Sickness Absence: the Bradford Factor

The Bradford Factor (BF) is a human resource tool (HR tools are almost universally bad for your health and employment) that has been around since the eighties. It is alleged to be named after work undertaken by the Bradford University School of Management. The basic idea is to find a formula that gives a numerical value to patterns of absence, the lower the score the better the record. It’s usually used as a disciplinary tool for sickness absence – and BF use has led to people being sacked or otherwise discriminated against.

It is a sickness absence management tool, designed to impose limits on worker’s absence, not to help them overcome sickness or poor health, work-related or otherwise. It is presented as a means of dealing fairly with the employer-defined problem that many short absences are more disruptive to the employer’s business activities than a single long one. The ‘formula’ puts a lot of weight on individual absences, and it produces a ‘score’ over a reference period, using a very simple calculation:

**Bradford Factor = Number of unrelated absence periods² x Days absent**

For example, 10 days absence in the reference period (a year, say) could occur as:

- **One absence of 10 days**, which would have a BF of \([(1 \times 1) \times 10]\) \(= 10\)
- **Five absences of 2 days each**, which would have a BF of \([(5 \times 5) \times 10]\) \(= 250\)
- **Ten absences of 1 day each**, which would have a BF of \([(10 \times 10) \times 10]\) \(= 1000\)

A high BF is considered ‘bad’ in terms of the employee’s absence record, and its disruptive effect on the employer’s activity. Employers say that dealing with an employee saying “I have pneumonia and will be off work for at least two weeks” is easier than dealing with ten separate phone calls along the lines of “I am unable to come into work today because of...”.

Employers decide on reference periods, and establish ‘trigger points’; a score that will initiate some form of action against a worker who accumulates the necessary number of BF points. Trigger points are completely arbitrary, and determined by the employer. The action to be taken at trigger points is also completely arbitrary, and
again decided by the employer. Employers are restrained to some extent by the need to ensure disciplinary measures are proportionate and progressive, so they can allow behavioural change, but ultimately allow them to move towards a dismissal that will be categorised as ‘fair’. There are many occasions where one or two day absences are necessary; and it is not uncommon for a single employee to have a number of such occurrences. BF schemes can also encourage workers to take more time-off than they might otherwise, as that reduces the number of BF points they collect.

How a BF system deals with workers who have chronic conditions or other serious illness, or any condition that constantly changes so bouts of illness are unpredictable, is important. Conditions such as cancer often involves the need for numerous days off to visit the GP, go for tests, go back for results, see the consultant, regular visits for chemo and radiotherapy, and just days off because they feel so ill, as much from the treatment as the condition. But for employers, that’s often treated as just confusing the issue.

The Bradford Factor is really targeted towards another kind of absence – non-genuine sickness days and those who ‘abuse’ the system – the people who “throw a sickie” or have a “duvet day”. Where employers propose introducing BF schemes, they continue the long employer tradition of viewing workers as untrustworthy and unprincipled, thus highly likely to take any possible advantage of an employer’s weakness or generosity. Employers can also try to set those who are not ill against those who are, by claiming the staffing and other problems caused by someone being off are the responsibility of that person. Such problems are easily engineered if appropriate cover isn’t provided.

Proponents of BF schemes claim absenteeism invariably falls where such schemes have been introduced. In 2001, the UK Prison Service introduced a similar system to tackle what it called the ‘unacceptable absence rate’ of its 48,000 employees. By 2006 they claimed they had reduced sickness absence by about 25%, but they had also introduced a package of measures, including occupational health and support services for the most common causes of long-term absence.

Safeguards for employees with serious conditions and disabilities to ensure these employees do not receive a warning also made it difficult to isolate BF as the main cause of the lower sickness rates, but it probably made some contribution to their success. And that’s not really surprising; when the outcome of a high BF score is disciplinary action people fear for their job, and think carefully before taking time off. Conversely, other side of the argument, usually unreported, is that there will be a tendency for workers to attend work when they are unwell with something physical like a viral infection or a bout of diarrhoea, and pass it on to fellow workers or others. Workers are pressured into coming into work even when they really shouldn’t. Increased fear of disciplinary action can also have a significant effect on stress and related illness. UNISON reps need to ensure that:

- Contact your branch you can find out details from our helpline UNISON Direct 0800 0 857 857
- Liaise with education@unison.co.uk about the advice and training available
• Use this as an opportunity to launch an recruitment and organising campaign (we have produced a toolkit to help with this)
• work with other college unions – UNISON has been working closely with UCU on a campaign to challenge attacks on sickness absence
• employers consult with the union before any BF scheme is introduced, under the SRSC Regulation 4A if necessary;
• UNISON should insist on negotiation of BF schemes and put forward alternatives;
• the scheme provides adequate protection for those with chronic or long-term conditions;
• the union argues for joint control over sickness absence management schemes;
• the scheme links to occupational health provision that is focussed on helping workers recover their health, or return to work in some protected capacity;
• there is provision for union representation of individuals at all stages when disciplinary action is invoked;
• a proper appeals system is in place, and
• absence data is analysed to identify any work-related factors that are the causes of sickness and absence, so these can be addressed.

The BF is a blunt instrument that takes little account of what is happening to an individual's health. Used as a tool to identify problems that could be sympathetically considered, and not part of a process used to discipline workers, something like a BF system could help track patterns of attendance and illness, and set triggers that alert employers to problematic areas in the workplace, and indicate that workers need some support from personnel, occupational health or their union rep, rather than to be threatened or disciplined. But that would require a huge shift in perception of why employers do what they do, and require employers to adopt a significantly different approach to their staff.

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