Absence agreements in the UK Public Sector:
A bitter pill to swallow?

Preliminary results from a survey of UNISON safety representatives

Interim Report

UNISON
June 2006

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Contents   **Page**

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List of Tables   **Page**

List of Charts

Objectives and executive summary

This interim report was compiled following the preliminary analysis of a survey[1] of 834 UNISON safety representatives across the UK and a variety of case studies in respect of absence agreements. Through a multi-method approach, the research sought to achieve a number of objectives. The survey was designed not only as a research instrument that aimed to answer specific research questions and establish associations, it was also designed as a practical auditing tool for UNISON to collate detailed information about their safety reps so as to advice future policy in this area; the research succeeded in achieving this goal.

The research sought to identify issues being incorporated within absence agreements, to comment on the relationship that existed between safety reps and management in respect of absence and to what extent safety reps were involved in the decision making process. The research also sought to identify whether certain issues were more or less prominent in absence agreements and how this affected UNISON's ability to adequately represent their members. Furthermore, much effort was made to identify good and bad practice agreements to assist in the development of training materials for safety reps in respect of sickness and absence arrangements at the workplace.

Key findings included:

- Employers appeared to categorise **absence management as separate to the health and safety function** and, as a result, attempted to exclude union safety reps and maintain control of absence arrangements. Safety reps must forge a systematic link between absence and H&S.

- **The presence of an absence agreement did not imply that management were cooperating, consulting or even involving the union in absence issues**. Co-operative relations were experienced around other aspects of health and safety but not so much around absence issues.

- The focus of many absence agreements appear to have been reactive in nature, punishing individuals following a spell of absence as opposed to identifying and remedying the causes of absence or rewarding good attendance. **There was an emphasis on provisions following, rather than prior to, absence**.

- Safety representatives themselves were not always sure of exactly what was incorporated within their absence agreements or their legal entitlements in respect of absence. **This has implications for UNISON in terms of training and support for their safety reps**.

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[1] 4997 questionnaires were distributed giving a response rate of 17%

- Management perceptions of a workforce conspiring to abuse absence provisions **had resulted in punitive sanctions, a lack of sympathy and discretion and genuinely ill employees being penalised**.

Section 1 of this report attempts to locate this research in wider debates surrounding absence management and outline some current themes and topics. Section 2 outlines the research methods adopted for the study, comments on the extent to which findings can be reliably generalised, and presents a comparison of UNISON membership and safety representative statistics. Section 3 outlines relationships between UNISON safety reps and their employers in respect of health and safety and absence provisions. The extent to which specific elements are incorporated into absence agreements is discussed in Section 4. Section 5 outlines what are believed to be acceptable and unacceptable levels of absence and comments on perceptions of absence, occupational health, and absence legislative. A summary and general discussion is presented in Section 6.

Section 1 – The public sector and issues of absence management

The Question of Attendance

The question of attendance has emerged in the past few years as a central feature of management and trade union concerns. The argument that productivity in the UK is being undermined by low levels of attendance has received increasing levels of press attention. However, there has always been a drive for controlling and regulating attendance. Companies have various measures to monitor, control, regulate and lower absence from work, some placing a greater emphasis on short-term absence where management suspect their provisions are being abused. For example, the "Bradford Factor" was designed to measure irregularity of attendance and penalise those with a higher occurrence of absence as opposed to a higher number of absence days, as the formula below illustrates:

> Bradford Index = *The number of spells of absence in the last 12 months squared, multiplied by the number off days off* - (SxSxD)

Hence, an individual who has two spells of absence of five days in duration accumulates just 40 Bradford points, whereas a colleague who has five spells of absence of two days accumulates 250 Bradford points and is reprimanded. Use of such formulas is common. Others formulas exist in an attempt to differentiate types of absence and to provide them with a scientific rationale. Many of these formulas use spurious evidence and research, and are some times even difficult to identify in terms of originating documentation, but this has not deterred many organisations from using them.

The current interest in attendance management has developed in the context of two major factors. Firstly, the economy is increasingly concerned with quantitative measures of productivity (e.g. lowering absence) which are more easily arrived at than qualitative ones (e.g. how staff are deployed or trained at work). There is a political drive to increase European productivity in the face of competitive pressures from other regions where work rates are perceived to be higher. Leading companies, such as Tescos, have implemented policies that have modified employee rights to sick pay in a bid to lower, control and predict the pattern of attendance. Secondly, the increasing interest amongst government circles in efficiency issues and savings to the public through taxation controls has meant that the way public service employees work is the subject of greater political scrutiny. The move towards 'measurables' and towards greater auditing of attendance means that these aspects of work are the subject of greater management interest. The flagship agreement of the Royal Mail, where incentives were used to raise attendance, is an example.

However, the issue of attendance raises a range of diverse issues and opinions, as highlighted below:

- The way one measures attendance patterns and identifies authentic patterns of absence is unclear.
- The uses of attendance management, and how they link to overarching occupational health policies and health and safety initiatives, are a subject of concern and some degree of experimentation (see current HSE occupational health initiatives).
- Attendance patterns are the subject of different views given the understanding of the meaning of sickness and socially related reasons for leave.
- The broader context of attendance management, in terms of what is a productive employee and how the workplace and working environment facilitate productive behaviour on behalf of workers, is the subject of political debate in Europe.
- The industrial relations of attendance management, and how it fits into an environment of trust and mutual influence from management and trade unions, is a further issue and point of contestation.

In this respect, one can see various dimensions to this discussion. Within each dimension, there is a variety of opinions. Regardless of this, there is now a concerted political drive by the government to regulate and lower absence within the public services through the introduction of attendance management schemes. This forms part of an overall drive to reform the nature of public sector management and more broadly relates to the current political debate surrounding incapacity benefit, rehabilitation and workforce productivity.

The Context of Absence Government Policy

The government has vowed to make savings in the public sector, and has continued the Thatcher government's commitment to increasing efficiency and effectiveness in the public sector. There is a range of financial, structural and human resource management measures concerning this drive. In 2004 the Cabinet Office, DWP and HSE Executive published *Managing Sickness Absence in the Public Sector* claiming that one of the top priorities was the development of attendance agreements. This aimed to frame a discussion on establishing attendance monitoring and management schemes with the objective of lowering the level of absence. It stressed the management and social aspects of this objective. However, it came hot on the heels of Sir Peter Gershon's Independent Review of Public Sector Efficiency entitled *Releasing Resources to the Front Line*, which focused on questions of saving and operational changes to facilitate this. Attendance issues are a central part of this initiative. In this respect, the driver has been economic rather than social – even if the statements about not wishing to create a 'presentee' culture or deny the social causes for absence were apparent in the first document. This economic drive may be linked to political dimensions. The political competition between the Labour Government and Conservative Opposition as to who could make more cuts and savings in the civil service was a feature of much public discussion during the last few years. The current wave of interest in attendance management is therefore part of a broader policy shift, which whilst paying lip service to the notion of the government as a good employer, is also linked to political and economic imperatives.

Attendance Agreements

Given that the establishment or modernising of attendance agreements is therefore now a major imperative for public sector managers, the issue of what is a good agreement becomes paramount. Questions of transparency, fairness, sensitivity, and consistency begin to shape the discussion, especially as there are already a number of disputes emerging over new agreements. First, there is the question of monitoring and the collation of data. How are these scrutinised and discussed amongst different stakeholders within the organisation? How are they judged and by who? Secondly, there are workplace factors in terms of how attendance agreements interface with other initiatives such as risk assessments and the study of sector specific issues. How are targets arrived at and who is involved? How are targets agreed? Thirdly, how are incentives in terms of pay or working time linked to attendance management arrangements? Fourth, what kinds of procedures are in place after a period of sustained or repetitive absence? Fifth, how does it link into an overarching health strategy and focus for wellbeing? Sixth, how does it link to the nature of the workforce in gender and ethnic terms?

Attendance agreements, given the very nature of absence and sickness, raise broad issues. The issue is not a mere question of 'attending work'. It raises much broader issues related to the social character of the workforce, the local workplace in terms of the quality of working life, and the purpose and nature of the service delivered. The problem is the tendency to take solutions 'off the shelf' and move towards monitoring and assertive management practices. Even the CIPD, as the main representative of the human resource management profession, have argued that attendance management should be linked to a broader appreciation of worker health (CIPD, *Absence Management: A survey of policy and practice*, Annual report 2005). Then there are the institutional factors. How do industrial relations processes influence the nature of attendance agreements? Do they facilitate their development and how? What role does management play at various levels? What are the pressures placed on management, trade unions and staff by moves towards a greater degree of monitoring and management in this area? And ultimately what does the Pandora's Box of attendance management give rise to in terms of such relations.

Section 2 - Research methods, response rates and national statistics

A multi-method approach was adopted for this, ongoing, research comprising three key stages. The first stage incorporated a national survey of UNISON safety representatives so as to establish how absence agreements were perceived by those at the workplace level and to identify general trends of good and bad practice. Stages two and three, running concurrently, are ongoing and emerged from the survey data. These stages incorporate content analysis of absence agreements from a number of respondents to the survey. Two-hundred and eleven survey respondents sent their full absence agreements for further analysis[2]. This process is ongoing, however at this early stage seven agreements are being developed to form stage three of the research; in-dept case studies. Case studies are being undertaken from a variety of regions and sectors of interest to UNISON, these include; local government, NHS trusts, primary care trusts, police, a call centre, probation service, fire service, further/higher education. Intensive research methods will primarily incorporate semi-structured interviews and focus groups with safety representatives, union officials, management and employees where possible. The survey was used to establish relationships and correlations, the dynamics of which could be explored in more depth through the in-depth case studies. Even at this early stage of the research, findings appear to be complementary rather than competing. As the qualitative elements of the research are ongoing, this interim report shall focus primarily on some of the overall survey findings, prior to cross-tabulation (further analysis of the survey data is ongoing).

