

Attendance management in BC's K–12 public education system

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Introduction

Overreliance on absence figures as a measure of productivity can be counter-productive, with unfavourable consequences for organisations and employees alike. Baker-McClearn et al (2010)

Every BC school district has been mandated and funded (Appendix 2) to initiate attendance management programs. Three ‘advisory’ and seven ‘pilot’ school districts have been announced (Appendix 1). While the issue is evolving, this paper attempts to provide some background, research, and details about the current proposals for attendance management in BC.

The rationale for introducing attendance management hinges on two claims. The first is that attendance management will save BC’s public education system considerable amounts of money by reducing teachers’ absences from work and therefore lower the costs of providing teachers teaching on call (TTOC). These claims were made in two Deloitte reports, which are discussed in the next section of this report. The second rationale is that BC teachers take more time off work than do teachers in other provinces. BCTF research analysis of the details provided in the *Service Delivery Phase 1* report, which will also be discussed in this paper, concludes that the report does not include sufficient methodological detail or fully-referenced data sources to establish the validity of its claims on cost-savings of teacher absenteeism relative to other provinces (see Appendix 3 for a more detailed explanation). What has been discovered to date is that it is impossible to base the claims solely on Statistics Canada data. We will therefore argue that the BC Public School Employers’ Association (BCPSEA) has launched the attendance management initiative (with an initial expenditure of \$3,700,000) with claims, but without evidence that long-term costs will be reduced, and by making claims about teacher absences that appear unsubstantiated and not based on the sources referenced.

The attendance management program is a hastily-launched initiative and, on the evidence to date, appears to be a solution which has been imposed without any sense of whether there are indeed issues regarding teachers’ health and wellness, and if so, how best to address them. Instead of engaging in a constructive exploration of teachers’ health and well-being, attendance management has been mandated as the solution, when the problem has not been adequately considered through a thorough review of current teacher demographics to consider connections between age and illness, or by accessing existing data and analyzing the research evidence in areas such as presenteeism and absenteeism.

The introduction of attendance management in BC's public school system

Attendance management programs focusing on teachers have not historically been a feature of the K–12 public education system in this or any other Canadian province. To the best of our knowledge, only one Canadian province (New Brunswick) has introduced attendance management for teachers in its jurisdiction, and this appeared around the same time as the BC initiative.

The introduction of attendance management programs for BC teachers was proposed by the accounting firm, Deloitte. The company's website states:

Through economic booms and busts, Deloitte has been a trusted advisor to governments in improving the efficiency and effectiveness of public policies, programs, and services. In these volatile economic times, delivering these public programs and services within limited financial resources can become challenging.¹

Deloitte has published two reports on service delivery transformation for the BC Ministry of Education. The first, *BC Ministry of Education and School districts: Service Delivery Transformation: Final Report* (August 2012)², proposed an 'Attendance Support and Wellness Project' (p.21). The report claims that:

HR departments have the opportunity to save costs through increased service levels in areas such as:

Attendance Support & Wellness and WorkSafe Claims Management

- Districts can save an estimated ~\$10M–\$12M in reduced replacement costs through the implementation of a comprehensive, standardized Attendance Support and Wellness program
- In addition, districts can save as much as ~\$3M through a reduction in WorkSafe premium rates (p.96)

No sources, data, or evidence of any kind are presented to justify the claims made concerning replacement costs or WorkSafe premium savings. Such data and evidence may exist, but has not been referenced or shared.

A second Deloitte report (July 2014)³, *Ministry of Education: Service Delivery Transformation Shared Services Implementation*, provides details of 'Health and Wellness Support' (p. 30), of which attendance management plays a major part.

Following the publication of the 2012 Deloitte report, a lead Service Delivery Project Committee was formed, with five working groups. The Attendance Support, Wellness, and Occupational Health and Safety Working Group, consisting of eight members, was formed in January of 2013, and included superintendents, HR directors, and BCPSEA staff. In April 2014 it released the *Service Delivery Project Report of the Attendance Support, Wellness, and Occupational Health*

¹ <http://www2.deloitte.com/ca/en/pages/public-sector/articles/fiscal-sustainability.html>

² First Deloitte report, August 2012 (confusingly called "Final report", although another followed two years later): http://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/reports-and-publications/deloitte_report_august_2012.pdf

³ Second Deloitte report, July 2014: http://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/reports-and-publications/deloitte_report_july_2014.pdf

*and Safety Working Group*⁴. While the ethos of attendance management is characterized as collaborative—reflected in statements that attendance management “needs to be a partnership between the employers, employees and unions” (p. 11)—no union representatives appear to have been members of the Working Group, and there is no obvious evidence that the BCTF was consulted in terms of whether the union was interested in being a part of such a partnership.

So, the concept of attendance management for teachers is introduced by an accountancy firm, subsequently mandated for every school district by an employers’ organization, and then funded by government. All of these steps were taken without any union participation or agreement, yet the Working Group states that their work is guided by a principle of partnership with unions. This reflects a curious view of partnership, in which the so-called partnership starts after all the key decisions have been made.

Further reporting from the Working Group was included in the October 2014 *Service Delivery Project Phase 1 Report*⁵ of the Service Delivery Project Committee (pp. 44–51). Here, the Working Group estimated the annual cost of replacement staffing in BC’s schools at \$154M, with days absent due to illness costing \$35.8M, and the cost of illness/disability combined at \$122M annually. They also claimed that the average days absent due to illness in BC’s K–12 schools are greater than the national average, by 3.25 days per employee:

The Group determined that the average days absent due to illness is greater than the national averages for the K–12 sector, as reported by Statistics Canada, by 3.25 days per employee, which equates to an estimated annual cost of \$35.8 million. (p.46)

While the *Phase 1* report states that the data are ‘as reported by Statistics Canada’, no source references were provided. On checking the relevant StatCan data, it became clear that the claim made by the Working Group could not be based solely on StatCan data. On further inquiry, the author was informed that the claim was made on a combination of StatCan data and school district data which are in the possession of BCPSEA. This data has not been accessed to date.

The chart below provides a summary relating to attendance support (p.13):

⁴ http://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/service-delivery-project/final_attendance_report_april_23_2014.pdf

⁵ http://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/service-delivery-project/sdpc_phase_1_report_october_2014.pdf

Summary of Project Plan and Accomplishments

Description	Purpose	Deliverables	Project Completion	Savings Offered or Forecasted
Attendance support, Wellness and Occupational Safety	Provide advice on policies, procedures and programs and data requirements to improve employee wellness and occupational safety for consideration by school districts.	Attendance Support, Wellness and Occupational Safety options and strategies are offered to schools districts with clear operational plans for implementation, draft policies and procedures and a draft business plan to be used to evaluate participation	Report issued in May, 2014 Provided recommendations on principles to build common policies and procedures and recommended attendance support programs to use as examples Recommended pilot districts undertake this work with the assistance of the project	Estimated savings in replacement staff costs of \$35 million if operating at the national average sick leave rate There is a cost of establishing appropriate data collection and providing shared expertise to operate the program

The two Deloitte reports, the Working Group report, and the *Phase 1* report, leave little doubt that the major considerations for proposing attendance management programs are financial, with the key claim that implementing attendance management will reduce incidences of the number of days teachers and support staff are absent from work, and therefore reduce TTOC and other replacement costs.

The *Phase 1* report states that the proposals would create “a system-wide solution that can be well understood by employees, BCTF and support staff unions and management” (p.50). It also states that the Attendance Support, Wellness and Occupational Health and Safety Working Group would “support the pilots in working with BCTF and CUPE unions” (p.14), statements which imply BCTF acceptance of and support for attendance management programs.

The report argues that partnerships with unions are crucial and that it is important to be “working in cooperation with unions and within collective agreements—local relationships are important” (p.47).

