The Panopticon of a Wellness Initiative

Bradford Factor and Attendance Surveillance

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Abstract

This article critiques Attendance Management Programs (AMPs) in British Columbia schools, arguing that their framing as "wellness initiatives" obscures functions of surveillance and control. Focusing on the Bradford Factor, the author contends that it lacks empirical validity and operates as a punitive mechanism that oversimplifies complex human behaviors. The paper highlights discriminatory impacts on individuals with chronic illness, caregiving responsibilities, and mental health challenges, while also promoting presenteeism and undermining genuine well-being. Rejecting quantitative monitoring models, it advocates for holistic, qualitative approaches centered on employee engagement, trust, and systemic understanding as more effective and ethical responses to absenteeism.

Keywords: critical thinking, surveillance, Bradford Factor, workplace wellness, inquiry-based reasoning

Some school boards in BC are either rolling out or reviving post-COVID Attendance Management Programs (AMPs). AMPs are promoted as wellness initiatives. The question is the extent to which such programs are in fact promoting wellness or serving as a tool of surveillance (see Foucault, 1977; Arribas-Ayllon,

2008; Powers, 2007). Purportedly, AMPs are intended to care and assist, but because the primary function is to track sick leave based on a statistical tool labelled the Bradford Factor (BF), the real intent seems to be more about reducing the institutional costs of absenteeism. As a surveillance tool, AMPs are not about wellness, but about control. In the process, an AMP appears to ignore the sick leave provisions of signed collective agreements. The programs use the Bradford Factor as a quantitative selling point by providing an empirical warrant for assertions of efficacy and care. In our K-12 education environment, we lament the lack of research and yet the claims of research are often made to promote ideas, oftenwithout providing the actual research. For social studies teachers such as myself, anyclaim requires reliable evidence and any evidence proffered for a claim ought to be investigated. This paper is an exercise in looking at one emerging aspect of the social structure of schools and its claims to effectively care for employees and at the same time reduce absenteeism. The arguments that follow represent an examination of a particular attendance management program, targeting in part the claim of statistical reliability.[1]

The Bradford Factor is the primary statistical method used by AMPs (Bradford Factor, 2026). This method does not appear to have any empirical or statistical research basis. I could not find any original research study that examined the statistical reliability and/or validity of the Bradford Factor. It is generally attributed to the Bradford University Management Centre and was apparently concocted sometime in the 1980s (Bradford Factor, 2026). While time andplace should alert us to several normative issues, it seems that it was never published as the focus of a peer-reviewed "theory" but rather only promoted as a managerial tool. This is why much of the academic literature focuses on its application and the negative behavioural responses it triggers in staff. The Bradford Factor appears to be a clever statistical trick without any substantiated examination of its statistical worth (see Table 1).

[1] In part, this article represents my attempt to keep Detours alive and to work off some personal anxiety around the revival of “wellness” in my district.

Many boards of education talk about creating a culture of caring and building acollaborative workplace that centres staff well-being. An AMP has no relationship with a culture of caring (see Noddings, 2013). The use of the Bradford Factor is void of caring. In his article “Too scared togo sick…”, Taylor argues that the Bradford Factor is an organizational tool designedto eliminate "unwanted" absence through monitoring and fear (Taylor, 2010). It is not being utilized as a tool to help, centre well-being, or demonstrate caring in any sense of the word. The Factor is designed to monitor attendance. While it is wrapped ɨthe language of care and well-being (you can find this language in the rollout language of any board which is implementing AMPs), its primary purpose is to deal with perceived upticks in sick leave through an implementation of statistical surveillance.

From a philosophical point of view, an AMP is “gamifying” absenteeism. Chi Nguyen’s work on the gamification of discourse critiques issues of value and meaning in quantitative assertions of worth (Nguyen, 2026). Numbers employed are meant to impress or allow ease of access, not to necessarily demonstrate truth value. However the Bradford University Management Centre concocted the statistical “method,” there appears to be no valid or objective derivation of the method. The numbers and definitions are arbitrarily assigned, loaded with unsupported preconceptions and value judgments. It is about providing a quantitative measure as to its worth, relieving the reader or customer of the need to test or investigate.