For reasons of transparency and reliability, the following section presents a more detailed overview of how the survey was designed and distributed; how data was collected and collated and gives an overview of the characteristics of respondents and comments on the extent to which findings can be confidently generalise to a wider population. Furthermore, this section shall present responses in the context of national UNISON membership and safety representative figures.

A survey of UNISON health and safety representatives

The survey was designed to be as user friendly and easy to understand as possible incorporating 59 questions over six sides of A4. A cover letter was attached to the questionnaire, written and signed by the UNISON General Secretary; a four week deadline was given to respondents and no reminder letter was distributed within this period. Questions were almost exclusively 'closed' with just a few 'open' questions incorporated to allow respondents to expand upon workplace and union branch characteristics or to give further details of absence formulas or trigger levels used. The survey was designed not only as a research tool, but also as a means to audit UNISON absence arrangements and so contribute to the development of their absence policy and aid in the development of a training tool for safety reps and union officials.

The survey was distributed in February 2006 to 4997 UNISON safety representatives across the UK. Stratified random sampling was used where possible so that the number

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[2] Although it is not the intention of the researcher to analyse all of the agreements

distributed to each region was roughly proportionate to the number of safety reps within each region (see Table 2.1). Furthermore, the sample was intentionally biased towards utilities, the Police and higher education and away from local government due to the need to ensure that a broad picture of the public services emerged. The survey generated 834 responses, representing an overall response rate of 17 per cent. Tables 2.1 to 2.3 highlight some of the primary characteristics of respondents in comparison to distribution figures, national UNISON safety rep figures and national UNISON membership figures where these were available.

Table 2.1 – Response rates and regional characteristics

	Distributed (n)	Distributed (%)	Respondents (%)	Safety reps nationally (%)	National membership (%)
	Column 1	Column 2	Column 3	Column 4*	Column 5*
Scotland	372	7.4	9.1	8.5	11.4
Wales	206	4.1	5.5	4.2	6.7
Northern Ireland	11	0.2	0.0	0.5	2.7
Yorkshire and the Humber	474	9.5	10.3	8.1	10.7
North East	327	6.5	5.0	6.9	7.0
North West	671	13.4	13.1	12.3	14.0
East Midlands	340	6.8	8.2	8.2	7.9
West Midlands	561	11.2	11.0	10.8	8.9
Greater London	587	11.7	5.8	12.6	9.5
Eastern	373	7.5	4.9	7.6	6.8
South East	686	13.7	17.0	12.2	7.8
South West	389	7.8	10.0	8.1	6.6
Total	**4997**	**100**	**100**	**100**	**100**

*Internal UNISON national membership and safety rep figures from December 2005

Table 2.1 documents the representativeness of the data collected by region. Column one shows the actual number of questionnaires distributed to each region and column two shows this as a percentage of the total number distributed. Column three shows the response rate by region. Columns four and five present national UNISON figures; the former presents the regional distribution of UNISON's 12,000 safety reps and the latter presents UNISON's membership distribution which, at the time of fieldwork, stood at approximately 1,360,000[3]. A comparison of columns two and four illustrates that the number of questionnaires distributed by region was comparable to the number of safety reps by region. A comparison of columns three and four show that the response rate by region was similar to the distribution of safety reps by region giving confidence to the findings and the extent to which they can be generalised. The largest bias was away from Greater London and towards the South East (association and comparability tests shall be conducted in due course). Interestingly a comparison of national figures, columns four and five, show that safety reps were not distributed proportionally to national

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[3] Collective bargaining coverage stood at around 4,000,000 – (Internal UNISON figures)

membership by region. Thirty-one per cent of membership was located in the Southern regions, however 41 per cent of safety reps were located there. Seventeen per cent of membership was based in the Midlands, yet 19 per cent of safety reps were located within this area. By contrast, 32 per cent of membership was based in Northern England regions but only 27 per cent of safety reps were located in this area. The figure was worse for Scotland, Wales and Northern Ireland where combined membership stood at 21 per cent but the proportion of safety reps was just 13 per cent.

Table 2.2 – Response rates and sectoral characteristics

Sector	Per cent distributed (%)	Response (%)	Safety reps nationally (%)
Utilities	13	13.7	6.1
Police Staff	7.5	10.7	3.5
Transport	0.5	0	0.4
Higher Education	7.3	5.9	4.3
Health	30	27.5	29.1
Local government	40.2	36.1	56
Other	1.5	6.2	0.6
Total	100	100	100

*Internal UNISON national membership and safety rep figures from December 2005

National membership figures by sector will be added to Table 2.2 in due course. The distribution of questionnaires by sector was intentionally biased towards utilities, the Police and higher education and away from local government so as to increase the number of responses from these sectors due to the low number of safety reps within these areas in comparison to local government and health. These findings shall be analysed in more detail in the near future.

Table 2.3 – Response rates and gender characteristics

	Respondents (n)	Respondents (%)	Safety reps nationally (%)	National membership (%)
Male	460	57	55	30
Female	344	43	45	70

Internal UNISON national membership and safety rep figures from December 2005

Table 2.3 outlines the genders characteristics of respondents, safety reps nationally and national membership. As is illustrated, 55 per cent of safety reps nationally were male and 45 per cent female; responses were almost identical giving further credibility to the findings. However, as the final column of Table 2.3 illustrates, just 30 per cent of total membership was male and 70 per cent female implying that there was a considerable overrepresentation of men within safety representative positions. Few national statistics exist on the ethnic characteristics of safety reps nationally, however it is worthy of note that 96 per cent of respondents described themselves as White British, White Irish or White other. This raises important questions in respect of the representation of black and minority ethnic (BME) workers within much of the public sector.

Section 3 - What are 'co-operative relations' anyway?

This section highlights the general trend in the relationship between UNISON safety reps and their employers in respect of health and safety and absence provisions. This section shows that despite good workplace relations, management were still reluctant to involve union representatives in provisions less traditionally associated with health and safety; provisions such as absence and attendance.

Where a union is recognised for collective bargaining purposes, they acquire specific legal advantages. For example, management has the duty to deal with and give facilities to safety representatives appointed by the union under the Health and Safety at Work etc Act 1974 and the Safety Representatives and Safety Committees Regulations 1977. They are also required to give 'time off' with pay for union representatives carrying out duties or training connected with collective bargaining or without pay for union members attending internal union activities. As the questionnaire was distributed to UNISON safety representatives, it was expected that the vast majority of respondents would be employed at workplaces that recognised UNISON. This assumption was proved correct as 95 per cent of respondents claimed that UNISON was recognised at their workplace for collective bargaining purposes. Just two per cent claimed that they were not and 3 per cent were unsure. Moreover, 95 per cent of respondents indicated that there was an absence agreement between UNISON and management at their workplace, just two per cent claimed that there was not and three per cent were unsure. With such a large proportion of employers recognising the union and having implemented an absence agreement with UNISON the research sought, not only, to identify what was incorporated within the agreements but also how agreements were established and what kind of relationships existed between the safety reps and management. Respondents were asked, "*As a safety rep, which of the following best describes management's relationship with you*"? As Chart 3.1 illustrates, over half of all respondents described management's relationship with them as 'cooperative' in respect of their role as a safety rep, a further 39 per cent claimed that it was 'sometimes cooperative' and just six per cent described it as un-cooperative.

Chart 3.1 – Relationship between management and safety reps
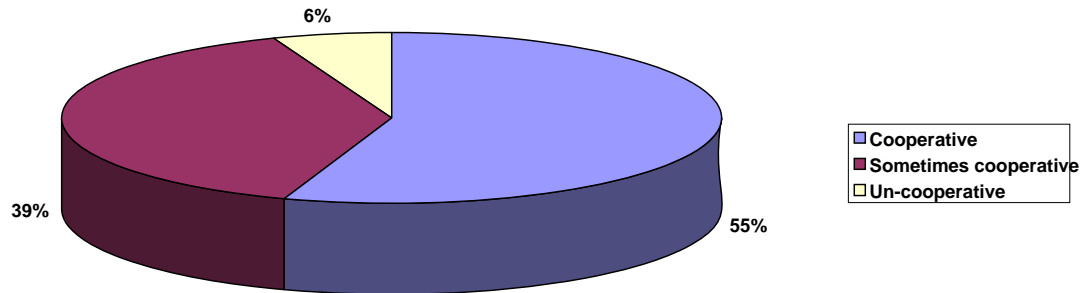
Overall, these figures appear to be positive in terms of union involvement in health and safety issues however, when asked more specifically about the absence agreement, responses appear to cast doubt on exactly how cooperative they really were. For example, almost a quarter (23 per cent) of respondents claimed that the absence agreement at their workplace was 'imposed' by management rather than formally agreed with UNISON. With the coverage of UNISON's collective bargaining possibly equating to four million, almost a million employees represented by UNISON might have had their absence agreements imposed rather than negotiated.

Having a presence on safety committees is important as this can result in more of a strategic role for union representatives, enable them to influence the direction of policy and to be consulted as opposed to being merely informed on health and safety and absence concerns. However, almost a third of respondents to the survey (31 per cent) claimed that they did not have a presence on any safety committee. Moreover, as Chart 3.2 illustrates, the largest proportion of respondents (40 per cent) claimed that they were *never* consulted on absence policies. Just 28 per cent claimed that they were always consulted and a third stated that they were 'sometimes' consulted. So we see an emerging gap between the general processes of consultation on health and safety and more detailed developments such as attendance management systems.

