LEA guidance and consultation with relevant officers.

Four of those LEAs were among the fourteen which could provide no information to DfEE on teacher sickness absence in their Year 2000 Form 618G returns.

Sickness absence at school level

9.19 A questionnaire was sent to a small sample of schools (296 in all) in 60 English LEAs. The LEAs were chosen on the basis of their sickness absence figures for the Autumn Term 1998 (Form 618G for 1999 sought details for that term only) to ensure that levels of sickness absence were evenly spread across them. Schools within those LEAs were randomly selected. Two primary schools, two secondary schools and one special school in each were initially generated; reorganisational details meant that four of these were lost, resulting in a mail-out to 296 schools.

9.20 The questionnaire sought details of individual staff sickness absences during one term only: Autumn 1999. These related to actual days of absence, the age and gender of the teacher, her/his length of time in teaching and, in the case of secondary schools, subject specialism. We did not, of course, seek to know the identities of absent teachers. Information provided in the questionnaire enabled accurate calculations of 'full-time equivalence' to be made where schools employed part-time teachers (see Chapter 3). Details of school sickness absence policy and practice were also sought.

9.21 We received 134 responses, a rate of 45.3 per cent. We attribute this relatively low response rate to two main factors. The first was the difficulty of providing the detail we asked for. Some schools, particularly those with high levels of frequency of staff absence, reported finding it difficult to extract the details that we had requested. We received some telephone calls and e-mail correspondence from schools telling us they were actually unable to provide us with detailed information on teacher absences over an entire term, leading us to speculate on the precision with which they could offer their LEA such data for a twelve-month period to inform its 618G return to DfEE.

9.22 The second reason lay in the design of the questionnaire's front cover. In order that schools were not overburdened in completing the questionnaire, we were unable to ask for information already held by DfEE. This meant that respondents could not be asked to write in the name, address or telephone number of the school. In an attempt to overcome this restriction we provided labels containing these details for schools to attach to the forms. Very few did so, meaning that most responses were anonymous. Under such circumstances it is difficult to follow up schools which have not returned their questionnaires and so increase the rate of response.

9.23 The problem with follow-up also led to some wastage. Eight questionnaires were completed in ways which offered inadequate data, could not be pursued and so had to be excluded from our analysis. In all, we received 126 utilisable questionnaires: 56 from primary schools, 46 from secondary schools and 24 from special schools. While 126 schools constitutes a small sample of all schools, the level of detail provided by this questionnaire extends considerably beyond that sought by any other recent UK study. From these responses we have information on teacher sickness absence in relation to 248,559.75 full-time equivalent working days in those 126 schools.

9.24 We recognise that the overall response rate does not reflect the typical distribution of such schools. Any aggregation of teachers in them will be overweight with secondary and special school teachers. However, these schools are maintained schools employing teachers who are contracted to work on 195 days per year and so we have engrossed the data from the different school types at points in our report of findings in Chapter 8.

9.25 Respondents were asked to nominate the commonest causes of teacher sickness absence in their schools. We did not provide a checklist: instead, three 'open' responses were elicited. These were subsequently coded by a member of the team with medical qualifications to produce a rank-order and a rating of 'importance' of that cause. The method of rating was the one used by the Institute of Personnel and Development (IPD) in its May 2000 report *Employee Absence*. This takes account of both the rank position allocated to a cause and the frequency with which that cause is mentioned.

Summary: Chapter 9

- 64.7 per cent of ill-health retirees responded to our survey.
- Form 618G, completed by 119 LEAs in early 2000, provided national figures on teacher sickness absence.
- The sampling error derived from the 119 LEAs' data is very small; figures can be assumed accurately to reflect the full national picture.
- 137 independent schools provided information to inform our survey.
- NHS data from 231 Trusts provided one benchmark for teacher sickness absence.
- A request for LEAs' guidance on sickness absence management yielded a lower return than initially expected.
- A sample of 126 state schools provided detailed information on almost a quarter of a million teacher working days.
- Causes of sickness absence were ranked by importance using the method employed by IPD.

Chapter 10

A Look at the Literature

Examines ill-health retirement as a function of both health and motivation in 'older' workers. The extent to which sickness absence may be managed is considered, together with organisational features which may affect it. Policies and the distinction between 'absence' and 'absenteeism' are looked at. Finally, important issues in measuring sickness absence from school are raised.