In addition to the implied BCTF acceptance considered above, the language in this report explicitly states that implementation needs to be a partnership. This appears unlikely, however, in view of the motion passed by the May 2015 BCTF Representative Assembly:

Attendance Management programs

That the BCTF take action against the implementation of Attendance Management programs by:

1. continuing to emphasize to government the real stressors in teaching and the need for meaningful supports that foster healthy workplaces and good employee/employer relations.
2. continuing to actively communicate to members information about existing BCTF Health & Wellness programs.
3. providing information to members that includes:
 - a. backgrounder details on the Ministry “Service Delivery Transformation Project.”

- b. accurate statistics and data about the use of sick time by teachers in public education.
- c. details about past arbitrations and union opposition to Attendance Management.
4. providing protocols and advice to locals in anticipation of management/ employer inquiries about non-culpable absenteeism.
5. communicating with members about Right to Representation clauses.
6. providing advice to locals about possible grievances arising from the program.
7. providing communications information to locals regarding medical privacy jurisprudence.
8. encouraging co-ordinating efforts between school district unions to oppose Attendance Management programs. (*BCTF Spring RA Minutes*, pp. 9–10)

Although this BCTF Representative Assembly took place a year after the publication of the Working Group report (April 2014), it appears there was some awareness on the part of the authors at the time that the needed partnership for successful implementation is not a given. In one very brief and unexplored section on risks, three potential risks are suggested:

- Employers and Employee Representatives will not agree on implementation
- Employee absenteeism is not reduced
- Employees do not feel supported (p. 22)

The first stated risk is that employers and unions will not, in fact, agree on implementation, suggesting a partnership lacking in any consensus. Then, despite claims that reduced absenteeism would be inevitable once attendance management is introduced, the second stated risk is that absenteeism may not be reduced. And, finally, with regular claims about how much the attendance management programs will respect and support employees, a third risk is that those employees may not feel supported.

Close to \$4M has been invested for the initial implementation of attendance management, without any real exploration of the potential risks that it might fail. How significant are such risks? We simply don't know, yet collectively they would, if realized, negate the concept and the investment made to impose the program across BC. By not exploring risks, the authors of the report expose a significant flaw in promoting a program that, as its proponents state, may actually fail. Such a failure would be expensive in terms of both financial costs, and the reduced management-teacher trust which would likely ensue after attempts to use management powers to enforce attendance requirements.

Several of the above-referenced reports, and additional related information, can be found on the Ministry of Education 'Service Delivery Project' web page.⁶

⁶ <http://www2.gov.bc.ca/gov/content/education-training/administration/kindergarten-to-grade-12/service-delivery-project>

Where is attendance management utilized elsewhere in BC and in other K–12 public education systems?

Multiple organizations have introduced attendance management programs. In BC they include the University of BC (UBC), health-care employers, and some municipalities. UBC's program does not apply to its academics—support staff and maintenance staff appear to be the primary areas of focus. Health-care employers have targeted nurses and hospital support staff. These and other targets of attendance management suggest there may be both a class and a gender bias with regard to attendance management, in that lower-paid and female public-sector workers may be more likely to be subject to attendance management programs. UBC does not concern itself with the attendance of its professors, and although health authorities appear not to check on doctors' attendance rates, nurses appear to be a clear target for attendance management programs.

There has been union resistance from the BC Nurses' Union (BCNU) to health sector attendance management initiatives. The BCNU website has an unequivocal stance and provides advice to its members on the issue:

BCNU is strongly opposed to attendance management programs, officially known as 'attendance wellness promotion' programs' or AWP/APP. As implemented by some employers, the programs try to force nurses to work when they're sick under the threat of intimidation, harassment and discipline.

Nurses, as health care professionals, are able to make decisions related to their own health and the safety of their patients, clients and residents.⁷

Elsewhere in Canada, the *New Brunswick Telegraph-Journal* of Friday, September 25, 2015 reported on the introduction of a \$1.2M attendance management program in that province's K–12 education system. As yet, no other provincial K–12 teacher attendance management programs have been identified.

Arbitrations and court cases which have focused on attendance management

While a complete search of arbitration rulings has not been conducted by BCTF Research to date, the following suggest limits and parameters have been set in some cases.

The following Health Sciences Association press release reflects both the scope of attendance management, and limits placed on it by one arbitration ruling.

January 21, 2013

Health care unions have won a significant victory protecting the rights of sick and injured workers who were being punished by Vancouver Coastal Health.

In 2008 the health authority introduced an offensive and punitive attendance management program that the unions said unfairly punished employees who use sick leave. The unions, including HSA, BCGEU, CUPE, HEU and UFCW filed a multi-union grievance against the program.

⁷ <https://www.bcnu.org/contracts-and-bargaining/challenging-attendance-management>

The unions challenged the employer's assertion that it could unilaterally impose overtime bans, reduce FTE status, and even terminate employees they deemed to have taken too much paid sick time.

The unions argued that these penalties rendered the Attendance and Wellness Promotion Program (AWP) invalid, as they breached the BC Labour Relations Code, as well as longstanding principles of labour law.

Friday, Arbitrator Vince Ready agreed with the unions' position and ordered that:

- the automatic overtime ban, FTE reduction, and non-culpable termination of employment be eliminated from the AWP;
- employees who had been subjected to overtime bans or FTE reductions have those punishments removed immediately.

Ready noted several times throughout his written decision that it is both ineffective and inappropriate for employers to punish employees whose absence is due to circumstances beyond their control.⁸

An Ontario arbitration⁹ found that:

...an attendance management program must display the following characteristics in order to withstand scrutiny at arbitration:

- there must be no conflict between the provisions of the program and those of the collective agreement;
- the program must be administrative and remedial in nature, not disciplinary;
- the program must be reasonable in its design, and must be applied in a reasonable manner; and
- the program must be consistent with human rights law.

In *City of Windsor v. CUPE, Local 543* (March 11, 2002), the employer's program failed in all key respects, with the result that it was declared null and void by a majority of a board of arbitration. This ruling was made despite the fact that no employee had been disciplined or terminated under the program during the more than ten years that it had been in effect.

Humphrey (2011) stated:

Adjudicators have demonstrated their preparedness to review the "reasonableness" of an employer's Attendance Management Program, and its consistencies with human rights guarantees. The outcomes of those challenges suggest that many employers are unsuccessfully walking the line between supportable attendance management and discrimination based on disability. (p.9)

An analysis of the 2010 Court of Appeal case *Coast Mountain Bus Company Ltd v. National Automobile, Aerospace, Transportation and General Workers of Canada (CAW Canada), Local 111, 2010*, stated that such actions constituted systemic discrimination when applied to workers with disabilities:

⁸ <http://www.hsabc.org/news/health-sciences-association-wins-challenge-health-authoritys-punitive-attendance-management-program>

⁹ <http://www.ehlaw.ca/publications/jul02/windsor.shtml>

Employees were told that they must not exceed the workplace average for absenteeism in either of the next two years or there would be grounds for dismissal, which was also found to be systemic discrimination.¹⁰

Current attendance management in BC school districts

While it has proved difficult to access official funding estimates, one school district's website published¹¹ what appear to be Ministry funding allocations for Attendance Management programs. Three 'advisory' and seven 'pilot' districts have been identified to initiate attendance management approaches. The three 'advisory' districts (funding received in brackets) are:

- SD # 36–Surrey (\$435,161)
- SD # 39–Vancouver (\$324,505)
- SD # 61–Victoria (\$118,800)

The seven pilot districts (funding received in brackets) are:

- SD # 34–Abbotsford (\$120,906)
- SD # 35–Langley (\$121,729)
- SD # 41–Burnaby (\$148,977)
- SD # 51–Boundary (\$25,000)
- SD # 57–Prince George (\$81,536)
- SD # 59–Peace River South (\$25,000)
- SD # 72–Campbell River (\$33,277)

It appears that the difference between 'advisory' and 'pilot' districts is that the three advisory districts have received substantial funding and are expected to share information and advice to the pilot districts.