Chart 3.2 - Are you consulted on absence policies?
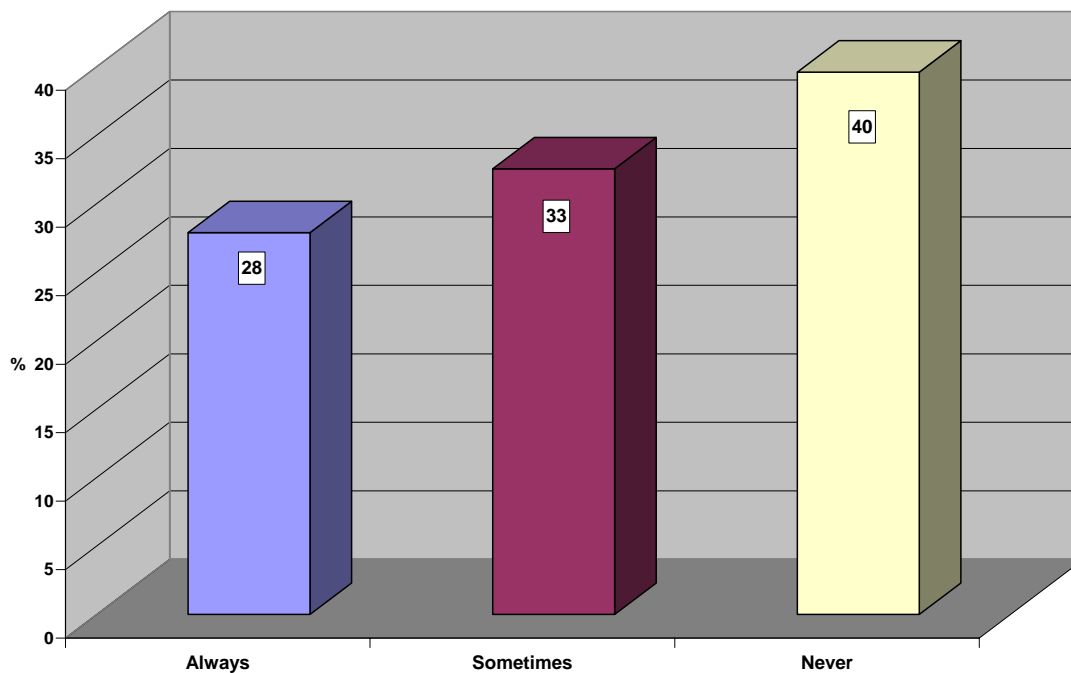
As Chart 3.3 illustrates, fewer than half of all respondents rated the absence provisions at their workplace as good or very good. Around one in seven described them as bad or very bad but the largest number of respondents, 39 per cent, described their provisions as 'neither good nor bad'.

Chart 3.3 – How would you rate the absence provisions at your workplace?
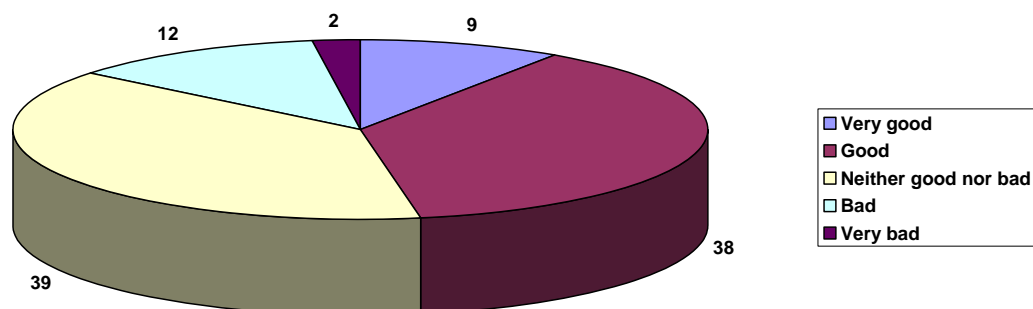
This section has highlighted what initially appeared to be a contradiction of responses in respect of the relationship between management and the union safety reps and how absence agreements were operated and managed. It is clear from respondents that very rarely did management completely exclude UNISON safety reps from health and safety issues, and indeed most safety reps described their relationship with management in respect of safety issues as cooperative or, at the very least, sometimes co-operative. Health and safety is often described as a 'non-adversarial' range of topics whereby management and unions could work together in a way that promoted the interest of employees and the company as a whole. Furthermore, where a union is recognised for collective bargaining purposed, consultation on health and safety issues is compulsory and so it is in the employers' best interest to work with the union. Others, of more sceptical persuasion, may view employers' willingness to involve unions in health and safety as tokenistic. Knowing that they have health and safety responsibilities, and that increasingly employers are subject to litigation in respect of health and safety issues, management may harness union health and safety expertise as a cost reduction exercise so that they do not have to employ their own safety officers[4] or consultants. This is sometimes presented as representing consultation with the union. Either way, it appears that management do not always view absence as being part of the health and safety function but instead often see it as an area of which they want to maintain control and so increasingly wish to exclude trade unions. As findings from the survey have shown, despite the good relationship with management in respect of health and safety, the largest proportion of safety reps were never consulted on absence policies and interviews have shown that where consultation on absence did occur, unions were frequently excluded from more strategic level decisions. This shows that the general culture of participation that we find in the public sector is not always seen to be present in the strategic issue of attendance/absence. This raises serious questions given the regulated nature of health and safety representation, and the general trend towards greater concern with health and safety in a broader sense.

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[4] Referred to as 'Representatives of Employee Safety' to clearly distinguish them from union safety representatives.

Section 4 – Absence Agreements: The Devil's in the Detail

This section looks in more detail at what issues are incorporated within absence agreements. By looking at five broad themes (Table 4.1) within absence management this section concludes that too often absence agreements have a greater emphasis upon action following a spell of absence as opposed to identifying and remedying the causes of absence.

The survey found absence agreements to be a relatively new phenomenon. The interest in absenteeism and its management has only really moved to the forefront of certain HRM agendas within the public sector in the past few years, with Gershon crystallising this development. Respondents were asked to indicate when their absence agreement was implemented. Almost six out of ten (n-488) were unsure or did not respond to this question, unfortunately this may have excluded some of the longer established agreements where individuals were unaware of exactly how long ago they were implemented. Nevertheless, of the 346 respondents to this question, 36 per cent claimed that their absence agreement had been implemented within the last two years, 49 per cent within the last three years, 73 per cent within the last 6 years and 91 per cent within the last 10 years. This is illustrated by Chart 4.1 below, which gives the median average number of years since implementation of the agreement as three and the mean average as 4[5].

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[5] The normal curve shows a large positive skew (+2.743) and a concentration of cases near the intersection of the X and Y axis.

Chart 4.1 – Number of years since absence agreement was implemented

Mean = 4.14
Std. Dev. = 4.882
N = 346
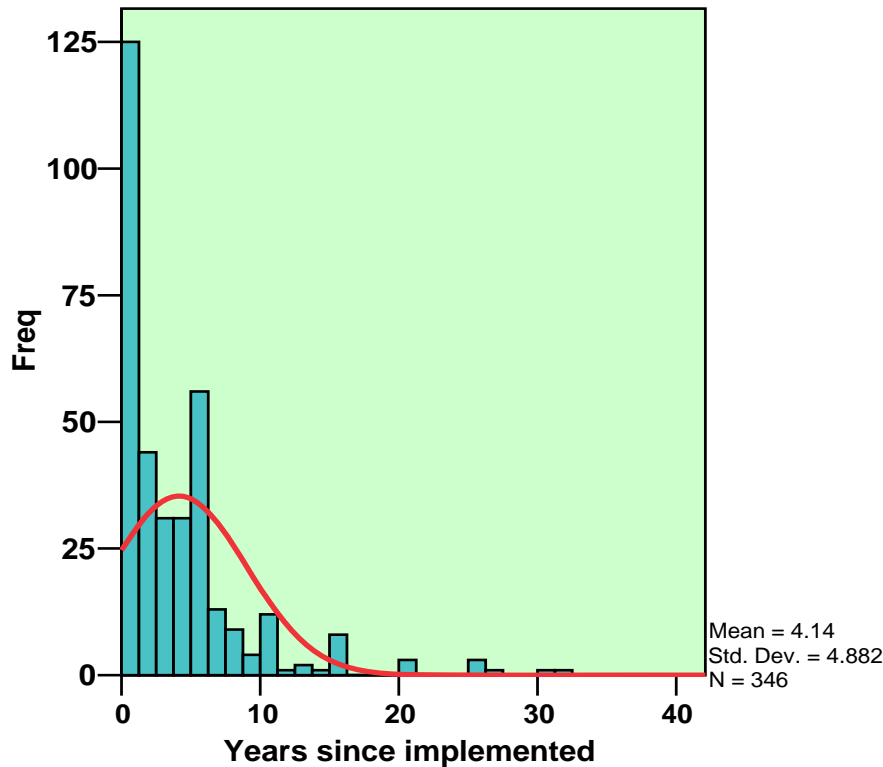
The research specifically sought to identify the extent to which a variety of absence related issues were incorporated within the absence agreement or management absence procedures. These fell into the following five categories:

1) Issues relating to the monitoring and auditing of absence and workplace factors
2) Absence and attendance issues prior to the occurrence of absence
3) Absence and attendance issues following the occurrence of absence
4) Occupational health and medical issues relating to absence from work
5) Special dispensation given for absence.

