



Local Government Sickness Absence Levels and Causes Survey 2006 -2007

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Executive Summary

This survey covers sickness absence in local authorities in England and Wales for the financial year April 2006 – March 2007. 143 responses were received from authorities representing a 34.8% response rate.

- The overall sickness absence level for all local authorities in England and Wales was 9.6 FTE days per employee. This compares favourably to previous years and shows a general downwards trend across all types of authority.
- A comparison of the sickness absence levels of full-time and part-time employees suggests that sickness absence is likely to be higher among full-time staff.
- As in previous years stress, depression, anxiety, mental health and fatigue was the most important single cause of absence (23%). The five major causes are the same as in previous years: other musculo-skeletal problems (14%), infections (12%), back problems (9%) and problems with the stomach, liver and kidneys (8%).
- The most prevalent causes of short-term sickness were infections (19%) and stress, depression, anxiety, mental health and fatigue (13.2%).
- The most prevalent causes of long-term sickness were stress, depression, anxiety, mental health and fatigue (30%), other musculo-skeletal problems (17%), and back problems (9%).
- The average number of days lost due to accidents at work amongst respondents was 849 per authority.
- The average number of days lost to occupational ill health amongst respondents was 818 per authority.
- 88.1% of authorities had introduced an employee well-being programme.
- Elements of the well-being programme which were the most popular in authorities included access to counselling (85%) and support to stop smoking (74%).
- The Health and Safety Executive management standards for work-related stress are used by 92 authorities (64.3% of respondents).
- Other interventions specifically looking at reducing workplace stress had been put in place by 88 (61.5%) authorities. 35 (24.5%) authorities had not put these in place and a further 20 (14.0%) did not know.
- 14% of authorities reported a reduction in the number of days lost to sickness as a result of interventions to reduce work-based stress.

Introduction

This survey covers sickness absence in local authorities in England and Wales. The survey, conducted in autumn 2007, covers the financial year April 2006 to March 2007. In total responses were received from 143 authorities in England and Wales, representing a 34.8% response rate. This survey was conducted by the Analysis and Research function of the LGA which provides research to the central bodies.

Sickness absence was defined according to the former Best Value Performance Indicator BVPI12. Levels are measured in full-time equivalent days per employee.

This report is supplemented by an Excel feedback file which is available to all authorities and other research partners.

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Table 1: Response by Authority Type

	Number of Responses
London Borough ¹	3
Met District	21
Shire County	22
Shire District	67
English Unitary	21
Welsh Unitary	9
Total	143

¹This figure represents London responses for the whole survey. Results for questions on sickness absence levels have used data from London Councils.

Table 2: Response by Region

	Number of Responses
East Midlands	14
East of England	9
London	3
North East	15
North West	24
South East	32
South West	4
Wales	9
West Midlands	24
Yorkshire and the Humber	9
Total	143

Sickness Absence Levels

124 local authorities provided data on the overall sickness absence rate; however only 55 local authorities were able to provide a breakdown of this rate by full-time/part-time employees. For this reason the breakdown of full-time/part-time staff is presented separately as it is not directly comparable with the overall rates.

Of 143 authorities who responded, 107 (74.8%) stated that their definition of sickness absence excluded absences for medical and dental appointments, 18 (12.6%) that their definition included these absences and a further 18 (12.6%) did not know.

The overall sickness absence level for all local authorities in England and Wales was 9.6 FTE days per employee. This compares favourably to previous years and shows a general downwards trends across all types of authority.

Metropolitan Districts and Welsh Unitaries experienced the highest levels of absence with 11.2 days per employee. The lowest absence levels were recorded for Shire Counties with 8.5 days per employee. A breakdown by type of authority is shown in Table 3.

Table 3: Sickness Absence levels (FTE days per employee) by Authority Type²

	2003/04	2004/05	2006/07
London Borough	10.9	10.7	10.0 ³
Met District	13.2	12.5	11.2
Shire County	10.3	10.9	8.5
Shire District	10.3	9.8	9.3
English Unitary	11.2	11.4	10.5
Welsh Unitary	12.8	13.5	11.2
Total ⁴	11.6	11.6	9.6

The general trend suggested by the Sickness Absence data is supported by the BVPI sickness absence data which also shows a slight downward trend over the past 7 years.