Policy-wise, there are significant issues in implementing a program propped up by a single, unsupported claim. One critique is illustrated by Johnson et al’s study that discusses the broader implications of absenteeism in high-stress environments and the limitations of purely statistical reviews (Johnson, 2018). The study argued

that "…[b]urnout interventions are too often ad hoc and based on anecdotal understandings of the causes of burnout and poor well-being in staff. Growing evidence reveals the underlying causes of burnout and should be used in the development of burnout interventions" (Johnson, 2018). The limited and arbitrary nature of the system cannot account for the complexity of individual decision-making, personal context, and systematic structural elements. While we claim to care, this is not at all about caring. It is about numbers and control. Whatever intervention might be necessary, the system should investigate the causes, not penalize the effects.

Another policy argument is that an AMP has a discriminatory impact on chronic illness and disability, contrary to any claim of efficacy with respect to absenteeism or provisions to assist employees with health struggles. The Bradford Factor has an inherent bias against employees with chronic health conditions or disabilities (e.g., osteoarthritis or autoimmune diseases). Since the number of absences is squared, someone with a condition that requires multiple short appointments, or periodic "flare-ups" will trigger a much higher score than someone with a single long-term illness (Kirkegaard, 2025).

Attempting to limit absenteeism using this method potentially opens a school district to legal risk. In many jurisdictions, relying solely on this factor can lead to claims of disability discrimination if "reasonable adjustments" are not made. If someone has a documented chronic health condition or complex community and family obligations, then there is a possible legal claim to be made. An AMP will have adverse effects on mental health. Employees struggling with mental health issues may have sporadic attendance, leading to high scores that result in disciplinary action rather than support. This can only negatively impact health.

There is a pretense of support in the AMP language. It is claimed to be a proactive, supportive approach (*VSB Employee Wellness*, 2026). It uses attendance as an early signal to check in and share information about available well-being support. The supports are often self-help videos, types of intervention that do not substantially

cost the employer and have little value for the employee. It is claimed that the AMP is designed to normalize early help-seeking, provide a consistent and objective approach across all employee groups and strengthen workforce stability (District promotional email). Once an employee is identified as someone who needs this support (meaning their absentee rates fall in the third category of the Bradford Factor), AMP programs will monitor attendance every three months to see if attendance has improved; this is surveillance, not caring. In theory, the surveillance might be seen as an efficient way to hone in on employees that require more care and support, but when language like "escalation" is employed (when initial managerial responses fail to remediate absenteeism), any claim that surveillance is just a matter of efficiency is undermined. Escalation is the language of surveillance, discipline, and punishment. In the language of at least one school districtwellness initiative, the escalation does not result in enhanced supports only discipline.

In trying to control absenteeism, an AMP encourages "presenteeism" (Kon, 2023). By penalizing the frequency of absence, the Bradford Factor often encourages the practice of coming to work while ill. This opens the workplace to contagion risk. Employees with minor infectious illnesses (like the flu) or a one-off high level of fatigue may attend work while ill to avoid adding to their Bradford Factor score, potentially infecting staff and students or negatively impacting the classroom or school climate. The contagion risk would have the unintended effect of increasing absenteeism in a school community. Coming to work ill or fatigued does represent a productivity loss. Sick and/or over-fatigued employees who come to work are less productive and more prone to making costly mistakes or suffering workplace accidents.

One of the most significant issues is that an AMP fails to authentically address underlying causes. Critics argue that the Bradford Factor is a "blunt instrument" that treats the symptoms of absenteeism rather than the causes (Melling,

2019; Taylor, 2010). No attention is being paid to the overreach of systemic relations, the climate of managerial-employee relations, classroom conditions, and the extent to which employees feel that senior management cares about their lives. It allows managers (I would argue that "managers" are not the school administration but the offsite management bureaucracy) to rely on a numerical trigger rather than engaging in meaningful return-to-work interviews or investigating if the workplace culture is causing stress.