Introduction

10.1 This brief review reflects the structure of the foregoing report in that it first looks at research and writings on ill-health retirement and then turns to sickness absence from work. The two topics are, of course, not unconnected. People who retire for reasons of health are likely to be absent from work before they retire. However, absence from work through illness will not, in the vast majority of cases, lead to ill-health retirement. We focus where possible on teachers, although it is apparent that research findings for other occupational groups may transfer easily to those who work in schools.

The older worker

10.2 The findings in Chapter 2 suggest that there is a strong relationship between the regional incidence of teacher ill-health retirement and the age-profile of teachers in those regions. The average age at which teachers are granted ill-health retirement is 51. It seems reasonable to assume that teachers in their mid-forties and beyond are 'older workers'. A recent review by Boerlijst et al (1998) suggests that 'older' employees, whose defining ages will vary according to the sector in which they work, find themselves subject to two related demotivating forces. The first of these is the relative lack of interest shown by managers in the progress of those who are over the age of 45 (in some sectors the watershed age is lower); the second is the sense of 'no longer being needed'. Boerlijst et al report what they term a 'moral pressure' to exit the workplace before official retirement age. The changing nature of many jobs, they suggest, means that older employees' qualifications and training are often not equal to the new demands placed upon them. It is therefore unsurprising, as Bartel and Sickerman (1993) discovered, that as they grow older, employees are increasingly inclined to look for opportunities to leave the labour process prematurely.

10.3 Yet, leaving aside motivational factors, becoming older within 'normal' working age does not usually lead to major problems of functioning (Boerlijst, 1995). This is particularly so in teaching. In an eleven-year study of some 800 workers in Finland, Ilmarinen et al (1997) found that on an index of 'work ability' (scores linked both to self-ratings and sickness records) women showed a low rate of decrease, even by the age of 58. Men showed little change in the early years (the starting age was 47), although by age 58 about 25 per cent

showed signs of lowered capacity. Where work disability pensions were awarded to members of these groups, Ilmarinen et al (1997) report, 'mental disorders' were usually the cause. They observe that career development opportunities can have a positive influence on the maintenance of work ability.

Health factors

10.4 This is an extensive topic which can only be touched upon here. In a substantial review of the reasons why some people become ill while others do not, Adler and Matthews (1994) consider the importance of four overlapping determinants of mental health: optimistic expectations, optimistic explanatory style, self-efficacy and high self-esteem. In other words, if people can see positive outcomes for what they do, can link those outcomes to their own actions and abilities, can feel in control and feel good about themselves, they are more likely to stay mentally healthy.

10.5 Health-damaging behaviours, such as smoking or excessive alcohol consumption, are likely to be related to attempts to stave off emotional distress. Such distress is usually linked to stressful conditions in the individual's life, whether at home or at work (Perkins and Grobe, 1992). Social support can buffer the effects of stress (Cohen, 1992). However, as Taylor et al (1997) observe, the support of family and friends may not always be health-promoting. Increased dependency and disability can actually arise from 'supportive' relationships. Many of the ill-health retirees mentioned in Chapter 2 reported their appreciation of the support of family and friends, yet this may not have enhanced their fitness to continue working. Such support in the workplace may be much more important. Being unable to develop satisfying relationships at work has been linked to depression (Buunk et al, 1993) and to increased risk of coronary heart disease (Repetti, 1993).

10.6 The schools surveyed in Chapter 8 reported that colds and respiratory disorders were the commonest causes of sickness absence. Adler and Matthews (1994) confirm the link between susceptibility to infectious diseases and stress or 'job strain'. Individuals who have been exposed to the same virus will be more or less likely to go on to develop symptoms of disease depending on their exposure to 'negative' or 'positive' life events. Unpleasant or distressing experiences, particularly when protracted, make it more likely that people will subsequently become ill.

Sickness absence: can it be 'managed'

10.7 Interestingly, few studies of sickness absence from work concentrate their attention on the illnesses prompting that absence. In their study of teacher absence, Imants and van

Zoelen (1995) separate determinants of sickness absence into those lying outside the workplace and those within it. They cite traffic accidents and sports injuries as examples of outside determinants and see workplace conditions and individual personality characteristics as the key within-school factors affecting sickness absence. These authors, whose research has focused on the Netherlands, report that just 20 per cent of teacher absenteeism in the schools of one large Dutch city is accounted for by strictly medical reasons. For this reason they turn their attention to what they term 'healthy' and 'sick making' schools.