To date, two BC school districts (Victoria and Surrey) have produced information concerning their attendance management (or attendance support) approach. The Greater Victoria School District's publication¹² includes the following:

Our mission is attainable when employees of the District are healthy and well, and thus able to perform in their job role to the best of their abilities. Further to this, regular and consistent attendance allows an employee to apply their valuable set of skills and knowledge to the workplace, which helps the District's mandate to be realized. (p.2)

The Victoria report outlines three key areas:

- Attendance support
- Disability management
- Wellness initiatives

It also stresses that the district will “encourage accountability for work attendance” and that they will “work with individual employees who are having difficulty maintaining regular attendance.”

¹⁰ Bull Houser. (October 19, 2010). *Using attendance management programs in light of Coast Mountain Bus Company Ltd. v. CAW Canada, Local 11, 2010 BCCA 447*: <https://www.bht.com/resources/using-attendance-management-programs-light-coast-mountain-bus-company-ltd-v-caw-canada>

¹¹ See appendices 1 and 2.

¹² *Attendance support: A conversation based approach: Our plan*. (June 2014). <https://district.public.sd61.bc.ca/wp-content/uploads/sites/91/2015/01/SD61-Attendance-Support-Program.pdf>

They differentiate between culpable and non-culpable absences. In terms of non-culpable absence the report states:

Non-Culpable Absences

Absences defined as non-blameworthy, involuntary and/or innocent

Non-culpable absences occur when an employee, through no fault of their own, is unable to fulfill their employment responsibilities. These types of absences are often beyond the employee's control, and may be referred to as involuntary or innocent absences. Examples of non-culpable absences that may need support include illness/injury and emergency situations.

In this context, it is important to clarify the purpose of sick leave for District staff: to provide cost recovery for an employee when they are ill and/or injured and unable to perform their job duties. It is the intent of the District to promote a healthy workplace culture for this non-culpable absence; that is, take leave if and when you're ill or injured, and seek supports to help you to return to good health and to work. (p.4)

Why, exactly, a school district believes that a professional needs management's support to 'return to good health' is not clear. It implies that without such 'support' a teacher will take more time off work. Neither is it obvious nor explicit how the district will "promote a healthy workplace culture", as the report makes no connection with workload, or work intensification, which may negatively impact health.

The Attendance Support Program's 'conversation based approach' has a three-step process:

1. Attendance issue identification
2. Informal conversation
3. Formal meetings

These explicit three steps can also be interpreted as: First we let you know there's a problem, hoping that a first warning might be sufficient to reduce absences; then we meet to discuss the problem; and if that doesn't cut down your absences, we initiate formal steps to reduce your absences. These steps may connect to disciplinary procedures, and for many teachers they will represent intimidation.

It appears that the Greater Victoria School District believes that its three-step process, lack of accepting that contextual factors impact teachers' health, and a 'conversation based' approach, will somehow address health issues and reduce leaves. It may do the latter and improve attendance in the short-term if teachers are sufficiently intimidated by the approach, but there is no evidence that it will address or improve teachers' health or save costs in the long-term.

The issue of explicit language (what is written or said) and implicit interpretations (how language might be understood quite differently to what was explicitly stated)

As can be seen from various examples, above, the language and terminology used in proposing attendance management is worth exploring. What is actually said? Is what is written understood the same way by different readers? What is stated in the Deloitte reports, in the *Service Delivery Project Phase 1* report, and in reports produced by two school districts (Victoria and Surrey)?

Much of the introductory language in documents proposing and justifying attendance management is positive, inclusive, and respectful. Consider, for instance, the following statements from page 45 of the *Service Delivery Project Phase 1* report:

The work of the employees in the K–12 sector is very important and highly respected by the Working Group and these staff should be supported to do that work in a healthy and safe environment

The work in the sector is complex, with high expectations for outcomes and cause for a stressful work environment

Healthy workplaces come from good health and safety programs and a focus on staff wellness.

The reports' authors state that teachers work in conditions that they acknowledge as stressful, that teachers' work is respected, and teachers and others should be supported. Yet the 'healthy and safe environments', while mentioned, are never explored and are not the focus of the Working Group. Indeed, any working conditions and all working environments are completely excluded from their consideration. Therefore, any teacher illness caused by factors such as work intensification, complex class composition, long work hours, and reduced supports, appear irrelevant because these factors are excluded from consideration of attendance and illness. A key issue with the explicit language is not what it states, but what it omits, and one significant omission is a focus on any contextual conditions which may impact wellness and health among teachers and support staff.

A second issue with the explicit language is the use of the term 'employee'. While teachers are employees, they are also professionals, yet few professionals are targeted for attendance management programs. By explicitly and solely referring to teachers as employees, and by forcing a program onto teachers that is rarely applied to other professionals, the Working Group reinforces BCPSEA's continued focus and attempts to de-professionalize teachers. BCPSEA's (2011) *Perspectives in Practice* documents¹³, and their tabled bargaining language¹⁴ of the same period, consistently labelled teachers as employees rather than professionals, so that from their (the employer's) perspective, teachers could fit more readily into the management-employee relationship, albeit one removed from most modern management thinking. Bill 11's intent to impose managerial control over teachers' professional development offers another recent example of a government seeking to extend its control over teachers' work, reduce their

¹³ Under the Perspectives in Practice heading on <http://www.bcpsea.bc.ca/resources/information-and-insight.aspx>; PD: <http://www.bcpsea.bc.ca/documents/publications/03-HJF-Professional%20Development.pdf>; professional autonomy: <http://www.bcpsea.bc.ca/documents/publications/05-HJF-%20Professional%20Autonomy.pdf>

¹⁴ "Professional growth and engagement", <http://www.bcpsea.bc.ca/documents/teacher%20bargaining/E28-CW-Professional%20Growth%20and%20Engagement.pdf>.

professional status, and reinforce the management-employee relationship. The *Tyee* of April 2, 2015¹⁵, stated:

Bill 11 looks suspiciously like a provincial version of a federal Tory omnibus bill, amending three other laws: the Independent School Act, the School Act, and the Teachers Act. In brief, it appears to threaten student privacy, cripple school boards' autonomy, and remove teachers' control over their own professional development.

The explicit language used by BCPSEA simply uses words such as “employees”, with the implicit meaning that teachers are not professionals with some level of autonomy, but employees subject to management control at all times. While not recognized or utilized by BCPSEA, the substantial research on teacher autonomy has been reviewed by BCTF Research¹⁶, and one extract from that review, Hyslop-Margison and Sears (2010), is shared here:

Teachers cannot be expected to prepare autonomous, reflective and politically engaged citizens unless they possess the professional autonomy and political freedom to act as role models for their students. Professional autonomy for teachers is not merely a fundamental requirement of quality education, but for creating students who become engaged and politically active democratic citizens. In the final analysis, the neo-liberal policies seeking to de-professionalize teaching are actually creating an inefficacious and unethical situation that undermines teacher confidence, vocational ownership and the advancement of robust democratic schooling practices. (p.12)

But the most important aspect of the explicit language is that few teachers would accept the literal expressions of respect of and care for teachers contained in both the *Phase 1* report and the district documents promoting attendance management, when the implicit messages are clear to them. The implicit message is obvious—if you (teachers/support staff) are absent from work, we (management) will initiate steps to reduce the frequency and durations of your absence. We will hold an initial meeting, continue with subsequent meetings if your attendance does not improve, and in some cases we will terminate your employment if it continues. Surrey School district states this explicitly¹⁷:

Finally, there may be those situations where either the employee's health condition, personal lifestyle issue and/or other, non-culpable situation, is not expected to readily improve, and the decision is made to end the employment relationship due to an inability of the employee to meet their employment commitments, thereby frustrating their employment contract. (Surrey School District, p.19)

BC's biggest school district places it on record that when teachers are in ill-health in a non-culpable situation, the district may use the option to terminate teachers' employment. This must be a unique way to show respect and support for teachers, by saying if you're too ill to work, you may be fired. It's also a rare moment where what was implied meaning (progressive moves towards disciplinary actions) is now explicit in the written language.

