

Good work for all



NHS Health Scotland is a national Health Board working with and through public, private and third sector organisations to reduce health inequalities and improve health. We are committed to working with others and provide a range of services to support our stakeholders take the action required to reduce health inequalities and improve health.

Key messages

- Good work provides a decent income, widens social networks and gives people a purpose. The health benefits of good work extend beyond working-age adults to their children.
- For working-age adults, not having a paid job is bad for health, increasing the risk of premature death by more than 60% and increasing the risk of illness, especially poor mental health.
- Not all work is good for health. Up to one-third of jobs fail to lift families out of poverty and can increase workers' risk of illness, injury or poor mental health. For some people, working in these jobs may be no better for their health than being unemployed.

Key actions

- Increase the **quantity of work** (jobs and hours), proportionate to need. This could be done through enhanced regional economic development and public service recruitment and procurement policies.
- Improve the **quality of work**, by increasing wages and in-work benefits, improving employee control at work and minimising health and safety risks in the work environment, including through NHS and local government procurement policies.
- Provide **better practical support**, on issues such as childcare and long-term health conditions, to help people to get and keep jobs.

What is this briefing about?

This is the second in a series of inequality briefings. It focuses on the role that **good work for all** can play in reducing health inequalities. It assumes that action in relation to paid employment is complemented by a social security system that is also designed to protect health and reduce health inequalities. This interconnection will be examined in September's briefing on welfare.

What are health inequalities?

Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups.

They represent thousands of unnecessary premature deaths every year in Scotland, and for men in the most deprived areas nearly 24 fewer years spent in 'good health'. Please see the first briefing in this series, *Health Inequalities: What are they? How do we reduce them?* www.healthscotland.com/documents/25780.aspx for more information on health inequalities and the broad range of actions that can be taken to reduce them.

Why is good work important to health inequalities?

Lack of work is bad for your health

Paid employment has the potential to protect health, and contribute to reduced health inequalities, by increasing incomes through earnings and by meeting important social and psychological needs.¹ Within Scotland, health inequalities are widest for people of working age.² In this age group, becoming unemployed causes a 63% increase in premature death, even after taking lifestyle factors (such as smoking and obesity) into account. Moving into work reduces the likelihood of premature death by a similar amount. Not being in paid work also increases the risk of poor mental health and hospitalisations from alcohol-related causes, traffic accidents and self-harm.³



Good work, not any work...

Work has the potential to improve health. However, jobs which don't protect against poverty, offer limited autonomy and increase the risks to mental or physical health are as bad for health as unemployment.³ The Marmot Review (2010) argued to reduce health inequalities: 'jobs need to be sustainable and offer a minimum level of quality...getting people off benefits and into low paid, insecure and health-damaging work is not a desirable option'.⁴ Paid employment is not a guaranteed route out of poverty: around 30% of those moving into employment remain in poverty.⁵

In 2013/14, 430,000 people in Scotland were affected by in-work poverty after housing costs – more than half of all poor children and almost half of all poor working-age adults.⁶ Poverty rates are higher for single working-age women than for single working-age men (29% vs. 26%), and especially high for female lone parents (31%), despite rising employment rates.⁷

What makes work good or bad?

Factors that matter most in determining whether employment is good or bad for health include:

- job insecurity
- pay (and hours)
- the physical work environment
- the design of the job: shift work, and especially rotating shift work, is bad for physical and mental health
- the impact on workers' mental health, including the balance between demand and control, and effort and reward
- the balance of power between workers and employer.^{1,8}