10.8 Imants and van Zoelen's (1995) questioning of whether most sickness absence is entirely justifiable on medical grounds is reframed in Norton's (1998) review of research into teacher absenteeism. Here the perspective is American rather than European. Norton refers to the potential reducibility of what he terms 'soft' absences; he does not elaborate on the nature of 'hard' absences, which presumably are absences due to medically verifiable causes. Allegro and Veerman (1998) use a similar notion when discussing 'avoidable' sickness absence. Its opposite, unexpectedly perhaps, is not 'unavoidable' absence but 'white' sickness absence. The latter term applies where there is a clear-cut case of medical incapacity. Even that form of absence, they suggest, is preventable by appropriate policies which reduce the risk of illness or injury or adapt the workplace suitably.

10.9 Remarking that the onus is usually on the employee to determine whether or not she/he is capable of working, Allegro and Veerman (1998) cite estimates suggesting that in up to 70 per cent of cases the need for absence is 'not fully compelling' (p.121). While not as high as Imants and van Zoelen's (1995) figure of 80 per cent, that is still a very large proportion of current absences from work. A lower (but still large) figure of 40 to 50 per cent is placed on public sector 'voluntary' absence by the State of Western Australia (Auditor General, 1997). In a quite scathing attack on current procedures there, the report suggests that 'more effective management' could reduce the cost of sick leave by between twenty and twenty-five per cent.

Job satisfaction, climate and attendance

10.10 Contrary to popular belief, there appears not to be a great deal of relationship between job satisfaction and attendance at or absence from work. Nicholson et al's (1977) summary of 29 studies comes up with only a weak link: people who are more satisfied with their jobs don't take less times off than those who are not. This is also Sagie's (1998) conclusion. He found *commitment* to the organisation to be a more compelling element of attending behaviour. This reflects a major theme in the literature on job performance and personnel selection. Ones et al (1993) view absenteeism as part of a spectrum of organisationally disruptive behaviours, linking *integrity* to attendance, while Barrick and Mount (1991) use the term *conscientiousness* in a similar way.

10.11 It is worth remembering, as Parker (1995) points out, that *a minority of employees tends to account for a majority of absences*. This is apparent both from the national survey reported upon in Chapter 4 and the detailed sample analysed in Chapter 8. Distinguishing between unavoidable and avoidable absences, Parker advocates a classification system which can be used to define the ‘grey’ areas of absence which lie between the two. ‘Conscientiousness’, ‘commitment’ and ‘integrity’ are terms which root the problem within the individual.

10.12 Parker’s (1995) use of the word ‘morale’ shifts the focus towards the organisation and its management. This was the approach adopted by Imants and van Zoelen (1995), whose study of teacher absenteeism found ‘collegial’ staff relationships and the leadership style of the school’s principal to be associated with the rate of teacher absences. Similarly, Dworkin et al’s (1990) USA study found that teachers who had supportive principals were less likely to report stress-related illnesses than those with unsupportive principals. Their research followed that of Eisenberg et al (1986), who examined two main issues related to climate and teacher absenteeism. They found that the perception of organisational support, particularly from leadership, increases teachers’ efforts to meet targets through greater attendance (see the final part of Case Study 11, Chapter 7). Teachers who believed that their contributions were valued and that the organisation cared about their well-being tended to be absent less than others. This last theme runs through several of the case studies in Chapters 6 and 7 of this report.

Incentives and entitlements

10.13 Most writings on the absence of teachers (and that of other public servants) stems from other countries. Quite understandably, the economic conditions and traditions of those countries impinge upon the matters they consider. Allegro and Veerman’s (1998) review looks at the way the social security system in parts of Western Europe may actually provide incentives for poor attendance. The authors suggest that rates there are two or three times those in the USA and Japan. They attribute those differences to the relatively low levels of job protection found in the USA and the higher degrees of loyalty to the employer found in both countries. In Japan, they suggest, it is customary for holiday entitlement to be used before sick leave is taken.

