



# Working for a healthier life research report

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# Working for a healthier life

## INTRODUCTION

The UK, Scottish and Glasgow economies have shown strong growth over the last decade or so. The number of jobs in Glasgow has risen by over 22% since 1996, almost double the rate for Scotland and the UK as a whole. This has been accompanied by a significant reduction in the number of unemployed people claiming Jobseeker's Allowance, and workless lone parents – but the number of people on Incapacity Benefit (IB) and related benefits has remained stubbornly high. The Government's Pathways to Work approach, which has been rolled out in the Glasgow area since October 2005, has shown in its pilot phase that it can increase significantly the number of IB clients who move into work, although this is still only a small minority of this particular group of workless people.

### Research Aims

This research had two principal aims:

- 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 there has been perhaps less research on the impact of employment and, in particular, how transitions from unemployment to work impact on health.
- 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.

### Research Methods

The research had three components:

- a review of the health and employment literature – this is presented in the next chapter;
- in-depth interviews with individuals who have returned to work, to explore issues around employment and health. This interview process also included measurements of changes in perceived health status from unemployment to employment;
- a series of focus groups with employability project staff, to explore issues around how barriers can be tackled and services delivered effectively.

### Depth Interviews

Eighty people were interviewed for the study. We worked closely with local and community organisations, as well as agencies such as Jobcentre Plus and the local regeneration agencies in Glasgow and the surrounding areas to help us identify individuals. These organisations included the following.

- Jobcentre Plus, through Pathways to Work and other programmes, in Glasgow, Inverclyde and Lanarkshire.
- Glasgow's network of regeneration agencies.
- Routes to Work in Lanarkshire.
- The Full Employment Area Initiative.
- A range of providers such as the Wise Group, One Plus, Momentum etc.

## Selection of Interviewees

All of the interviewees had:

- used at least one employment support service and one health service during the time that they were unemployed.
- a specific health condition which has acted as a barrier to work at some time in the past.

Beyond these criteria we recruited individuals who had:

- received different types of employability support to allow us to examine variations in outcomes as a result of these interventions;
- different personal circumstances, employment history, length of unemployment and health condition for example, to allow us to look at how the support impacts on these different types of individual.

## Interview Procedures

The main part of the interview was an exploration of themes linked to the transition into work through a semi-structured interview. The themes discussed included:

- perceptions of barriers to employment;
- attitudes to employment;
- use of services to assist the transition;
- perceptions of the impact of employment on health.

The interview followed a topic guide. This part of the interview was tape recorded and transcribed verbatim for analysis.

## Questionnaires

The SF12 self completion questionnaire was used to collect information about the interviewees' perception of their health. Further information about health behaviours, health service use and the interviewees' socioeconomic characteristics was collected through a structured questionnaire.

## Focus Groups

Towards the end of the fieldwork a small number of focus groups were conducted with staff who were experienced in working with people with health issues, to discuss further barriers to work, the factors which encourage people to move into work, how well services are working and what improvements in services could be made.

Twenty nine people took part in these interviews in five focus groups involving:

- Jobcentre Plus personal advisers;
- Community animators and managers from the Full Employment Area Initiative;
- advisers working in the 5 local community regeneration agencies in Glasgow;
- staff from a range of projects who worked specifically with people with mental health problems;
- staff from a range of other employment projects which worked with a range of different client groups, but also with people with health issues.

## KEY POINTS

1. There is increased emphasis in policy on helping people with health problems back into work. Although Pathways to Work has shown that the numbers of people on IB can be reduced there is still a need for greater understanding of the health impacts of moving into work and of the factors which help to support the process of returning to work.

2. This largely qualitative study involved interviews with people who had been able to return to work, to examine the impact of employment on health and how they had been assisted by services.

# Unemployment, employment

## INTRODUCTION

There is a body of evidence about the impact of unemployment on health, but there has been perhaps less research on the impact of employment and in particular how transitions from unemployment to work impact on health. This review briefly highlights barriers to employment for people with health problems, summarises the evidence on the impact of unemployment and then goes on to consider the effects of re-employment on health.

### *Barriers to Employment for People with Health Problems*

People with health barriers to work tend to receive incapacity benefits. The majority of these claimants come onto the unemployment register with non-severe conditions and are expected to return to employment within time. However, many do not return to work and become 'stuck' on incapacity benefit. Almost 50% of incapacity benefit claimants have been receiving benefit for over 5 years, compared with 5% of the unemployed and 35% of lone parents (DWP, 2002).

Poor health and disability are themselves barriers to work, but being absent from work for a significant length of time can cause detachment from the labour market which can then create further barriers such as loss of skills and confidence. This may be an important factor in the finding that once a person has been on incapacity benefit for more than 12 months, the average duration of claim is 8 years (DWP, 2002).

People with health problems can also often experience discriminatory treatment from employers due to stereotypes or assumptions. For example, employers may think people with health problems or disabilities will be more difficult or more costly to employ. Some studies suggest that people with particular health problems, such as mental health difficulties, may be more likely to face discrimination (Hayton, 2002).

The 'benefits trap' can be particularly severe for sick or disabled people who are claiming incapacity benefit for a number of reasons including that the rate of benefit is higher than Jobseekers' Allowance

and Income Support and that when disabled people move into work they are disproportionately more likely to end up in a low paid, low status job, often in manual occupations, which makes it difficult to earn more than they would receive in benefits (DWP, 2002). Additionally, disabled claimants are less likely to sustain employment (33% are out of work again within a year compared to 20% of non-disabled people) and may therefore perceive the risk of losing benefits is too great compared with the prospects of taking a job (DWP, 2002).

Disability is strongly linked to economic disadvantage, with people who become sick or disabled more likely to come from disadvantaged groups (Bardasi et al., 2002). Disability is also more prevalent in areas of low employment (Berthoud, 2006). However, the link between disability and economic disadvantage is not clear cut; whilst disabled individuals find difficulties locating employment, disability may also be a consequence of unemployment due to the economic disadvantage it causes.

It is also worth noting that a survey of new incapacity benefit claimants found that roughly 40% of them did not perceive that health acted as a barrier to finding work (DWP, 2002). Overall, it is clear that some people with health problems are not able to work, but for those who are able to work there are a range of barriers not necessarily related to health which make it difficult for people to return to work.

## The Effects of Unemployment on Health

There is a long history of research into the effects of unemployment on health beginning in the 1930s (Flatau et al. 2000). Whilst in some cases unemployment has been found to lead to an improvement in health (Acheson, 1998), the bulk of research finds a negative relationship between unemployment and physical and mental health. Large scale systematic reviews of the literature (e.g. Kessler et al., 1989, Jin et al., 1995) have shown how economic down turns and rising unemployment are correlated with increased overall mortality and mortality due to specific conditions or causes of death, as well as increased incidence of mental and physical disorders. For example, in relation to physical health, at a population level:

- the risk of suicide increases for an individual within the first year of job loss, with the risk of cardiovascular mortality increasing after two years (McLean et al. 2005);
- standardised mortality rates for men who are workless are higher than for those who are in employment (McLean, 2005; Mathers and Schofield, 1998);
- mortality rates due to lung cancer are higher amongst the unemployed population than those in employment (Mathers and Schofield, 1998);
- there has been a rapid increase in the number of heart attacks amongst Eastern Europeans since the fall of communism and the rise in unemployment which has ensued (Ham, 2003);
- a cross sectional study in Sweden found unemployed people rated themselves as having poorer health than employed people, with the difference being greatest during periods of high unemployment (Ahs and Westerling, 2005).

Unemployment has also been found to have an effect on mental health, with unemployed individuals more likely to experience high levels of anxiety and depression (Policy Studies Institute, 2001) and lower levels of psychological well being generally (Acheson, 1998). Studies (e.g. Huxley, 2001; Gallo et al., 2000) have also shown how the loss of work and the inability to find work may all contribute to mental health difficulties. If this is accompanied by loss of self-esteem and confidence, individuals may become trapped in a 'cycle of despair' (Hayton, 2002), which makes it difficult to get back into employment. However, factors like the level of unemployment locally appear to moderate the effects of unemployment on mental health, with men in areas of

low unemployment displaying better levels of mental well-being than those in areas of high unemployment (Jackson and Warr, 1987). This illustrates that additional social factors may influence the effects unemployment can have on individuals.

It has been suggested that unemployment affects mental health because it removes some of the elements which are essential for good mental health. Flatau et al. (2000), analysed three indicators of mental health in the National Health Survey of Mental Health and Wellbeing and concluded unemployment is positively correlated with increased anxiety and depression alongside increased suicidal thoughts and attempts. In a discussion of their results, the authors draw on Warr's (1987) 'vitamin model' which describes nine 'vitamins' essential for good mental health, several of which, such as opportunity for skill use, externally generated goals and availability of money might be supplied through employment. Other positive effects of employment on health are discussed below.

On an epidemiological basis, then, there is a strong correlation between unemployment and a range of adverse health outcomes (Jin et al., 1995), however there is still a debate about the direction of causality - does unemployment cause a deterioration in health, or are the sick more likely to become unemployed? Or are both unemployment and poor health associated with other underlying causal factors such as socioeconomic disadvantage? Mathers and Schofield (1998) reviewed the evidence and found that a number of longitudinal studies have confirmed the linkage between higher mortality and unemployment while controlling for factors such as socioeconomic status, thus there is clear evidence that unemployment makes health worse.

# Unemployment, employment

## Unemployment and Health Behaviours

While unemployment is itself health damaging, there is also an association between unemployment and health damaging behaviours. This includes higher incidences of alcohol abuse (Hammarstrom et al., 1988), cigarette smoking (Gulliford et al. 2003), with unemployed people almost three times more likely to be smokers (Vogli and Santinello, 2005), and substance abuse (Flatau et al., 2000). Evidence from America, based upon national panel data, also highlighted higher rates of substance use in the unemployed, although this was moderated by level of education, gender and marital status (Merline et al., 2004). However, Mathers and Schofield (1998) found higher rates of alcohol and cigarette consumption in unemployed people even when controls for additional socioeconomic factors were included.

A number of studies have also highlighted the link between poor populations and health behaviours. An example is provided by Ohlander et al. (2006) who found neighbourhoods with high rates of unemployment and deprivation also had higher than average numbers of residents who smoked.

## Unemployment and Health Service Demand

A number of cross sectional studies have found that unemployed groups are more likely to use health services than other socioeconomic groups (Harris et al., 1998). For example, Field (2001) found unemployed people tended to consult doctors almost twice as much as those in employment.

However, there is some debate about whether unemployed groups receive the same level of service as other groups. For example, although unemployed people appear to display higher demand, they may be least likely to receive blood pressure, urine, cholesterol or weight checks or receive advice on smoking cessation, diet, exercise or alcohol consumption (Seymour, 2003).

However, deprivation may be a more significant factor in health service demand than unemployment. A survey of patients in Nottinghamshire showed that 'level of deprivation' was the strongest predictor of high level health service demands (Hippisley-Cox et al., 1997). Similarly, Otti et al. (2002) found that while 40% of patients on low incomes rated themselves as having 'poor' or 'fair' health, the comparative number for those with high incomes was 25%. The latter group were also found to make 25% less visits to their GP over the course of a year.

Studies from other countries have drawn similar conclusions. In Canada, Kraut et al. (2000) studied over 44,000 residents' economic status, health condition and health services usage, finding that it was the poorest populations which reported the highest

levels of service usage and lowest levels of general health. They also showed how moving into unemployment increased demand.