Table 4.1 presents the survey findings which are described in more detail below; furthermore, 'yes' responses from each section have been incorporated within horizontal bar charts for easy to view graphical representation.

Table 4.1 – What is incorporated within your absence agreement?

| Incorporated within absence agreement	Yes %	No %	Don't Know %
Monitoring and workplace factors			
Records kept on incidences and reasons for absence	92	2	6
Absence figures provided to UNISON safety rep	21	55	24
Efforts made to identify and remedy illness caused through employment	61	31	8
Regular workplace risk assessments undertaken	63	31	6
Procedures for individuals injured at work in place	80	11	9
Prior to Absence			
Attendance incentive payments offered	7	87	6
'Banking time' offered as an attendance incentive	7	82	11
Attendance targets given	30	55	15
Proactive strategies to prevent absence developed	34	48	19
Following absence			
Self certification for short-term absence permitted	95	2	3
Return to work interview/ discussions conducted	90	6	4
Time limits for improvements set	59	15	26
Follow-up meetings to discuss and monitor improvements	69	16	15
'Rehabilitation' provisions provided to aid return to work	76	12	13
Medical issues			
Occupational health service provided inside the workplace	71	24	5
Occupational health service provided outside the workplace	54	29	17
Same sex interviews for sensitive issues offered	39	28	32
Confidential counselling service provided	70	14	16
Doctor's certificate required for longer absence	99	0	1
Level of sick pay is dependant upon length of service	59	32	9
Special consideration			
Compassionate leave for personal/ family reasons	91	4	5
Maternity and paternity absence	88	3	9
Absence caused by accidents or injuries at work	71	13	16
Absence as a result of disability	66	9	25
Child care and carers leaves	60	14	26
Extended holidays for religious reasons	19	31	50

As table 4.1 illustrates (see also Chart 4.2), the vast majority (92 per cent) of respondents believed that management kept records on incidences and reasons for absence, just two per cent stated that management did not undertake such audits. However, just a fifth of respondents claimed that absence figures were provided to them as safety representatives. Fifty-five per cent stated that such figures were not provided to them and a quarter did not know. The fact that they did not know is in itself a finding, as this implies that either; a) they have made enquires to management who have not responded and so by definition are not providing absence figures to the safety reps or b) they have never enquired. Which ever is the case, this has serious implications for how safety representatives

develop their role, are supported, and how they are trained. It is a major and initial stumbling block for any proactive and informed development of attendance management schemes.

Just over six out of ten respondents believed that efforts were made to identify and remedy illness caused through workers' employment; a similar proportion claimed that regular risk assessments were undertaken. These figures are not as high as might initially be assumed. Section 2 of the Health and Safety at work etc Act 1974 imposes a general duty on every employer to ensure (so far as is reasonably practicable) the health, safety and welfare at work of all his/her employees. Therefore, under section 2 (e) of the Act the employer must (again, so far as is reasonably practicable) provide and maintain a working environment that is safe, without risks to health and adequate as regards facilities and arrangements for the welfare of his/her employees. Moreover, the Management of Health and Safety at Work Regulations 1999, require every employer to make more specific arrangements and to make a 'suitable and sufficient' assessment of the risks to the health and safety of his employees to which they are exposed whilst at work. There is also a requirement under 'Health an Safety Arrangements' Regulation 5 that employers' arrangements are appropriate for the effective planning, organisation, control, monitoring and review of the preventative and protective measures necessary having regard to the nature of his/her activities and the size of the respective undertaking. The issue of health surveillance (Regulation 5) is also an important feature of the aforementioned arrangements as employers are required to ensure that his/her employees are provided with such health surveillance as is appropriate having regard to the risks to health and safety which are identified by any assessments. Hence, the fact that around a third of respondents did not believe that pre-emptive strategies to identify and remedy such issues were undertaken is considerable. Similarly, regular workplace risk assessments are a requirement under the Health and Safety legislation and so such a large number of workplaces not undertaking such assessments is clearly worrying.

Eighty per cent of respondents claimed that there were procedures in place for individuals who had been injured at work. Eleven per cent claimed that there were not, which is quite high given the regulated nature of the environments UNISON tends to operate in. (further research will look at these areas of concern and begin to identify them.) Therefore, it appears that a number of workplaces have focussed on procedures following an injury at work as opposed to preventing accidents and illness by identifying and remedying workplace illness or undertaking risk assessments.

Chart 4.2 – Monitoring and workplace arrangements
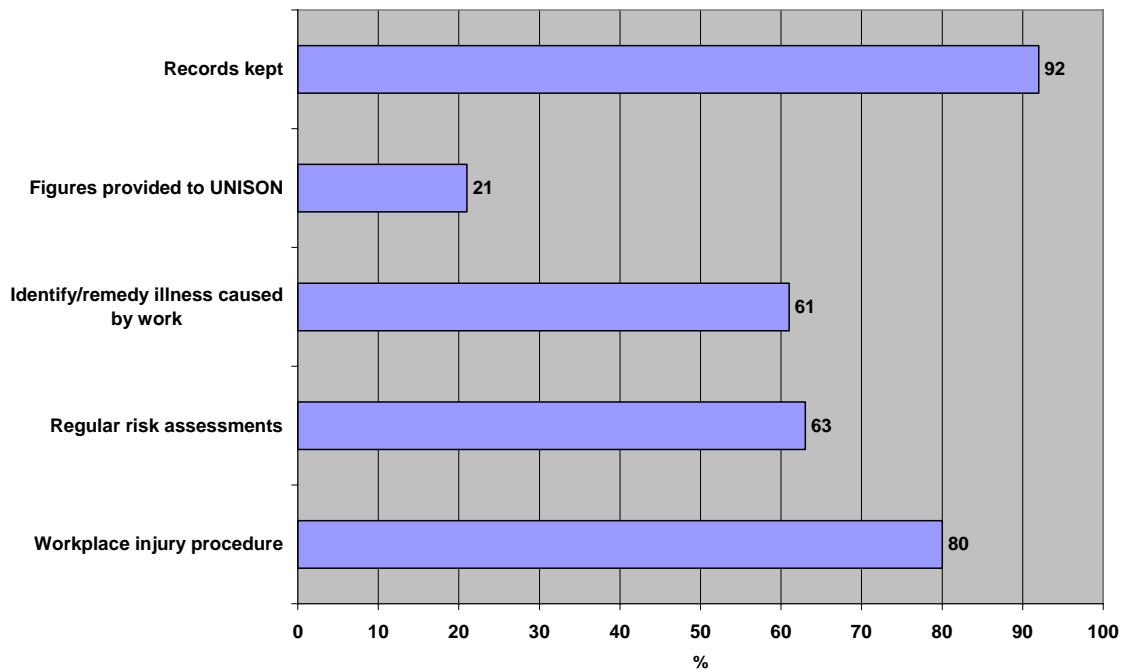
Turning now to absence and attendance issues prior to the occurrence of absence. Almost nine out of ten respondents stated that attendance incentive payments were <u>not</u> offered and just over eight out of ten respondents did not believe that 'banking time' was offered as an attendance incentive. A later question illustrates that there were very few attendance incentives of any form. Moreover, just three out of ten respondents believed that attendance targets were given which was curious as responses to a later question (more detail in Section 5) showed that 73 per cent of respondents identified a specific number of 'days of absence' and/or 'occurrences of absence' deemed to be unacceptable by management. This might reflect how absence procedures/agreements are seen as not rewarding those whose absence is within an acceptable level but punishing those who exhibit unacceptable levels. Hence, absence provisions/agreements are viewed as a 'stick' to punish after absence rather than a 'carrot' to reward attendance.

Furthermore, just a third of respondents believed that proactive strategies had been developed at their workplaces to explicitly 'prevent' absence. It appears therefore that absence provisions/agreements are doing too little to identify and treat the causes of absence and are instead often too focused on the symptoms; a theme that has begun to emerge also from the qualitative, in-depth research.
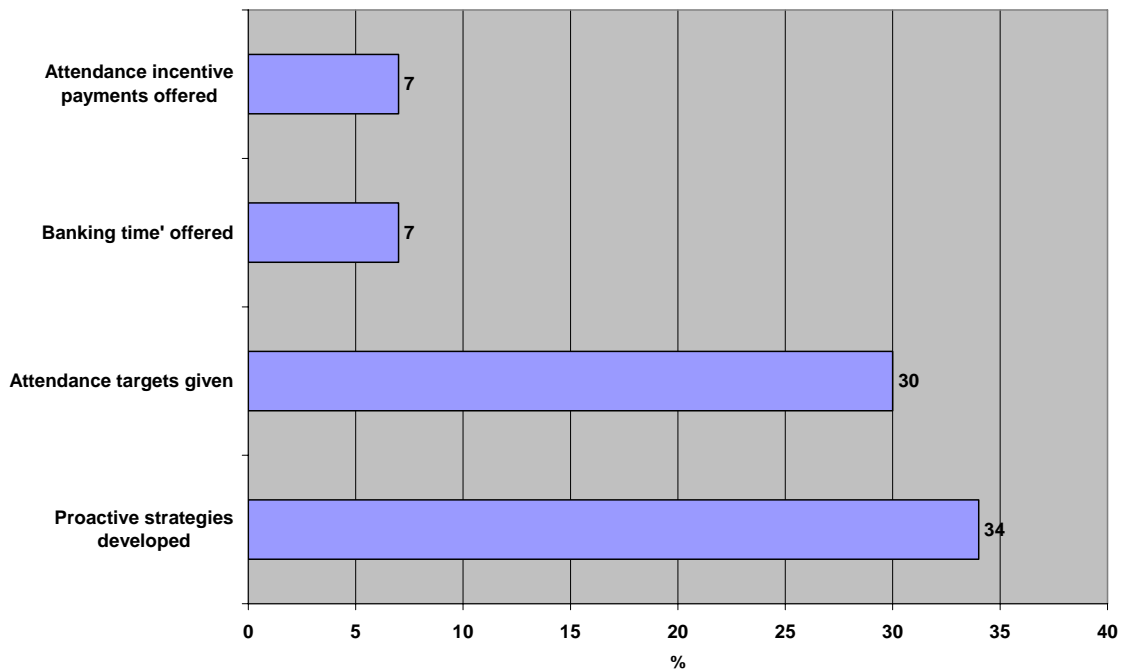
Chart 4.3 – Arrangements prior to absence