10.14 This notion of ‘entitlement’ runs through literature in other parts of the English-speaking world. Public sector workers in much of Australia have an entitlement to a certain number of sick days on full pay and a further number on half pay. Typically the entitlement

is much lower than that in the UK (Auditor General, 1997) but, unlike in this country, unused sick leave carries over to the next year. Such accumulation may lead to problems. Ehrenberg et al's (1991) USA study revealed that the larger the number of leave days to which a teacher was entitled, the higher the number that were taken. This has been countered by 'buy back' arrangements, in which unused days are re-purchased by the school district (Norton, 1997). Such 'buy-back' provision arguably offers an incentive to greater attendance. A teacher not claiming her/his entitlement during the year gets paid more at the end of it. Norton, though, cites evidence which both supports and queries the effectiveness of offering financial and other incentives for improved teacher attendance.

Does better teacher attendance mean better pupil performance?

10.15 There is not a great deal of evidence to suggest that improved teacher attendance leads to better attainments in pupils. However, Ehrenberg et al (1991) found a connection between teacher and student absenteeism. If teacher attendance affects pupil attendance and pupil attendance is an indicator of school effectiveness (as it is in the current OFSTED system), then poor staff attendance may have a negative impact on the school which goes beyond the cost of replacement teachers. In Case Study 5 we look at the relationship between teacher and pupil attendance.

10.16 It is easy to establish a correlation between teacher attendance and pupil performance but less easy to establish that the first influences the second. Pitkoff (1993), for example, found that the number of pupils reading below their age-expected level was the greatest predictor of teacher absenteeism, followed by the percentage of pupils eligible for free school meals. However, such studies may simply have discovered that teachers working in schools with high levels of social problems experience more illness and/or need for time off (see paragraph 10.6 of this review). Perhaps more interestingly, Pitkoff (1993) also found that teachers rated as 'unsatisfactory' tended to be absent significantly more than those rated 'satisfactory' (see Case Study 11, Chapter 7).

10.17 Ehrenberg et al (1991) found little to support the idea that student academic performance is linked to teacher absence. Yet Summers and Ravietz's (1982) study of ten-year-olds' reading achievements found that teacher absenteeism adversely affected pupil achievement. In view of Pitkoff's (1993) findings about 'satisfactory' and 'unsatisfactory' teachers, we may be forgiven for speculating on whether the impact of a teacher's absence depends on just *who* is away.

Policies on sickness absence

10.18 Policies and their impact constitute a recurring theme in much of the literature. Related writings range from extensive documents from employing bodies (school districts, state administrations, etc.) to simple—and probably quite usable—sets of recommendations for practising headteachers (e.g. Fowler, 1995).

10.19 Allegro and Veerman (1998) suggest that policies fall into three main types. Those in the first category aim to *raise employees' absence thresholds*: to make it less likely they will report sick. They term these 'inhibitory policies'. The second type of policy (the 'preventive policy') aims to *adjust the job* in some way or to *increase the employee's capacity* to do the job. Training, redeployment, counselling, etc. all fit within this framework. Their third type is called 'curative' and is aimed at *reducing barriers* which may prevent the absent person returning to work. Faster treatments for illness or injury feature among these; many private companies, for example, provide fast-track healthcare facilities for key employees.

10.20 Several themes arise in relation to policies. They must be *universally adopted and applied* (Auditor General, 1997), they should be based on *accurate and universally applied measures of absence* (Sagie, 1998) and they need both to distinguish between short-term and long-term absences and to acknowledge that 'unavoidable' absence may still be amenable to change (Fowler, 1995; Allegro and Veerman, 1998). Interestingly, a review commissioned some 25 years ago by NAS/UWT (Simpson, 1976) notes that the bulk of sickness absence statistics are made up from the absences of a relatively small number of teachers. Simpson, referring to the 'repeater phenomenon' of people consistently taking time off, observes that both morale and economic pressures can influence the manifestation of 'repeater' behaviour. For this reason, Simpson has attached particular importance to measures of absence which take account of absence frequency. Such measures are examined in Case Study 3, Chapter 6.

10.21 Some key ingredients of policy implementation have been summarised by Allegro and Veerman (1998). They include both 'top-down' and 'bottom-up' approaches. In the context of this report this means the active involvement of all teachers (see Case Studies 2, 4 and 5) as well as a clear set of policies and their active implementation by management. They may also require sensitive consultative actions to put them in place effectively and provide a sense of 'ownership' of those policies. Finally, they note the need for constant evaluation of the effectiveness of policies, taking account of the diversity and complexity of the backgrounds of sickness absence. Allegro and Veerman (1998) end on a positive note.

Where these things are done, they suggest, not only does sickness absence decrease, but productivity and efficiency improve.