The Public Health Agency of Canada (2004) investigated the effect of employment on health service demands, finding that although job type had no effect on the demands made by employees, non-employed people were far more likely to utilise emergency rooms with employed people more likely to visit their doctors. Clearly, this fact may be partly explained by the fact that health care in Canada is not, in the main, provided by the state. Despite this, however, the authors suggest that employed people tend to seek medical attention less often than their unemployed counterparts.

A similar cross-sectional study conducted in Denmark also found employment to have a marked effect on prescription and non-prescription use. Controlling for health status, Nielsen et al. (2003) found that employed people were far less likely to use prescription medicines than unemployed individuals but were more likely to use over the counter drugs. Given that the medicine has to be prescribed, this also shows that unemployed people are more likely to visit their doctor whilst employed people are more likely to consult their chemist, utilising their doctor as a last resort.

The evidence here then suggests a move into employment should reduce health service use, but this might be moderated if people move into low paid work and remain on low income.

## *Coping with Unemployment*

Studies have found that in recently unemployed individuals, if the prospect of re-employment is present then unemployment causes minimal emotional distress (Kessler et al., 1989), or can enhance mental health (Proudfoot et al., 1997).

How individuals cope with job loss and possible reemployment is also important. Lai and Chan (2002) found individual ratings of mental well-being of unemployed individuals were influenced more by the level of commitment the participant showed to work in general and the degree of financial hardship they were experiencing than whether they had been reemployed or not.

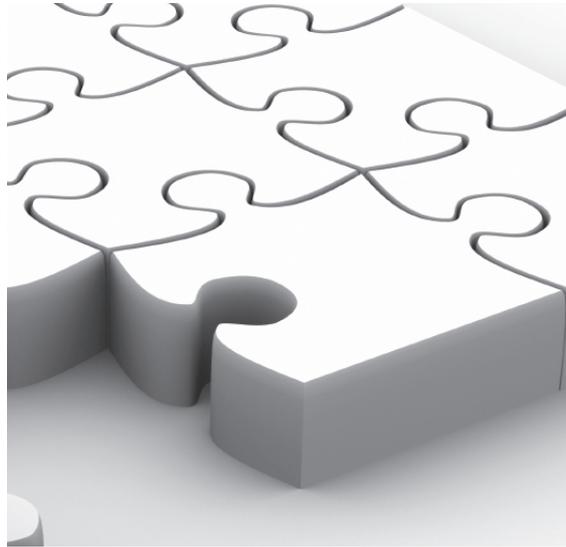
Similarly, a study conducted by Ferrie et al. (1995) questioned over 13,000 employees asking them to report their health status regularly over a measured time period. During the time period over 600 of the employees were threatened with possible redundancy, with the remainder secure in their posts. Employees entering a period of job insecurity, and anticipating unemployment, reported poorer health than the other employees.

Thus, participation in activities which increase the chances of re-employment such as labour market programmes may enhance health. There is some evidence that this does, indeed, happen. For example, studies have found that participation in job search programmes enhanced mental health and reduced levels of depression and anxiety (Price et al., 1992 reported in NHS Centre for Reviews 1997). A longitudinal study of the JOBS program in the United States (Vinokur et al., 2000), which helps to move unemployed people into work, found it enhanced mental well-being, with participants less likely to display depressive symptoms and more likely to have subsequently found a job. The main difficulty with these studies is separating out whether it is the activity or getting the job which determines the improvement in health. For example in one of the studies referred to above (Proudfoot et al, 1997)

participants also received cognitive behavioural therapy and it may have been this that enhanced their mental health.

Two local studies in Glasgow have examined the effects of participating in employment programmes and moving into work on health and wellbeing, health behaviours and health service use. The evaluation of the COMPASS pilot (Frontline Consultants 2005) reported some small improvements in health, perceived quality of life and health behaviours, as well as fewer visits to GPs among participants. Similarly, the evaluation of the Working For Health in Greater Glasgow (WHIGG) programme (Hall Aitken, 2006) suggested participants had improved their lifestyles, with fewer smoking, more taking more exercise and more having a better diet. Within the WHIGG programme even people who had not moved into a job reported some positive changes in health related behaviours. However, in both of these studies some of the employed participants reported that working had had a negative impact on their ability to exercise and some were drinking more than at the start of the programme.

# Unemployment, employment



## *The Positive Effects of Employment?*

Many of the studies investigating the relationship between unemployment and health have argued if unemployment has negative effects, employment must have positive effects. As an example, it has been estimated that if full employment were to be achieved, 2,500 deaths per year would be prevented in Britain alone (Mitchell et al., 2000).

Arguments include that factors associated with employment such as an increased income, will allow access to resources which enhance health (Subramanian and Kawachi, 2006) and access to social networks (Seymour, 2003) which can have a positive impact on health. Such social networks, provided they are perceived as supportive, can be particularly health enhancing for specific groups, such as people with disabilities (Forrester-Jones et al., 2004) and people with mental health problems. For the latter group, health is further enhanced if work provides purpose and structure, enhances self confidence, morale and motivation. If it does, then it has the potential to reduce social exclusion and enhance mental health (Boardman, 2003).

## *The Effects of Re-employment*

Dewson et al. (2004) conducted an evaluation of the Permitted Work Rules within which participants with a previous illness and/or disability, who were moving from unemployment into employment (71% of the total survey population), were asked about the benefits they received from employment. The majority of respondents agreed that they gained a sense of well-being and achievement from employment (96%) and felt more involved in society/social networks (92%). We will return to the impact of the type of employment later, but it is worth noting that in this study, respondents reporting positive gains from employment were spread across a number of different sectors, highlighting that in this case the type of employment was not a salient factor. Despite these benefits, however, almost a third of all respondents felt being in employment detrimentally affected their health, making their previous illness or disability worse. Furthermore, just over ten percent of respondents felt that they were weaker psychologically since taking up employment due to the greater prejudice they had to face within their place of work.

Thomas et al. (2005) used British Household Panel Survey data to assess the impact of employment status on psychological well-being. Individuals who had recently moved from unemployment or long-term sick leave into employment had significantly improved mental well-being. This change was most marked in the first six months after the initial transition, with improvements reaching a plateau thereafter. The authors also found that respondents who had recently moved from employment into unemployment had increased levels of psychological distress. Thomas et al. (2005) concluded from their research that the transition into employment may be positively correlated with improved mental health.

Waddell and Burton (2006) reviewed 53 studies which had examined the health impacts of re-employment after a period of unemployment. They found:

- 6 studies which showed re-employment improved general health;
- 14 studies which showed re-employment improved psychological distress and minor psychiatric morbidity.

In these studies the balance of evidence was against a health selection effect, therefore the authors concluded that the health effect was due to re-employment. Waddell and Burton (2006) also found 8 studies which found an association between reemployment, improved psychological health and quality of life. However, here the evidence was more equivocal and it was not possible to say whether this was a health selection effect or cause and effect. The review also looked specifically at the effects of moving off benefits and found 6 studies which indicated that improvements in health and well-being were associated with re-entering the labour market, not just coming off benefits.

# Unemployment, employment

## Type of Job

An important aspect of the transition into work is the type of work secured. Clearly, there will be variations across individuals, but the literature does suggest that there are a few general features of the job which are important. For example, reviews of studies on the transition into work conclude that the beneficial effects of re-employment depend mainly on individual motivation, desires and satisfaction, but also on the security of the new job. Moving into poorly paid, insecure work, or returning to benefits if employment is not sustained can lead to further periods of sickness (Waddell and Burton, 2006). Burchell (1994) found that men in insecure employment at the disadvantaged end of the labour market had the same type of psychological problems as unemployed men.

This is reinforced by the research on employment and health. If employment causes stress, it can make health worse and increase health service demand. However, it is not re-employment, per se, which causes poor health or increased health service demands, rather that moving into specific occupations and conditions of work may do so (Lundberg, 2006). Such negative factors include imbalance between effort spent and rewards recovered (CFAOH, 1998), under-employment and lack of job satisfaction (Fryer, 1995), and whether people find jobs at a lower level than their previous position. In such cases individuals are more likely to feel inadequate, report poorer health and have lower self esteem (Fineman, 1987).

Thus, it is important to bear in mind that employment, if it causes stress, may have a negative effect on health and increase health service demand. Work related stress is the most commonly cited 'life stressor' associated with ill health, is more significant than financial stress or family problems, and can induce headaches, sleep disturbances, upset stomach and/or mild depression in the early stages and in more advanced cases, serious illness such as cardiovascular disease and psychological disorders (NIOSH, 2006).

## Working Effectively with People with Health Issues

Waddell and Burton (2006) argue that there are a number of issues which should qualify any conclusions to be drawn from the employment and health literature. Fundamental in this is that work is only one of a number of factors which influences health and well being. There is also limited evidence on the size of the effect and this is likely to vary markedly for individuals. Much of the evidence relates to the short term impacts and less is known about longer term impacts (over more than one year). Yet on balance, the authors argue that when a health condition permits, people should be encouraged to work as it is likely to be therapeutic, to promote recovery or rehabilitation, and to minimise the harmful effects of long term sickness absence on physical, mental and social functioning and to reduce the chance of longer term incapacity: [what] 'ultimately matters is the balance between the positive and the negative effects of work and how that compares to worklessness' (p2).

Recent evaluations of Pathways to Work and Incapacity Benefit reforms have identified a range of supports which assist people with health problems to move into work including new types of support (such as the Condition Management programme) and financial incentives such as Return to Work Credit (Knight et al, 2005, Corden and Nice, 2006).

These evaluations have highlighted a number of features of services which are important in relation to helping people with health problems progress into work including advisers':

- referral behaviour to other services which can help individuals break down barriers to work;
- having positive attitudes to working with people with health problems and seeing their potential to move into work.

Yet there remain difficulties around:

- claimants' perceptions of the mandatory nature of the changes and the pressure placed on them to return to work, even if they feel this may be detrimental to health; and
- the capacity of advisers to respond effectively to people with health issues. This means the quality of support is not always consistent.

Perhaps this latter point is not surprising given assisting people with health problems to move into work can be a demanding job and one that is relatively new to many employability workers. They can also find that they face some tensions between meeting the needs of people with health problems effectively and meeting their targets for getting people into jobs.

Recent DWP evidence has also provided information about the type of interventions which work best with workless groups (Working Brief, 2007). These interventions need to be:

- holistic, rather than focusing on just one element of employability;
- timely, providing the right support at the right time;
- accessible, including proactive approaches to involving people who might not take up the support;
- flexible, to meet specific needs;
- good quality, especially in terms of the skills, enthusiasm and commitment of support staff;
- the kinds of services which build motivation, especially through voluntary, not mandatory engagement; yet
- it is important that the remain work focused – searching for a job is central.

1. There is strong evidence unemployment is harmful to health. It can both cause people who were previously healthy to become sick and people who are already ill to get worse.

2. There is growing evidence re-employment can improve general and particularly mental health.

3. People with health problems face a range of barriers to work. Many of these are structural issues, such as the benefits trap, not directly related to health.

4. The evidence from the literature suggests people who are unemployed tend to use health services more than people who are in work. The links between low income and health service usage, may, however, be stronger than the links between employment status and use of health services.

5. Work can overcome some of the negative health effects of unemployment by providing opportunities for developing a healthier lifestyle, because of an increase in income for example. However, work also supplies 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.

6. There is now more knowledge about the kinds of services which help people with health problems to move into work. These services need to be holistic, timely, accessible, flexible, to meet specific needs and be of good quality. It also seems to be important that participation in these services is voluntary and not mandatory.

# Changes in health

## INTRODUCTION

The literature review has shown how unemployment can have an adverse effect on health and exacerbate existing health problems. An important part of this research project was finding out how the interviewees' health had changed from unemployment to employment. We were interested in three aspects.