So regardless of the references to respect and support which preface most of the documents linked to attendance management, the implicit messages are clear: reduce sick time at whatever

¹⁵ <http://thetyee.ca/Opinion/2015/04/02/BC-Schools-Bill-11/>

¹⁶ <http://www.bctf.ca/uploadedFiles/Public/Publications/ResearchReports/2011-EI-03.pdf>

¹⁷ *Attendance Support Program Guidelines* (n.d.).

cost to yourself, or progressively more direct, intrusive, and possibly menacing steps will be introduced to pressure you back to work.

Might teacher demographics (gender and age) impact levels of absence and sickness?

Gender

Teaching in BC's K–12 system is increasingly a feminized profession, with women comprising 73% of BC teachers in the 2014–15 school year.¹⁸ Bierla, Huver, and Richard (2013) stated:

Most studies on absenteeism/presenteeism make a point on gender. Dionne and Dostie (2007), for example, found that the rate of absence is generally higher for women than for men. Female employees are about 30% more absent than their male counterparts....Kristensen et al (2006) showed that absenteeism decreases when the proportion of men in a work unit increases. Higher absence rates for women seem a recurring outcome in the literature. (p.1540)

Bierla et al are not arguing that women are avoiding work, but suggest several reasons such as their social roles—essentially they are often the major caregiver in a family, attending to sick children or elderly parents. They also suggest that women pay more attention to their health than do men, and may take a short sick leave in order to speed recovery and minimize longer absences. The authors also quote a study by Jensen and MacIntosh (2007), suggesting that family size is positively correlated to work absence for women, although they also state that Dionne and Dostie (2007) found that the number of children in a family did not link to significantly higher rates of women's absence from work.

Women teachers in BC have been found to make proportionately more claims linked to mental health in the BCTF Salary Indemnity Plan (SIP):

24% of claims were from male teachers, while 76% were from women. 31% of BC teachers are men and 69% women (at the time of the study). Women are therefore making a greater proportion of claims than might be expected related to their numbers, but this is consistent with findings from a wider literature. (Naylor, 2009)¹⁹

More-recent data, provided to the BCTF by Great West Life Insurance in December 2015, show that over 80% of mental health claims made by BC public school teachers were made by women, while women comprise 73% of the teacher workforce at the time of writing.

If women, for individual and family reasons, take more time off work than do men, and teaching is increasingly feminized as a profession, how might the widespread application of attendance management impact women teachers? Might they take less time away from the classroom in order to maintain their own health? If they are away from work to look after a sick child or family member, thereby potentially inducing attendance management processes, how will that impact their physical or mental health? If school districts identify teachers for attendance management processes based on percentile levels of absences, and if those selections are predominantly women, might attendance management be discriminatory? If the evidence is that women are good self-monitors of health, might attendance management pressure them to self-

¹⁸ BC Ministry of Education. (2015). *Teacher Statistics 2014/15*. p. 2.

https://www.bced.gov.bc.ca/reports/pdfs/teacher_stats/public.pdf

¹⁹ http://www.bctf.ca/uploadedFiles/Publications/Research_reports/2009WLC01.pdf

monitor less, or to ignore the symptoms of sickness, if time off work would result? Will women teachers be placed in the middle of tensions around self-care and/or care for others, with increased pressure to report for work? If they do attend work in such circumstances under the pressure of attendance management, might there be potential and unseen costs for individuals, employers, and society? We simply don't know. But in a profession where close to three-quarters of teachers are women, it might be worth making some effort to widen the scope of thinking about gender and health/work attendance in the province's public education system.

Age

A second demographic factor that should be considered is the age of teachers. Do people get more sick as they age?

Ferreira and Martinez (2012) stated that there is “evidence that older teachers possess higher levels of emotional exhaustion” and that “the literature has shown that teachers present more burnout than other professionals (e.g., nurses, mental health professionals)”. (p.4382)

A BCTF study of Salary Indemnity claims (Naylor, 2009)²⁰ found that in terms of claims linked to mental health:

For those male teachers who claimed under the SIP, 65% of claimants were aged 50 or over, while 16% were aged 35 to 44.

The Statistics Canada Turcotte (2011) report²¹ on women and health showed age and gender differences for the incidence of arthritis, cancer, and high blood pressure among Canadians. In all three areas of disease, the percentage of sufferers from each disease increased significantly for both women and men in the 45–64 age group. In terms of arthritis, 5.7% of women and 3.9% of men suffered from arthritis in the 26–44 age group, but 23.9% of women and 16.8% of men suffered from the same disease in the 45–64 age group. For high blood pressure, 4.5% of women suffered from high blood pressure in the 25–44 age group, while 22.15% had high blood pressure in the 45–64 age group. These figures dramatically illustrate how age impacts health, with Canadians aged 45–64 about four times more likely to suffer from arthritis than those aged 26–44, and almost five times more likely to have high blood pressure. At the start of the 2014–15 school year, the BC Ministry of Education²² reported that there were 15,930 teachers in BC aged 45 or older—48.65% of the teaching force in the province. With almost half of teachers in BC aged over 45, the likelihood of increased illness is greater than with a younger teaching force.

Another demographic that may be relevant to teacher wellness is the number of teachers working who are aged 64 or over. In the 2010–11 school year there were 244 teachers over 64 years of age in BC's public schools. In 2014–15, there were 523, more than double the number in a five-year time span. With research data showing age as a key factor in terms of the prevalence of illness, how does the doubling of teachers aged over 65 in five years impact sickness levels? Perhaps this might have been one of the areas of data collection to have been initiated prior to any policy changes, but the issue of changing teacher demographics joins a growing list of factors not considered by BCPSEA, the Ministry of Education, or the BC government prior to mandating a province-wide policy purporting to address a problem without ascertaining the dimensions of the issue through comprehensive data collection and analysis.

²⁰ https://www.bctf.ca/uploadedFiles/Publications/Research_reports/2009WLC01.pdf

²¹ <http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11543-eng.pdf>

²² BC Ministry of Education. (2015). *Teacher Statistics 2014/15*. p.2.
https://www.bced.gov.bc.ca/reports/pdfs/teacher_stats/public.pdf

Canadian and international research evidence exists to show that there is a correlation between age and sickness. As we age there is an increased propensity to get sick. Some school districts have a high proportion of teachers over 50. Other districts have more younger teachers. We are not aware of any study which has comprehensively examined how teacher demographics might connect to absence from work due to illness, but if research evidence and current data show a positive correlation between age and illness, then perhaps it's time to take a closer look. Are patterns of illness and absence different in the Boundary district, where over 40% of teachers have taught for over 20 years, and under 11% have taught for less than 5, when compared to the francophone district, where over 36% of teachers have taught for less than 5 years and 11% have taught for more than 20? There is much that we don't know, but it might be better to find out before travelling too far down the road of attendance management, when such a journey is not supported by the available research evidence.

There is a lack of research evidence to support the introduction of attendance management in BC's public school system

The various reports proposing attendance management, referred to above, show no research evidence to support the proposed directions. The lack of consideration of research linked to any contextual factors which might impact teacher illness is a major omission. As shown above, gender and age impact the likelihood of illness in a BC teaching force where the average age is 44.4 years and 48.65% of BC teachers are aged over 45.²³ When does mental health become an attendance management issue, and how is it dealt with when an employer initiates processes to address absence?

Three areas of research have been accessed by the author in efforts to better understand issues that may relate to attendance management:

- Psychology
- Occupational health
- Human Resources and management

If either Deloitte or BCPSEA accessed any of these areas of research, they did not reference them. The most likely conclusion is that neither of these proponents of attendance management is interested in accessing research which may challenge assumptions made in the drive to implement processes to limit teacher absence. For them, it appears to be simply a financial problem with a money-saving solution—cut the rate of teacher absences from work and save costs. Short-term savings are likely to occur, as teachers may be intimidated by attendance management processes. Unfortunately for the accountants, and even more unfortunately for teachers, who may be subject to attendance management processes, it may not achieve its intended long-term goals, when the potential costs of presenteeism may start to be felt, with possible increases in longer-term illnesses and higher systemic costs. Accountants, the Ministry of Education, BCPSEA, and the government, have all chosen not to consider the 'wider picture' of teacher wellness, through their collective failure to access or analyze the relevant areas of research.