Chart 4.4 illustrates how management involvement is most pronounced after an instance of absence, giving further credence to findings above that suggest that there is too great a focus on the symptoms and organisational consequences of absence rather than the cause of absence. Self-certification for short term absence was permitted in the vast majority of cases, however, following absence there appears to be set procedures that must be complied with. Nine out of ten respondents claimed that a return to work interview was required following absence. Three-quarters stated that 'rehabilitation' provisions were in place to aid a return to work. Seven out of ten claimed that follow-up meeting were arranged so as to discuss and monitor employee improvements. Six out of ten claimed that time limits were set for employees to make improvements (just 15 per cent claimed that they did not). The extent to which such post-absence intervention represents a genuine attempt to aid the transition back to work, as opposed to a mild form of intimidation is addressed in Section 5 and in later papers through case-study evidence.

Chart 4.4 – Arrangements following absence
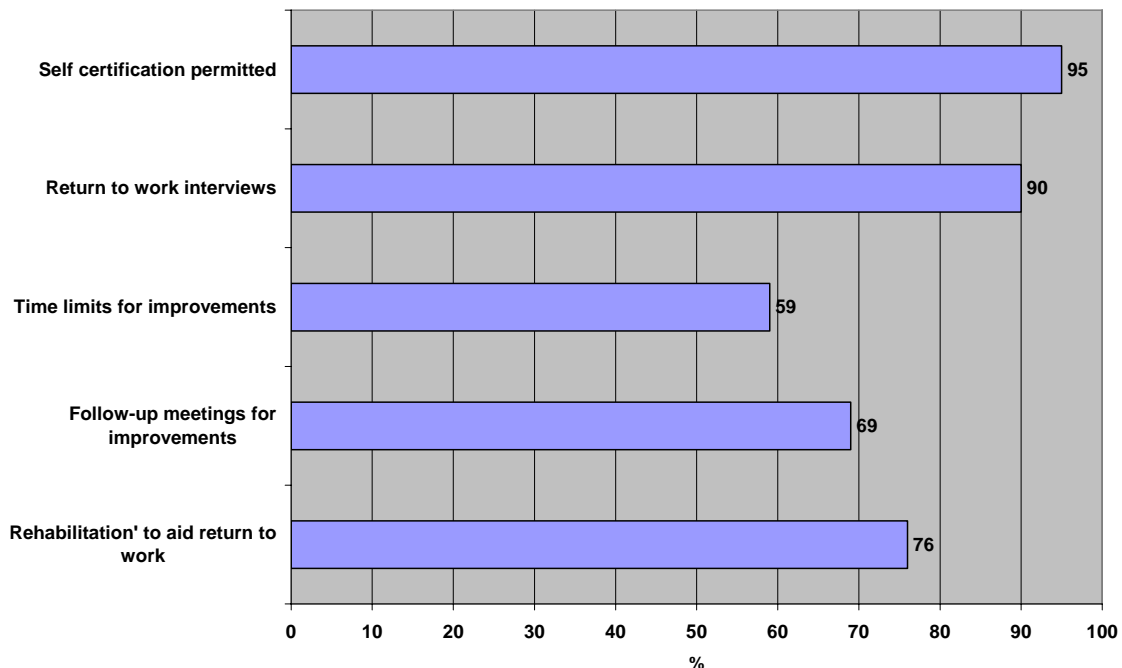
Whether employers choose to acknowledge it or not, the health of their workforce and the medical counselling provisions they provide are intrinsically linked to levels of absence. In many workplaces it is the responsibility of the occupational health department to provide counselling, not only as a means of identifying the causes of absence and to identify bogus claims, but also assisting in finding solutions to difficulties. Some of these difficulties may be psychological, caused by stress or other life problems, as opposed to a physically identifiable medical condition. The point of reference for the law on occupational health and medical counselling is, in the main, drawn from the requirements upon the employer to ensure they comply with their 'general duty' under the Health and safety at Work etc Act 1974 or, more specifically, in connection with any risk assessment that have been conducted under the Management of Health and safety at Work Regulations 1999 (as amended). Depending on the circumstances, workplace hazards and related health risks it may also be appropriate to refer to the particular arrangements and provisions for health surveillance required under additional legislation such as the Control of Substances Hazardous to Health Regulations (2002) or the Control of Asbestos at Work Regulations 2002.

Seven out of ten respondents reported that their workplace provided an internal occupation health service. Just over half stated that an external occupation health service was provided for employees. External occupational health services are often deemed to be important to employees who may not wish to discuss personal issue or ailments with others employed within their organisation. It is also important in terms of providing a more strategic and informed view of an employer's health and safety approach and this is increasingly becoming a vital feature of public policy on health and safety. The Department for Work and Pensions, Department of Health, and the Health and Safety

Executive, are working in collaboration with the Health Departments of the Devolved Administrations to develop a range of initiatives and strategies to address work-related accidents and ill-health. The strategy, *'Health, Work and Wellbeing - Caring for our Future'*, pulls together all the different strands of work going on in this area within government. Such developments are seen as a 'blueprint for change', with an emphasis on accident aviodance and preventative measures and a drive to secure faster access to treatment and occupational health provision. There is seen to be much political capital in securing the return on improvements in this area, a point illustrated in the following statement by the *Former Secretary of State for Work and Pensions David Blunkett,* promoting the aforementioned strategy:

> "It will encourage good management of occupational health and transform opportunities for people to recover from illness at work while maintaining their independence and sense of worth … We can build a world that rehabilitates rather than rejects people when they experience illness or disability. We can support individuals to fulfill their potential in contributing to society, enable employers and the economy as a whole to gain from the huge potential that people have to offer and as a society we can ensure equal rights and opportunity for all."

Just 39 per cent of respondents claimed that same sex interviews (following absence) were offered in respect of sensitive issues. Around three out of ten claimed that they were not offered, and a further three out of ten were unsure. Despite this, 70 per cent of respondents claimed that a confidential counselling service was provided. However, it was unclear where this was distinguished from the regular occupational health service. Almost all respondents stated that a doctor's certificate was required for longer absences, and 60 per cent claimed that sick pay was dependant upon the employee's length of service. A third claimed it was not and one in ten were unsure. This issue of there being respondents who were unsure of various features of health and safety policies and issues will be returned to later.

Chart 4.5 – Occupational health and medical arrangements
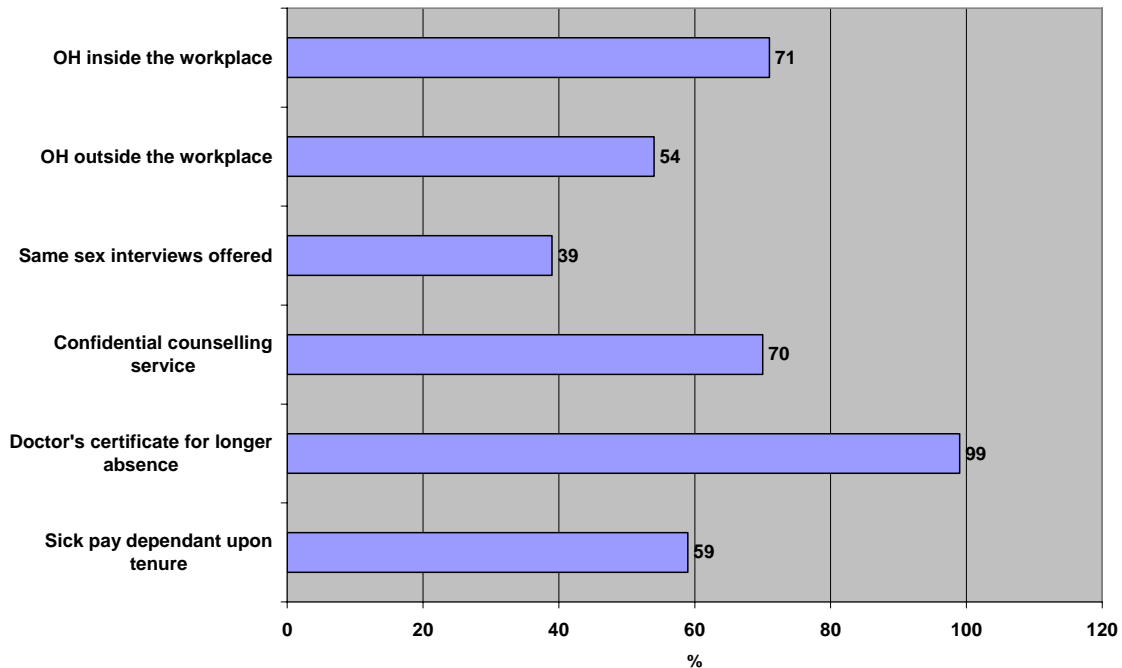
Out of the six circumstances whereby special consideration or dispensation might be given, (Table 4.1 and Chart 4.6), the largest proportion, 91 per cent, stated that special dispensation was given in respect of compassionate leave for personal or family reasons. This is surprising, yet encouraging, due to the limited amount of compulsion around compassionate leave. Employers have a considerable amount of discretion in connection with the provision and arrangements for employees wishing to secure time-off on compassionate grounds. An employee is entitled to take reasonable time off work during working hours to take certain actions in relation to his or her dependants. Among other reasons, this time off can be taken so that the employee can take 'action which is necessary in consequence of the death of a dependant'. 'Dependant' includes, but is not limited to, spouses, children and parents. In the recent decision of *Forster v Cartwright Black [2004] IRLR 781*, the Employment Appeals Tribunal (EAT) considered the scope of qualifying actions for time off work taken in consequence of the death of a dependant. The EAT held that Forster's absence from work after her mother's death did not fall within the definition of 'an action which is necessary in consequence of the death of a dependant' and, therefore, her claim failed. The EAT held that necessary actions covered by the legislation include (but are not limited to) making arrangements such as funeral organisation, funeral attendance, registering death and applying for probate. The EAT acknowledged that a dependant's death will lead to sadness, bereavement and unhappiness, but there is no legal/statutory right to compassionate leave as a result of bereavement.