- What had their health been like when they were unemployed and how had this changed in employment?
- Had their lifestyle changed from unemployment to employment?
- Had there been any changes in health service use from unemployment to employment?

### *The Interviewees*

Some of the characteristics of the interviewees are as follows:

- 45% are male and 55% female;
- 59% live in rented accommodation;
- 33% live alone;
- 48% do not own a car;
- only 18% have any children under 16 living with them;
- three quarters of the interviewees are over 40 years of age;
- 88% are white Scottish;
- 18% have no qualifications.

The interviewees' health conditions were self-reported. Broadly:

- 39% had experienced a physical health issue;
- 46% a mental health issue;
- 10% had had addictions problems;
- 5% had had both a physical and a mental health issue.

### *Work History*

The fieldwork focused on interviewing people who have successfully moved back into work after facing a health barrier to employment. Ideally, we wanted to interview people who had been in work between 6 months to a year. Due to difficulties securing interviews this criterion had to be reviewed and some of the interviewees therefore had been in work less than 6 months and some beyond a year. The interviewees had most commonly been in work for around 10 months at the time of interview.

The interviewees work in a range of occupations (Table 1). The most common types of occupations are administration and clerical occupations, care assistants, cleaners and domestics, vocational trainers or advisers and the construction trades. Only one or two of the interviewees are working at a supervisory or management level, the majority are in basic grade occupations.

The occupations shown here are fairly typical of the types of jobs people previously on the New Deal for Disabled or IB go into in Glasgow. The biggest proportion of people moving off these benefits go into:

- jobs in offices;
- transport related jobs like drivers;
- sales occupations;
- postal services;
- call centres;
- hotel and catering;
- cleaning and labouring.

The interviewees work in organisations across the private, public and voluntary sectors:

- 60% work in the private sector;
- 23% work in the public sector; and
- 17% work in the voluntary sector.

The majority of the interviewees are working part time:

- a fifth (20%) work less than 16 hours;
- 38% work between 17 to 30 hours; however
- 42% work more than 30 hours.

The interviewees' experiences of unemployment are mixed (Table 2). A quarter had been out of work for less than a year before securing a job, however a third had not worked for over 6 years and a significant proportion (22%) had not worked for over 10 years.

We did not aim for a representative sample of the IB population in this qualitative study, it was more important to interview people who had managed to sustain work in a range of circumstances. However, the sample is similar to the IB population, which tends to be older than the broader unemployed population (very few people on IB are under 35) and on benefits for a relatively long period. Their characteristics suggest they would have been likely to face several barriers to returning to work in addition to having a health issue, such as few qualifications, low skills and little recent work experience.

*Table 1: Jobs Secured After Unemployment*

	NUMBER	%
Secretarial and related	13	16.2
Public service professionals (vocational advisers)	8	10.0
Healthcare and related personal services (auxiliary nurse)	8	10.0
Sales assistants	6	7.5
Sales related occupations	6	7.5
Transport drivers and operatives	6	7.5
Elementary cleaning occupations	6	7.5
Assemblers and routine operatives	3	3.8
Elementary admin occupations	3	3.8
Elementary construction occupations	3	3.8
Administrative occupations (records)	2	2.5
IT technicians	2	2.5
Leisure and travel service occupations	2	2.5
Managers/senior officials	2	2.5
Health associate professionals (nurses)	1	1.2
Therapists	1	1.2
Social welfare associate professionals (community worker)	1	1.2
Welders	1	1.2
Electrical trades people	1	1.2
Construction trades people	1	1.2
Food preparation trades (cooks)	1	1.2
Housekeeping	1	1.2
Elementary personal service occupations	1	1.2
Elementary security occupations	1	1.2
<b>TOTAL</b>	<b>80</b>	<b>100%</b>

*Table 2: Length of Time Out of Work Before Securing Job (%)*

Less than 1 year	25%
1 to 5 years	43%
6 to 10 years	10%
More than 10 years	22%

# Changes in health

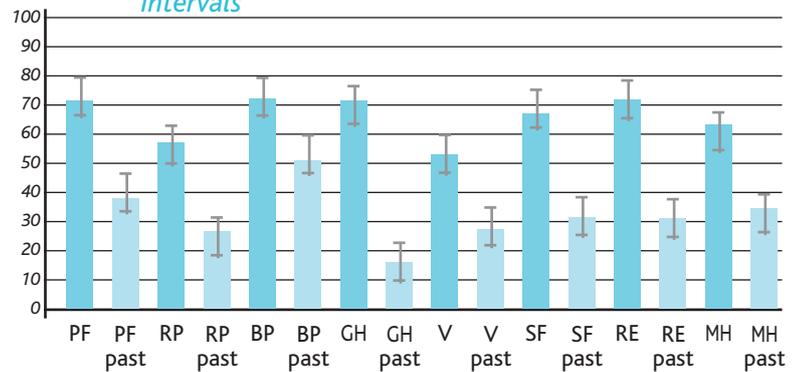
## Changes in Health

The measurement of how the interviewees' health status changed from unemployment to employment was based on their own perceptions. We used a standard health measurement tool, the SF12 for this. At the beginning of the interview, the interviewees completed the SF12. At the end of the interview they were asked to fill in the SF12 again, but to think back to when they were not working and complete it as they would have at that time. Through this methodology we were able to collect two sets of scores for each interviewee, which showed their perceptions of their health when they were unemployed and employed. There are some limitations in this methodology relating to its reliance on self reports and the way it asks people to think back to an earlier time period. However, we do believe it has allowed us to capture the direction of any changes, even if there may be some debate about the magnitude.

The SF12 produces scores in eight health concepts as follows:

- **physical functioning** (PF) – based on judgements of ability to carry out moderate physical activity;
- **role physical** (RP) – based on judgements about whether the person accomplished less or were limited in the kind of activity they could do due to a physical problem;
- **bodily pain** (BP) - levels of pain;
- **general health** (GH) – judgements about general health;
- **vitality** (V) – how often respondents have a lot of energy;
- **social functioning** (SF) – how often health has affected social activities;
- **role emotional** (RE) - based on a judgement on whether the person accomplished less or were limited in the kind of activity they could do due to an emotional problem;
- **mental health** (MH)– based on how often they have felt downhearted – or calm and peaceful.

Chart 1: SF12 Average (0-100 Scale) Scores With 95% Confidence Intervals



Average scores for the respondents are shown in Chart 1 for when they were not working and currently, when they are working. Scores are in the range 0 to 100 where 0 represents the poorest health and 100 the best health.

As can be seen from the chart, interviewees' perceived health has improved from unemployment to employment across all of the concepts. In particular, the average scores for perception of general health (GH) (the lowest scoring item during unemployment) and social functioning (SF) have increased markedly in work, but there is improvement across all of the concepts.

A paired sample t test was carried out to examine the difference between the means for each of the scores before and after the interviewees entered work. This analysis calculates the probability that any difference is due to chance rather than being a real change. The differences between are significant for each of the concepts:

- Physical functioning -  $t = 7.234$ ,  $p = .000$
- Role physical -  $t = 10.184$ ,  $p = .000$
- General health -  $t = 15.860$ ,  $p = .000$
- Vitality -  $t = 6.662$ ,  $p = .000$
- Social functioning -  $t = 8.630$ ,  $p = .000$
- Role emotional -  $t = 11.713$ ,  $p = .000$
- Mental health -  $t = 9.596$ ,  $p = .000$
- Bodily pain -  $t = 4.484$ ,  $p = .000$

Just under half of the interviewees reported health improvements across all of the SF12 concepts. However, others reported more mixed results including improvement, but also no change or deterioration across some concepts. Table 3 shows the dimensions of this.

*Table 3: Changes in Health in Employment (Row %)*

	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

A high proportion of the interviewees improved in each of the concepts. The three areas where there were more mixed results were vitality, physical functioning and bodily pain. Some further analysis was also carried out of the scores for people who only reported no change or some deterioration in health in work to find out which areas of health tended to worsen in employment:

- just over half of these people reported reduction in physical functioning – meaning they might find it more difficult to do some daily activities because of their physical health;
- just under half felt their mental health was poorer;
- about a quarter saw a decline in vitality and were in more bodily pain;
- however only 10% felt their general health was worse.

It is also important to note that some of these people had a reasonably good profile in unemployment and therefore no change is not necessarily a negative aspect of health status. We can separate out people with poorer health when they were unemployed by identifying any with scores under 50 in any of the SF12 concepts. The results for this smaller group (17 people) are given in Table 4.

*Table 4: Changes in Health in Employment (People Reporting Mixed Results and Poorer Health) (Row %)*

	NO CHANGE	IMPROVEMENT	DETERIORATION
Physical Functioning	12	24	64
Mental Health	0	59	41
Bodily Pain	29	35	35
Role Physical	17	59	24
Vitality	29	59	12
Social Functioning	35	53	12
General Health	17	71	12
Role Emotional	18	77	6

For this group, as we might expect given the previous tables, there was some deterioration in health especially in the area of physical functioning and some in mental health. The interviews give some information about the reasons for these findings.

- A male IT worker felt that his job was causing depression;
- A female care assistant found the job was causing her health to deteriorate because she found it difficult to cope with the physical demands of the job;
- A male driver, who hated his job and the company he worked for felt the physical demands of the job and the poor working conditions were causing him anxiety and depression and left him no time to relax or have a life outside of work;

# Changes in health

- A female shop assistant with depression felt that the job was having little impact on her depression, because it was not a very good job.

*...it's a job – because I wasnae working and that and I didnae want tae no work any more but it's not the greatest of jobs.*

- A male driver with a history of heart disease and cancer felt he had to work because he was no longer on incapacity benefit and had a low income. However the job was detrimental to his health.

*With changing gear and using the clutch in the van...it's quite heavy, you know. It's just, I don't feel...you know, how could I say, you just feel physically shattered all of the time.*

- A female bakery assistant had suffered an accident at work and had been treated very badly by her employer during her absence, and not offered any sick pay.

Yet even among people with poorer health in employment, nearly three quarters reported improvements in general health and emotional role (suggesting they felt they were accomplishing more). Despite no improvements in health some people continued to work despite the problems and because work provided other benefits.

- A male driver, on a temporary contract, was still suffering from severe anxiety and had not been able to get help for this. However he did feel work was providing the opportunity for social interaction.
- A female shop worker with a history of mental illness noticed she still had some problems but did feel calmer at work.
- A male contact centre worker with ME still felt that he had the same symptoms, but felt mentally better.

- A female catering assistant felt she was still depressed and tired on her medication, but her job did cheer her up.
- A female care manager was still suffering from depression and had recently felt worse – however she felt her job helped her mental health and wanted to keep working.
- A female marina assistant with physical and mental health problems was still facing some of these problems but was enjoying her job and it was helping to bring routine back into her life.

*I always look at myself as a worker, a contributor and I like going to work.*

- A female mystery shopper working from home continued to face severe health problems, but persisted with the work because it was making her feel better.

*But it feels as if I'm doing something. I'm achieving something if that makes sense.*

- A male care worker felt that his job was quite physically demanding and could lead to fatigue and back pain, but loves his job and feels happier now he is in work.

Although among this group there were no health benefits, the broader benefits of being at work compensated for the fact that their health was either worsening or not getting any better.

What is important in these cases is the balance of the benefits of being in work compared to not being in work for each individual, but it is not possible to be prescriptive about these and they must be examined with respect to each individual.