Absence and absenteeism

10.22 The distinction between these two terms is not always clear. Imants and Van Zoelen (1995), for example, appear to use them quite interchangeably. Iverson et al (1998), too, have inferred that 'absenteeism' stems directly from the absence records of those workers in their study. Others separate the terms. Ballagh et al (1987), for example, see absenteeism as a definable subset of absence. Episodes of absenteeism are 'potentially controllable absences caused by attitudinal problems or by illness, injuries, or personal absences which could be prevented' (p.1). For Jacobson (1989), absence is 'involuntary and unavoidable'; absenteeism, on the other hand, is 'an expression of employee choice' (p. 3).

10.23 In a later paper, Jacobson and his co-workers (1993) have suggested that it may be too simple to look at absenteeism as a teacher's personal performance over-riding the school's needs. They cite two teachers, each with a cold. One keeps working until the illness is so debilitating that she/he has to stop. The other takes a day off as a preventative measure and so is able to keep working on her/his return. For them, there is an in-built dilemma in distinguishing between voluntary and involuntary absence and distinguishing accurately between absenteeism and absence.

10.24 This theme is pursued by Sagie (1998). Even lengthy absences, he suggests, may be due to 'voluntary' causes and so count as absenteeism. Driver and Watson (1989) have criticised the tendency to use frequency of absences as an indicator of absenteeism or 'voluntary' absence, arguing that several short absences may be entirely attributable to certified sickness. While acknowledging that subjectivity may still influence results, Sagie (1998) suggests the use of systematic records which document the accounts of employees and their manager. Such records, he argues, provide a more reliable way of distinguishing between absenteeism and absence than solely looking at patterns or duration of non-attendance at work.

Measuring sickness absence

10.25 Among the most commonly used measures is 'absence percentage'. This is not as simple as it seems. It can be applied at an individual or an organisational level. Imants and van Zoelen (1995), for example, examined percentage absences in each school, whereas most larger studies (see Chapter 5) look at entire organisations or sectors. This measure can encompass sickness absences as a percentage of available working days (e.g. Imants and van Zoelen, 1995), or as the total number of calendar days (counting seven days in a week) lost as the percentage of the calendar days in a certain period (Allegro and Veerman, 1998).

10.26 Two other measures are often found. One relates to the frequency of absences. Again, this is not as straightforward as it seems. Parker (1995) provides two quite different formulae. The first relates to the number of spells of absence in a given period as a

proportion of the number of employees over that period, while the second formula expresses frequency in terms of the number of employees who have been absent during that period as a proportion of the number of employees. The second of these, the 'individual frequency rate' is used in Chapter 4 of this report. Another measure (Allegro and Veerman, 1998) examines the average duration of absence; here the sum of the number of lost days is divided by the number of episodes or spells of absence during a given period.

10.27 Few authors get to grips with the practical realities which underpin the measurement methods outlined in the last two paragraphs. However sophisticated a measure may be, its outcomes will only be as good as the data which inform the formula, particularly where information is gathered from a wide number of sources. In Western Australia, the Auditor General (1997) provides five key factors which lead to 'highly unsatisfactory' (p. 28) overall statistics. The first, *lack of promptness*, means that absence returns are excluded from analysis because they arrive too late. The second, *missing agencies*, means—in the context of the current report—that some organisations which are expected to collect and collate information do not do so. The third factor is termed *missing data*. Here an organisation submits only partial information or fails to provide sufficient background data to enable that information to be understood. *Lack of accuracy* constitutes the fourth factor. This encompasses idiosyncratic criteria for what does and does not constitute sickness absence, so leading to unreliable returns. Finally, flowing from the above, the Auditor General (1997) refers to *junk records*: information gathered in an unsystematic fashion or held in such a way as to be misleading.

10.28 The matters in the foregoing paragraph appear to us to be of crucial importance. Any attempt to monitor changes in teacher sickness absence over time, as envisaged in the Cabinet Office report *Working Well Together*, will have little validity unless they are addressed. In Chapters 3 (3.12-3.14) and 9 (9.8-9.9) we look at some difficulties which cover the first three factors outlined in 10.7 above. The fourth factor, lack of accuracy, becomes highlighted in Chapter 8 (8.4 and 8.5). Unless there is firm agreement in schools on what is and is not recordable sickness absence, the data which schools provide to LEAs will offer an uncertain picture of sickness absence at regional and national levels.