However, as is the case with much of health and safety, issues are often addressed by more than one piece of legislation, for example, different religions and beliefs have different customs in the event of death. The Employment Equality (Religion or Belief)

Regulations 2003 prohibit discrimination in the workplace on the basis of religion or similar belief. Refusal by an employer to allow employees to take reasonable time off in which to comply with their religious beliefs following a dependant's death (regardless of the religion) may be considered discriminatory. For example, Hindus' believe that cremation must take place as soon as possible following death so it may occur at short notice and that following cremation close relatives observe a 13-day mourning period during which they remain at home. Consequently, employers should take a serious and sympathetic view of requests for time off following the death of a dependant and may consider introducing reasonable time off (or a prescribed number of days) following a bereavement as a discretionary benefit to be authorised by managers, provided that this discretion is not exercised discriminatorily. Adopting a compassionate leave policy, regardless of whether the request relates to solely practical matters, could assist in ensuring the sensible exercise of this discretion.

Of great concern to unions and safety reps alike is where issues are covered by statute but management does not acknowledge this or where safety reps are unaware of it. Maternity and paternity leave is compulsory and is enshrined in UK employment legislation. Although around nine out of ten respondents stated that special consideration was given in the case of maternity or paternity absence, around one in ten did not know. Legally employers are responsible for the welfare of their workforce whilst in the workplace and are therefore responsible for their safety and protection from injury. However, just seven out of ten respondents stated that special dispensation was given where absence was caused by accident or injury at the workplace. Thirteen per cent claimed that it was not given and 16 per cent did not know. Given the seriousness of this issue it raises questions of how, on the harder issues of health and safety, management are not responding as one would imagine and how there are knowledge gaps in some union safety representatives.

In respect of disability, just two-thirds claimed that special consideration or dispensation was given when it resulted in absence. Around one in ten stated that special consideration was not given, perhaps most worrying again was that a quarter of safety reps did not know. Similarly, six out of ten respondents believed that special consideration was given in respect of child care needs and carers leave, 14 per cent claimed it was not and over a quarter were unsure. Legislation surrounding absence caused by disability is a potentially complex area of law. If you have a disability or a long-term health condition, your sickness absence may have nothing to do with your disability as it may be the result of a general aliment such as a cold or flu (see the Disability Rights Commission). However, if your sickness absence is related to a disability, your employer has a duty under the Disability Discrimination Act (DDA) 1995 to make reasonable adjustments. Such adjustments include (see the Disability Rights Commission web page):

- Predictable short-term absences: for example,time off every week for treatment or counselling. *The employer should accommodate this if it cannot be done outside working hours*
- Unpredictable short-term absences: *if these happen often/for a variety of reasons (the worker may not be aware that such instances may be the onset of depression or another condition), the employer should pick up on this trend and may suggest the employee work flexible hours or lighten or change the workload for a given period*
- Predictable long-term absence: *for example, recovering after an operation, in which case the employer should have discussed reasonable adjustments prior to absence. These may include*

26

> *maintaining contact, a phased re-introduction to work, or any other adjustments needed to help the worker do their job on return to work*
> - Unpredictable long-term absence: *e.g. if the worker has been absent for six weeks continuously or regular absences have accumulated to over 20 days, the employer will likely want to discuss with the employee what adjustments would help the employee to work effectivel.y*

The legislation surrounding issues of absence caused by child care needs or carers leave are less well developed, open to employer discretion and the subject of continuing case law development in the courts. The Employment Rights Act 1996 (Section.57A) gives an employee the right to "time off for dependants" (ToD). To take leave a parent must be an employee but there is no length of service qualification for ToD. The right is to take reasonable (unpaid) time off which is necessary:

- To provide assistance on an occasion when a dependant falls ill, gives birth or is injured
- To make arrangements for the provision of care for a dependant who is ill or injured in consequence of the death of a dependant
- Because of unexpected disruption or termination of arrangements for the care of a dependant; or
- To deal with an incident which involves a child of the employee and which occurs unexpectedly in a period during which an educational establishment which the child attends is responsible for him.

Turning now to case law, in *Qua v John Ford Morrison [2003] IRLR 184* the EAT gave guidance on how ToD works (see the Equal Opportunities Commission web page):

- There is no limit to the amount of time allowed off each year.
- The right is to take time off to deal with an emergency. Once the need for time off becomes predictable it no longer falls within the right to TOD.
- An employer should always take account of the individual circumstances of the employee seeking time off.

The inconvenience and disruption to the employer's business is irrelevant. The purpose of the legislation is to allow employees to take time off to deal with emergencies whenever they occur without fear of reprisals.

Finally, respondents to the questionnaire believed that workers were least likely to receive special consideration in the case of extended holidays for religious reason. Just 19 per cent believed this to be the case, 31 per cent claimed that special consideration was not given, but half of all respondents did not know. The Employment Equality (Religion or Belief) Regulations 2003 make it illegal to discriminate in matters of employment and vocational training on the grounds of religion or similar beliefs (see CIPD, Feb 2006 and Personneltoday.com, 21 Sept 06 for a summary). The Working Time Regulations allow all staff to take no less than four weeks annual leave. However, staff may request that annual leave and rest breaks coincide with prayer times and festivals, and employers may justify a refusal only where these conflict with legitimate business needs that cannot be justified in another way. Effectively, these regulations mirror the provisions of the

existing sex and race discrimination legislation and both sets of regulations outlaw direct and indirect discrimination. Under these circumstances, it would be appropriate for HR practitioners to accommodate such absences as part of the business case for managing diversity in the workplace. Similarly unions, as part of their renewal strategy and need to modernise are increasingly trying to represent the needs of minority groups. However, both management and unions are likely to be accused of being 'tokenistic' in respect of black and minority ethnic (BME) issues unless they start to address the issue of absence for religious purposes.

Chart 4.6 – Special consideration or dispensation is given in the case of:
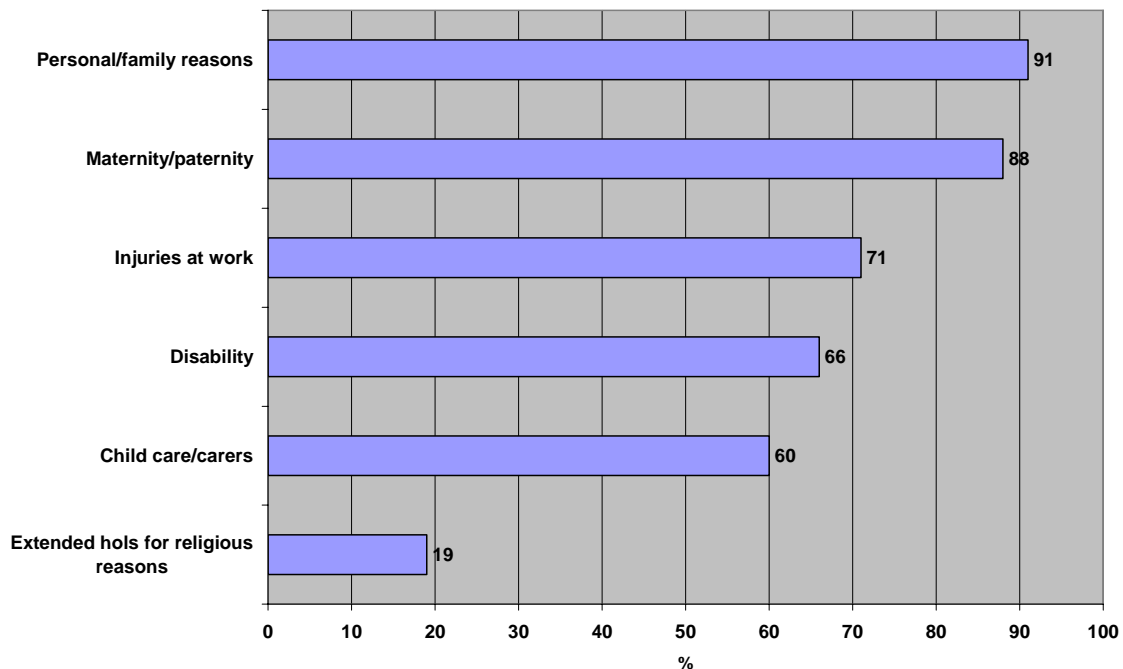
Section 3 illustrated that the vast majority of safety reps believed their relationship with management to be either cooperative or sometimes cooperative (94 per cent). However, this section has shown that in some instances management cooperation might have been defined as having an agreement in place, rather than what the agreement actually incorporates. In this respect how agreements are developed, enhanced and widened around broader health and safety issues is a matter for further qualitative and case based research. In many instances, agreements are severely lacking, for example just two out of ten safety reps receive absence figures from management. The findings indicate that absence agreements appear to be relatively reactive to the occurrence of absence as opposed to being proactive in identifying and remedying the causes of absence. The focus of many agreements, and presumably the focus of management, is most pronounced following an instance of absence. It is debateable as to the extent to which post-absence intervention represents an attempt to aid the transition back to work, act as a disincentive to individuals to take sickness leave, or a combination of both. It is also apparent that a number of issues covered by legislation are not being incorporated within absence agreements.