*Interviewer: So you don't know then really – it's hard to say whether you feel better or worse in work compared to when you weren't working that nine months?*

*Oh no, I couldnae sit about the house, I couldnae sit about the house. She would drive me to death! (laughs). (59 year old male driver)*

*I don't mind working. In many ways I'm glad to be doing something. I'm actually surprised that I'm able to do it, but I have to rest for the next five days (after a shift) and I'm not completely rested when I go back in. But at the same time I'd probably rather be daein' it than sitting around. (49 year old male retail worker)*

## *The Impact of Employment on Health*

The results for the SF12 measures before and after employment are a strong indication of the way interviewees perceive their health has improved from worklessness to work. The interviews themselves show why this change has occurred. Key factors include improved psychological well-being, a reduction in isolation and positive changes in the way the individuals see themselves, including having greater self respect and feelings of self worth. Evidence from the interviews of these aspects is given below.

## *Improved Psychological Well-being*

The clearest impact coming through from the interviews is the positive influence of work on psychological well-being. This is manifest in several ways across the interviewees including:

- feeling happier;
- having increased confidence;
- having more self esteem and self respect;
- having a purpose in life now.

*Yeah, I definitely feel as if I've got to keep working for my own sanity as such, because that's what keeps me going. It is a struggle, it is hard, I do struggle on a day to day basis, even still. I'm actually on anti-depressants at the moment, but I do feel if I've been off work for a couple of days, even annual leave, and I'm no doing anything, then I can start to feel symptoms, so I think it's always better to keep the mind occupied. (35 year old female care manager)*

# Changes in health



*It's just a complete turn around. I mean I'm just nothing like the person I was ten years ago. You know. It's sort of, I mean, when I was working before I actually worked in a pub for ten years. I was quite outgoing. And as I said, I'm back to that person again. I'm really no just quite as bubbly and outgoing but it's slowly getting back to that. It was just like I lived in the wilderness for ten years. Suddenly I'm back to what I used to be. (52 year old female admin worker)*

*I think just self-esteem. You feel you're part of a team and you know, things are happening because of you. Two times in here the students have said 'are you the manager?' and as much as it's funny I feel proud because I'm thinking someone is seeing I work hard in here. (40 year old female secretary)*

*For a while I didn't really believe that I could feel better, but now as I say I think I would ... I would miss it if I wasn't still going. And yes, it does give you a bit of better self-respect to say I work and I don't just sit and watch videos all day or whatever people might perceive unemployed people doing. (46 year old female secretary)*



*And all I said was all I want was to be a well rounded person, and I don't mean fat! And she's like right, well that's a fair ambition to be. And I'm starting to feel that now. And that was like 7 years ago I said that. But it's only...in the last few months I've started work. The first couple of months were not that great wi' the work – not in the work, in me...in the work situation. And it's just that in the last couple of months I've started to think 'this is going all right for me, 'cause I know I can stoap this within a year if I wanted to and it will not affect my benefits...and that was in my mind all the time in the first couple of months and now it's never in my mind. (55 year old male admin assistant)*

*A lot better because you have more self-respect, you have a sense of purpose, you have a reason to get up in the morning, you feel good and your confidence is a lot higher. You can talk in front of a crowd and that, and like presentations and things like that or maybe just talking even round a big table, things I could not have done in the past, I would just hidden away from it. I have a lot more self confidence and self esteem and it has really helped me a lot for that. (32 year old male community worker)*

*No, I definitely feel better that I'm working. Absolutely. And I think the fact that when you get back to work you realise what you are capable of doing and what you can do. It allows you to look forward to maybe moving on or changing or, or you have a sense of purpose and you become, you know what you can do, you're capable of things that you forget that you can do because when you're not working you're not in that environment, you know? (39 year old female admin worker)*



*Just all round general improvement. More active, more positive in my attitude, got my self-respect which is a silly thing to say but it's true but work does that for you. No for everybody, but me it certainly does, you know. (51 year old male cleaner)*

*The above quotes clearly show how psychological well-being is associated with feelings of self respect, increased self worth and self esteem. This can be due to the job itself, or other factors associated with the work environment, such as providing a source of self-satisfaction and enjoyment.*

*I am getting self-satisfaction you know, for the fact that I am in a position I enjoy and I really like and I'm learning. (58 year old male driver)*

*It's a great job working with these guys (adults with learning difficulties). I'm really, really positive that I can do a lot for them. (55 year old male care assistant)*

*Just satisfaction that I can do it to the best of my ability. I know that to a lot of people this is a dead end job, but I just like to know I can do it quickly. (36 year old male processor)*



*I like the job I'm doing, actually I quite enjoy it you know and I feel I'm doing something and doing it properly. I feel good about that because it makes me feel good inside, yeah I'm capable and efficient. (55 year old male admin worker)*

# Changes in health

## Reduction in Isolation

The reduction in isolation which had accompanied worklessness was one of the most important positive impacts for many of the interviewees and enabled them to take part in social activities as the quotes in the box below show.

“

*Everything's a change. Basically before I was working I was practically in the house all of the time. I wouldn't socialise, I wouldn't even go out for a walk. (36 year old female admin worker)*

*I don't know, just a lot mair confident. Not feeling so depressed, not so down. People phoning me, a circle of friends outside the ones I used to know. It opens a lot of doors and just speaking to people everyday, just normal life. (39 year old male workshop assistant)*

*I'm socialising again, whereas when you're no working you're just in your own bubble. Even though the job is...just socialising makes up for the horrible job. It helps you get by talking to people and just being wi others. (46 year old male factory worker)*

*Within myself it's a lot better. I can go oot and about and talk tae my family. I don't feel as if I'm sitting in the corner the I'm the only wan nae working. I can book a holiday. Generally aw they things, you are no sitting like a wee crier in yer hoose. Everybody else oot busy and out and about and doing things and yer just sitting cos you can't afford it. I'm not even talking about going holidays or anything like that just going up tae a friend's tae sit. At wan point, I couldnae afford the bus fare. I cannae go. Wee things – every day things that you can't do because you are not working, you have not got the money tae do and then I was going up tae my pals and she was coming in fae her work and I was just sitting there. If you are nae working, you've nothing to talk about, you have no outside conversation because you don't do anything to talk about. (58 year old female sales assistant)*

This also shows how isolation is a result of not having the money to participate in social activities and also loss of confidence.

”

## Changes in Health Behaviours

The literature review confirmed unemployment is itself harmful to health and is also associated with health damaging behaviours. How have lifestyles changed among the interviewees between unemployment and employment? We were interested in the:

- kinds of changes they felt they could make;
- actual changes they had made since moving into work.

Nearly 80% of the interviewees felt they could do something to make their own life healthier. The changes they would like to make are shown in Table 5, for those interviewees who felt they could make a change. The main changes were more physical activity, eating healthier and stopping smoking.

*Table 5: Health Changes Which Could Be Made (People Who Feel they Could Make a Change, % of Responses)*

More physical activity	32
Eat healthier	22
Stop smoking	20
Get more motivation	5
Lose weight	5
Stop or cut down drinking alcohol	4
Move to a better area	4
Other	8
	100

A small number of interviewees felt they could not make any changes. For the vast majority of this group (78%) this was because they felt they were doing enough already to have a healthy lifestyle and 7% felt that being back at work was itself health improving. A small proportion (7%) felt their health was continuing to prevent them from doing anything and 7% also lacked motivation to do anything.

Many of the interviewees had made changes to their lifestyle since moving back into work. These changes are shown in Table 6. The main changes included an increase in physical activity, eating healthier and reducing stress. Additionally, a smaller number of interviewees were now thinking about making changes in the next 6 months. The smaller percentages of people reporting that they have cut down on smoking and drinking also reflects that several of the interviewees did not smoke or drink.

*Table 6: Changes in Health Behaviours After Getting a Job (%)*

	MADE CHANGES SINCE BEGAN WORKING	THINKING OF MAKING CHANGE IN NEXT 6 MTHS
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	1.4

For the three-fifths of people whose activity had increased, this was generally due to the physical nature of their work, especially compared to the sedentary lifestyle they had whilst unemployed. Some of these were also doing more walking, either as part of their job or as a way of commuting.

Efforts to eat more healthily, on the other hand, were influenced predominantly by financial and time considerations. The majority of the respondents were better off financially once in work, which allowed them to buy more fresh and better quality food. The routine of work also caused many to eat more regularly, cutting down on snacking.

*I think that's the biggest thing, getting into a routine. If you are in a routine, your health, your body gets into that routine with you. Eating in the morning, eating at night. Go to your bed. As opposed to sitting to twelve in the morning, going to the Indian's for chicken pakora. (23 year old male telecommunications engineer)*

# Changes in health

In a few cases, the time demands of work, especially in the case of shift work, could cause eating patterns to deteriorate with increased reliance on convenience food. Furthermore, a few of the respondents had improved their diet after previous illness. In these cases improved eating habits were influenced by fears over their future health as opposed to as a result of employment. This was most often the case amongst those suffering from heart-related conditions and/or diabetes.

Around a third of the respondents also reported positive changes in terms of alcohol consumption and smoking. In many cases this change was due to the introduction of routine into their lives and relief of boredom.

The introduction of routine was also noted by a number of respondents as playing a part in the reduction of stress and anxiety. As work reduced the amount of time available to dwell on issues, a number of interviewees felt it helped them to worry less. Others coped with stress better within their new posts, due to techniques learned during their return to work (for example as part of the Condition Management Programme) or because their new jobs attracted reduced levels of responsibility in comparison to previous positions.

Other changes, mentioned by a few of the respondents, included the relief of insomnia and decreased reliance on medication. Many of the respondents noted an increase in 'positive tiredness' after a day at work. Work, by providing both activity and routine, often assisted with irregular sleep patterns and lethargy during the day. For others, the transition to employment had enabled them to reduce, and in some cases, stop medication. This was most often in cases of depression.

## Changes in Demand for Health Services

The literature review suggested we might expect some positive changes in health service use from worklessness to employment, although, with the majority of the respondents going into elementary jobs with low pay this might be moderated to some extent as lower income groups tend to have greater demands for services.

Table 7 shows the interviewees' self reported use of GPs after employment. The table shows that just under a third were using GPs as often as they had when they had not been working, but just over 60% were using them less often. This pattern was found in both those who had used and those who had not used GP services since moving into work:

- some people, who had been users of GP services when they had been unemployed, had not seen a GP at all;
- where people continued to need to visit the GP when they were in work, they tended to see the GP less often.

Table 7: GP Use After Moving Into Work

	USED GP		NOT USED GP		ALL	
	No.	%	No.	%	No.	%
More often	4	7	0	0	4	5
Less often	32	58	14	70	46	61
About same	19	34	6	30	25	33

Tables 8 and 9 show a similar analysis for outpatient services and inpatient hospital use. These services were less likely to be required, but among users, about half were still using outpatients services as much and a small number were using them more often.

Table 8: Outpatients Use after Moving into Work (%)

	USED OUTPATIENTS		NOT USED OUTPATIENTS		ALL	
	No.	%	No.	%	No.	%
More often	4	12	0	0	4	5
Less often	13	38	21	48	34	45
About same	17	50	22	51	39	51

Hospital use as an in-patient was not common among the interviewees as Table 10 shows. For those who had used hospitals as an inpatient when they were unemployed and after, almost a third needed fewer appointments, but some had new conditions requiring a stay in hospital. This is a very small number of people and so it is difficult to draw any conclusions from this finding.

# KEY POINTS

**Table 9: Being In hospital Overnight after Moving into Work (%)**

	USED HOSPITAL		NOT USED HOSPITAL		ALL	
	No.	%	No.	%	No.	%
More often	5	71	0	0	5	6
Less often	2	29	17	24	19	25
About same	0	0	53	69	53	69

The pattern found for dental services was mixed (Table 10). About a fifth of people were going to the dentist less often and there had been only a modest increase in the numbers going to the dentist since moving into work. In general, people who used the dentist continued to go whether they were in work or not.

