

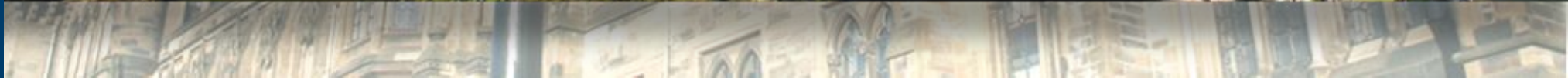


**University
of Glasgow** | Training & Employment
Research Unit

NATIONAL EMPLOYMENT AND HEALTH INNOVATIONS NETWORK CONFERENCE

DYNAMIC EARTH, EDINBURGH, 27th APRIL 2010

ALAN MCGREGOR



1. **Government increasingly saying**
 - **‘Unemployment is bad for you health’**
 - **‘Working is good for your health’**

2. **Also increased policy weight on links between health and effectiveness of workforce:**
 - **For employers**
 - **For national economy**

3. **The Government Economic Strategy emphasises connectivity between a healthy economy and a healthy workforce**

4. **Increasing weight on role of poverty and unemployment in perpetuating health inequalities**

- 1. Poor correlations between employment and health long recognised**
 - Health and unemployment
 - Health and earnings

- 2. Mostly based on cross sectional studies so direction of causality challenging**

- 3. Nevertheless, weight of evidence suggests unemployment is bad for your health but impacts vary:**
 - By length of unemployment
 - Characteristics such as age

4. **Less evidence on impact of return to work on health**
 - **About half of studies suggest positive impact**

5. **However:**
 - **Evidence is that impact is weak**
 - **Few studies go beyond short run impacts**

6. **Additionally, for some groups return to work has negative health impacts**
 - **Entering poor or insecure jobs in absolute sense**
 - **Moving down the jobs hierarchy when go back to work**
 - **Finding jobs with high stress levels**

- 1. Our GCPH supported study focussed on individuals moving from health related unemployment to work**

- 2. Objectives of research to**
 - Assess impact of work on health, health behaviours and demands on health services**
 - Evaluate role of key services in supporting job entry and job sustainability**

- 3. Research tasks**
 - In-depth interviews with 80 individuals**
 - Focus groups with frontline employability staff**

1. Health condition

- Takes people a long time to convince themselves they can work again
- Concerns about the impact of work on health condition

2. Loss of confidence

- Partly related to health condition
- Partly related to length of time out of work

3. Real and perceived discrimination due to health issues

- Concerns about reliability and productivity where physical health issues
- Basic prejudice when mental health issues

4. Benefit traps due to health issues

- Low wages relative to benefits
- Ability to return quickly to benefits if work doesn't turn out ok

Mentioned by very few of interviewees

- 1. Can look at this in a number of different ways – each important in itself.**
- 2. Impacts on health when working compared to unemployed**
- 3. Changes in behaviours likely to impact on health**
- 4. Changes in demand on health services**

1. **Significant improvement in relation to each of 8 aspects of health**
2. **Percent claiming improvement dominant group, with deterioration for small minority**
3. **Differences statistically significant in all cases**

	No Change	Improvement	Deterioration
General Health	7	90	3
Role Emotional	13	81	6
Mental Health	12	79	9
Role Physical	15	77	8
Social Functioning	17	75	8
Vitality	22	66	12
Physical Functioning	28	63	9
Bodily Pain	32	52	17

- 1. Range of behaviours can impact on health over medium to long term**
- 2. Even if no observable improvement in health in short term, positive behavioural changes augur well for future health condition**
- 3. Significant percentages reporting changed or planned changes in behaviour positive from health standpoint**



	Made changes since began working	Thinking of making change in next 6 months
Increasing physical activity	60	23
Eating healthier	60	12
Controlling weight	41	17
Cutting down smoking	33	12
Cutting down alcohol	29	1

- 1. A win-win for public policy would be if unemployed person moves into work (reduced benefits spend) and makes reduced demands on public sector services**
- 2. Our evidence shows less frequent usage of GP and other health services after moving into work – for positive and negative reasons**



	%
More often	5
Less often	61
About same	33

- 1. Nearly 60% used 3 or more different services leading up to re-employment**
- 2. Health services important part of the service package, working alongside employability services**

Service Used	%
Psychological or psychiatric services	19
General Practitioner	18
Addiction services	15
Occupational therapists or physiotherapists	8

- 1. Research revealed considerable variability in service access and quality for this group of clients with health issues**

- 2. Feedback on type of service required**
 - Frontline staff need to have skills to recognise or tease out health issues**
 - Not pressurising clients with health issues, rather understand them**
 - Frontline staff must have expertise to link clients with health issues to jobs and employers where they can perform effectively**
 - Service must have good connections with employers whose attitudes and processes support individuals likely to face continuing health problems**
 - Provide ongoing support post job-entry for individuals and their employers, if necessary**

- 1. Service variability needs to be reduced by identifying good practice localities and bringing standards up to their level**
- 2. More professionals engaging with clients with health problems need to see potential value of work for their clients – need to invest in this**
- 3. Employability staff need to be better skilled in working with people with health issues – need to invest in this**
- 4. Client and job matching always key, but particularly for people with health issues – need to invest in this**
- 5. Need to get better fix on benefits and costs of getting folks with health issues back to work – scramble for resources about to kick in with a vengeance**