The findings also show that safety reps are not always sure of exactly what is incorporated within the absence agreement or absence provisions. Such ambiguity is more prolific in respect of certain issues and has serious implications for UNISON in terms of how they train and support their safety representatives. For example, topics that safety representatives were most unsure about included; special consideration or dispensation in respect of extended holidays for religious reasons (50 per cent unsure); whether same sex interviews were available for sensitive issues following absence (32 per cent unsure); 26 per cent were unsure whether or not special consideration or dispensation was given in the case of child care and careers leave; 26 per cent were unsure whether or not time limits were set for improvements following absence; 25 per cent were unsure whether or not special consideration or dispensation was given in the case of absence as a result of disability; and perhaps most worrying, 24 per cent of safety reps did not know whether or not management provided them with absence figures. These are important issues in terms of employee representation and should therefore form part of absence agreements and the safety rep's expertise.

Section 5 – Who is really abusing absence provisions?

This section outlines what is perceived to be acceptable and unacceptable levels of absence. Furthermore, this section seeks to identify how management perceive levels of absence, how safety reps view the role of occupational health, and whether certain legislative issues are complied with.

The research sought to identify what was deemed to be an unacceptable number of short-term days of absence and/or occurrences of absence over a twelve month period. Of the 636 respondents to this question, 73 per cent stated that there was a specified number of 'days of absence' and/or 'occurrences of absence' deemed to be unacceptable, 27 per cent claimed that there were not. Respondents to this question were asked to state the number of days and occurrences of absence that would be deemed unacceptable. Two-hundred and fifty-two and 294 respondents gave the number of unacceptable days and occurrences of absence respectively. Such a low figure might imply that many respondents were unaware as to what level of absence was deemed to be unacceptable. Chart 5.1[6] illustrates the distribution of unacceptable days of absence. The mean and median number of unacceptable days was ten days (skew + 1.964). Almost three-quarters (74 per cent) of respondents gave between 0 and 10 days absence as unacceptable.

Chart 5.1 – Number of unacceptable days of absence

Mean = 10.04
Std. Dev. = 5.426
N = 250

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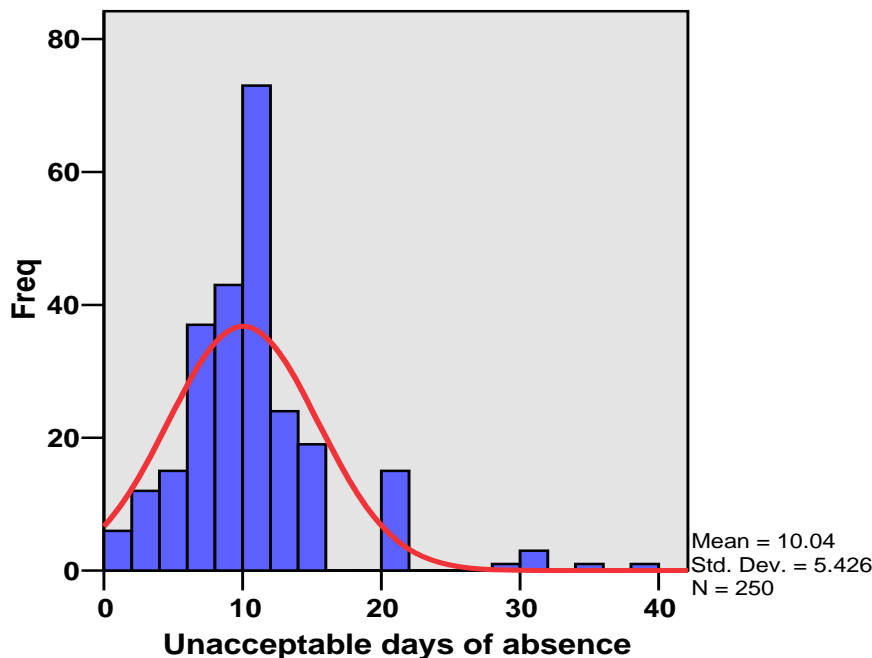
[6] Please note: three outliers were removed 300, 165, 173

Chart 5.2 illustrates that the mean number of unacceptable occurrences of absence was 3.97 occurrences; higher than the median of three occurrences (skew + 2.773). Over three-quarters (78 per cent) of respondents gave between zero and four occurrences of absence as unacceptable.

Chart 5.2 – Number of unacceptable occurrences of absence

Mean = 3.97
Std. Dev. = 1.976
N = 294
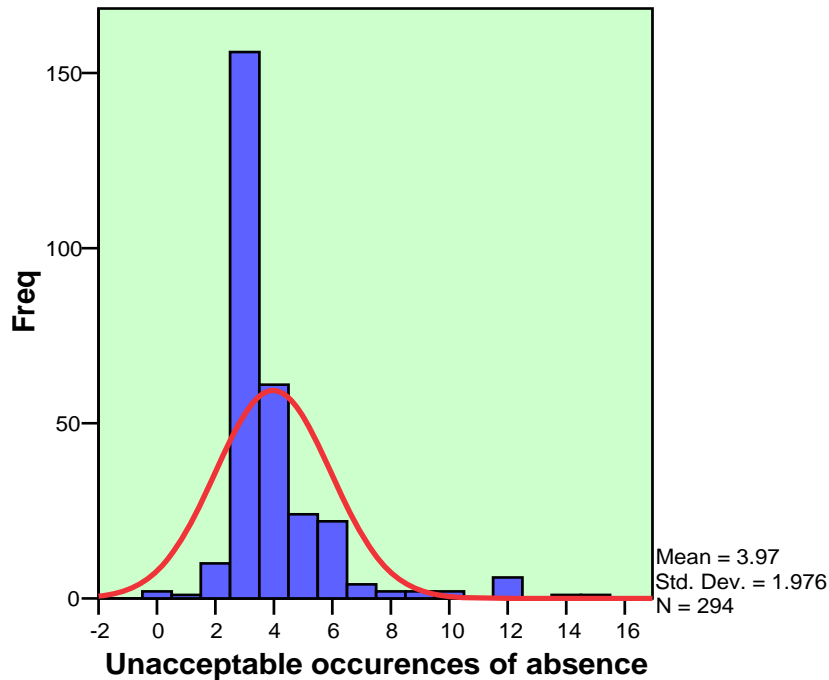
To summarise, the division between acceptable and unacceptable absence was no more than a total of nine to ten days over a twelve month period incorporating no more than three to four occurrences of absence. This area of ill health at work is the highest cause of working days lost in the UK with approximately 40 million working days lost every year to occupational ill health and injury, although the CBI believes this figure to be an underestimation. Section 4 has outlined the extent to which a number of factors were incorporated within absence agreements and Charts 5.1 and 5.2 have shown how management quantify what is acceptable and unacceptable in terms of absence. The research therefore sought to identify how management perceptions of absence effects how employees were treated (Table 5.1), how safety reps view the role of occupational health (Chart 5.3), and to what extent absence and disciplinary procedures were distinct (Table 5.2).

Table 5.1 – Perceptions of absence and implications for employees

	Yes %	No %	Don't Know %
Do you think management over-estimate the level of misuse of sick leave provisions?	48	30	23
Do you think that employees with genuine illness are penalised because of the absence provisions?	47	41	13
Do sickness records form part of employees' appraisals?	44	31	24
Are management sympathetic to employee pressures outside of work?	41	39	20

Almost half of all respondents believed that management over-estimated the level of misuse of the sick leave provisions; just three in ten thought they did not and almost a quarter were unsure. Overestimating the extent of abuse can result in the implementation of harsher punitive measures that can actually result in an increase in absence rather than a decline. This was witnessed in one of the case studies undertaken. Almost half (47 per cent) of respondents believed that employees with genuine illnesses had been penalised because of the absence provisions (41 per cent did not believe this to be the case and 13 per cent were unsure) furthermore, 44 per cent of respondents claimed that sickness records formed pat of an employee's appraisal. Penalising genuinely ill employees, immediately following absence or later through an appraisal system, can create a range of negative repercussions for the employee and employer alike. For example, employees might feel compelled to go to work to avoid being reprimanded, potentially spreading diseases. This will also have a negative effect on productivity, moral, motivation, and the desire to remain employed with the organisation. Finally, although around four out of ten respondents believed that management were sympathetic to employee pressures outside of work, a similar number did not. Although not compelled legally to be sympathetic to employee difficulties outside of the workplace, it is widely accepted that individual's personal lives do impact upon their work-life and as such it is in management's interest to be sympathetic and aid employees wherever possible. The differences on this issue show that the general regulation of attendance and health and safety is located on specific, identifiable issues and that for all the consultation it lacks a long term and social focus. There is also less trust on such issues as far as trade union perceptions of management interests are concerned.