¹⁸ BC Ministry of Education. (2015). *Teacher Statistics 2014/15*. p.2.
https://www.bced.gov.bc.ca/reports/pdfs/teacher_stats/public.pdf.

What do the terms ‘absenteeism’ and ‘presenteeism’ reflect, and which is the more serious issue to address?

Bierla, Huver, and Richard (2013) offer useful distinctions in terms of the following definitions:

Presence at work: going to work and not being sick

Absence: not working when sick

Absenteeism: not working and not sick

Presenteeism: working while sick

However, it is clear from a review of the research that not all researchers use these definitions. Many researchers use the term ‘absenteeism’ simply to denote a teacher’s absence from work. Yet it might be worth differentiating more clearly between these terms when considering wellness and illness impacting teachers’ work.

Deery, Walsh, and Zatzick (2014) stated:

Presenteeism can be defined as attending to work while ill (Johns, 2011). It is prevalent in human service work where employees provide care or help to other people and have a strong professional commitment to the needs of their clients. (p.352)

These terms and definitions are useful in that they enable researchers to be explicit about their focus of research and to collect data relevant to each. In contrast, attendance management as proposed to date in BC fails not only to define and consider these definitions, but also appears not to have accessed the research addressing them.

A number of research authors assert that ‘presenteeism’ was a term first coined and intended as satirical by Mark Twain in *The American Claimant* (1892). Numerous research studies show that presenteeism is a more serious issue than absenteeism in terms of human costs, where illnesses can be exacerbated by working when ill, and because of longer-term illnesses’ costs to employers:

Presenteeism has been estimated to cause even more productivity costs than absenteeism. (Rantanen and Tuominen, 2011)

Williams (2013) argued:

Presenteeism is still an emerging area of interest and one to which much less attention has been paid than sickness absence, despite increasing evidence that it is costlier. This is because presenteeism is harder to identify, define and measure, although probably not more difficult to manage....The employee who works when sick may ultimately take more sickness absence leave, while their colleagues may catch infections from them.

Baker-McLearn et al (2010) stated that:

Previous research has suggested that the loss of productivity is greater with presenteeism than absenteeism. (Grinyer and Singleton, 2000; Dixon, 2005; Main et al., 2005; Caverley et al., 2007)

The (UK) Centre for Mental Health (2011) calculated that:

Presenteeism from mental ill health alone costs the UK economy £15.1 billion per annum, while absenteeism costs £8.4 billion.²⁴

Johns' (2010) widely-quoted and respected work reinforces these claims:

There is considerable agreement across studies that presenteeism accounts for more aggregate productivity loss than absenteeism. On the face of it, this suggests an iceberg effect in which the more visible portion of work loss (absenteeism) is dwarfed by that portion beneath the surface (presenteeism). (p.530)

Johns also makes the case that presenteeism can worsen existing health conditions when people work while sick:

From an employee perspective, presenteeism is important in that it might exacerbate existing medical conditions, damage the quality of working life, and lead to impressions of ineffectiveness at work due to reduced productivity. In addition, many organizational practices and policies that are designed to curtail absenteeism could in fact stimulate attendance while sick. (p.521)

While not only running the risk of exacerbating existing medical conditions, teachers who work with any contagious illness such as a cold or flu also run the risk of infecting others in the workplace. Johns also finds evidence that teachers are among those occupational groups who are more likely to work when they are sick, referencing the work of Aronsson et al (2000):

The authors found, for example, that the base rate of attending work while ill was 55 per cent among pre-primary teachers, while those in engineering and computing specialties averaged 27 per cent. Also, nursing home aides, nurses, and school teachers were 3–4 times as likely to engage in presenteeism as managers, even controlling for a number of other ostensible causes of the behavior. Occupations in the caring, helping, and primary teaching sectors were most prone to presenteeism, suggesting a culture predicated in part on loyalty to and concern for vulnerable clients (i.e., patients and children). (p.527)

Thus many teachers, the research states, are likely to go to work while sick because they work in a culture of concern for children. Attendance management policies and implementation are likely to increase the number of teachers who will attend work while sick. While the research evidence suggests that it is likely that some teachers currently work while sick out of concern for their students, others will, in the face of being summoned to attendance management interviews to 'discuss' their absence, choose instead to work and avoid such interviews rather than to attend to their health and recuperate.

Aronsson et al also stated that the presenteeism increases they studied were in sectors that had faced personnel cutbacks during the 1990s. With significant cutbacks in BC's public education system since 2001, the increased workload and work intensification might also be factors in any possible teachers' presenteeism and in mental disorders, as many have reported increased workloads in recent years. The BCTF *Worklife of BC teachers in 2009* study²⁵ found that two-thirds (67.1%) of BC public school teachers indicated their workload had increased compared to five years ago, and 62.6% reported increased levels of stress compared to five years ago.²⁶ The

²⁴ <http://www.centreformentalhealth.org.uk/managing-presenteeism>

²⁵ <https://www.bctf.ca/IssuesInEducation.aspx?id=21498>

²⁶ <https://www.bctf.ca/uploadedFiles/Public/Issues/WorklifeWorkload/2009/Chapter6.pdf>

research also showed that BC's public school teachers worked about 47 hours a week, a number consistent with research into teacher workload across Canada. With 47 hours being an average, significant numbers of BC teachers are working more than 47 hours per week. Might such workloads be contributing to teachers' ill-health? While BCPSEA may not have a burning desire to explore this question, research from the BCTF *Worklife of BC Teachers* and many other Canadian and international studies suggest that there is evidence that some teachers' excessive work is making them sick. These levels of work are a direct consequence of government funding, policy, and legislative changes, and might be considered the systemic causes of sickness.

Deery et al (2014) stated:

To cope with high workload demands employees might be forced to invest extra effort in the task in order to maintain their performance (Schaufeli and Baker, 2004). This may result in employees working harder and attending work when ill to meet those workload requirements....Strict attendance controls could be expected to influence an employee's willingness to attend work when unwell. Rhodes and Steers (1990) observe that absence controls are a 'particularly salient force for attendance'. Strict or punitive attendance management policies can make employees reluctant to take time off sick in cases where they are genuinely ill. (pp.354–355)

Whether the research is either undertaken or reported in any of three areas of research (Psychology, Occupational health, and Human Resources and management), the conclusions are the same—presenteeism costs more than absenteeism, but because the latter is more visible, it often garners more attention by managers and governments. However, if, as Johns states, the 'iceberg effect' is present, then the visible problem of absenteeism is dwarfed in terms of cost by presenteeism. Attending to ill-health promptly may incur short-term costs, but can prevent long-term illness and significantly higher costs to employers.

What appears startling about the introduction of attendance management is the total avoidance by its proponents of research which might better inform policies and decision-making. Vaguely-referenced sources in some instances (to Statistics Canada), and no references at all to provide sources for the claims of extensive cost savings (Deloitte), indicate a poor basis for the imposition of a province-wide program which may not only increase long-term costs but also further erode trust between teachers and employers/government across the province.

Attendance management policies may increase presenteeism and potentially increase both human and systemic costs

A UK research study (Baker-McClearn et al, 2010), found that Human Resource personnel often prioritized attendance even when both employees and managers felt a period of leave would be a better course of action:

Much of the interview data suggest that there is a perception that HR are primarily focused on getting people into the workplace and keeping them there, even when employees and managers felt that a period of absence was a better course of action. (p.319)

Munir, Yarker, and Haslam (2008) reported that participants in their study:

reported that attendance management policies and the point at which systems were triggered, posed problems for employees managing chronic illness. These systems

presented risk to health: employees were more likely to turn up for work despite feeling unwell (presenteeism) to avoid a disciplinary situation but absence-related support was only provided once illness progressed to long-term sick leave. Attendance management policies also raised ethical concerns for ‘forced’ illness disclosure and immense pressures on line managers to manage attendance.