**Table 10: Dental Check Up after Moving into Work (%)**

	USED DENTIST		NOT USED DENTIST		ALL	
	No.	%	No.	%	No.	%
More often	12	24	0	0	12	16
Less often	3	6	12	42	15	20
About same	34	69	16	57	50	64

These findings show a general decline in the use of primary care services use across the interviewees. There were three main reasons for this.

- Several of the interviewees needed to use the service less because they no longer had the health condition which had prevented them working.
- Others, who still have the condition, perceived that they felt better and therefore did not need to use services as often or at all.
- But it must be recognised that in a small number of cases, people had gone into jobs which made it difficult to use services either because they were not allowed the time off or were not paid for absence.

1. There was a large shift in the interviewees' perceptions of their health status as they moved from unemployment to work and they felt their health changed from generally poor, to better.

2. It could perhaps be argued that as we have asked the interviewees to rate their health when unemployed retrospectively then this does not represent an accurate measure of their past health status. However, we believe that this difficulty may lead only to inaccuracies in the reported magnitude of the shift, not in its direction. There seems to be compelling evidence that even people with continued health problems rate their health more positively in employment.

3. About a fifth of the interviewees either had no improvement in health or had worse health in employment. For some of these the job was having a negative impact on health. However for others, work supplied other benefits and they reported that they would rather be in work than not even though their health had not improved.

4. Work makes people feel better if it enhances well being, leads to a more positive self perception and reduces feelings of isolation. Even people who did not perceive their health improved since moving into work felt better about themselves.

5. There have been some positive changes in lifestyles due to finding work including increases in physical activity, healthier eating and efforts to reduce stress. However, some still felt they could make further changes to improve lifestyle including more physical activity, eating healthier and stopping smoking.

6. Work can have a positive influence on lifestyle if it presents opportunities for example increased activity, or allows people to purchase healthier food or develop a better daily routine.

7. Work can be a cause of stress and many of the interviewees had experienced work related stress in the past. However, several also described how their current job was helping them to cope better with their mental health problems.

8. Interviewees are less likely to need to visit their GP now they are in work compared to when they were unemployed supporting the finding that the majority of the interviewees are feeling better now they are in work. There was less impact on the use of hospital and outpatient services, but still some positive change.

# Returning to work:

## Introduction

The literature review set out the barriers to work for people with health problems and also showed how many of these relate to their detachment from the labour market, which is compounded by the length of time people with health issues remain workless. Yet many people do overcome these barriers and return to work successfully. It was important to get a picture of the barriers to work the interviewees faced and to gain an understanding of the factors which lead to an interest in work. In this chapter we look at the:

- barriers to work faced by the interviewees;
- 'triggers' which made them think about moving back into work.

The evidence for these is drawn from the depth interviews primarily, but also from the employability workers' focus groups.

## Barriers to Work

The interviews showed how there was much common ground among the interviewees' experiences of barriers to work. These fell into a number of different areas:

- health condition and doubts about ability to work;
- loss of confidence;
- poor work history;
- real and perceived discrimination;
- the benefits trap.

The interviewees were also likely to suffer from more than one barrier:

- 20% felt they had only one barrier;
- 44% felt they had two;
- 20% felt they had three;
- 16% felt they had four or more barriers.

The ways that these barriers affect people is presented below.

## Health Condition

Health was the most common barrier discussed, with 90% of the interviewees reporting they felt this was a barrier. The impact of poor health can be felt in a number of ways.

In the first place, it can take a long time to get to the point where people think that a return to work is possible. For several of the interviewees it had taken years to get better and to reach a point where a return to work is realistic.

*“What was I doing before I started back to work? What I was doing before as I call it was that I was sitting in a great big, black hole with nobody in it and I was told at the very start when I had my stroke when I was thirty that I wouldn't work again. And getting back to being normal was very, very hard – tears and pain - and all the rest of it and trying to get your body back to being the way you wanted it. It doesn't happen.*

*(48 year old male project coordinator)*

# barriers and triggers

*I have to get out there but it took me a long time... it was really, it was just very very slow but it was maybe just sort of taking a bus ride one bus stop and getting off and walking back, you know, but it's, it was a couple of years I had to have somebody with me – I couldn't do it myself. So it took me quite a few years and then it was just sort of building up and getting further and further afield then it was speaking to people even because, somebody speaking to me... it took a good few years and then I thought, okay, I've got it now. I've just got to get out there...*

*(52 year old female secretary)*

Doubts about ability to work was a concern for about 30% of the interviewees. They were also worried about whether their health would worsen in employment.

*Yes, the mental health issue was a concern for me in the fact of getting into the position and maybe finding it too stressful, finding it too difficult, or it may be days or within a week thinking to myself 'wait a minute what am I into can I cope with this, is this too much, maybe I should give it up' And that in the past has been a problem, given my mental health issue where I have not allowed myself enough time and the chance to settle into the job, before being too presumptuous, jumping to early conclusions. (58 year old male driver)*

*To be honest, when I wasn't working the thought of having a job kept on frightening me because the fact that 'what if I take this job, what if I can't do the job' – things like that just frightened me and, again, too much goin' on in my head wi' personal... my personal life that I couldnae, couldnae focus.*

*(43 year old male driver)*

*....you were saying 'well if I'm like this at the moment and this is just me sitting in a chair, watching the television or reading a book, how would I be able to carry out a job to somebody's satisfactory level?' And I felt that the Jobcentre and the Health Board were pushing me to just get me off their books. (41 year male data entry clerk)*

*Home is a very safe environment for me because I'm not good with chemicals and things – smoke and stuff like that and there are some places that I go to that I can't stay very long because there may be chemicals – polishes and stuff like that.*

*(54 year old female counsellor)*

*Health was a concern to me at the time because I didn't have the ability or the stamina to carry out the job properly. Who wants to employ a waste of space? So no, work was not a thought.*

*(50 year old male trainer)*

# Returning to work:

This is particularly the case for those who had worked for a long time in a particular job and doubted whether they will be able to do that job again.

*I says 'naw I'm too old for a building site'. It takes me all my time to do my gairden. I used to be fit as hell, but noo... I'm 57 this year and the arthritis is showing...sore here...it's sore on my shooders.... I didn't want to go now and speed it up. That's what I was feart of basically.*

*(56 year old male crossing attendant)*

*Well, I felt early on in my heart of hearts I knew that I was kinda not going to be able to do what I could 3 years ago and it's a stupid man thing – a guy tends to think that he can work the way he used to and sort of annoying me because I suppose I wanted to prove to myself that I could, even though in my heart of hearts I knew that I couldnae.*

*(58 year old male retail assistant)*

Also related to this is the fear of letting people down and the perception that a job can only be taken if someone is able to give 100% all of the time. For some people with a health issue this might not be possible.

*....because I wouldn't be able to get up in the morning. I'd be fuzzy... you know, during the day ... because I like to be alert and do things properly. I thought the work would affect the health; that I maybe wouldn't last the course and be intermittently taking days off.*

*(55 year old male admin assistant)*

*And now that I have been in it for over a year I am not exactly tired, I feel I want to do more but what is holding me back is my eyesight. Because sometimes I make mistakes at work and that really gets me down you know – and I don't like that when I make mistakes. I kind of get angry at myself you know why am I making mistakes you know when I shouldn't be.*

*(42 year old female secretary)*

Initial positive moves into work can lead to setbacks if it does not work out and this can have a negative impact on subsequent attempts. These quotes show that this can cause health problems.

*Aye, like health an all it because last year I was a wee bit, I did a lot of work last year and was under kinda a bit of stress kinda I think I done like too much too soon like, I'd committed myself to a lot of different voluntary stuff and that kinda thing and the couple of months of last year I just had to take time out for myself you know.*

*(32 year old male community worker)*

*I was a support assistant and it was supporting people with mental health issues on a daily basis....but...along with my mental health issue that proved... that proved a bit much, I was helping people with mental health and trying to deal with my own mental health at the same time and it proved to be a downfall. (58 year old male driver)*

# barriers and triggers

## Loss of Confidence

Just under 44% of the interviewees spoke about how their confidence was very low and this had affected whether they thought they might be able to get back to work. This could be related to their health condition, with loss of confidence accompanying being ill, or just the length of time they had been away from work.

*One was just a confidence thing. I'm professionally qualified in a lot of areas but it is interesting that I still had that feeling of 'oh my goodness can I make this move? And yes, just having the confidence when you have been feeling poorly. Can I live with this? Am I going to be well enough to sustain contracts? (48 year old female business consultant)*

*Well, with being out of work, for one my confidence and everything had just plummeted. I was, I was feelin low within myself. Blaming myself for, being off work and – it wasn't really my choice. It wasn't through ma choice that I was off work ... (33 year old male auxiliary nurse)*

*I'd completely lost all of my confidence in myself. I didn't think I was employable. I genuinely thought nobody would want me. I used to go into charity shops and look at the people that were, you know, serving and think 'I can't do that. I could not stand behind the counter'. And this was in the charity shop you know, as a volunteer. (49 year old female shop manager)*

The loss of confidence can include loss of self-esteem or identity if previous work capabilities are no longer possible. One of the negative effects of longer-term unemployment is the way that it can reduce people's motivation to get back into work.

*Just getting back to work cause I think once you've been off well you don't feel like going back. You just.... say you are going to do it, but you don't do it. You just need a wee push. Somewhere tae actually get you to do it. (45 year old male welder)*

*If you are off for a while, you lose your confidence and you start saying I won't get a job I'm too old, I'm no fit. You sort of talk yourself oot it, if you know what I mean? (58 year old female sales assistant)*

As the quotes show, loss of confidence is experienced by people of different ages, employment history and length of time out of work. Even a relatively short absence can cause confidence to deteriorate.

Loss of confidence was thought to be a key barrier by the workers taking part in the focus groups and often had the effect of making it difficult for people to take the first steps towards getting back into work.

# Returning to work:

## Real and Perceived Discrimination

The literature review highlighted how people with health problems may face discrimination in the labour market. Some had faced discrimination and others believed they would be discriminated against. This was a factor for just under a quarter of the interviewees (24%). These kinds of thoughts could prevent people considering work at all, especially if their confidence was low.

*(I)...had a severe problem with a total lack of confidence. Because a certain person in my previous job was making me not well, I seemed to think that the whole planet – know what I mean – was the same, when it isn't. I thought that I would never, ever, ever find a job...*

*(36 year old female secretary)*

*I've got bladder problems and I've got various other health conditions, you know what I mean and you think... When you've got bladder problems, you think that you are self-conscious of yourself. More embarrassment than anything else. (48 year old female care assistant)*

*...see when people hear that you suffer from depression, anxiety whatever they call it – there is still that barrier there – you know it is a case of people don't look to see the person they look to see the illness you know that it does and I mean you are very much aware of like friends and family know what like I am but see when you are meeting someone for the first you are very much aware of you have a barrier up as well as them having a barrier up.*

*(53 year old female secretary)*

These quotes are good examples of the kind of discrimination people felt they might face. A particular difficulty is explaining how, even if they have a health issue, they can still do a good job.

