Report

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REPORT OF THE DIRECTOR OF SOCIAL SERVICES

ATTENDANCE MANAGEMENT: FURTHER SUPPLEMENTARY REPORT

1. Purpose of the Report

1.1 Introduction

1.1.1 A supplementary report was presented to the Select Committee on 20th July 2004, which provided an update of progress in attendance management in the main areas of service, a quantification of short-term and long-term sickness and a comparison of the Department's performance with other Departments of the Authority and other Social Services Departments nationally.

1.1.2 Following the presentation of this information to the Committee, further information was requested relating to sickness absence rates analysed by:

- gender
- age group
- times of the year

in order that the information could be used strategically in service-planning and to assist in determining priorities in the management of attendance.

2. Information and Advice

2.1 **Analysis by Gender**

2.1.1 As Appendix 1 illustrates, women make up the largest proportion of the staff group.

2.1.2 The graph shows that high percentages of female staff consistently feature across all six main service areas, namely Adult Direct Services (identified in graphs as AD), Adult Commissioning (AC), Children's (& Families) Commissioning (CC), Children's Direct Services (CD), Mental Health &

Learning Disability (MHLD), and Development & Support Services (D&S) (previously known as “Resources”).

2.1.3 Authoritative texts include reference to previous surveys which capture absence rates of males and females. However, these texts (such as “From Absence to Attendance” by A. Evans & S. Palmer) also warn of the dangers of the use of gender data in developments which may actually be, or perceived as, discriminatory practice. To illustrate this point, there is evidence that absence amongst female workers reduces as the age of dependent children rises. This indicates that some absence incurred by females may result from the conflict of work vs. family life and/or to take time off for caring purposes.

2.1.4 The most recently published survey of sickness rates in Local Government in 2002/03 by the Employers Organisation, does not provide gender comparisons, but an earlier report, for the year 2001/02, on Social Services Departments, determined that higher absence rates were found amongst women, with the difference more pronounced in “manual” occupations (i.e. those which predominate in Direct Services). Analysis of the median average of absence rates showed a difference of 1.8 percentage points between men and women in manual occupations, compared with 0.8 percentage points in non-manual occupations.

2.1.5 In complete contrast, Appendix 2 shows an analysis of the Department’s sickness absence rates for the 2003/04 financial year based on **Lost Days per Full-Time Equivalent (Employee) per Year** (which is the preferred Best Value Performance Indicator measure for absence), and at 17 days per FTE/year, there is no difference overall in the absence rates between male and female staff.

2.1.6 Whilst the predominance of older workers in the Department may have a “levelling” effect on the ratio of male:female absence (per Para 2.1.3 above), the overall figures shown in Appendix 2 reflect the impact of high absence amongst males in Adult Direct (AD) and Children’s Direct (CD) Services, where, as Appendix 3 indicates, there are large numbers of staff.

2.1.7 This masks the fact that absence amongst female staff is higher in four of the six service areas, i.e. Adult Commissioning (AC), Children’s Commissioning (CC), Mental Health & Learning Disability (MHLD), and Development & Support Services (D & S).

2.1.8 Consideration, therefore, needs to be given to the potential influence of domestic or family responsibilities as an underlying cause for differentials in these areas and the extent to which more/additional flexible employment policies and provisions such as child-care facilities might help to reduce these.

2.1.9 Extended trials in the Department of working arrangements which improve “Work/Life Balance”, such as compressed hours, adapted flexitime schemes, self-rostering, have yielded positive results in terms of employee and team

performance, morale and service delivery, and will therefore be important in assessing the effects of such practices on absence rates.

2.2 **Analysis by Age Range**

2.2.1 Analysis by age range needs to be considered in conjunction with the Department's workforce age profile which is shown at Appendix 4. This indicates a large percentage of staff aged 46-55.

2.2.2 The graph presented at Appendix 5, which again expresses absence rates in Lost Days per Full-Time Equivalent per Year for the 2003/04 financial year, shows that there is a deterioration in absence rates of workers particularly after age 55 in several service areas where staff numbers are concentrated.

