

## Work and Worklessness

### Headlines

Being in work is a key component of mental and physical wellbeing. However, jobs that are insecure, low paid and that fail to protect employees from stress and danger are associated with illness and disease. Unemployment has both short and long-term effects on mental and physical health, including premature death. The number of people unemployed for more than 12 months in Kirklees rose by 84% between October 2010 and October 2012.

The impact of poor health or disability on a person's likelihood of finding and keeping a job is significant. Around 20% of Kirklees' working age population, more than 50,000 people, have a disability of some sort. Of these, only 60% have a job, compared to 76% of those without a disability; the rate for people with a mental health problem is even lower (40%). This effect can be mitigated by educational qualifications.

Nearly 20,500 adults are not in work and are claiming benefits based on their illness or disability, 2 in 3 (62%) have been on the benefit for more than five years and nearly half are claiming because of a mental health problem.

Unemployment amongst young people is rising, whilst 2 in 3 (60%) employers locally report that they do not employ any people aged under 25 years.

### Why is this issue important?

Patterns of employment both reflect and reinforce the social gradient. The level of income inequality in a society is associated with the level of health inequality, even after controlling for [smoking](#) and drinking. People's experience of good work is linked to positive health outcomes, however jobs that are insecure, low paid and that fail to protect employees from stress and danger, make people ill<sup>1</sup> (p.72). Unemployment has both short and long-term effects on [mental](#) and physical health, including premature death. Being made redundant has an immediate negative impact on a person's health, and the longer someone is unemployed the worse these negative effects become. Unemployment affects health in three ways:

- Causing financial problems leading to lower living standards.

- Triggering stress, anxiety and depression, caused by loss of status and social participation.
- Increasing unhelpful coping behaviours such as smoking and [alcohol](#) consumption and decreased physical activity<sup>1</sup>.

Returning to work can be good for health, reversing the harmful effects of long-term unemployment and prolonged sickness absence<sup>2</sup>.

## What significant factors are affecting this issue?

- Abolition of default retirement age. The default retirement age has been abolished making it unlawful for an organisation to compel an employee to retire. This will result in changes to the way employers need to manage their workforce and potentially reduce the number of jobs for younger people.
- Underemployment. As the number of unemployed people has increased over the period of economic downturn many of these people have had to secure employment, which is insufficient for the level they require. For example, individuals have had to take part-time work or are overqualified for the jobs they have been able to secure.
- Temporary/contract workers. Over the period of the economic downturn many employers have increasingly opted for temporary and part-time working arrangements and reduced training budgets. This can have a negative impact on the delivery of workplace skills resulting in a “skills plateau” and associated reduction in productivity.

### **Impact of the recession on Kirklees<sup>2</sup>**

- Fewer jobs for young people. The number of unemployed 18-24 year olds increased by 1,680 between October 2010 and October 2012. 60% of employers in Kirklees did not employ any workers aged under 25 years. The long-term impact on young people of unemployment and a low likelihood of finding a job is far more significant than among older people and could seriously impact on their mental and physical health.
- Older workers leaving the job market. Unemployment among people aged over 50 increased by 98% over the same period. Among people aged over 60, the increase was nearer 210%. Many people in this age group are unlikely to work again.

- Between October 2010 and October 2012, the most significant reductions in the number of Kirklees residents in work were in the construction, IT, public administration, business administration and education sectors.
- The number of people unemployed for more than 12 months increased by nearly 150% between October 2010 and October 2012.
- As jobs are lost and not replaced, the pressure on those in work increases. The drive for employers to do more with less in an uncertain labour market is likely to result in increased stress levels within their workforce, many of whom may also have taken a cut in pay, making it harder to live healthy lives.

## Which groups are most affected by this issue?

Unemployment rates for people with a disability are around double of those with no limiting health problems. Almost 40% of adults with mental health conditions are unemployed. The extent to which limiting illness and disability act as a barrier to work is highly dependent on educational qualifications; nationally 1 in 3 men with no qualifications and a limiting longstanding illness were in employment, whilst for those with higher qualifications it is 3 in 41. A breakdown of those people of working age in Kirklees, who are claiming Incapacity Benefit/Severe Disablement Allowance (IB/ESA), shows the main two conditions reported were:

- Mental and behavioural disorders (reported by 42% of all claimants) and diseases of the musculoskeletal system (18% of claimants).
- 62% of claimants had been claiming these benefits for more than five years<sup>2</sup>.
- Manufacturing businesses. Despite its historic decline, in recent years we have seen increased demand in the higher skilled engineering and advanced manufacturing sectors. Priority has to be placed on local education and training providers to provide a pipeline of apprentices if the sector is to avoid acute skill shortages in areas of strength such as textiles, turbo, valve and gearing. This requires schools to promote the benefits of vocational pathways as an alternative to academic routes.
- Working residents with no/low qualifications. Individuals who are in low skilled jobs may suffer from a lack of awareness about the benefits of acquiring new skills and how this relates to improvements in health, wellbeing and lifetime earnings potential.

- Working poor. Whilst poverty is often associated with the unemployed there are a number of working people whose incomes fall below the poverty line. Individuals and households affected are often unable to provide the basic necessities and are led into making difficult choices about how they spend their income e.g. making a choice between putting food on the table or heating their home and this can lead to poor health.

## Where is this causing greatest concern?

There is a link between poor health and socio-economic deprivation. The most disadvantaged parts of Kirklees, inner [Huddersfield](#), [Dewsbury](#) and [Batley](#), also have the largest number of ESA/IB claimants. Across Kirklees, 7% of working age residents (nearly 18,000 people) claim ESA/IB. In Deighton, Dewsbury East and West, rates are more than 10% but in the more affluent populations of rural and suburban South Kirklees for example, the [Holme Valley](#) and [Kirkburton](#), claim rates were half the Kirklees average.

As well as the individuals affected directly by poor health, there is also a significant impact on the rest of the family. Overall, in Kirklees, about 3,260 adults receive Carer's Allowance – a claim rate of 1.3% of the working age population. In Crosland Moor, Dewsbury West and Thornhill, the rate increases to 2.2%.

## What could commissioners and service planners consider?

- Promoting a clear message to businesses highlighting the benefits of investing in the workforce and how this links to business growth and resilience.
- Promoting the benefits of better health at work practices to businesses for example increased productivity and reduced staff sickness levels.
- Enabling the working poor to understand the benefits of training, developing skills and increasing personal resilience.
- Providing effective support to young adults and people with health problems or disabilities – this may require more creative solutions than have been tried previously.
- How to enable people who have not worked for a long time to be ready for work, and enabling those for whom paid work is unlikely to be a realistic option in the near future to participate in appropriate purposeful activity.

- The Boorman review has recognised the importance of staff wellbeing in the NHS and made recommendations which can be applied across the public sector<sup>3</sup>.
- The Local Authority and NHS are Kirklees' largest employers and should actively promote and support local labour market initiatives.

## References

1. Marmot M. Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England Post 2010. 2010. Available from: <http://www.marmot-review.org.uk/>
2. Kirklees Council. Kirklees Local Economic Assessment 2012. Available from: <http://www.kirklees.gov.uk/business/economicassessment/economicassessment.shtml>
3. Boorman Dr S. NHS Health and Wellbeing. Department of Health, 2009.

## Date this section was last reviewed

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