*I knew physically I would be able to whether somebody looking at me would say 'I don't know if she's got anything to offer, maybe he is going to be off a lot.' I worked 17 years in the Hoover and I was never off.*

*(55 year old male care assistant)*

*I faced a lot of difficulties because, I had had a back injury, when I was filling my application forms in and that, the companies werenae interested. They thought you were a liability. That was the feelin that I got anyway.*

*(33 year old male auxiliary nurse)*

*I thought insurance wouldnae cover me or some technical thing. It wisnae a personality thing wae people. It was just that I thought that the rules and regulations wouldnae have me there. It's different if you've like got arthritis or something. It's not going to knock you down deid. Interviewer: 'It was almost like you felt that they couldn't take the risk on you?' That is what I was thinking. That's the only problem that I could see, but it wisnae real I was imagining it, you know.*

*(51 year old male cleaner)*

# barriers and triggers

## Poor Work History

After health and low confidence, a poor work history was the next most important barrier, mentioned by 38% of the interviewees. This incorporated lack of recent work experience, or having poor or outdated skills. People felt that without a recent work history employers would not be interested in hiring them. Additionally, long absences due to ill health can also be difficult to explain. As we have seen from the previous section it can be difficult to return to a previous line of work, but needing to change jobs due to being unable to cope with the demands of a previous job may be treated with suspicion.

*....you just sort of say to yourself, well yeah I want to work but is there going to be somebody that actually wants me to go and work for them, and it's that, it's sort of one side of you is saying yeah, I want to do it' but that other wee devil on the other side of you is saying 'well but would you get it? How do you know if people want you? You said you were going to tell them how long you'd been off now and they're saying 'oh, you got a problem'.*

*(55 year old male care assistant)*

## The Benefits Trap

Concern about loss of benefits and whether working will cause financial difficulties was a problem discussed by only a small number of interviewees. For those who raised it as a barrier there were two issues which had caused concern:

- worries about low wages compared to benefits and whether net income will be greater in work;
- worries about whether they will be able to return to benefits if working proved to be too difficult.

The quote below captures the dimensions of people's fears in a succinct way.

*Well I was a bit kinda anxious about coming off benefits cause actually you don't know if you're gonnae be able for it or up for it kinda thing like health wise, you think it's like the commitments. I have nae worked in 10 years an was kind of scared like if I commit to this and then come off my benefits, I was a bit wary of coming off benefits and if I could really handle getting up in the morning and that kinda thing and like I don't know just like commit to a job and all that I've never really.*

*(33 year old male auxiliary nurse)*

# Returning to work:

The benefits trap, however, seemed to be less of an issue for the interviewees than other barriers. There are possible explanations for this discussed further below, but also worth mentioning here:

- An important trigger to work was the need for more money. In all of the discussion about the benefits trap it is easy to forget that surviving on benefits is not easy and is also demeaning for many people. Given the choice of only being marginally better off in work, many would select work because they feel better about earning their own money.
- The interviewees were now in work and had been able to take up elements of welfare reform, such as return to work credit which had made returning to work financially easier. These had helped to quell some fears about loss of benefits and being worse off in work. Yet many people were unaware of this kind of help before they considered trying to get back into work.

Across the staff focus groups the benefits trap was viewed as one of the most important barriers to overcome (although in their experience few, if any, of the people they had worked with had been worse off in work than in a job). For the staff, the effects of the benefits trap are broader than purely income related. They explained how people can become 'trapped' in a mindset where they become used to having their financial affairs looked after. This can sometimes mean that people are not confident about their abilities to manage financially if they move into work. Another aspect of this is worrying about a change in status which could affect their income levels in the longer term.

*It's giving them the responsibility, because even asking them: 'How much is your rent?' 'I have no idea'.*

*It must be very difficult for someone who is on benefits to come into the jobcentre and admit they could work. You know we always say that if you are saying this to me this is not going to go any further ...and we do tell them that it is all between us and because you are looking for work that it doesn't mean that you're not sick.*

*(Jobcentre Plus focus group)*

In addition to understanding barriers, what can we learn from the interviews about the factors promoting an interest in returning to work? This is discussed in the next section.

# barriers and triggers

## Returning to Work

To what extent are improvements in health associated with returning to work? The literature review identified how improvement in health is one of the main 'triggers' to returning to work for many people and we might expect if people start to feel better they might be more interested in returning to work. However, the literature review also showed how many barriers to work for people with health problems are not health related, so there are likely to be additional factors which are important.

It was sometimes difficult for the interviewees to isolate the factors or circumstances which had led them to consider returning to work, but we have identified those mentioned most frequently in the interviews. Some of these are linked to the lessening of some of the barriers described above, and considering these gives more information about how they can be tackled; others relate to characteristics of individuals and of course specific job opportunities. In the following section we examine lessening of the barriers and individual factors. Factors related to the job are considered in the final chapter.

Although health was the most common barrier to work only a small number of interviewees spoke about how an improvement in health had made them think about work. Perhaps it is a given that this is necessary for a return to work, but it also needs to be recognised that this is a long term process and people might not be feeling better when they first start thinking about work. Yet small improvements in health could often lead to people considering the possibility of work for the first time in many years. Improvements in health can lead to increases in confidence, or help people to feel more confident about the future, which can also promote an interest in work.

*I think, with my health, I just had to do the best I could. Not to focus too much on my health problems, so again, I never felt I was giving 100% to what I was doing although I eventually started to get the interest and motivation back, to think about coming back to work whereas before I never really had.*

*(42 year old male IT technician)*

## Financial Factors

Among the interviewees, financial pressure was probably the biggest push into work, with just over a third relating financial pressures such as the difficulties of surviving on benefit, or a change in benefit (for example a shift from Incapacity Benefit to Jobseekers' Allowance) which can reduce income as being the factor which led them to think about getting back to work.

*So basically I was pushed to go back and look for this new job even though I probably wasn't ready yet, but I thought, well there's no point in them constantly on my back you know and I thought right I'll have to have a go and do something and that made me say 'right square yourself up and do something'.  
(36 year old female admin assistant)*

*I knew myself I had to settle things financially – make coming into my sixties a bit easier to cope with. Getting employment had to happen.  
(58 year old male retail assistant)*

It was also clear from the interviews that some of the welfare reforms had resulted in a positive impact on the interviewees' perceptions of the possibility of employment. These included learning about the possibility of part time employment being financially viable, and the availability of Return to Work Credit and Working Tax Credit. This will be looked at in more detail later in the chapter but at this stage perhaps we could note how the Jobcentre Plus advisers were also positive about these changes and had provided people with an incentive to engage with them.

*As soon as you say you are going to get this extra £40 and they say 'what's that?' And that's the catch and a lot of people come back and say 'I want to go for a job because I can get that Return to Work Credit'.  
(Jobcentre Plus focus group)*

# Returning to work:

## Need for Activity

Another important push factor was the effect of being unemployed. A quarter of the interviewees said they could no longer face being unemployed and the boredom and inactivity which accompanies worklessness. Interviewees felt isolated, depressed and sometimes cut off from family, friends and society. Although this could act as a barrier, it could also be a trigger, acting as a motivating factor.

*You don't have a life without work.  
(57 year old male retail assistant)*

*I thought to myself 'no I don't want this to be the rest of my life.  
(55 year old male admin worker)*

*The mair you are no working, like I did for 4 years and you are sitting in the hoose all of the time. You can hardly pay a bill and you've naebody to talk to because the rest of your family is out working. I was waiting for the dog to answer because I was talking to him and then you sit down and cry.  
(58 year old female sales assistant)*

*I need to get out of this and get back to normal and my sense of normal would be to work and have a routine.  
(39 year old female admin worker)*

Related to this was the recognition that unemployment was making their health worse and that work may have a beneficial effect. Around 9% of the interviewees spoke about this.

*I was climbing the walls. I felt ready, just my health had improved so much it had actually become detrimental being stuck in the house. I needed to get out  
(49 year old female care assistant)*

*The last couple of months I thought it wisnae doin me any good. It was kind of dragging me doon mair and I had to make a move back in.  
(43 year old male driver)*

## Changes in Family Circumstances

A change in circumstance was a trigger for around 16% of interviewees. This change could include having children, which often prompted a desire to get back into work in order to be a good role model for children. Having more time when children had become adults or had gone to school was also important. Death of a relative for whom the interviewee had been caring could also lead them to think about the possibility of going back into work.

# barriers and triggers

## Encouragement of Others

Others' encouragement to get back into work had been a trigger for around 13% of the interviewees. Most commonly, family and friends were a source of information and encouragement to get back into work.

*And it was my sister mostly, she kept saying that I should go to a jobcentre and see a DEA.*

*(36 year old female admin assistant)*

However, given the emphasis in current policy on the role of a range of professionals in raising the idea of work with the service users with whom they come into contact, it is important to recognise that some of these professionals were important in planting the idea of a return to work. This is particularly the case for GPs as the following quotes show. We will return to this issue later in the chapter when we look at factors that promote engagement in return to work activity.

*(My GP) felt that a job would take me out and help me because the depression is not going to go ...*

*(55 female sales assistant)*

*I asked my GP 'can I go back to work?' 'Well', he says, 'as long as you don't do anything to stressful I shouldn't really think of a reason why not'. Because I'd been given what I regarded as a green light. (55 year old male care assistant)*

*Yeah, the doctor was always saying to me look we'd really love to see you getting back into a job.*

*(33 year old male auxiliary nurse)*

Given that many workless people have low confidence and motivation it is important that people have the belief that returning to work is possible. Individuals they come into contact with can act as sounding boards for any discussions about this. The value of these discussions might be enhanced if these individuals have a health background. However, it is important to note the negative impact of others' views about health on motivation and perceptions of whether work might be possible. In the case below the interviewee was determined to get back to work after this discussion with his doctor, but this could have worked the other way.

*The fact that a GP can say, 'you'll never work'. It's different saying you'll never work as a fabricator but to say you'll never work. It was quite hard tae come tae terms wi'. But I just think, I mean, GPs should be me made aware of the difference it makes in people because, I mean, it's no right them sayin, ach you're no fit. We're daein you a favour daein your sick line, you don't need tae work. But it's no everybody that thinks that way. People want tae work. And GPs that sit – the easy option for me, right – unfit. Right. And, to me they should think about it. Because I know myself if hadnae got back tae work I could have just as easy went, 'oh he says I'm no fit'. I would probably be a lot worse off physically and mentally than I am. So. I would say, I think the GPs should think a wee bit before they put their name on a wee bit of brown paper. (50 year old male admin assistant).*

# Returning to work:

It is interesting, too, that across the staff focus groups, improvement in health was not the most important factor prompting a return to work, however an opportunity to discuss health as part of the process was very important. This could happen when people were called into the jobcentre as part of a capability assessment. The face-to-face element of this was seen as important.

*...and they'll say, 'No, I cannae work, my doctor has signed me off and I've no to put in a sick line for so many years. And I say 'OK, but what we'll do is an in work benefit calculation so if you do decide'. And then 3 or 4 months later they come back and say I've been thinking about what you said. Are you sure that if I take this 16 hours I'm going to be able to double the money in my pocket'? I think if you can get the customer into the office I think that is a huge thing.*

*(Jobcentre Plus focus group)*

This is a complex issue and we are not suggesting that discussions about work should be part of every patient/health professional relationship, but it is important to recognise the impact that any discussions can have.

## Volunteering and Training

Just over 10% of interviewees had taken up voluntary work prior to going back to paid work. This had been an important aspect of building their confidence to consider paid work. Volunteering had provided an opportunity to get out of the house and develop some kind of routine, to develop skills and had opened up their eyes to opportunities in this sector and also, importantly, to 'test' how their health would be affected by work. Becoming involved in suitable training also had this effect.