They also stated that:

...strict and inflexible attendance management policies may have a detrimental impact on employees managing a chronic illness. Policies on attendance management should take into account the needs of those with chronic illness, i.e., absence ‘trigger’ systems should not penalise employees for taking flexible short-term absence in order to prevent a worsening of their condition and subsequent long-term absence. Attendance management should promote job retention rather than merely preventing absence per se. (p.30)

Munir et al (2008) found that attendance management policies and programs resulted in workers attending work while sick because they feared disciplinary actions—actions which many teachers in BC will likely consider implied in the language and processes being considered here. Their finding was reinforced by Baker-McCleary, et al (2010).

Janssens et al (2013) collected data on people working while sick, then followed up to consider whether there was any connection between working while sick and the prevalence of future illness. They found that:

moderate and high rates of presenteeism...were positively and significantly associated with long spells of sickness absence and high sickness frequency during the follow-up period of one year, in both males and females. (p.134)

Research evidence shows that attendance management may increase presenteeism—people going to work while sick. Presenteeism has been found to exacerbate existing conditions, increasing both individual and systemic costs when sickness increases as a result of presenteeism. So it appears possible and even likely that attendance management might reduce costs in the short term (when teachers go to work sick) but may actually increase long-term costs if their existing physical or mental illnesses are exacerbated by continuing to work when sick.

How will attendance management address teachers’ mental health issues?

Mental illness is a growing issue in Canada and internationally, and there is research evidence²⁷ that those who work in the caring professions are often subject to high stress levels that may lead to mental health issues and illness:

In terms of how stress links to occupation, the European Foundation (2005) identified education, health, and social services as the work classifications of highest stress. The UK Health and Safety Executive reported that those employed in education were second only to public administration workers in terms of estimated days off caused by stress. In Canada, COMPAS Inc. (2006) stated that ‘the majority of (Ontario) teachers reported being really stressed at work on a frequent basis’ (p.10). Also in Ontario, 94% of Ontario English Catholic Teacher

²⁷ http://www.bctf.ca/uploadedFiles/Publications/Research_reports/2008WLC03.pdf

Association members stated that overworking was negatively impacting their personal, family, and social lives (Matsui, 2006). These studies reflect data from a range of Canadian and international studies (Naylor and Schaefer, 2003; Timms, Graham, and Caltabiano, 2006; Wilson, 2002) that indicate high levels of teacher stress. (Naylor, 2008)

Ferreira and Martinez (2012) stated “prior studies have found that age is significantly associated with burnout levels” (p.4386) which impact teachers’ mental health, as is evident from earlier BCTF research discussed below.

Data from earlier BCTF research (Naylor, 2009)²⁸ showed that approaching half the prevalence and costs of the BCTF’s Salary Indemnity Program (SIP) were focused on supporting teachers who were suffering from mental health issues:

Over 60% of SIP costs for claims linked to Psychological/Psychiatric disorders are linked to teachers over 50, while only 39% of BC teachers are aged 50 or older. Older teachers are therefore significantly over-represented in SIP claims. (p.1)

There is minimal recognition of the mental health issue in any of the attendance management proposals. Surrey’s articulation of a purported teacher’s explanation for absence (“I just took a day off”) ignores research evidence that shows that teachers’ taking one day or a few days’ leave to deal with an illness or physical/mental exhaustion might prove beneficial in terms of both maintaining an individual’s health, and subsequently reducing costs to both the individual and to the employer by avoiding longer-term illness:

A cultural environment where employees are encouraged to stay at work while ill may induce higher levels of health care expenses (Sheridan, 2004). In fact presenteeism may result in higher health care costs for employees over long periods of time. Illnesses which could be cured expediently—for instance, simply by staying at home—may worsen and require a substantial, larger amount of health expenses. (p.4381)

Research evidence also suggests that going to work when sick can generate or exacerbate mental health problems:

In addition, when people go to work when ill, they may be ‘prone to signs of strain and mental ill-health’ (e.g., anxiety, depression). (Bergstrom, referenced in Niven and Ciborowska, 2015, p.209)

Increased mental health issues linked to aging-but-still-working populations have also been reported in the USA. The American Association of Geriatric Psychiatry (2008)²⁹ reported that:

It is estimated that 20% of people age 55 years or older experience some type of mental health concern. The most common conditions include anxiety, severe cognitive impairment, and mood disorders (such as depression or bipolar disorder). Mental health issues are often implicated as a factor in cases of suicide.

Pressuring teachers with mental health issues into attendance management processes may induce or heighten stress levels in the teacher—an approach which seems counter-productive to seriously addressing mental health. It is likely in this area where the management actions may

²⁸ http://www.bctf.ca/uploadedFiles/Publications/Research_reports/2009WLC01.pdf

²⁹ Referenced in http://www.cdc.gov/aging/pdf/mental_health.pdf

most detrimentally impact teachers' health and be counter to the professional approaches to health care taken by doctors, psychologists, and psychiatrists. How well-qualified are BC school district personnel to 'have conversations' with teachers about mental health, and how liable might school districts be if they exacerbate a mental (or a physical) condition by inappropriate pressure on teachers to attend school rather than attend to their health?

The costs of implementing attendance management are significant, and may not result in savings

At a time of continued cuts to BC's K–12 public education system, the initial costs of implementing attendance management across the province of BC to date are a minimum of \$3.7M. These costs reflect the funds distributed to school districts for the initial implementation of the program. The three 'advisory' districts (Surrey, Vancouver, and Victoria) received a total of \$878,466, or 23.74% of the provincial total, with the remaining 57 districts receiving a total of \$2,821,534, or 76.26% of the total funds. No district received less than \$25,000. Ministry of Education data show that as of September, 2014, Stikine had 19 teachers, Central Coast 20, Nisga'a 34, and Arrow Lakes 37 teachers. Stikine's grant amounts to \$1,315.79 per teacher. For these four districts the total \$100,000 allocation provides attendance management programs for a grand total of 110 teachers. The same amount of funding would provide for approximately 250 TTOC days, 2.5 days for every teacher in all of those 4 districts in one school year, an investment that might actually reduce absences (and create employment for TTOCs) by making it more possible for teachers to take sick leave when needed. Quesnel, with 219 teachers, over 11 times the number in Stikine, gets the same \$25,000 as Stikine. Sunshine Coast, with 225 teachers also received \$25,000, as did Bulkley Valley (133 teachers). Prince George, with 41 times the number of teachers as Stikine, received 3.26 times the funding of Stikine for its attendance management program.

Deloitte's claim to be "a trusted advisor to governments in improving the efficiency and effectiveness of public policies, programs, and services" may be debatable. Their advice to date has resulted in an initial expenditure of close to \$4 million, an allocation of \$25,000 to manage 19 teachers' attendance in one district, and no published evidence to support its claims of cost savings to districts and government, quite apart from the undisclosed fees paid to Deloitte for their two reports. If the same funds allocated to attendance management were provided to allow school districts to utilize TTOCs to support teacher wellness, the funding would cover approximately 9,250 days of teacher release time. In a sector with a significant number of teachers over 50, and where research has shown considerable stress and incidences of mental health issues, perhaps an investment in teachers' health rather than an investment in their attendance, might be of greater utility. Investing in pools of TTOCs across BC might also provide more secure employment for many TTOCs and be a good preparation for a possible teacher shortage in the coming years, should BCPSEA wish to consider the wider context regarding government predictions of 24,900 new teaching positions in BC between now and 2022³⁰.

It is not known at this stage whether the funding is a 'one-off' payment or part of ongoing funding. If it's a one-off, district enthusiasm for the continued application of attendance management may wane along with reduced or non-existent funding.

³⁰ Source: *British Columbia 2022 Labour Market Outlook*.