Summary: Chapter 10

- Ill-health retirement is a phenomenon which largely involves teachers in their forties and beyond.
- Research suggests that 'older workers' have less interest shown in them by their managers than other workers. They can gain a sense of no longer being needed.
- Workplace support may be more important than support from family and friends in overcoming the effects of job-related stress.
- Stress at work can increase proneness to develop symptoms of some common diseases.

- Writers in various Western countries discriminate between ‘avoidable’ and ‘unavoidable’ absences from work.
- Estimates in the Netherlands suggest that 70 to 80 per cent of teacher absence may be ‘avoidable’ if suitable management practices are observed.
- In Western Australia, it is suggested that 20 to 25 per cent of the cost of sick leave could be reduced by effective management action.
- A minority of employees accounts for the majority of sickness absence statistics.
- Some research suggests that ‘commitment’ is a more important factor in regular attendance at work than ‘job satisfaction’.
- Teachers who perceive that their work is valued and that they are supported by their managers are more likely to have good attendance records.
- There is a relationship between teacher attendance and pupil performance, although other factors may mean that the first is not always responsible for the second.
- Policies on sickness absence tend to have three main aims: raising of absence thresholds; increasing the individual’s capacity to do the job; reducing the barriers preventing the absent person returning to work.
- To work well, policies should be universally adopted and based on accurate and generally-applied measures of absence.
- Policies need to be both ‘top down’ and ‘bottom up’ in their application. Their effectiveness should be regularly evaluated.
- Absenteeism, where defined, is seen as lying within the voluntary control of the individual. Absence is not.

- Periods or incidences of ‘unavoidable’ absences can still be reduced or eliminated by effective management.
- There are three main methods of measuring sickness absence: these relate to percentage, frequency, and duration.
- The results of using any measuring method for sickness absence will only be as good as the information which goes into the measure.
- Several factors, operating at LEA and school level, may currently limit the amount of confidence that can be placed in the accuracy of overall sickness absence figures for teachers.

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Some Conclusions

Teacher absence through sickness

1. The revised criteria contained in the amendment to the Teachers Pensions Regulations since early 1997 appear to have had a considerable impact on the number of teachers being granted ill-health retirement. In 1999, average monthly retirements of teachers in the maintained sector were less than a half of those in 1997.

2. The teachers in our sample, who retired through ill-health after October 1998, were subject to the new criteria. Nearly half of them had mental health problems which led to the Pensions Division concluding that they would be incapable of working again as a teacher. We do not know how many applied unsuccessfully for ill-health retirement or were advised not to because they would be unsuccessful. However, the level of teachers' mental health difficulties in relation to overall health problems serious enough to prevent them from teaching now or in the future may be a matter for concern.

3. As the data in Chapter 5 suggest, levels of state school teacher sickness absence compare quite favourably with those of other occupational groups on which sickness absence information is available. Teachers in the private sector take less time away from work through sickness. However, the conditions of service and contracts of employment in that sector vary considerably from those of teachers in maintained schools. These factors may account for differences between the two sectors quite as much as any differences in approaches to personnel management.

4. An average full-time teacher absence rate of 3.15% equates to 6.14 days in a working year of 195 days. In *Working Well Together*, it is suggested that such absences can be reduced by up to 30 per cent. This estimate is quite restrained when benchmarked against overseas estimates of 'avoidable' rates of absence (see Chapter 10, 10.9). Policies which aim to increase teachers' absence thresholds, such as those outlined in Chapter 6, may be expected to have some impact, provided they are implemented in ways which make teachers themselves feel actually involved in the process and aim to increase commitment on the part of already hard-working professionals. Universal application and a sense of fairness appear to be important features of effective policies which aim to increase absent teachers thresholds.

5. Nationally, less than two-thirds of full-time teachers take any sickness absence at all. More than 40 per cent of the time lost by those who *are* absent is accounted for by periods

away from school which exceed four weeks. Raising absence thresholds (the point at which a teacher decides to be away from school) is unlikely to have a great deal of effect on long-term illnesses. Policies which aim to lower the threshold of return (i.e. which make it as easy as possible to take up teaching again) may be expected to have more effect on absence statistics. However (see Chapter 7, Case Study 9), constraints on schools' budgets and insurance policy restrictions may currently make it difficult for schools to implement such policies.