*It was great coming here and I started learning and I passed the first exam so then I changed something and it was a boost to my confidence: yeah I can still do things... I could possibly think about going back to work because I have confidence in myself now.  
(53 year old female admin worker).*

*Doing the voluntary work kind of took the worry (of how work would affect health) away because it was when my voluntary work started my bouts of depression lessened.  
(49 year old female shop manager).*

# barriers and triggers

## KEY POINTS

1. The key barriers included health, loss of confidence, discrimination, worries about whether being able to work and the financial impact of returning to work and are no different to those found in other studies. However, the description of the way these play out in people's lives emphasise the need for a tailored approach to look at the particular way these affect each individual.
2. The factors which trigger an interest in returning to work also vary for each individual. The descriptions of the triggers show how there are a number of different areas where the right kind of intervention might be able to build on initial interest and throughout the range of routes people might take back into work. These include changes in circumstances (family, health, financial) where giving the right information might increase interest and motivation to return to work.
3. People with health problems can be isolated and the negative impact of sustained unemployment compounds any barriers to work they may have. It is very important to ensure regular, sensitive revisiting of their situation to help them to consider work.
4. If this is coupled with the right kind of financial incentives and the offer of continued support that this can lead to a successful and sustained return to work.
5. There seems to be potential for more intervention from the wider range of services in touch with unemployed people with health problems. These people do not need to be experts in employability; their role is more to talk about the possibility of work and the general benefits it may bring.
6. These professionals can also have a role in signposting people to employability services, but this will require investment to increase their capacity to assist.

# Helping people with health

## Introduction

As we highlighted in the literature review, there is greater understanding now of how the most disadvantaged groups, most distant from the labour market can be assisted effectively to move into work. Some of these recommendations have been incorporated into national and local strategies such as Workforce Plus and Equal Access to Employment. We wanted to find out more about how this is working as well as to investigate the longer term impact of the assistance among people who had manage to sustain a job.

In this chapter we provide a brief overview of the types of services used by the interviewees and then go on to provide their feedback on how the services helped. What lessons can be learned for future provision? The feedback about the services has been arranged around discussions about how effectively services are:

- encouraging people to engage in activities which will help them to return to work;
- helping them to progress in terms of developing their employability; and
- ensuring that they are able to sustain that progression in the longer term.

These are the key issues that employability services continue to grapple with and where the analysis of the case studies has the potential to improve our understanding of what works.

In this chapter we have also included feedback from the staff focus group to highlight their perspectives on these issues.

## Services Used

Given that the interviewees felt they faced more than one barrier to returning to work, we might expect that they would need to use a number of support services to tackle these effectively. Table 11 shows that this was indeed the case and the interviewees had generally accessed more than one service when they were returning to work.

- only 10% used one service;
- 31% used two and 38% three services;
- a fifth used four or more services.

Table 11: Number of Services Used

NUMBER OF SERVICES	% OF INTERVIEWEES
0	1
1	9
2	31
3	38
4	11
5	6
6	1
7	1
8	1
Total	100

# Health issues return to work

Table 12 shows the range of employability services used by the interviewees. To a certain extent the types of services used reflect the agencies and organisations we contacted to source interviewees, however the table does give a flavour of the range of services which can be accessed by people with health issues returning to work.

- Jobcentre Plus is the most common source of help – but not all of the interviewees used the jobcentre. However, the jobcentre often refers people onto other services such as condition management and job brokers.
- Other employability support projects include projects which work with people with disabilities, drug users, people with mental health problems and Working for Families etc. Just over 40% of people used these services.
- Job broker services assist particular groups back into work and will assist with the application process, job placements, and securing interviews among some of their services.
- Condition Management provides cognitive behavioural therapy to Jobcentre Plus clients.
- Other support projects include projects which help with issues not directly related to employability, like Women's Aid and money advice services.

*Table 12: Range of Employability Services Used (% of Interviewees Using)*

Jobcentre Plus	83
Other employability support projects	42
Job Brokers	18
Local Regeneration Agencies	16
Condition Management	14
Working Links	13
Wise Group	11
Routes to Work	11
Other support projects	8
Access to Work	1

We also looked at the types of health services used by people if these had given some support which was work related. The range of these services is shown in Table 13.

Although a lower proportion accessed employment related support through health services and a range of services were mentioned:

- just under a fifth received support from psychological or psychiatric services and from a range of practitioners in this area including psychologists, counsellors, psychiatric nurses and group therapists;
- just under a fifth were also actively supported by their GP in returning to work;
- drug and alcohol services also can play a role in supporting a return to work.

*Table 13: Range of Health Services Used (% of Interviewees Using)*

Psychological or Psychiatric services	19
General Practitioner	18
Drug or Alcohol services	15
Occupational therapists	4
Physiotherapists	4
RNIB	1

These tables show how the interviewees have been in touch with a range of services which could potentially assist, but how did this work - how easy was it to get in touch with services, how did they encourage people to progress and have they helped to sustain employment?

# Helping people with health

## Engagement in Services

When people first think about returning to work there are a number of ways they might find out about services including: Jobcentre Plus, other job-related agencies, referral from GPs or other health services, recommendations from friends and/or family, newspaper or internet advertisements, general word of mouth or, in some cases, sheer chance.

*'Nobody told me what to do, there was nobody to say 'this is what you should do.' It was just a by chance meeting, I met one of the boys and he said to me 'go and see Organisation A or I would still be applying for jobs.'*

*(41 year old male data entry operative).*

In an earlier chapter we looked at how there were different 'triggers' for people beginning to look to get back into work including improvements in health, getting involved in volunteering, the encouragement of others and changes in motivation (often through getting into financial difficulties, or feeling unemployment is making health worse). When the person makes the decision to return to work it is important that he or she is able to access a service quickly and easily if some support is needed. So, what are some of the issues around the initial engagement of people in services?

## Approach from the Jobcentre

For most of the interviewees, the first step in the process of the return to work is a visit to the jobcentre. Although Jobcentre Plus are using more outreach to try to attract people onto programmes, it was more likely for the interviewees on IB to be called into the job centre for a review. Although this is designed to be an opportunity for a person to find out about the services that might help them back to work, the interviews show how this can be a traumatic event. The fears of being 'pushed' back into work or losing benefits are clearly barriers to successful engagement, but this can be turned around with the right adviser input.

*I was on Incapacity Benefit and I got a letter saying 'you've got an appointment to see this job advisor. If you do not show we'll stop your benefits'. And I was very upset to get that letter because I had a sick line from my doctor and I wasn't well enough to work and to be honest I couldn't bear to face anybody, and in fact I'd never been in the jobcentre. I'd worked since I was 17. All that was to me was a trauma especially without feeling really low. So I managed to phone up and I kind of got upset and the lady said 'oh, I'm sorry, the wording of the letter's not very good. You come down and chat with me'. She's very good, you know, the girl, was really good with me, she sent through lots of jobs but I did feel it was a pressure that I could have done without but I can understand why that happens. They allocate you an advisor and you've got to go and see her.*

*(39 year old female secretary)*

*Sick. Sick, I wis. But I went doon and met the lassie. Oh she was awful, awful nice. An awful nice lassie.*

*(54 year old female machinist)*

We have also seen above how isolation and being 'left' on IB without any contact can also create barriers to work, so clearly such an approach offers potential for engagement. When people first come to a service they are likely to be very low in confidence, it is very important that advisers are able to respond to people on incapacity benefits who express an interest in work appropriately. This means taking a gentle approach and looking for any interest in work.

# Health issues return to work

*What was I saying there – like anybody now who is long term Incapacity Benefit like I was, for the type of thing that I was on it for....needs to be brought in in a very informal interview regularly in a way that's to help them. Not to see if they're still eligible for benefits but to see how can we help you back? We're here to help you, not to take your money away, not to make life terrible for you.*

*(49 year old female retail manager)*

*I think in the beginning that's what we were doing and I was getting... I think I was getting the benefit certified again that I was getting Incapacity Benefit instead of Income Support or whatever. That kind of thing and what the Advisor says is that you don't need to work again until 2011. I said no. I want to go back. I would never get another medical for another 4 or 5 years, but that wasn't what I was looking for.*

*(51 year old male cleaner)*

Yet Jobcentre Plus does face difficulties convincing people that it can have this role; factors like:

- people's previous experience of the service;
- reputation; and
- preconceived notions of what the jobcentre can do;

need to be recognised and overcome.

*There is little that the jobcentre can do. If there's not jobs there's not jobs. You know. I mean, that's the way I look at it. And some of the money I was offered for the jobs. Ach, I'd just, look at it and think, nah. No way.*

*(58 year old male transport driver)*

*I don't think the jobcentre, job wise I don't think they were really – I mean, it's no as if 'we've got a vacancy that might suit you Mr. it was all financial. I mean, every time I was in 'how's your finances and things?' Every time I went down every month it was like a case of you didnae want tae work any jobs, you know. There was never any 'there's a vacancy that might suit you'. (57 year old male retail worker)*

*I remember once at the time I got a letter fae the Department of Works and Pension and it was New Deal for Disabled. And I thought, I never ever thought of mysel as being disabled. Do you know what I mean? It was like, it was no for me but I was sitting, I was readin it and it just talked about people that were long term unemployed, it was startin tae seem relevant. So I thought, is that right? So I started tae go down tae the jobcentre but then I don't know if it was – it's probably changed noo but at that time, the only person you see when you walked in the door was a security guard. And they just showed you – there's a screen, see if there's any jobs. And I never spoke kind of face to face wi' anybody. I mean, that was nearly a year and a half.*

*(50 year old male admin worker)*

# Helping people with hea

*...the jobcentre have got, they've got too much too much work to do and no enough time to do it. That's the way that the jobcentre's going. Plus, they've just shut it up. They've shut half of it down and turned half of it into a social for some reason. Plus, you know, you go to the jobcentre and you've got all the junkies and alchies and shouting and bawling – you cannae be dealing with that, it's just too annoying. (26 year old male telecommunications technician)*

*I had heard from people that somebody who knew somebody who had cancer and they were attending the jobcentre and the jobcentre were forcing them to get a job. However, by the time that happened, I just thought if I can get some kind of help fine, if I can't fine. At least I know where I stand. (54 year old female therapist)*

*I was very sceptical because I'd never dealt with the jobcentre, benefits agency or anything like that before and obviously your hear kinda stories and you think, oh they're gong to push me into doing something that I don't want to do... but for me it was a really positive experience. (27 year old female sales assistant)*

*It's going back and forward to this Broo. Half the time you have no bus fare so you are walking it. The time you get oor there you can't be bothered wie daeing nothing, neither ye can. You just want to go in and sign yer name and get back oot again as soon as possible. You know yerself, you go oor there and it's waste of time going oor there as well. They want to put you on all these courses but I've done all these – away back years ago. To me, they have no changed, neither they have. (49 year old male labourer)*

Pathways to Work was recognised as being different in approach to other job centre services and the Job Centre Plus staff interviewed in the focus group recognised that people do feel anxious at the initial contact stages.

*See when you get a person walking in for the first visit? And their shoulders are up at their necks and stuff like that and they are shaking and you say to them 'this is what I'm gonna do' and you don't tell them everything. You just tell them a wee bit and get them to talk a wee bit. You know try and get them to talk and at the end of it ye turn round and say. 'So that's you for today and what we'll do is when you come back in next time maybe we'll look at what other things are available to you'. And you see them going 'is that it?' See the next interview, you see them coming in and sitting down and going 'what was it we were talk about today?' As with before, if you had badgered them you wouldn't have got anywhere with them. (Jobcentre Plus focus group)*

# Health issues return to work

## Referrals from Health Services

We have looked in earlier chapters at the potential role that health services can have in helping people to think again about work. These services were sometimes the first point of contact for people thinking about returning to work. There is evidence from the case studies that this is happening, with a range of services from physiotherapists, counsellors, GPs and hospital rehab services discussing work and then referring on to appropriate services.