<https://www.workbc.ca/WorkBC/media/WorkBC/Documents/Docs/BC-LM-Outlook-2012-2022.pdf>

The research has shown that attendance management can be counter-productive and incur increased costs, in that it may show some short-term cost reduction but incur long-term costs if teachers work while sick and either exacerbate their own condition (thereby being off sick longer than if they had taken a short leave), or infect others where an illness is contagious. Deloitte either failed to access or failed to mention any of the relevant research, and BCPSEA appears to have accepted Deloitte's cost-saving estimates without ascertaining whether they included long-term considerations. Whether BCPSEA has the information about how Deloitte derived these figures, or whether such analysis actually exists, is not clear at this stage because it has not been shared and open to any scrutiny. The trust in Deloitte, while self-proclaimed and while apparently endorsed by government, appears to be built on unsupported claims and no obvious research base.

Conclusion

The evidence to support the introduction of attendance management is flimsy at best. No research has been referenced and no data provided to date to substantiate broad claims about teacher absences and the ensuing costs to the education system. No costing methodology is presented. There is a considerable body of research which unambiguously states that presenteeism (working while sick) is likely to more-seriously impact workers' health and incur much greater costs to employers than absenteeism. In a working environment acknowledged as stressful, BCPSEA and the government fail to address any stress issues or consider improvements to working environments that might reduce stress and improve teachers' health and well-being. Instead, they have mandated a program targeting individual teachers who are absent, thereby initiating processes which appear to most teachers to be offensive and progressively disciplinary in nature, and which will likely further reduce teachers' trust in BC's government and its agent, BCPSEA, with implications for potentially reduced trust with schools' and districts' management if they implement the mandate imposed on them. The explicit and 'supportive/respectful' language of attendance management masks implicit messages of the intent to pressure teachers into attending work while sick in order to cut costs. BCPSEA's focus is all on the individual teacher, none on the system. When cancer rates rocket in one community and not in others, contextual factors are quickly considered to find out if something is causing the cancer. Yet when multiple research studies show increased work intensification and high stress levels in teaching, resulting in, as just one example, high prevalence of mental illness, no contextual factors of work requirements or environments appear to be of any interest to the government and its agents.

BCPSEA's efforts to impose attendance management reflect one more attempt by the organization to de-professionalize BC public school teachers by using an approach predominantly used by a range of employers with non-professional staff. When teachers are labelled by BCPSEA simply as 'employees', and the less they are considered 'professionals', they can then be subjected to greater managerial control. Such control, as exemplified with attendance management, is counter-productive to both the health and the autonomy of teachers, and will make teaching a less-attractive profession at the very time when increasing student enrolments are becoming apparent and when significant demand for new teachers has been predicted.

It's not only a solution in search of a problem, but a solution without researched evidence. Attendance management has been proposed by accountants with no knowledge of BC's education system, mandated by an organization with a record of aiming for increased management control and reduced teacher autonomy, and forced onto districts whether they want

it or not. Some districts may comply with the BCPSEA directions, but others may not, perhaps preferring a more constructive and collaborative approach with teachers than is possible with attendance management.

There are alternative approaches. The first and most logical step is to carefully review and openly share data and research about teacher's health and well-being. What are the teacher demographics, how are they changing, and how might they inform us about teacher absence from work due to illness? How might this look different in districts with declining enrolment and an aging teacher force, compared to a fast-growing district where more younger teachers are employed? Labour Market predictions for BC³¹ state that there are likely to be more new, and likely younger, teachers in BC schools in the coming years, and with research evidence suggesting that they may take fewer days off sick, might subsequent data, likely to indicate lower absentee levels, be a reflection of the changing teacher demographics rather than the effect of implementation of attendance management? For example, the link between demographics and prevalence has been proven in terms of crime rates. Simply put, crime rates are linked to age demographics, but in an inverse way compared to health:

Because crimes are committed disproportionately by older adolescents and young adults, overall crime rates are very sensitive to the relative numbers of adolescents and young adults in the population. Scholars have demonstrated that the rise and fall of crime rates in the late 20th century are largely explained by the changing age composition of the American and Canadian populations (e.g., Steffensmeier & Harar, 1991). (Stevens et al, 2013)

Crime rates climb when there are more adolescents and young adults in the population, while sickness rates climb for people over 45 years of age, and close to half the teaching force in BC's public schools are over 45. Some politicians have been quick to claim credit for declining crime rates, when such declines are proven linked to demographics. Might the proponents of attendance management make similar claims if absenteeism declines when the BC teacher demographics shift to reflect a younger and likely healthier teaching workforce? How might we know, unless we research current demographics and consider whether there might be a connection to the prevalence of teacher illness?

Is the fact that women currently comprise 73% of the teacher workforce an issue to consider in light of the evidence that women are still primary caregivers and more proactive in dealing with their own health issues? Will attendance management policies and approaches target women and potentially constitute, in effect, systemic discrimination against women, especially those trying to juggle career and family—such as women aged 30–39, where over 85% of SIP mental disorders claims from BC public school teachers in 2015, in that age group, were from women?³² What does the research tell us about absenteeism and presenteeism, and might short-term savings mask long-term costs? What do we know about the prevalence of mental health issues in the teaching force and how might they be better addressed? Might school districts be the targets of litigation if their potential mishandling of teachers with mental health issues results in more serious mental illness or possible suicides? How many positive programs (such as the BCTF's 'Starling Minds' program³³) to proactively address teachers' health are in existence, and how well are they being accessed in both urban and rural areas of BC? Might expansion of these, and possibly the introduction of new programs, be a more constructive approach to creating wellness,

³¹ <http://www.workbc.ca/WorkBC/files/5f/5fc26f16-3c0f-4884-ab99-b475ca7448b7.pdf>

³² Data provided by Great West Life Insurance to the BCTF, December, 2015.

³³ <https://bctf.ca/SalaryAndBenefits.aspx?id=37000>

rather than pressuring teachers to maximize their attendance? Can any measures be introduced to limit teacher workload and aim to make work more manageable and reduce stress? These and other questions are worthy of further collaborative examination in order to find root causes of illness and develop appropriate responses.

There should be a common interest among employers, government, and unions in reducing teacher absences, whether caused by physical or mental illness. The human and systemic costs resulting from teachers' ill health, whether physical or psychological, are considerable. But it's a mistake to assume that the sole focus should be on the individual teacher and none on the systemic factors of workload and work intensification. It's also a mistake to ignore a wide range of data and research that are available for analysis in order to fully understand just what is happening in terms of teacher wellness and illness in BC's K-12 public schools. Some of these data are currently accessible, while others are in the possession of BCPSEA and not currently available. All relevant data and costing methods should be made accessible for analysis so the dimensions of the issue can be better understood and new directions considered.

This common interest could lead to a much wider focus on teachers' health and wellness, and lead to initiatives that might better gain collective support, rebuilding some levels of trust as unions, school district managements, and government or its agents could work together to address the issues and offer some solutions. The current practice of imposing mandates without research and evidence should be scrapped and replaced with more open access to data and a more substantive and collaborative approach to finding ways to support teachers' health in every school district. We need to identify the issue of teacher wellness as a priority, explore the evidence about teacher illness, and find ways to address the issues using evidence and compassion, approaches quite different to the imposition of attendance management in BC's public schools. If BCPSEA wants a genuine partnership, these are some of the questions and approaches that should be posed and considered, rather than imposing an attendance management program lacking any research base or analysis of existing demographics and other contextual data.

Appendix 1

~~Attachment 1~~

Summary of Recommendations of the Service Delivery Project – Report of the Attendance Support, Wellness and Occupational Safety Working Group

Background:

The Attendance Support, Wellness and Occupational Health and Safety Working Group was formed in January 2013 to provide advice on the feasibility of the attendance and wellness opportunities listed in the 2012 Deloitte report. The working group carried out extensive research and met with WorkSafe BC, Joint Early Intervention Service, BCTF Health and Wellness Program, Public Service Agency, Ken Emmons and the School District 23 WorkSafe Claims Management and BCPSEA. Members of the group also surveyed districts and reviewed district policies and collective agreements. The working group reported out in May, 2014.