6. We encountered schools which had teachers with extended periods of absence (see Chapter 7, Case Studies 10 and 11, for examples). Those absences will have contributed to their schools and LEAs' overall statistics in substantial ways. However successful the implementation of policies aimed at managing and so reducing short-term absences in those schools might have been, they would have only marginal impact when one or more teachers were away for perhaps fifty per cent of the year, or even more. Expediting capability procedures when a teacher has a long-term illness and perhaps suffers from stress can be difficult for managers and governors alike. The DfEE has recently issued new guidelines to schools on capability procedures.

7. LEAs are the employers of teachers only in community schools. If an LEA's record of teacher sickness absence in coming years is to be benchmarked against earlier records, it may be necessary to seek to differentiate between sickness absence among LEA-employed teachers and governor-employed teachers in maintained schools. At present an LEA is asked to return records to DfEE which aggregate the two. It appears inappropriate to put together the performance of all schools within an LEA's boundaries when the LEA may be the employer of teachers in just some of those schools.

Preventing sickness absence

8. While some LEAs have produced quite detailed policies in the expectation that headteachers and governors may adopt them, findings from schools themselves suggest that they are by no means universally implemented. This is either because headteachers have not encountered their LEA's guidance or because they consider it inappropriate. Local management arrangements mean that headteachers and governors have considerable autonomy in the appointment and dismissal of staff; an LEA's role in relation to teachers is not the same as that of most other divisions of a local authority in relation to their employees.

School-level awareness of the importance of effective policies on sickness absence management appears, to say the least, patchy.

9. Where they are available, health checks and health awareness programmes for staff appear to be appreciated by teachers. Case Studies 6 and 7 highlight some of the key issues in such provision. In the second LEA (which has one of the highest levels of teacher sickness absence in the country), schools' uptake of the service is substantially lower than that of the other divisions of the LEA. They have to pay for it while other divisions do not. Yet the encouragement of healthier lifestyles, coupled with the opportunity for early identification of illness, appears to be a sensible approach to managing potential, if not actual, sickness absence. It may be appropriate to examine further the ways in which schools can be offered better incentives to do so.

10. Staff health, motivation and commitment appear to be three important elements which restrict absence through sickness. As teachers become older and closer to what they view as a natural retirement age, ensuring that these qualities are maintained becomes increasingly important. Most ill-health retirees are aged over 45 and so fall into the category of 'older workers'. Mental health conditions occur in nearly half of them, while other conditions which may be related to stress also contribute to ill-health retirements. Programmes aimed at developing effective management skills in serving headteachers (and in those who aspire to that role) might usefully take account of the importance of schools' leaders promoting healthy working climates.

11. Occupational Health departments appear to serve two distinct roles in some LEAs. They form part of a step-wise progression in policies aimed at managing individual sickness absences and they also assist in promoting healthier patterns of life among all staff. It appears that in many LEAs the former role, in the minds of headteachers at least, is more prominent. In Case Study 1 (Chapter 6), we look at the way in which one LEA conceptualises the role of Occupational Health. Here it is seen as advising the LEA on matters of an individual's current and future work ability, as well as advising that individual on steps to take in becoming well again. It may be necessary for guidance to be offered to some LEAs, and to governors in cases where they are the employers of teachers, on shaping and agreeing the expectations which are to be placed on Occupational Health physicians and nurses.

Measuring sickness absence

12. What is and is not recorded as teacher absence through sickness varies between schools. Teacher absences with similar underlying reasons can be recorded as 'sickness' in some schools but not in others. While the right of headteachers to use discretion in managing staff may be inherent in the local management of schools, that discretion in recording absences can lead to errors in statistics collected by LEAs and processed by DfEE. Guidance to schools on what should and should not constitute absence through sickness would go some way to reducing that error.

13. Despite this being the second year that DfEE has asked LEAs to return teacher sickness absence data, 14 LEAs (including some large authorities) did not do so. In the course of our survey we became aware of considerable variability in the knowledge base of 'human resource' or personnel departments. Some had a precise picture of sickness absence in their schools while others appeared to know nothing at all about the absence statistics in their schools. Surprisingly, we encountered some in the latter group which provided statistical returns to DfEE on this topic. If confidence is to be placed in national statistics on teacher sickness absence collected via LEAs, it may be necessary to encourage reliable and systematic recording of such absence at both school and LEA level.