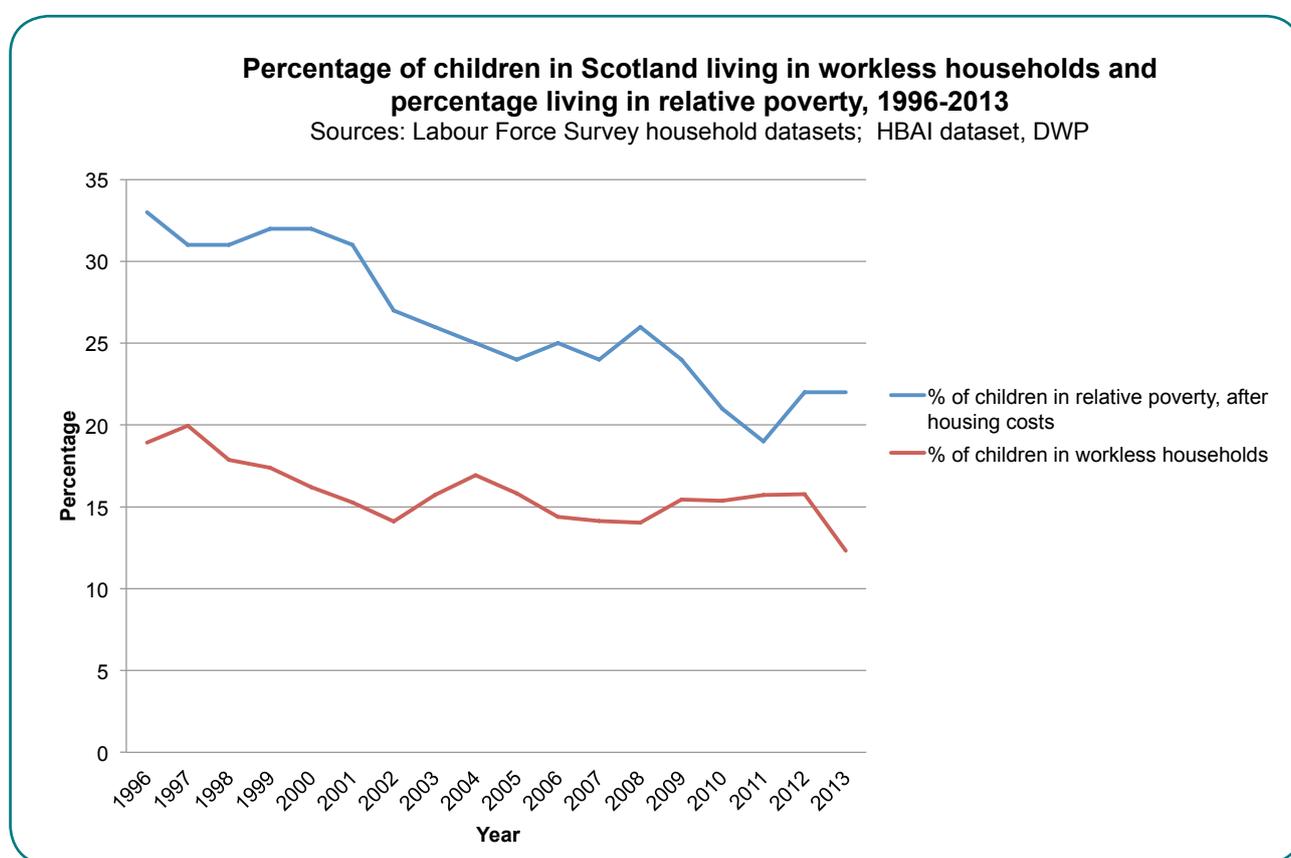


Good work for all and families with young children

Supporting parents, especially lone parents, to move into sustainable paid employment that lifts them out of poverty and protects their mental health, can help improve outcomes for children and reduce health inequalities.

Childhood poverty is associated with poorer social, emotional and educational development in childhood (with long-term adverse consequences for these children as they reach adulthood). Parents living in poverty (whether they are in work or not) also find it more difficult to support their children, both materially and because of the increased risk of mental health conditions they face as a consequence of poverty.⁹ Lone parents, 92% of whom are women, are especially at risk, given they are most likely of any household type to report they are not 'managing well' financially.³

Good work for all must also translate into improved financial circumstances for families. Since 1996, the proportion of children living in poverty in Scotland has remained consistently higher than the proportion living in workless households, highlighting the persistence of in-work poverty. Reducing worklessness alone will not be enough to reduce child poverty (see graph below).



What can help?

As well as general policies to promote good work for all, families with children may also benefit from specific measures. Family friendly policies (such as childcare and maternity and paternity leave) can help reduce inequalities in health by allowing parents to get and keep work, reduce shocks to household incomes, and balance their work and caring responsibilities. However, while 30% of working parents in managerial/professional occupations can receive childcare vouchers via their employer, only 6% of those in semi-routine or routine occupations can do the same.¹⁰

The Working for Families Fund (which operated in Scotland between 2005 and 2008) offered a model for providing effective support to allow parents (especially lone parents) to participate in the labour market. This included:

- tackling childcare and employability barriers to work in combination
- providing subsidised childcare, including financial support immediately after the return to work
- having a single individual who works with the lone parent throughout, but is able to link in to specialist and mainstream services as required
- taking services to the client, rather than having the client come to them (especially in remote areas)
- offering specialist support for specific types of clients (e.g. those with drug/alcohol issues).¹¹

The challenges to achieving 'good work for all' in Scotland

Lack of jobs, lack of hours and inequalities in the availability of work

Before the 2008/09 recession, there were 60,000 more unemployed people than there were vacancies in Scotland. The recession made things worse: by 2013 there were 150,000 more unemployed people than vacancies.¹² For those in work, short-time working is also a problem and is an important cause of in-work poverty. In 2014, nearly twice as many people in Scotland were working part-time because they could not find full-time work compared with 2007 (112,000 vs. 59,000).³ For the most disadvantaged, their working experience is one of alternating between low-paid and sometimes poor-quality work, and unemployment.¹³

These problems are worse for some kinds of jobs and in some places than others. In 2013, for every 10 unemployed people looking for elementary jobs (such as cleaners, catering assistants, labourers, and bar and waiting staff) there were fewer than 2 vacancies; for every 10 unemployed professionals, there were 14 vacancies. Likewise, while in Aberdeen City and Shire there were more than 10 vacancies for every 10 unemployed people, in Ayrshire there was just 1.³ Hours are also distributed inequitably. In 2013/14, more than 1 in 10 of those working in elementary jobs were working part-time because they could not find a full-time job, compared to 1 in 50 professionals.¹⁴

