

5

**GOOD WORK**

VOLUNTARY SECTOR ACTION ON THE  
SOCIAL DETERMINANTS OF HEALTH

# CONTENTS

---

Navigating this document	3
5.1 Work and health	4
5.2 Poor-quality work	4
5.3 Unemployment	5
5.4 Social determinants of unemployment and poor-quality work	5
5.5 Good work – interventions	5
5.6 Good work interventions – further reading and resources	6
References	7

# NAVIGATING THIS DOCUMENT

---

Throughout this document boxes are used to highlight specific information.

## **Key messages:**

In the Executive Summary and at the beginning of each section on the social determinants of health these boxes are used to highlight key points from the research.

## **Strength of evidence:**

At the beginning of Sections 2–9 these boxes are used to highlight the most recent research that examines the strength of evidence relating to links between the specific social determinants and health outcomes.

## **Example interventions:**

A variety of case studies demonstrating action on the social determinants of health are presented in these boxes at the end of each section.

**Key terms** are identified and explained in these boxes throughout the document

Each section is followed by a number of evaluations and evidence reviews of interventions that address specific determinants of health.

## 5. GOOD WORK

---

### Good work – key messages:

There are strong relationships between good quality employment and health. Good work enables enough economic resources for material wellbeing and participating in community life and contributes to psychosocial needs, including individual identity, social role and status.

Unemployment and poor-quality employment are strongly linked to poor physical and mental health outcomes.

Poor-quality work can lead to ill health including poor mental health and musculoskeletal problems and can increase the risk of prolonged absenteeism and future unemployment.

Unemployment increases the risk of limiting long-term illness, poor mental health and cardiovascular disease and is associated with an increased risk of mortality and suicide.

Unemployment also lowers living standards and increases psychosocial stressors and the likelihood of poorer health behaviours including excessive alcohol consumption, smoking and decreased physical exercise.

### Strength of evidence: strong

In 2014 a systematic review of the evidence was completed to investigate the effect of employment on health. Thirty-three studies were reviewed, 23 of which were identified as high quality. Strong evidence was found for a protective effect of employment on health outcomes such as depression and general mental health.<sup>1</sup>

In 2015 a systematic review of the evidence relating to the health-related risks of both job insecurity and unemployment assessed 375 articles and included 13 studies for in-depth review. The review found that 'job insecurity and unemployment were strongly related to mental health, whereas job insecurity was more strongly associated with somatic, or physical, symptoms. Unemployment showed a strong relationship with worse general health and mortality.'<sup>2</sup>

In 2015 a systematic review of longitudinal studies investigated the causal relationship between employment status and physical health through examining 22 longitudinal studies conducted in seven different countries and found that unemployment and job loss were associated with poorer physical health.<sup>3</sup>

### 5.1 Work and health

The relationship between work and health is close, long-lasting and multi-dimensional.<sup>4</sup> Good work is essential for obtaining the economic resources that are needed for material wellbeing and participating in community life. Good work also contributes to wellbeing and good mental health and can be central to an individual's identity, their social role and status. A wide range of evidence, as demonstrated in this report, notes the significant role that good employment and subsequent socioeconomic status has in driving the social gradient in mental and physical health across the life course.<sup>5</sup> However, not all work is good for health.

### 5.2 Poor-quality work

Poor-quality jobs include those that offer little stability or security, are intensive and entail long hours, have working conditions over which the employee has no control, and which are physically hazardous and demanding. They are unequally distributed within the labour market and affect the most deprived workers disproportionately. Poor-quality work can lead to illness including common mental health illness, musculoskeletal problems and diseases associated with stress. Ongoing ill health can result in prolonged absenteeism which, in turn, leads to unemployment.<sup>6-15</sup>

## 5.3 Unemployment

People who are unemployed have an increased risk of limiting long-term illness<sup>16</sup> including mental illness<sup>17</sup> and cardiovascular disease.<sup>18</sup> <sup>19</sup> Unemployment is also associated with an increase in overall mortality and suicide.<sup>20</sup> The adverse impact of unemployment on health increases over time, and influences health through lower standards of living, psychosocial stressors that also impact on the family of unemployed people, and through the increased likelihood of poor health behaviours such as smoking, excessive alcohol consumption and decreased physical exercise.<sup>20-22</sup>

## 5.4 Social determinants of unemployment and poor-quality work

There is inequality in access to the labour market and unemployment is higher than average among certain groups including disabled people, people with learning disabilities, lone parents, some ethnic minorities, people over the age of 50, people with low level or no qualifications and those living in deprived local authority wards.<sup>23</sup> Carers and those with criminal convictions also experience specific barriers to employment.<sup>24, 25</sup> A number of social determinants impact on the ability of specific groups to access, maintain and progress in good quality employment, with adequate pay. These can include discrimination,<sup>25</sup> inadequate transport links,<sup>26</sup> lack of special features at employment premises,<sup>27</sup> high child care costs and lack of availability,<sup>28</sup> discrimination and stigma, and a lack of reliable work with adequate pay.<sup>28, 29</sup>

## 5.5 Good work – interventions

### Example: Unison <sup>30</sup>

In Northern Ireland, the union UNISON has developed a partnership programme with health and social care trusts and the Open University. Staff from across disciplines in health and social care are eligible, including those working in direct care provision, administration, catering, cleaning, security and labs. The programme aims to support health and social care staff to improve their practice, develop knowledge and skills and to award them with a qualification that would support them to improve their skills and job possibilities. The academic course engages learners who may never have considered university study an option for them. Approximately 70 per cent of those entering the programme left school with fewer than five O'Levels/GCSEs.