² It should be noted that the 2003/04 and 2004/05 surveys used different definitions of sickness absence and as such are not directly comparable with the 2006/07 results.

³ Data for London authorities were recorded by London Councils. This does not include teachers. The full report is available at

<http://www.londoncouncils.gov.uk/upload/public/attachments/1328/Sickness%20Absence%20&%20Employee%20Turnover%20Survey%20Report%202007.pdf>

⁴ 2003/04 and 2004/05 totals do not include districts, as this was collected separately by the Audit Commission and it was not possible to collate the two datasets. 2006/07 totals do not include London data as this was collected by London Councils.

Table 4: Sickness Absence levels (FTE days per employee) 2000/01-2006/07

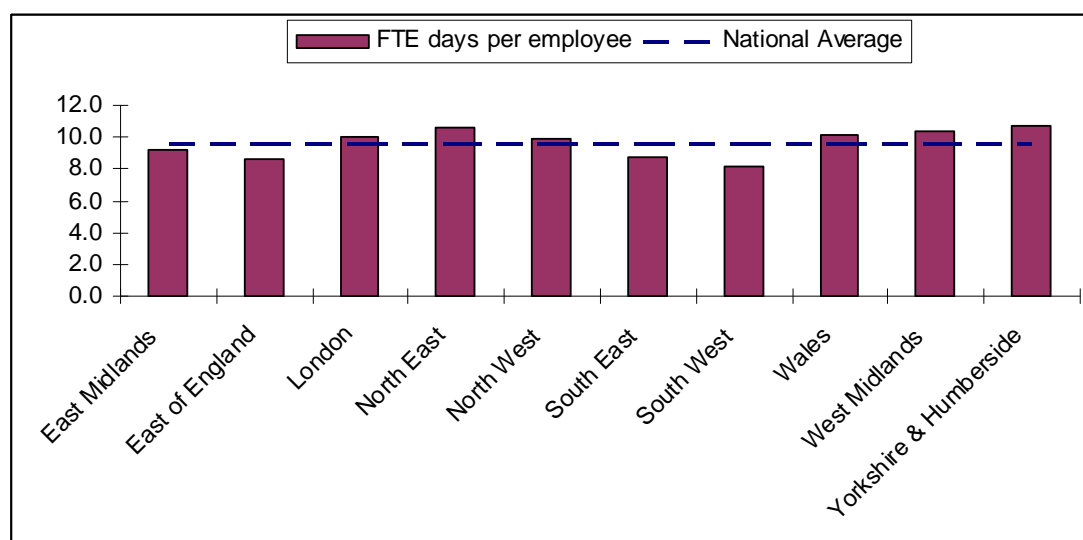
Year	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
BVPI sickness absence rates	10.1	10.2	10.0	10.3	9.7	9.6	9.4

A comparison of the sickness absence levels of full-time and part-time employees suggests that sickness absence is likely to be higher among full-time staff. This is true across all types of authority.

Table 5: Sickness Absence levels (FTE days per employee) by Part-time/Full-time⁵

	Part-time	Full-time
London Borough	N/A	N/A
Met District	11.2	12.3
Shire County	7.9	8.9
Shire District	8.8	8.8
English Unitary	11.3	11.6
Welsh Unitary	N/A	N/A
Total ⁶	9.6	9.9

Figure 1: Sickness Absence levels (FTE days per employee) by Region



⁵ Due to the difference in response between the overall sickness absence rate and the split between full-time/part-time employees the two sets of data are not directly comparable and are therefore reported separately. The full data is provided in a feedback file accompanying this report. Data is not available for London (as it is not collected in the London Councils survey) or Wales (as the response was too low to report).

⁶ 2006/07 total does not include London data.

By Region Yorkshire and the Humber have the highest sickness absence rate at 10.7 days per employee followed by the North East with 10.6 days per employee. The lowest levels of absence were recorded for the South West with 8.1 days per employee followed by the East of England with 8.6 days. A breakdown by region is shown in Table 6.