From a sociological and psychological perspective, the Bradford Factor that underpins this iteration of AMP rests on a severe over-simplification of human behaviour. In effect, the statistical formula assumes that all short-term absences are "voluntary" or avoidable, which is not supported by data or any real-world evidence. *Case Studies on Repeated Short-Term Absences* (Kierkegaard et al, 2025) is an up-to-date qualitative review of how formal monitoring systems like the Bradford Factor function within organizational management, and argues that the Bradford Factor does not account for the complexity of community and family situations, nor does it account for the reasons for how or why employees choose to use their sick leave provisions. The Bradford Factor also obscures the fact that any employee is entitled to use their sick leave as outlined in their collective agreement. As a colleague argues, "…any monitoring should trigger or any overview process should be initiated before the sick time allotted in collective agreements undercuts these hard-won benefits". He further argues that "access is discouraged before that threshold, and perhaps significantly before depending on the Bradford score. This erodes collective agreements and could lead to a weakening of access to earned benefits" (Personal communication, October 8, 2026) .

One such complication is family/carer responsibilities. Parents or carers often have multiple short absences due to domestic emergencies, child behavioural issues, medical appointments, or short-term illness (norovirus is one illness that has rapid progression). The Bradford Factor disproportionately impacts these groups, often

leading to a gendered bias in workplace discipline. Thus, the Bradford Factor is prejudicial to families and to caregivers. While gendered bias may in fact be more commonly involved, the discriminatory nature of the Bradford Factor targets any adult with primary family caregiver responsibilities.

There are alternative measures. Instead of focusing on the employee, these measures focus on the whole community. Health and well-being surveys are one such qualitative approach. There is evidence that many leading organizations are moving away from purely quantitative "triggers" toward qualitative data. Instead of counting days, health and well-being surveys measure “work engagement”. This means that organizations might be better served by using qualitative methods to find out how employees are engaging with their work and how they feel about their value and meaning within the organization. Work engagement could be seen as the degree to which an employee feels connected to their world of work. In respect to a school board, I argue that this means employee connection to their classrooms, to their schools, to their community, and to their school board. One such qualitative approach that school boards have employed is having district staff, from helping teachers to senior management, to regularly spend time physically in schools and, especially with respect to the latter group, talk to teachers. Kirkegaard et al argued that the “…use of "triggers" like the Bradford Factor is often seen as a way for organizations to eliminate "unwanted" absences through fear, rather than fostering engagement” (Kirkegaard, 2025).

Shantz (2015) uses the Bradford Factor as a baseline, but argues that job resources and engagement are more significant predictors of voluntary absence than numerical scores. The study suggests that "job resources" (like autonomy and supervisor support) are better predictors of voluntary absence than numerical scores (Shantz, 2015). This method would employ periodic, anonymous pulse surveys that ask about stress levels, workload, and physical health. While the Bradford Factor measures “…the "score," it fails to account for how job resources and work engagement

can naturally lower voluntary absence without the need for punitive metrics" (Shantz, 2015). One consequence of a job resource approach would be that any interventions addressing stress level, workload, and physical health would be more authentic and, if collaboratively developed, much more effective because it would be based on a higher degree of employee buy-in.

A wellness program is not about wellness if it is based on an absenteeism statistical model unsupported by data, limited in supports, questionable in their efficacy, and not based on person-to-person engagement. Any such program is more appropriately labelled as a simplistic attendance management program. At present, with respect to work-related stress and absence of literature, there is "a gap in the suitability of existing theories in investigating the relationship between these phenomena" (Melling, 2019). I would extend this to encompass all issues related to work stress, health issues, personal/community complexity, and absenteeism. If we are truly trying to enhance wellness in a workforce, it would be better to pursue more holistic human engagement endeavours that do not rely on weak and invalid quantification measures.

Table 1

Bradford Factor Computation Table (Bradford Factor, 2026)

Comparison of Impact

Employee Profile	Absences	Total Days	Bradford Score
Employee A (Single surgery)	1	10	10
Employee B (Chronic migraine)	5	5	125
Employee C (Childcare issues)	10	10	1,000

Note: As shown above, Employee C has the same total days off as Employee A, but a score 100 times higher, demonstrating how the squaring of frequency (S^2) aggressively targets those with fragmented schedules.

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