UNISON developed a study skills course and an exam preparation day as part of the programme and negotiated release for staff to attend tutorials. Additional support was put in place for learners with dyslexia, and close contact between UNISON and the Open University during each course ensured that extra support could be provided for learners if needed. This has resulted in a much higher retention rate than the UK average.

Participants have used the course to enter pre-registration nurse training, gain job promotions (for example, a kitchen stores worker [band1] applied and succeeded in gaining a position as a rehab worker [band 3]) and to pursue further study with the Open University towards a full degree. The partnership has supported over 500 low-paid workers to access the level 4 Health & Social Care certificate, which awards 60 credits towards a degree.

For more information see [www.ulearnni.org](http://www.ulearnni.org)

### Example: ThinkForward <sup>30</sup>

ThinkForward is a programme created in 2010 by Impetus – The Private Equity Foundation (Impetus-PEF) and delivered by Tomorrow's People, a national employment charity. The programme aims to act early to ensure young people make a successful move from education into employment. The programme places coaches in schools, where they work with those who are most at risk from the age of 14, providing one-to-one coaching. Support is provided long term for up to five years, and includes linking young people to existing services in the community and facilitating contact with local employers. The programme is based on a pilot delivered in Tower Hamlets, East London, which placed coaches in five schools for two years, helping 320 young people and achieving an 88 per cent reduction in those NEET at age 18. Currently, ThinkForward operates in 14 schools in East London, working with 1,100 young people, 88 per cent of whom have improved their behaviour or attendance at school and 95 per cent continued into further education, employment or training at age <sup>16,32</sup>

The intervention is funded in part by a three-year Social Impact Bond, which is commissioned by the Department for Work and Pensions' Innovation Fund, backed by the Private Equity Foundation and Big Social Capital.

## 5.6 Good work interventions – further reading and resources

A number of evidence reviews, evaluations and ‘what works’ publications have been published demonstrating local area initiatives aimed at helping people back to work, improving working conditions and addressing workforce wellbeing.

***Local action on health inequalities. Promoting good quality jobs to reduce health inequalities (2015)***, an Institute of Health Equity and Public Health England publication, provides evidence of inequalities of access to good employment and the corresponding impact on health, the attributes of poor and good quality work, and examples of recommended local area action to improve working conditions for local populations.

***Mental capital and wellbeing: Making the most of ourselves in the 21st century (2008)***, a resource produced by the Government Office for Science, aims to identify the opportunities and challenges for everyone’s mental capital and wellbeing and provides evidence for action on how to better allocate current resources. It also provides a summary of interventions that address the mental wellbeing of the workforce.

***A working life for people with severe mental illness (2003)***, published by the Oxford University Press, advocates for a new approach to the inclusion of people with mental illness in employment, advocating for job placements in meaningful jobs, supported by on-site trained coaches.

***What works for whom in helping disabled people into work? (2013)***, written for the Department for Work and Pensions, is a rapid review of international evidence examining what works to help disabled people into employment and to remain and progress in work. The review found a lack of robust evaluation evidence on what works for whom. However, the review did find that supported employment programmes that involve intensive personalised support, early interventions, supportive and trusted relationships with advisers, and a balance between specialist and mainstream provision and access to other types of support if and when needed, were more successful than generic programmes. Training that occurs in the work place, rather than general training programmes, were also found to be more successful.

***Work stress interventions and their effectiveness: A literature review (2003)*** provides an integrated review on the effectiveness of occupational stress interventions. The paper concludes that the majority of work stress interventions work with the individual rather than at an organisational level. However, many reviews promote the positive factors of organisational interventions, based on the premise that it is better to prevent than to cure and that causes can be best addressed at an organisational level.

***50+ back to work evidence review and indicative guide for secondary data analysis (2010)***, written by the Policy Institute for the Department for Work and Pensions (DWP), reviews the scope, nature and effectiveness of DWP’s back to work provision in supporting over-50s’ return to work. It identifies the key factors associated with successful programme outcomes and assesses which strategies are most effective for older age groups.