Table 6: Sickness Absence levels (FTE days per employee) by Region

	2003/04	2004/05	2006/07
East Midlands	10.7	9.8	9.3
East of England	10.7	11.6	8.6
London	10.9	10.7	10.0
North East	13.5	11.9	10.6
North West	13	12.5	10.0
South East	9.6	10.5	8.7
South West	10.7	9.3	8.1
Wales	12.8	13.5	10.2
West Midlands	12.5	12.3	10.3
Yorkshire and the Humber	12.3	10.3	10.7
Total ⁷	11.6	11.6	9.6

⁷ 2003/04 and 2004/05 totals do not include data for districts.

Causes of Sickness Absence

In analysing and reviewing the data, care is needed over the interpretation of the 'other' category. Some allocations to the 'other' category involve absence causes which genuinely cannot be allocated to one of the 11 substantive categories, but in some cases it is likely that the cause of absences allocated here were simply not known. Authorities with particularly high proportions of absence days (over 25%) allocated to the 'other' category were excluded from the analysis. Authorities would wish to take reasonable steps to determine the reason for sickness absence as without that knowledge they will be unable to implement mechanisms to support employees back to work. This is particularly important with long term absences

86 authorities were able to provide usable data; this includes 9 London Boroughs whose data was collected in the equivalent survey run by London Councils.

Table 7 shows that, as in previous years, stress, depression, anxiety, mental health and fatigue (22.6%) was the most important single cause of absence in 2006/07. The five major causes are the same as in previous years: other musculo-skeletal problems (excluding back problems, but including problems with arms and legs) (13.8%), infections (11.5%), back problems (8.7%) and problems with the stomach, liver and kidneys (8.2%).

Table 7: Causes of Sickness Absence 2003/04 – 2006/07 % of total days lost

Cause of absence	2003/04	2004/05	2006/07
Back and neck problems	8.8	9.2	8.7
Other musculo-skeletal problems	12.8	13.3	13.8
Stress, depression, anxiety, mental health and fatigue	21.8	20.7	22.6
Infections	13.0	12.2	11.5
Neurological, headaches and migraines	3.1	3.0	3.7
Eye, ear, nose & mouth/dental; sinusitis	3.6	3.5	3.6
Genito-urinary; menstrual problems	2.0	2.6	2.4
Pregnancy related	1.1	1.1	1.8
Stomach, liver, kidney, digestion	7.7	8.6	8.2
Heart, blood pressure, circulation	2.8	3.3	2.9
Chest, respiratory	4.3	5.0	5.8
Other	16.1	16.3	14.8

The previous sickness absence survey showed significant differences between the factors that cause short term absence as opposed to long-term absence (defined as those absences lasting one month or four weeks or more). This year's survey

again collected data to assist managers in understanding the nature of absence patterns.

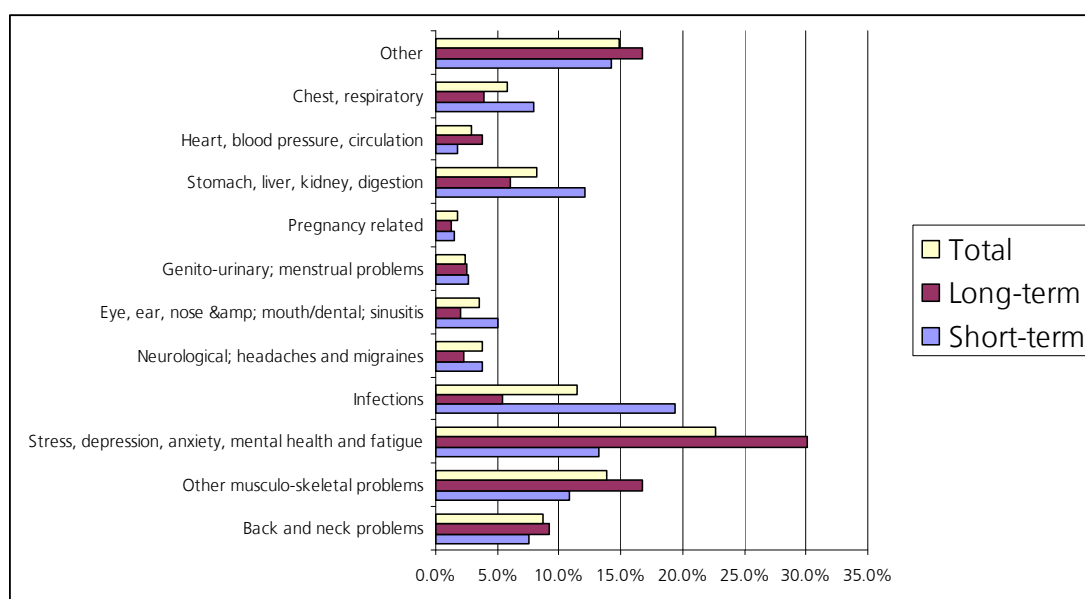
The figures in Table 8 show that the most prevalent causes of short-term sickness were infections (19.4%) and stress, depression, anxiety, mental health and fatigue (13.2%), with the only notable change an increase in short-term absence due to stress rising from 9.1% in 2004/05 to 13.2% in 2006/07.

