



University
of Glasgow | Training & Employment
Research Unit

WORKING FOR A HEALTHIER LIFE

THURSDAY 20TH AUGUST 2009

ALAN MCGREGOR



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

- 4. 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**

5. 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**4. Lack of recent and relative work experience due to health issues****5. Benefit traps due to health issues**

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

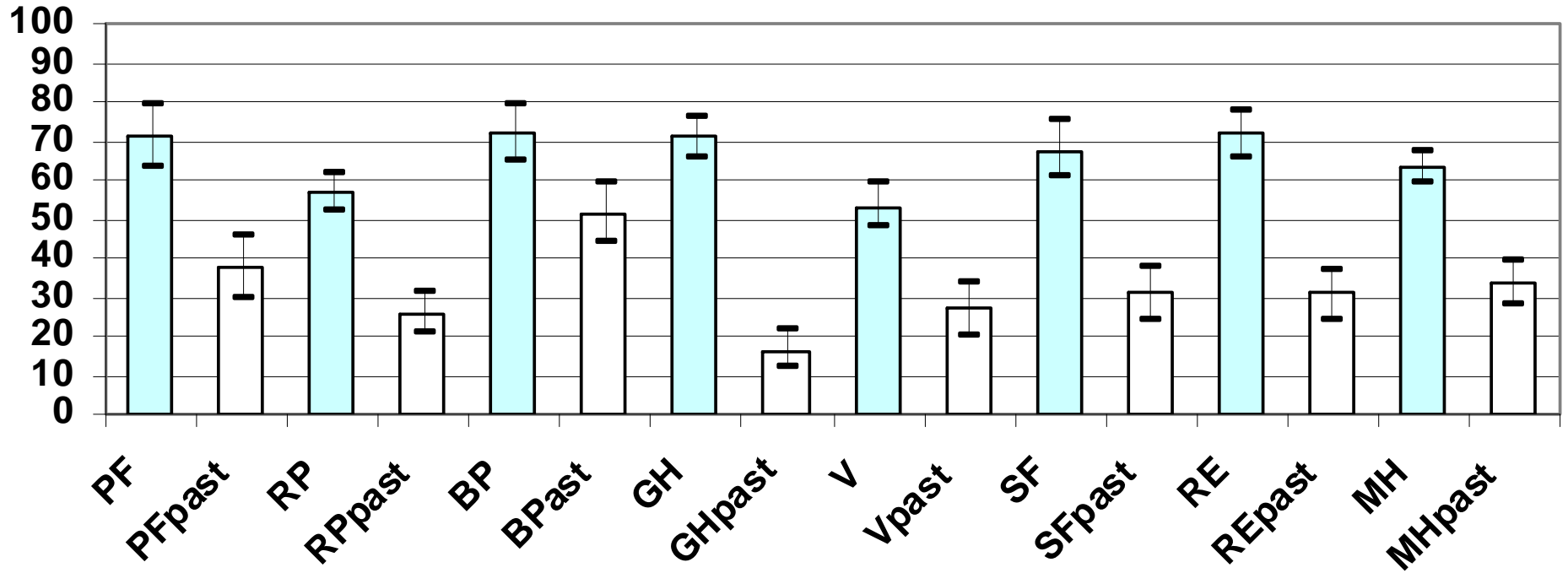
Mentioned by very view of interviewees

- 1. Financial pressures and incentives**
- 2. Desire to get out of inactivity**
- 3. Changing family circumstances**
- 4. Encouragement by family and friends supporting return to work**
- 5. By building on volunteering**

1. **Positive impacts on health when working compared to unemployed**
 - **Significant improvement in relation to each of 8 health concepts – with marked increase for general health**
 - **Percent claiming improvement dominant group, with deterioration for small minority**

2. **Changes in behaviours likely to impact on health**
 - **Already in place (average 8 months after finding work)**
 - **Planned**

3. **Changes in demand on health services**
 - **Typically less frequent usage of GP and other health services after moving into work – for positive and negative reasons**



| | 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 |

| | Made changes since began working | Thinking of making change in next 6 months |
|-----------------------------|----------------------------------|--|
| Increased physical activity | 60 | 23 |
| Eating healthier | 60 | 12 |
| Reducing stress | 59 | 14 |
| Controlling weight | 41 | 17 |
| Cutting down smoking | 33 | 12 |
| Cutting down alcohol | 29 | 1 |

| | Number | % |
|-------------------|-----------|-----------|
| More often | 4 | 5 |
| Less often | 46 | 61 |
| About same | 25 | 33 |

- 1. Most clients used 2 or 3 different services leading up to re-employment – with JobCentre Plus key agency**

- 2. Lower percentages accessed employment related support through health services as part of process of regaining employment – but still quite significant percentages nonetheless**

- 3. Feedback on type of service required**
 - Not pressurising clients with health issues**
 - Advisors who understand and support clients with health issues**
 - Services that cater for general employability barriers and health issues**
 - Importance of financial incentive in re-entering part time work**
 - Linking with employers understanding and able to support recruits with health issues**
 - Linking clients to the right type of job**
 - In-work support**

| Number of Services Used | % of Interviewees |
|--------------------------------|--------------------------|
| 0 | 1 |
| 1 | 9 |
| 2 | 31 |
| 3 | 38 |
| 4 | 11 |
| 5 | 6 |
| 6 or more | 3 |

| Service Used | % |
|---|-----------|
| JobCentre Plus | 83 |
| Other employability support projects | 42 |
| Job Brokers | 18 |
| Local Regeneration Agencies | 16 |
| Condition Management | 14 |

| Service Used | % |
|--|-----------|
| Psychological or Psychiatric services | 19 |
| General Practitioner | 18 |
| Drug or Alcohol services | 15 |
| Occupational therapists | 4 |
| Physiotherapists | 4 |
| RNIB | 1 |

- 1. Triggers for return to work vary across individuals and over time – so need to have opportunities at various points in time to discuss**
- 2. More professionals engaging with clients with health problems. Need to see potential value of work – but how best to do this?**
- 3. Employability staff need to be better skilled in working with people with health issues**
- 4. Client and job matching always key – but particularly for people with health issues**
- 5. Our interviews revealed considerable variability in access to and quality of service. Need to get all areas and services up to a good standard**