14. Some LEAs which did provide teacher absence returns for DfEE were unable to separate full-time from part-time absences. We have commented on the need to know the 'full-time equivalent' of part-time teachers. However, that is not sufficient for an accurate picture to be constructed. Consider the case of two 'full-time equivalent' appointments, each made up of two teachers. In the first appointment, one teacher works for three days and the other for two. If each teacher is absent for one day in a particular week, then those part-timers' absences (in terms of available days) will be 20% and 100% respectively. In the second school they will be 33% and 50%. Yet each pair represents the same single 'full-time equivalent'. An accurate recording system should seek information on the absences of teachers engaged to work for 1, 2, 3 or 4 days each week. DfEE may wish to consider this in evaluating the utility of the annex to Form 618G.

15. Given that in practice many teachers work for more than the 195 days that they are contractually expected to work, it may be more appropriate to express teacher absences as

‘percentage time lost’ than as ‘days lost’. This would be also consistent with the recording systems used for other professionals whose working time is not measured in days.

16. In establishing their own monitoring procedures, it may be appropriate for LEAs to distinguish between long-term and short-term teacher absences. At present, most of those LEAs which present records of staff absence rates to their schools do so in terms of the percentage of available time lost. A single long-term absence can dramatically increase absence statistics in an otherwise well-attending school. The misleading picture which such records offer can result in headteachers discounting them when seeking to inform their management practice.

17. DfEE has used ‘days lost by absenting teachers’ as one means of assessing teacher absence through sickness. This statistic can offer a distorted picture of overall absence, in part because the factors which lead to a teacher’s inclusion can vary (see 10 above) and also because ‘absenting’ teachers are not typical of all teachers. A reliably-constructed survey of all teacher time lost, expressed as an overall percentage of available time, should present a more accurate picture. Such a survey might also offer percentage figures for teacher time lost in episodes of ‘short-term’ and ‘long-term’ absences.

Appendix

Local Education Authorities Which Provided Sickness Absence Data

NORTH EAST

Darlington
Durham
Gateshead
Hartlepool
Middlesbrough
Newcastle-upon-Tyne
* North Tyneside
Northumberland
Redcar and Cleveland
South Tyneside
Stockton-on-Tees
Sunderland

NORTH WEST

Blackburn with Darwen
Blackpool
Bolton
Bury
* Cheshire
* Cumbria
Halton
Knowsley
Lancashire
* Liverpool
Manchester
* Oldham
Rochdale
Salford
* Sefton
* St Helens
Stockport
Tameside
Trafford
Warrington
Wigan
Wirral

YORKSHIRE AND

HUMBER

Barnsley
Bradford
City of Kingston-Upon-Hull
Doncaster
East Riding of Yorkshire
Kirklees
Leeds
North East Lincolnshire
North Lincolnshire
* North Yorkshire
Sheffield
Wakefield
York

EAST MIDLANDS

City of Nottingham
* Derby
Derbyshire
Leicester City
Leicestershire
* Lincolnshire
Rutland

WEST MIDLANDS

Dudley
Herefordshire
* Sandwell
Shropshire
Solihull
Staffordshire
* Stoke
Walsall
* Warwickshire
Wolverhampton
Worcestershire

EASTERN

Bedfordshire
Cambridgeshire
City of Peterborough
Essex
Hertfordshire
Luton
Southend
Suffolk
Thurrock

INNER LONDON

Camden
City of London
Hackney
Hammersmith and Fulham
Haringey
* Islington
Kensington and Chelsea
Lambeth
Lewisham
Newham
Southwark
Tower Hamlets
Wandsworth
Westminster

OUTER LONDON

Barking and Dagenham
Barnet
Bexley
Brent
Bromley
Croydon
Ealing
Enfield
Greenwich
Harrow
Havering
Hillingdon
Hounslow
Kingston-upon-Thames
* Merton
Redbridge
Richmond-upon-Thames
Sutton

SOUTH EAST

Bracknell Forest
Brighton and Hove
Buckinghamshire
* East Sussex
Hampshire
Isle of Wight
Kent
Medway
Milton Keynes
Oxfordshire
Portsmouth
Reading
Slough
Southampton
Surrey
West Berkshire
West Sussex
Windsor and Maidenhead

SOUTH WEST

Bath and NE Somerset
Bournemouth
City of Bristol
City of Plymouth
Cornwall
Devon
Dorset
Gloucestershire
Isles of Scilly
Poole
South Gloucestershire
Swindon
Torbay

* LEAs which aggregated part-time and full-time staff absences