The most prevalent causes of long-term sickness were stress (30.1%), other musculo-skeletal problems (16.7%), and back problems (9.2%).

Table 8: Causes of Sickness Absence by Long-term/Short-term Absence % of total days lost.

	Short-term		Long-term	
	2004/05	2006/07	2004/05	2006/07
Back and neck problems	7.3	7.5	10.1	9.2
Other musculo-skeletal problems	8.6	10.9	18.2	16.7
Stress, depression, anxiety, mental health and fatigue	9.1	13.2	31.0	30.1
Infections	24.8	19.4	3.1	5.4
Neurological; headaches and migraines	4.6	3.8	1.4	2.3
Eye, ear, nose & amp; mouth/dental; sinusitis	4.9	5.0	1.6	2.1
Genito-urinary; menstrual problems	1.6	2.7	2.4	2.5
Pregnancy related	1.0	1.5	1.1	1.2
Stomach, liver, kidney, digestion	14.0	12.0	4.2	6.1
Heart, blood pressure, circulation	1.4	1.8	3.8	3.7
Chest, respiratory	6.8	8.0	3.2	3.9
Other	16.0	14.2	20.0	16.8

Figure 2: Causes of Sickness Absence by Long-term/Short-term Absence



70 authorities were able to report the number of days lost to accidents at work. The average number of days lost due to accidents at work amongst these respondents was 849 per authority. Unsurprisingly there was a large disparity in the reported figures for shire districts and the larger authorities, although English unitaries also reported significantly lower figures than other large authorities.

Table 9: Average number of days lost to accidents at work by Authority Type

	Average no. of days lost to accidents at work
London Borough	N/A
Met District	2,357
Shire County	1,261
Shire District	168
English Unitary	629
Welsh Unitary	1,583
Total	849

19 authorities were able to report the number of days lost to occupational ill-health. The average number of days lost to occupational ill health amongst these respondents was 818 per authority. Shire counties reported significantly more days lost through occupational ill-health which suggests the recording mechanisms within counties may be more rigorous.

Table 10: Number of days lost to Occupational ill-health by Authority Type

	Average no. of days lost to occupational ill-health
London Borough	N/A
Met District	413
Shire County	2,404
Shire District	242
English Unitary	N/A
Welsh Unitary	229
Total	818

Sickness Absence Interventions

Employee Well-being Programme

Of 143 authorities that responded, 126 (88.1%) had introduced an employee well-being programme. 14 (9.8%) authorities had not yet introduced an employee wellbeing programme and 3 (2.1%) did not know.