Inequalities in the quality of work

Data from the 2010 European Working Conditions Survey suggests 10% of jobs in the UK are low quality (scoring lowest on earnings, aspects such as how repetitive job tasks were, how much say workers had over how they did their job and the wider direction of the organisation they worked for and prospects) and a further 25% are 'poorly balanced' (scoring lowest on work-life balance, and with below average job quality). Other studies have found that around one-third of adults in paid employment in the UK are in 'exclusionary employment', characterised by in-work poverty, insecure or poor-quality work.¹² Although the national minimum wage will increase to £7.20 an hour in April 2016 (for people over 25), gains from earnings are likely to be offset for many low-income working families by cuts to their tax credits.¹⁵ This will increase the risk of in-work poverty.

The burden of poor-quality work is distributed unfairly across the population. People working in elementary jobs, sales and customer service, process, plant and machine operative and caring, leisure and other service occupations are most exposed to high unemployment, low pay, lack of hours, job insecurity, high accident rates and low control, which increase their risks of adverse health consequences.³ In addition, often it is those at greatest risk of being out of work who are looking for (or have previously worked in) jobs which carry the greatest risk to their health.

Some groups also face additional barriers to get and keep work. For example:

- Lone parents are often restricted in the overall hours and timing of work they can reasonably do, because of a lack of available, affordable, appropriate childcare.¹⁶ As seen earlier, 92% of lone workers are women and therefore disproportionately affected by these barriers.
- People with fluctuating health conditions may benefit from flexible employment that recognises their needs. Those with disabilities may require appropriate workplace adjustments to be made. Both groups may also benefit from a 'health first' approach, where the focus is on improving/managing health conditions before addressing any employability issues.¹⁷
- People with complex or multiple needs, such as homeless people or those with addictions, need extra help to overcome non-work related problems.¹⁸
- Black and Minority Ethnic (BME) groups, and some migrants, may face language barriers, while others (who may well be bilingual and highly skilled) may not have their qualifications or work experience gained overseas recognised by employers or employability services.¹⁹

What are the financial benefits of promoting good work for all?

Getting people back into work and addressing health and wellbeing in work can help to reduce the huge economic cost of workplace injuries, ill health, sickness absence and worklessness. The World Health Organization and NICE Public Health Guidance identify a range of cost-effective workplace interventions to promote physical and mental health.^{20,21} Business in the Community has estimated that its programme of getting disadvantaged groups 'Ready for Work' provides more than £3 in benefits to society for every £1 spent over five years (Business in the Community, 2012). This creates savings for central and local government, mainly through reduced costs associated with homelessness, crime, benefits, and health care. Employee wellness programmes have been found to return between £2 and £10 for every £1 spent.²²

How can these challenges be addressed?

Achieving fair employment and good work for all will involve a holistic, sustained, long-term approach, proportionate to need. Action will be needed across a number of policy areas. The table on the next page sets out policy options for national and local government, public agencies (including the NHS and the Department for Work and Pensions), as well as employers, managers and HR professionals.

What options for action could ensure good work for all – and who could/should do it?

UK government:

- Increase the value of the national minimum wage and in-work benefits.
- Prioritise full employment and low in-work poverty as twin policy objectives.

Scottish Government and its agencies:

- Increase the scale of policies to increase jobs and hours in sectors generating high-quality work (e.g. through Regional Selective Assistance, Community Jobs Scotland).
- Promote measures to improve poor-quality work (e.g. increase job control, reduce risk of physical harm, balance effort and reward).
- Introduce a Living Wage (£7.85 an hour in 2014 outside London) for people employed directly by the public sector and promote a Living Wage among contractors.
- Increase the availability, affordability and quality of childcare places – particularly for women living in poverty and/or in poorer areas.
- Learn from previous initiatives, such as Working for Families¹¹ and the New Futures Fund.²²

DWP and Work Programme providers:

- Prioritise moving people into sustained employment.
- Signpost to partners who can provide practical help, for example with childcare, financial advice, health, housing issues.

Others (e.g. NHS, Jobcentre Plus, Community Planning Partnerships, Work Programme providers):

- Introduce measures to improve the health of those not in work through ill health: for example, workplace-based interventions for those with musculoskeletal disorders and low back pain; vocational rehabilitation for low back pain; and supported employment for those with mental health conditions.²³
- Champion and improve take-up of supported employment and job retention schemes.²⁴
- Promote local employment and good work through employment and procurement policies.

Employers, managers and HR professionals:

- Implement NICE guidance on workplace policies and practices that can help improve the health and wellbeing of employees.²⁵
- Make necessary adjustments to jobs and workplaces that help people with health conditions and disabilities get and keep work.

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Collaboration with NHS Health Scotland

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