The overall goal is to create a culture in the K-12 sector where attendance support is part of the regular operations of schools and districts, employees feel supported, employee representatives are involved and feel their members are appropriately and fairly supported, at it is recognized throughout the system that the work with and for students is improved by employee wellness.

Recommendations:

The working group provided advice on policies, procedures and programs, and data requirements to improve employee wellness and occupational safety for consideration by school districts. The group recommended that a number of pilot districts undertake this work with the assistance of the project. Estimated savings in replacement staff costs of \$35 million were identified if school districts were operating at the national average sick leave rate, offset by the cost of establishing appropriate data collection and providing shared expertise to operate the program.

Specific recommendations for attendance support and wellness:

- school districts adopt common policies and procedures with best practice guidelines,
- school districts have access to shared specialized expertise such as medical advisors and occupational therapists, through either a central agency or regional service, and
- the Employment Data and Analysis System (EDAS) be enhanced to include leave data and district software updated to provide the additional data.

Next Steps:

A Phase 2 Working Group has been formed to implement the recommendations. The working group is comprised of school districts that have volunteered to participate as pilot districts (listed below), Vancouver, Surrey and Victoria as advisory members, the British Columbia Public School Employers' Association (BCPSEA) and the Ministry of Education Service Delivery Project Branch in a coordinating and supporting role.

- SD 57 Prince George
- SD 51 Boundary
- SD 41 Burnaby
- SD 34 Abbotsford
- SD 35 Langley
- SD 59 Peace River South
- SD 72 Campbell River

Source: SD78, Fraser Cascade
Budget Advisory Committee Meeting
April 13, 2015
Minutes, p. 41

Appendix 2

Attachment 2

Attendance Support and Wellness Grant Allocation by School District

School District	Sept 2014 Funded School- Age FTE	Min: \$25,000 Allocation per FTE
5 Southeast Kootenay	5,170.8750	33,332
6 Rocky Mountain	3,008.0000	25,000
8 Kootenay Lake	4,682.2815	30,183
10 Arrow Lakes	457.4375	25,000
19 Revelstoke	927.2500	25,000
20 Kootenay-Columbia	3,700.3750	25,000
22 Vernon	8,043.9688	51,853
23 Central Okanagan	21,403.8750	137,973
27 Cariboo-Chilcotin	4,565.6876	29,431
28 Quesnel	3,052.8750	25,000
33 Chilliwack	12,438.3125	80,180
34 Abbotsford	18,756.1875	120,906
35 Langley	18,883.9704	121,729
36 Surrey	67,506.8750	435,161
37 Delta	15,260.9689	98,375
38 Richmond	20,179.0313	130,078
39 Vancouver	50,340.7500	324,505
40 New Westminster	6,285.0625	40,515
41 Burnaby	23,110.8456	148,977
42 Maple Ridge-Pitt Meadows	13,656.0625	88,029
43 Coquitlam	30,249.9375	194,996
44 North Vancouver	15,080.6875	97,213
45 West Vancouver	6,726.6250	43,361
46 Sunshine Coast	3,027.2500	25,000
47 Powell River	1,859.6250	25,000
48 Sea to Sky	4,386.8125	28,278
49 Central Coast	193.6250	25,000
50 Haida Gwaii	545.8750	25,000
51 Boundary	1,245.0000	25,000
52 Prince Rupert	2,041.5000	25,000
53 Okanagan Similkameen	2,284.2500	25,000
54 Bulkley Valley	2,070.0625	25,000
57 Prince George	12,648.7500	81,536
58 Nicola-Similkameen	2,045.5625	25,000
59 Peace River South	3,481.8750	25,000
60 Peace River North	5,672.5630	36,566
61 Greater Victoria	18,429.5046	118,800
62 Sooke	9,134.8125	58,885
63 Saanich	6,841.0625	44,099
64 Gulf Islands	1,660.6250	25,000
67 Okanagan Skaha	5,592.5000	36,050
68 Nanaimo-Ladysmith	12,866.2500	82,938
69 Qualicum	3,876.1875	25,000
70 Alberni	3,538.0625	25,000
71 Comox Valley	7,479.5625	48,215
72 Campbell River	5,162.2500	33,277
73 Kamloops/Thompson	13,981.1875	90,125
74 Gold Trail	1,096.3750	25,000
75 Mission	5,639.3750	36,352
78 Fraser-Cascade	1,572.8750	25,000
79 Cowichan Valley	7,262.7500	46,817
81 Fort Nelson	757.1250	25,000
82 Coast Mountains	4,469.8750	28,814
83 North Okanagan-Shuswap	5,866.0633	37,814
84 Vancouver Island West	388.5625	25,000
85 Vancouver Island North	1,332.8125	25,000
87 Stikine	184.1250	25,000
91 Nechako Lakes	3,829.0000	25,000
92 Nisga'a	420.8125	25,000
93 Conseil scolaire francophone	5,373.2500	34,637
Provincial Totals	521,745.6975	3,700,000

Source: SD78, Fraser Cascade
Budget Advisory Committee Meeting
April 13, 2015
Minutes, p. 42

Appendix 3

Work absence: Critique of the cost estimates in *Service Delivery Project Phase 1 Report*

Page 46 of the Service Delivery Project Phase 1 report³⁴ includes the following statement:

The Group determined that the average days absent due to illness is greater than the national averages for the K–12 sector, as reported by Statistics Canada, by 3.25 days per employee, which equates to an estimated annual cost of \$35.8 million.

It is unclear from this statement what the average number of days absent due to illness is for BC teachers, or whether it is derived from the same data source as the national average. Nor is it clear whether the K–12 sector applies to teachers or to all public school employees. When contacted by BCTF Research, the author of the report provided a link to Statistics Canada tables³⁵ with data they used in preparing the Phase 1 report. However, these 2011 tables include data for Canada only. Statistics Canada confirmed with BCTF Research that provincial data on work absence rates is not available on the Statistics Canada website. This suggests that the authors of the Phase 1 report did not use Statistics Canada data to calculate an absenteeism rate for BC teachers, but instead used some other data source. As the report (p.46) does not include data sources or any methodological details (including how the data was adjusted to make it comparable to Statistics Canada methodology), there is not sufficient evidence upon which to evaluate the validity of the claim that work absenteeism due to illness in the K–12 sector costs BC \$35.8 million per year.

Another factor to consider is that the work absence rates for elementary and secondary teachers in Canada varied considerably after 2011, and were significantly higher in 2013 (8.6 days) than in 2011 (7.5 days)³⁶. Assuming BCPSEA derived its cost estimate in part from this data, the costs would be considerably lower had they compared BC to 2013 or 2014 data for Canada.

Finally, BCTF Research has concerns with the statistics measure, “Days lost per worker in year”, being used as part of a costing methodology, because this measure is based on a formula that assumes employees are paid on a standard 12-month work-year³⁷. As BC teachers are paid on a 10-month contract and the school-year is 189 days, using the measure, “Days lost per worker in year” in a costing formula would considerably overestimate the actual number of days lost per teacher per year and thus the associated costs for replacement teachers.

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³⁴ http://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/service-delivery-project/sdpc_phase_1_report_october_2014.pdf

³⁵ Statistics Canada tables with 2011 Statistics Canada data on work absence rates. The Stat Can website link is: <http://www.statcan.gc.ca/pub/71-211-x/2012000/tablesectlist-listetablauxsect-eng.htm>

³⁶ Statistics Canada. Work absence statistics of full-time employees, by sex, and National Occupational Classification for Statistics (NOC-S), Canada. CANSIM Table 279-0031 (2010 to 2014 data)

³⁷ Statistics Canada note to the above referenced CANSIM Table 279-0031 describes the calculation for this measure: Days lost per worker are calculated by multiplying the inactivity rate by the estimated number of working days in the year (250). This number assumes that the typical full-time employee works a 5-day week... Thus, the potential annual labour supply of a typical worker would be 52 weeks multiplied by 5, less 10 statutory holidays, or 250 days. This allows the days lost per worker in a year to be calculated.

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