Table 11: Elements of Employee Well-Being Programmes

	Number of authorities	% of LAs Providing
Access to counselling services	122	85.3%
Help with debt	22	15.4%
Comprehensive Employee Assistance Programme (EAP)	35	24.5%
Stop smoking support	106	74.1%
Drug and alcohol support	59	41.3%
Health screening	78	54.5%
Personalised healthy living programmes	18	12.6%
Subsidised gym membership/discount leisure centre access	83	58.0%
In-house gym	7	4.9%
Exercise classes	41	28.7%
Walking/pedometer initiatives	62	43.4%
Fast track physiotherapy	55	38.5%
On-site massage/other therapies	33	23.1%
Healthy canteen options	38	26.6%
Advice on healthy eating	61	42.7%
Free fresh fruit	4	2.8%
Hydration promotion	26	18.2%
Dental insurance	13	9.1%
Health insurance	27	18.9%
Critical illness insurance	4	2.8%
Personal accident insurance	8	5.6%
Other	21	14.7%

Elements of the well-being programme which were the most popular in authorities included access to counselling (85.3%) and support to stop smoking (74.1%). Elements are detailed in the table below:

In addition to the above stated answers, common answers in the 'other' category included:

- Independent healthcare schemes where employees pay as part of their salaries
- Fast-tracking medical appointments
- Health promotion schemes and assessments
- Fitness promotion schemes

Additional Interventions

Although most authorities are using standard interventions as identified above, 41.3% are using imaginative or interesting interventions. 46.2% of authorities were not using interventions that they described in this way and a further 12.6% of authorities did not know.

Imaginative or interesting interventions described by councils included:

- More rigorous monitoring of sickness absence through an absence management policy was mentioned by many authorities. In many authorities this included return to work policies, some authorities also included using automatic triggers such as the Bradford Factor.
- The training of staff, particularly managers, in sickness absence policies, procedures and how to identify whether absence is due to ill health or is a conduct issue was mentioned by a fair number of authorities.
- A greater role for occupational health was also an area mentioned by a number of authorities here, whether this was through regular occupational health provider visits to the authority or staff reporting their absence to an occupational health service.
- Incentives were an area mentioned by a few councils. Incentives included quarterly prize draws for those who had not had any absence and additional days leave were also given to those who had not had any absence.
- Deterrent measures were used in a couple of authorities with absence affecting performance-related pay or yearly increments.

HSE's Management Standards for Work-Related Stress

The Health and Safety Executive management standards for work related stress are used by 92 authorities (64.3% of respondents). 22 authorities (15.4% of respondents) were not using the standards.

Table 12: Number of Authorities using HSE standards for Work-Related Stress by Authority Type.

	Yes	No	Don't know
London Borough	1	0	2
Met District	16	2	3
Shire County	18	1	3
Shire District	36	16	15
English Unitary	14	3	4
Welsh Unitary	7	0	2
Total	92	22	29

Other Interventions to reduce work-related stress

Other interventions specifically looking at reducing workplace stress had been put in place by 88 (61.5%) authorities. 35 (24.5%) authorities had not put these in place and a further 20 (14.0%) did not know.

- Training in stress management and awareness of stress was mentioned by most authorities who gave a response in this area. This training was provided more often for managers than staff, although a fair number of authorities mentioned that it was provided for all employees.

Interventions reported by councils to reduce work-related stress included:

- Implementing a stress policy. This was stated by many authorities as a useful intervention to tackle work-based stress. These policies were in varying stages of being introduced in different councils.
- Risk assessments and stress audits. These were used by a number of authorities; these could be done for a team or individuals.
- Health and Safety Executive stress standards. These were mentioned by a number of authorities with some working quite closely with the HSE in implementing these over a sustained period.
- Occupational health provision was an element mentioned by a number of authorities here, whether it was through interventions or the provision of professional health-related counselling.
- Counselling services, either in person or over the telephone or provided by other staff. These were also mentioned by authorities as an intervention in this area.
- Flexible working. This was mentioned by a few authorities as an intervention, this included working from home and compassionate leave.
- Therapies to promote relaxation and gentle exercise. These were reported by a few authorities as interventions that they had introduced.

Savings based on interventions

As a result of interventions to reduce work-based stress, a reduction in the number of days lost had been recorded in 20 (14.0%) authorities. 19 (13.3%) authorities had not seen a reduction and a further 140 (72.7%) did not know.

Just 3 (2.1%) authorities were able to quantify the savings that had been made since interventions were introduced to reduce work-based stress. The remaining 140 (97.9) of authorities were not yet able to quantify this figure.