## Good Work – References

1. van der Noordt, M., et al., Health effects of employment: a systematic review of prospective studies. *Occupational and environmental medicine*, 2014: p. oemed-2013-101891.
2. Kim, T.J. and O. von dem Knesebeck, Is an insecure job better for health than having no job at all? A systematic review of studies investigating the health-related risks of both job insecurity and unemployment. *BMC public health*, 2015. 15(1): p. 985.
3. Hergenrather, K.C., et al., Employment as a social determinant of health: a systematic review of longitudinal studies exploring the relationship between employment status and physical health. *Rehabilitation Research, Policy, and Education*, 2015. 29(1): p. 2-26.
4. Marmot, M. and R. Bell, Fair society, healthy lives. *Public health*, 2012. 126: p. S4-S10.
5. Waddell, G. and A.K. Burton, IS WORK GOOD FOR YOUR HEALTH AND WELL-BEING? Executive Summary 2006.
6. Siegrist, J., et al., Employment arrangements, work conditions and health inequalities. Report on new evidence on health inequality reduction, produced by Task group, 2009. 2.
7. Blouin, C., M. Chopra, and R. van der Hoeven, Trade and social determinants of health. *The lancet*, 2009. 373(9662): p. 502-507.
8. Benavides, F.G., et al., How do types of employment relate to health indicators? Findings from the Second European Survey on Working Conditions. *Journal of Epidemiology and Community Health*, 2000. 54(7): p. 494-501.
9. Benach, J. and C. Muntaner, Precarious employment and health: developing a research agenda. *Journal of epidemiology and community health*, 2007. 61(4): p. 276-277.
10. Burchell, B., Who is affected by unemployment? Job insecurity and labour market influences on psychological health. *Unemployment and social change*. Oxford: Blackwell, 1994.
11. Ferrie, J.E., Is job insecurity harmful to health? *Journal of the royal society of medicine*, 2001. 94(2): p. 71-76.
12. Creed, P.A., J. Muller, and M.A. Machin, The role of satisfaction with occupational status, neuroticism, financial strain and categories of experience in predicting mental health in the unemployed. *Personality and Individual Differences*, 2001. 30(3): p. 435-447.
13. Graetz, B., Health consequences of employment and unemployment: longitudinal evidence for young men and women. *Social science & medicine*, 1993. 36(6): p. 715-724.
14. Vahtera, J., et al., Effect of change in the psychosocial work environment on sickness absence: a seven year follow up of initially healthy employees. *Journal of epidemiology and community health*, 2000. 54(7): p. 484-493.
15. Stuckler, D., et al., The public health effect of economic crises and alternative policy responses in Europe: an empirical analysis. *The Lancet*, 2009. 374(9686): p. 315-323.
16. Bartley, M., *Health Inequalities: An Introduction to Theories, Concepts. Methods*, 2004.
17. Thomas, C., M. Benzeval, and S.A. Stansfeld, Employment transitions and mental health: an analysis from the British household panel survey. *Journal of epidemiology and community health*, 2005. 59(3): p. 243-249.
18. Gallo, W.T., et al., The impact of late career job loss on myocardial infarction and stroke: a 10 year follow up using the health and retirement survey. *Occupational and environmental medicine*, 2006. 63(10): p. 683-687.
19. Gallo, W.T., et al., Involuntary job loss as a risk factor for subsequent myocardial infarction and stroke: findings from the Health and Retirement Survey. *American journal of industrial medicine*, 2004. 45(5): p. 408-416.

20. Voss, M., et al., Unemployment and early cause-specific mortality: a study based on the Swedish twin registry. *American journal of public health*, 2004. 94(12): p. 2155-2161.
21. Maier, R., et al., Effects of short- and long-term unemployment on physical work capacity and on serum cortisol. *International archives of occupational and environmental health*, 2006. 79(3): p. 193-198.
22. Bartley, M., J. Ferie, and S. Montgomery, 'Health and labour market disadvantage: unemployment, nonemployment and job insecurity' in Marmot M and Wilkinson R G (Eds.) *Social determinants of health; Second edition*. Oxford: Oxford University Press. 2006.
23. Barret, R. and Office for National Statistics, *Disadvantaged groups in the labour market*. 2010.
24. Pickard, L., et al., *Overcoming Barriers Unpaid Care and Employment in England*. 2011.
25. Alderson, R. and BBC Scotland. Law change proposed to help ex-offenders find work. 2015; Available from: <http://www.bbc.co.uk/news/uk-scotland-32800432>.
26. Sustrans. *Locked Out. Transport Poverty in England*. 2012; Available from: <http://www.sustrans.org.uk/sites/default/files/images/files/migrated-pdfs/Transport%20Poverty%20England%20FINAL%20web.pdf>.
27. Goldstone, C. and N. Meager, *BARRIERS TO EMPLOYMENT FOR DISABLED PEOPLE*. 2002.
28. Child Poverty Action Group in Scotland. *Barriers to employment*. No Date Provided. ; Available from: <http://www.cpag.org.uk/content/barriers-employment>.
29. Rabindrakumar, S. and Gingerbread, *Paying the Price. The Long Road to Recovery* 2014.
30. Marmot, M. and e. al., *Fair Society, Healthy Lives*. . 2010.
31. 2013, T.T.A. *ThinkForward: About 2013*. 2014; Available from: <http://think-forward.org.uk/about/>.
32. ThinkForward. *ThinkForward Annual Review 2013 2014* 2014; Available from: <http://think-forward.org.uk/wp-content/uploads/2014/02/ThinkForward-Annual-Review-2013.pdf>.