2.2.3 In Adult Direct Services (AD), which as Appendix 3 indicates, is an area of high staff numbers concentration, there is a significant deterioration in absence rate above age 45. In fact, the rate in the 56+ age band is almost twice that indicated in the 36-45 age band. However, as Appendix 4 confirms, staff over age 45 constitute well over half of the Adult Direct Services workforce.

2.2.4 The Employers Organisation's recent published surveys are "silent" with regard to the "age profile" of absence, although the 2002/03 survey made reference to the ageing workforce in Local Government and the pattern of absence in older workers which tends to feature lower frequencies of absence but longer episodes (i.e. more significant levels of long-term absence). Nottinghamshire Social Services reflects this picture.

2.2.5 Academic research has shown that absence due to sickness is age-related, an increase in absence levels occurring after age 40 and increasing more sharply after age 50 (Warr & Yearta 1995).

2.2.6 The report to the Committee on 20th July 2004 highlighted the predominance of long-term sickness within the Department. Clearly, the continued refinement of practice explained in the Department's Long-Term Sickness Protocol document will significantly influence absence levels. Whilst managers can do much to influence long-term sickness, particularly in the areas of prevention, communication with the employee and adjustments, the management of long-term sickness has also recently been the focus of additional internal training within the Departmental Personnel Section.

2.2.7 It has long been recognised that the incidence of sickness in older workers can be influenced by strategic health promotion, (e.g. encouraging take-up of regular exercise, healthy eating, smoking cessation) and improved health screening procedures, and the Department looks to the corporate Human Resource (HR) function for a lead in these areas.

2.2.8 Foremost however, there is a requirement for the Department to improve the age balance of its workforce. External factors mean that there will be a continued need to retain older workers in the workforce, but our planning also

reflects the importance of attracting younger employees. The Department's Workforce Plan, therefore, includes measures to attract more entrants to the direct care services who are aged 16-25.

2.3 **Analysis by Times of the Year**

2.3.1 Graphs are enclosed as Appendices 6-9 to attempt to highlight the seasonal pattern of absence for the 2003/04 financial year.

2.3.2 The graphs, this time expressed as percentage absence (which is the Department's preferred format for monthly statistics), show that there was a significant increase in absence rates in the Autumn-Winter quarter (Oct-Dec, i.e. Appendix 8) and the increase was greater in respect of short-term sickness than long-term.

2.3.3 These graphs correspond with the "pie-charts" shown in Appendices 10-13, and in particular the pie-chart at Appendix 12, which indicates an increase in percentage absence attributable to "cold/'flu/sore throat" during the Autumn-Winter quarter.

2.3.4 Although the same reason for absence remained fairly significant in the Winter-Spring quarter (Appendix 13), overall sickness rates for this quarter (as shown in Appendix 9) had returned to broadly the same level as the first two quarters of the financial year. This is possibly the effect of staff taking the balance of annual leave before the end of March.

2.3.5 Although based on limited information which can be confirmed or otherwise in future years, there appears to be an increase in sickness levels coinciding with the onset of the "cold/'flu" season.

2.3.6 The Department's Attendance Management Strategy for 2004/05 which was outlined in Appendix 'A' of the report presented to the Committee on 8th June 2004 includes a priority to promote and expand the influenza immunisation programme for staff engaged in direct care services, and the vaccination programme is now underway. Indicators are that take-up of vaccination will be increased this year.

2.3.7 Vaccination only provides protection against a limited number of viral strains: therefore the rigorous application of short-term sickness controls such as sickness triggers and formal interviews will remain important and benefits can also be derived from strategic health promotion directed to promoting healthy eating and lifestyles.

2.3.8 Again, it is viewed that there is a role for the corporate HR resource to assist in leading reviews of such policies.

3. Recommendations

3.1 It is recommended that Members note and comment on the report.

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