Chart 5.3 – The purpose of occupational health departments
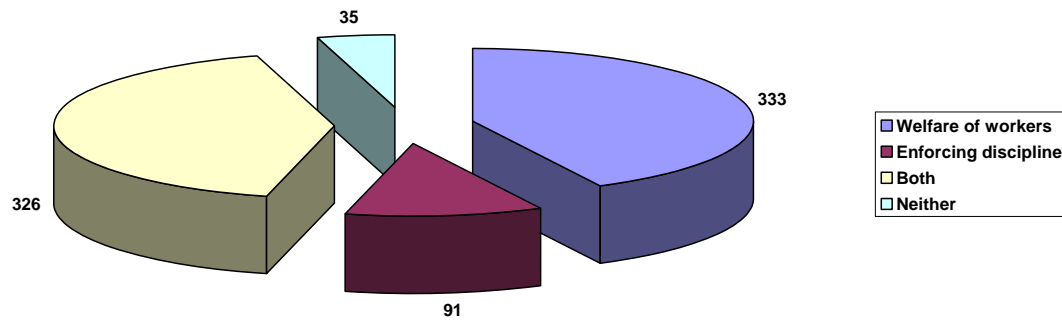
Overall, occupational health departments were viewed positively. As Chart 5.3 illustrates, Just 91 respondents (12 per cent) believed that their role was solely to enforce discipline and just 35 respondents (4 per cent) believed that occupational health neither acted for the welfare of workers nor enforced discipline. The largest proportion (42 per cent) believed that the sole function of occupational health was to assist in the welfare of workers and a further 42 percent of respondents believed that their role incorporated both enforcing discipline and assisting in the welfare of workers. Overall therefore, out of 785 respondents 659 (84 per cent) were of the view that their occupational health departments assisted in the welfare of their workers and facilitated their return to work, and 417 (53 per cent) believed that they enforced discipline. This is an important finding and raises the strategic role such departments play, and the way they influence supportive and disciplinary strategies. Further research on the changing role of these departments would be highly advisable.

Table 5.2 – Legislative issues and absence provisions

	Yes %	No %	Don't Know %
Is there a clear distinction made between sickness and disciplinary procedures?	74	14	13
Do employees have the right to appeal against disciplinary decisions relating to sickness absence?	76	3	21
Are part-time workers given equal access to paid sick leave?	72	5	22

Legally a distinction must be made between sickness procedures and disciplinary procedures particularly in connection with the Disability Discrimination Act 1995 (as amended). As an employee can be moved from the former to the latter in serious cases of abuse of the sickness provisions it is necessary to qualify the legality of the employers actions as they may be unfair or discriminatory acts under various pieces of employment and equality legislation. Furthermore, employees must be permitted the right to appeal against disciplinary decisions relating to sickness absence under the Employment Act 2002 (Dispute Resolution) Regulations 2004. The statutory grievance procedure gives employees (not the wider category of 'workers') the right to raise a grievance (and appeal against the outcome) about statutory rights, terms and conditions of employment or other employment-related matters and have the grievance heard at a properly convened meeting. It is also worthy of note that under the Part-Time Workers (Prevention of Less favourable Treatment) Regulations 2000, part-time workers are legally entitled to the same access to paid sick leave and other related arrangements the employer may have in place with regard to occupational health matters unless the less favourable treatment can be justified on 'objective grounds'.

As these issues are covered by statute, the employers and workplace of all respondents should be complying with them, however in reality only about three-quarters definitely were. Three-quarters of respondents claimed that there was a clear distinction made between sickness and disciplinary procedures. Fourteen per cent claimed that there was not and 13 per cent were unsure. Three-quarters believed that employees had the right to appeal against disciplinary decisions relating to absence in their workplace (three per cent did not and 21 per cent were unsure). And 72 per cent of respondents believed that part-time workers were given equal access to paid sick leave (five per cent claimed they were not and 22 per cent were unsure). Finally in respect of legal obligations, risk assessments must be undertaken by approved and trained individuals. The Management of Health and Safety at Work regulations 1999 insist in such risk assessments being carried out. The aim is to ensure safety within the workplace and to protect the employer from legal repercussions. It is therefore of seminal importance that risk assessments are undertaken and acted upon immediately. Hence, it is surprising that just a quarter of respondents stated that management always acted upon risk assessments. Two thirds of respondents stated that management only acted upon risk assessments 'sometimes', three per cent stated that management never acted upon risk assessments and six per cent claimed that risk assessments were not undertaken with their workplace. Not undertaking, or not acting upon risk assessments not only could land the employer in trouble legally, but it could also render the workplace unsafe and therefore put workers at risk.

To summarise, it appears that increasing management attention to the level of abuse of absence provisions at the expense of a broader strategy can result in genuinely ill employees being penalised as well as management implementing punitive structures as opposed to being sympathetic to the causes of absence or employees' predicaments outside of work. This confirms findings from section 4 that show management to be focused on re-active, short term strategies, following absence, which punish individuals for spells of sickness absence. Furthermore, it is clear that employers did not always comply with health and safety legislation. Not only that, the findings show that on

occasions, safety reps either did not know what their legal rights were, or were unaware as to whether they were being respected within their workplace; either way this has training and support implications for UNISON. On the positive side, occupational health functions appear to be viewed by safety representatives as, overall, doing what they were supposed to do; that is assisting in the welfare of workers. Enforcing discipline was an apparent function as well but to a lesser degree.

Section 6 - Summary and discussion

In summary, the findings imply that employers might categorise absence management as separate to health and safety and, as a result, attempt to exclude union safety representatives and maintain control of absence arrangements. Indeed, having an absence agreement in place did not imply that management were cooperating, consulting or even involving the union in absence issues. The focus of many absence agreements appear to have been reactive in nature, punishing individuals following absence as opposed to identifying and remedying the causes of absence or rewarding good attendance. Furthermore, it appeared that safety representatives themselves were not always sure of exactly what was incorporated within their absence agreements or their legal entitlements in respect of absence. Finally, respondents believed that management perceptions of a workforce conspiring to abuse absence provisions had resulted in punitive sanctions, a lack of sympathy and discretion and even genuinely ill employees being penalised.

Some of the key findings are presented below and have implications for management and trade unions, let alone employees affected by attendance agreements. The survey identifies **a range of potentially 'good' practices in respect of absence agreements and procedures and it is apparent that the issue of absence management has recently climbed up management's agenda:** further qualitative research will focus on this area. The survey, case studies, and analysis of absence agreements has illustrated good cases in terms of return to work interviews, one-to-one meetings, occupational health, special consideration for reasons such as childcare and maternity, a clear distinction between sickness and disciplinary procedures and equal absence treatment for all, including part-time, workers. However, as illustrated below, the research has shown that management and the unions were not always equal partners when it came to absence.

- Whilst institutions of health and safety regulation appear to be robust compared to the private sector, allowing one to uphold the argument that the public sector has stronger industrial relations processes, there are concerns about the focus of management in the emerging issue of attendance. **The reach of joint consultative processes is uneven and dispersed around health and safety issues in a fragmented manner**.

- **There appears to be a lacuna between the health and safety procedures and processes and those involving attendance in terms of their development**. There are two worlds of health and safety. The lack of synchronicity appears to be a challenge in terms of how attendance schemes are developed and managed, even if occupational health schemes are in place in many cases. The issue of absence appears to be at times unconnected to the broader questions of health and safety. One of the main agendas for trade unions and progressive managers will be to establish a closer and more systematic link.

- **There was an emphasis placed on targets**. These targets were not discussed systematically with stakeholders. The general data on absence did not always involve discussion with trade unions in any strategic manner. Given the centrality of trigger dates and targets within attendance policies and agreements, there appears to be a lack

of involvement and consultation on such issues: although the causes are not clear and will need further investigation of the database to see how it varies across the sectors.

- **Records are not always subject to extensive discussion and stakeholder involvement**. The way they are collated, held and felt to be robust may be a challenge for trade union representatives as absence agreements become more commonplace and strategic in nature.

- Issues such as confidential counselling and internal occupational health schemes were common, **but only half of the representatives pointed to any strategic link with external bodies and health trusts in terms of H&S policies**. The legislation and the public policy framework are supportive of such a link and it is increasingly required. The reality of the pressures within the public sector suggests that such a link is uncertain. A future survey will research whether such links have improved and it may focus more on the work of occupational health inside and outside the workplace.

- There was a general view, although not always the majority view, **that management were not, in the main, sympathetic with the causes of absence issues**. Employees with genuine illness were seen to be penalised because of the absence provisions, with management over-estimating the level of misuse of sick leave provision, and unable to recognise outside pressures on the attendance of employees. The perception of absence is an issue that requires greater understanding, clarity and appreciation.

- The survey found that the knowledge of health and safety representatives on many issues was strong, **but there were some instances where they exhibited a lack of knowledge of certain strategic support issues**. There was a real gap, particularly when referencing post absence periods and in relation to special dispensation for absence. In one case regarding leave for religious considerations, over half of respondents were unsure whether such provisions were incorporated within their agreement. This raises the serious problem of ethnicity and minority related issues being less central to the agendas of management and perhaps even some trade unionists.

- The management of serious absence cases and the identification of the causes of absence is a vital part of any progressive approach, yet this was an area of uncertainty and lack of understanding. **Furthermore, responses suggest that management were more focused upon treating the symptoms of absence as opposed to the cause**.

- **Much of management's attendance drive appears to be occurring without a systematic investment or training programme**. The roll out of a greater commitment to creating lower absence levels based on occupational health and the identification of employee needs and the causes of absence should be the focus of absence agreements.