**Managing Attendance – Cookstown Council’s Approach**

The issue of ‘sickness absence’ and the cost to the public purse is a topical issue, particularly in today’s economic difficulties. Cookstown District Council like many public authorities had a level of sickness absence that caused concern back in 2006. In wishing to address the situation, Council officers were tasked to devise a method that would reduce absence.

The whole issue was examined from a range of aspects, including looking at the culture of our organisation, policy, processes, individual employee needs etc. The key findings from this review were:

* The Council needed to manage attendance, rather than sickness absence.
* Our recording systems did not produce enough detailed information.
* A shift in mind-set and a change in culture were required, by all within the organisation.
* Policy and processes required radical change.
* We needed to introduce a far more progressive rehabilitation process.

To improve our figures and to give a clear commitment towards supporting and enhancing our employees’ health and wellbeing, the Council introduced a number of interventions to ensure maximum attendance by all employees. In particular regarding rehabilitation we worked with our Occupational Health providers to identify at an early stage where early support would be appropriate to shorten absence periods.

We decided that early referral to Occupational Health for Muscolo-Skeletal and Stress related absence would be most beneficial. To support their advice in a practical sense an Employee Assistance Programme (E.A.P.) was also introduced where there was access to Counselling, CBT, Consultants and Physiotherapy services.

This approach, along with other interventions, has produced results. Since active implementation in 2006, absence has reduced from an average 14.10 days lost due to sickness absence per full time employee (per annum) to average 6.86 days per full time employee (per annum) at November 2011. The fall in absenteeism rates between 04-07 and 07–10 produced an annual average productivy gain amounting to £140,000 *(NIAO Report – Absenteeism in N.I.Councils 2010).* The investment in supporting employee’s health through the EAP averages an annual outlay of £10,000.

**So How Do We Treat People with Disability Relate Illnesses?**

As everyone knows (or should know) we have a legal compliance to adhere to, when dealing with disability related issues. In conducting our review in 2006 we were particularly mindful of this issue. Our experience as a Council is that people with disabilities do not wish to be treated differently but to be dealt with ‘due regard’ in managing absence specifically related to their disability.

We do this in two ways. Firstly at the policy level we explicitly state when dealing with disability related absence, “The Director of Corporate Services must be consulted in the event of any query relating to disability”. This ensures standardisation of the reporting process as well as offering a caring approach to our employees from our Senior Management team.

Secondly, in keeping with our culture of ‘care’ we wish to support the employee to return to work without the ‘fear’ of having any disciplinary proceedings invoked against them. This we believe works really well in that the employee is assured by the Director of Corporate Services, that there well-being is of utmost importance for the Council.

For example to highlight this is where one employee was diagnosed as being asthmatic. In this regard the Doctor advised that the employee would be off work at various times and for varying periods in any one year. With this underlying medical evidence, whilst the absence is recorded, the individual is not subject to the absence management policy regulations. This we believe enables the employee to return to work at the best time for them.

Our approach is one of support to individuals with disabilities. We always wish to ensure that absence due to a disability (whilst registered as leave from a statistical perspective) is not dealt with from the perspective of ‘return to work or disciplinary procedures’ under our management absence protocols.

Another example is where one employee with diabetes who has their condition well controlled. However, they attend hospital three times per year and require a half-day leave. This is not treated as absence, under our policy.

In the event of long term disability related absence and where the employee is not capable of returning to work the Director of Corporate Services and the employee’s Line Manager, discusses options with the employee. Depending on length of service, ‘Occupational Sick Pay’ can accrue for up to 6 months full pay and 6 months at half pay for a further 6 months. If the employee is still unable to return to work, but there is the possibility of being able to return, then each case is considered on its own merits and in light of medical and occupational health reports. The employee would not automatically be ‘sacked’ from the organisation. If the employee though is permanently incapable the Director of Corporate Services informs the Superannuation Committee so as to provide the necessary Superannuation benefits.

As part of our review we also considered our ‘flexi-leave’ policy which requires employees to arrange medical appointments outside of their normal core hour’s attendance requirements. For people with disability related conditions they often have no control over hospital appointment times. Again in relation to the employee with diabetes they require periodic eye appointments. In this scenario the individual is ‘credited’ with appropriate time leave and does not have to take time off in lieu or use their holiday entitlement.

For the Council there is a difference of managing absence and managing absence as a result of a disability related illness. Our culture is one of support for the employee with a disability and our policy processes and implementation specifically make this distinction.

By adopting this approach Cookstown District Council acts in the best interests of our disabled staff, who do not look for ‘special’ treatment but ‘due regard’ to manage their disability with confidentiality and respect. In return the Council maintains the loyalty of staff, who are highly motivated in delivering top quality services to the public.

Dominic McCanny

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