

# **Working for a healthier life research report**

*Helenor Landsburgh, Lynne Macdougall and Alan McGregor*

**Training and Employment Research Unit  
University of Glasgow**

 **KEY FINDINGS**

- This research, which focused on people previously unemployed because they faced a health barrier, showed that they generally rated their health in work more positively than when they were unemployed.
- Although a small proportion of those interviewed reported no improvements in health or a deterioration in health, nearly three quarters of these reported that there were broader benefits of being in work, such as feeling better about themselves.
- There were some positive changes in health behaviours when people got a job including increases in physical activity and healthier eating.
- Just over 60% of people were visiting their GP less often once re-employed. This was generally because they were feeling better.
- People welcomed the opportunity to discuss work with people who were giving them support. This, coupled with the right kinds of financial incentives and continued support can lead to a successful and sustained return to work.



## INTRODUCTION

This research study was commissioned by the Glasgow Centre for Population Health. There is much attention in employment policy currently on helping people on incapacity benefits to return to work. This research builds on reviews of some of these reforms which have highlighted how services can help people with health problems effectively. There remain difficulties around claimants' perceptions of these reforms, the pressure these might bring to bear on them to work and the impact of work on health.

## AIMS AND PURPOSE

The research had two principal aims. The first was to assess the impact of employment on the health of individuals, including on their wellbeing, health behaviours and demands on health services. There is a body of evidence about the impact of unemployment on health, but perhaps less research on the impact of employment, so, in particular, there was a focus on how transitions from unemployment into work affected people's health. The second aim was to identify the way in which key services, delivered both individually and alongside other services, have been instrumental in moving people with health issues towards and into employment, and helping to sustain and progress them once in employment.

## APPROACH AND METHODS

The main fieldwork method for the research was in depth interviews with 80 people who had returned to work after a period of unemployment due to ill health. This was supplemented by:

- a review of the health and employment literature;
- measurements of changes in perceived health status from unemployment to employment in the 80 interviewees using the SF 12;
- 5 focus groups with employability project staff, to explore issues around how barriers to employment can be tackled and services delivered more effectively.

## FINDINGS AND CONCLUSIONS

### Health and Employment

From the review of the literature, it is clear that there is growing evidence re-employment can improve general and particularly mental health, however people with health problems face a range of barriers to work. Several of these are structural issues, such as the benefits trap, which are not directly related to health. Work can overcome some of the negative health effects of unemployment by providing opportunities for developing a healthier lifestyle, perhaps because of an increase in income. Work can also supply opportunities for developing aspects of life which are health enhancing – such as opportunities for skill use, access to social networks and having some externally generated goals.

### Improvements in Health

People interviewed for this study perceived their health had improved since they got a job. Around a fifth of the interviewees, however, said they either had no improvement in health or found that their health had become worse after returning to employment. For some, whose health was getting worse, the job was having a negative impact on health. Yet for others, work supplied other benefits and they reported that they would rather be in work than not even though their perceived health had not improved.

Work made people feel better if it enhanced their well being, led to a more positive self perception or reduced their feelings of isolation. These changes were observed even in people who do not perceive that their health had improved since moving into work. People also made some positive changes to their lifestyles when they got jobs, including increases in physical activity, healthier eating and making efforts to reduce stress. Interviewees were also less likely to need to visit their GP when in work compared to when they were unemployed, supporting the finding that the majority of the interviewees felt better after returning to work.

### Helping People with Health Issues to Return to Work

The factors which trigger an interest in returning to work will vary for each individual, but there are some common circumstances where the right kind of intervention might be able to build on initial interest. These include improvements in health, changes in financial circumstances, finding a need for activity or being encouraged by others.

The interviewees had used a range of services to get support to move back into work with the majority accessing more than one service. These services were perceived as being helpful if joining the service was voluntary, the person had a degree of control over progression and it was tailored to their needs, taking into account their circumstances. The skills and attitude of the person delivering the service is crucial to the success of initial engagement and progression. Reflecting their individuality, it is not surprising that the interviewees' experience of the usefulness of the services was variable, but what is striking is the variation in experience across and within services. Consistency of provision needs to be increased so people have access to the same kinds of support.

### Aftercare or In-Work Services

Work is more likely to be sustained if people enjoy the job, get job satisfaction and feel they are making a contribution through working. All of these factors were important in defining the suitability of the job for the individual and were often more important than pay.

About half of the interviewees used the services and they were important to helping interviewees deal with problems as they arose and cope with work. Not all people moving into work after a health issue will require aftercare, but it should be part of any service plan.



## RECOMMENDATIONS

- Unemployed people with health problems should be encouraged to think about work and supported to move into work. This may not improve their health directly, but may do so indirectly by improving their life.
- Triggers for the return to work vary for individuals and change over time. It is very important then, that people with health problems are given the opportunity to talk about work and to build on any interest in work they may have at regular intervals.
- A wide range of professionals in touch with people with health problems need to recognise the potential value of work to people's well being and the role that they can have encouraging people to work. Their role should also be to signpost people to employability support.
- Services which help people back into work need to respond effectively to people with health issues. Many will be fearful about the implications of engaging with services and therefore a gentle approach and working at the person's own pace will be important. Advisers need to be positive and have a belief that the person can get a job. An individualised approach is needed with the right balance of employability and health related support for each person.
- Returning to work can assist well being provided it is the right kind of job. This again depends on the individual, but services need to take into account the job demands and conditions, the suitability of the job and the security of the job when working with clients and provide the opportunity to discuss these.
- One of the main points coming through from the interviews is the variable experience of services people had. This is important because people with health problems may need to access more than one service for support. Consistency of provision across and within services needs to be increased. All services should aspire to providing holistic and tailored provision, one to one support, a positive response to client needs and ongoing support once the person moves into work.
- Although there has been progress across the city in bringing services together to help people with health issues, improvements could still be made in coordination and improving understanding of different service roles. Earlier intervention and developing meaningful targets reflecting the challenges people with health issues face returning to work are areas where more work might be done.

## ACKNOWLEDGMENTS

Thanks are due to all of the people who took part in the interviews for this research.

The research was carried out by Lynne Macdougall, Helenor Landsburgh and Alan McGregor from the Training and Employment Research Unit, Glasgow University.

## CONTACTS

### Dr Russell Jones

Public Health Programme Manager  
Glasgow Centre for Population Health  
Level 6, 39 St Vincent Place  
Glasgow, G1 2ER

Tel: 0141 221 9439

Email: [russell.jones@drs.glasgow.gov.uk](mailto:russell.jones@drs.glasgow.gov.uk)

Web: [www.gcph.co.uk](http://www.gcph.co.uk)

### Lynne Macdougall

Training and Employment Research Unit  
University of Glasgow  
G12 8RT

Tel: 0141 330 5988

Email: [l.macdougall@lbss.gla.ac.uk](mailto:l.macdougall@lbss.gla.ac.uk)