*I didn't know where to start. I was actually quite fortunate because I was referred to Momentum in Glasgow (by occupational therapist).*

*(29 year old female hotel worker)*

However, here, again there were some inconsistencies either because work was not discussed or the health service people did not have a clear idea of the kinds of employability support available.

*No, to be honest my GP was not useful in that respect at all. In fact, if GPs knew more about these things, when I first went along when I was having problems which would be maybe March last year, I asked for counselling, there was nothing mentioned about jobcentre and at one point I asked him for a sick line and I don't know why I asked him and I said I don't know what to do with this and he said I don't know either. Now, had he said go along to the jobcentre or if there had been somebody there who could have guided me because I didn't even know about jobcentre places.*

*(54 year old female therapist)*

This is perhaps not unsurprising with the complexity of the employability service landscape and case load pressures on health service staff, yet it is clear that if more people with health issues are to be reached, referrals from health related staff needs to be strengthened. The importance of health staff taking employability on board is captured in the quote below, where a young woman, who had had a stroke at the age of 25, needed support to help her to see that she had a future.

*Being my age I needed to know pretty quickly that were options out there for me and I can get into them and I did have the support so it would have helped me a lot if I knew about the employability service months before rather than over a year later. It's nothing against my Occupational Therapist. For me I needed to know, I might not have been able to do it at that time, but I needed to know I could get back to work. (29 year old female hotel worker)*

# Helping people with health

## Referral to the Right Service

Employability services may not be very high profile, but several of the interviewees spoke about their surprise at the array of help that was available to them once they became involved in the system of employability service delivery. We have seen at the start of the chapter that many did take advantage of these services. Accessing the most appropriate service for the particular individual is clearly another important aspect of successful engagement. Some interviewees continued to work solely with the service they accessed initially, but several were also referred on to other agencies to assist with particular needs. Generally there was also ongoing contact with an adviser in the service they accessed initially. The referrals included:

- services which could help people manage their health issue;
- job brokers to assist with job search, applications, CVs, work trials etc;
- placement and job coaching;
- training;
- specialist advice services, such as on money management.

Interviewees were generally happy to take up these offers of support, but it is important to be aware that onward referral can be a daunting experience.

*But again, my DEA explained to me what Momentum could do for me and I'm saying 'but can they do this?' 'Yes, they can do all these type of things. But then I'm thinking to myself, am I just going to go here and they'll take the Mickey out of me. (48 year old male project coordinator)*

*So, I started and I'll never forget the first time I came in, the sweat was lashing off me and you need to sign in at the front door and she's going 'just sign in' and I couldn't even write my name, I was shaking that much. I could hardly write my name. She says 'it's okay, just try. It doesn't matter if it's just a scribble.' (34 year old female admin worker)*

How receptive people feel about attending a new service can be influenced by their perception of the service. We have looked at some negative perceptions earlier, but there are also more positive aspects, including awareness that the service has helped other people in the same situation. In some cases it can just be the way the intervention is presented which can affect how appealing it appears.

*No, I knew a couple of drug users that had been here and some of them had done awright so... I thought I would give it a bash and see what happens. (42 year old female call centre operator)*

*Its name was just right up my street 'Working for Health'. It just rang the right bell, you know and then the hospital. We went through a lot of different works, jobs and the likes and I said 'that's it'. (33 year old male auxiliary nurse)*

We will look in more detail how these different services work to develop skills for employability below, but one issue which emerged was the recognition among some service users of the way which services sometimes 'competed' for a referral. As the quotes show, it can take confidence and a certain level of awareness to deal with this effectively and not all people returning to work will have this skill and confidence.

# Health issues return to work

*Occasionally they were kind of competing with each other to have the input or need to get the credit. I don't know. But on the whole, because I am fairly articulate and I can and I won't just be pushed around any more, I probably was guarding all the movement myself really. When I had been offered the training placement with Organisation A and I had had input from Organisation B and also from Organisation C, they were kind of like vying with each other. 'Well, I can give you this support and I can give you that support'. Or, I felt maybe closer to one of the individuals than to another and I would have liked to be able to choose who did I go to if I had a query who would I approach rather than have them sort of looking over my shoulder all the time. 'How are you getting on? How are you getting on?' I suppose it was well meant but sometimes it was a bit off-putting actually.*

*(46 year old female secretary)*

*'I went to the Organisation A and I went to Organisation B and so sometimes the two of them were phoning to go to the same places. You cannae be in the same place twice. So that was causing...I like to know what I'm daeing. If I know what's coming I am happy but when two things come in at wance that sort of unsettles us.'*

*(56 year old male crossing attendant)*

Additionally, this kind of competition can inhibit the development of a client centred and streamlined employment pathway. It is perhaps the reason why health services and employment advisers looking for support for clients find it hard to find.

*[You need] health advisers at the Jobcentre to say well, there are these organisations out there, rather than being in this wee clique, not knowing what the other one, the left one what the right one's doing. If everybody knew what was available and allowed people to apply for them it would be beneficial.*

*(41 year old male admin worker)*

## *Making Progress*

Once interviewees had located assistance (and the right kind of assistance) the quality of service is the next important factor influencing the extent to which they will continue to engage and benefit from the help provided. There seem to be a set of key factors which relate to the approach taken by the service and the quality of the relationship with the adviser or key worker the person worked with. Several aspects of the approach taken by the service seem to be important, including putting no pressure on the person, treating them with respect and offering appropriate support.

# Helping people with health issues

## Lack of Pressure

The interviews made clear the importance of not putting people with health issues under pressure when they are thinking about returning to work.

*Now I know differently that they are not going to say 'right give me your benefit,' but when you don't know...And there must be thousands now going through the same thing I was going through.*

*(49 year old female retail manager)*

*I felt that I was getting pushed to get back to work and you know that's when I went and got a letter from my doctor to show them because aye at first I felt as I was getting pushed too much and I just wasn't ready. I thought I'll know myself when I'm ready to work – when I'm ready to go back.*

*(42 year old female cleaner).*

The importance of creating a relaxed atmosphere and going at the pace dictated by the person looking for work was brought up frequently and this was a very important factor encouraging engagement and progression.

*The stories I had heard of the jobcentres, it made me very wary. But what Catriona did was looked at my skills and said that 'you have a lot to offer somebody. She was very gentle, very concerned and made it obvious that she wasn't there to push me into work.*

*(54 year old female therapist)*

*I never felt forced into anything but I knew that the help was there for me.*

*(55 year old male admin worker)*

*I have to say the very first time I went to the jobcentre, to see the girl, she told me all the information and she said, 'now you go away and think about it' and, you know, there was no, she didn't push me into getting a job, she just said 'come back when you feel like it,' because at the time I wasn't sure I was ready or, you know, I knew I was on the right track, but I still wasn't getting very sort of positive feedback from the medical side and, you know, things just weren't stable enough and she said 'as soon as you feel you're well, come back'. But she said 'I will phone you in a few weeks, just to see how you are. There's no pressure'. She said 'I'm not pressurising you but I just, you know, I want to keep in touch. And any problems you've got'. (51 year old female nurse)*

*I think if I'd seen this place sooner, I think I would be back in work sooner. Cause I says, I was quite impressed wi it. You'd come in and there wis naebody..... It's like 'do you want a cup of tea? How are you getting on?' And start talking about football and things like that. If you want tae go fir the job, if you don't, there's naebody'll make you, you know what I mean? The papers were all there, the Internet and everything and the computer. If you had any bother writing or anything like that, that side of it – filling application forms oot – it's that comfy here a lot of people coming in, you know.*

*(43 year old male bus driver)*

# Health issues return to work

## *Understanding, Supportive Approach*

The quality of the input from the adviser the person works with is important, with factors like their approach to the client's needs, their manner and attitude all determining the quality of the relationship. It sounds obvious, but an understanding of, and genuine interest in, the person's circumstances are also important factors. However, as the earlier quote and those below illustrate, interviewees faced by patronising staff grew despondent. A lack of interest or a dismissive attitude on the part of staff was viewed as equally off-putting.

*You go in and look at these bits of paper and the guy talks to you for 5 minutes if you are lucky. You sign your name on a bit of paper and that's you until the next 3 weeks. They don't realise the stress they put you under.*

*(49 year old male labourer)*

*Basically you walk in, sign on and walk out. Naebody actually sits down and helps you. (26 year old male electrician)*

*They're their tae gie somebody a job and to turn round and say that 'you've no worked fir 6 months, whit about trying this'. What about going fir this interview the morrow at 10 am and saying 'I cannae'. When you are thinking that I'm going tae the hospital.*

*(43 year old bus driver)*

Conversely, the experience of a personalised, client centred approach encouraged many of the interviewees to further engage with the service. These quotes refer to employability organisations, often in local communities.

*I felt comfortable the moment I walked in, you know. It was just the whole approach. You know 'how are we going to help you' and there was an enthusiasm there that you didnae see elsewhere.*

*(50 year old male admin worker).*

*I felt completely understood.*

*(53 year old female records officer)*

*It's done in an unobtrusive, informal manner which for me is the answer.*

*(34 year old male retail worker).*

*I think you just walk in the door and they're just so welcoming and, what, you know obviously they explained, 'right, nothing's a problem. We'll get you there – we WILL get you there at the end of the day, we will get you a job.' You know. And everybody, well, I don't know about everybody, but your confidence is about zero. You know, and you have no self-esteem, and it's just a bit of a nightmare. And they just take you in hand...*

*(46 year old female nurse).*

# Helping people with hea

*You can walk in and sit and you can pick up the papers, you can go online, you can dae – basically, it's like sitting in here where you can, if you've got a computer or the papers you can just sit and look through it, plus you've got the telephones there. If you want to, if you see a job, you can pick up the phone and phone them. You're no rushed, you're relaxed, you could walk in – even the staff, the staff arenae the staff, the staff are your pals. They'll just sit and talk away to you and they'll slag you and they'll have a joke with you.'* (26 year old male telecommunications worker).

*Somebody always coming up to you and saying, 'how are you getting on? What have you got so far?' 'I've got this I'm not very sure.' 'What you not sure about?' 'Oh well, I'm not very sure about what to do next.' 'Well what do you think the next step would be?' 'Well I suppose I should really phone?' 'Well, come on, let's phone. There's the phone.' You know what I mean? Really pushing you. 'I'll dial the number for you', almost. You know, that kind of thing, to get an application form. Which is really what you need.* (46 year old female nurse)

However this kind of approach was also possible in the national agencies. Jobcentre advisers' positive attitudes were also recognised by the interviewees, as shown in the box below.

*I asked her as soon as I sat down, I said don't tell me any lies and I'll no' tell you any lies' and she says 'right, great, that's my mentality tae'. And I felt she was telling me the truth. She made me feel great, she made me feel dead at ease, dead comfortable because in the broo they're trying to catch you every which way they can. I'm your personal advisor, what you tell me is between you and me. I believed it. I still believe it. It made me feel great, made me feel dead comfortable and at ease. It made me feel good.* (58 year old male retail worker)

From such quotes it is clear that the adoption of an informal, understanding approach by staff encourages individuals to engage with their service. Given that many of the interviewees suffered from low confidence and self-esteem, such an approach is necessary for success.

An important aspect of this is having belief in the person's ability to get back into work. This can build self-esteem, confidence and motivation.

*I think it was just communicating. The way they spoke, it's what they say, you know that really counts isn't it, I mean if somebody speaks to you in a manner that really helps you feel that you can do this....you know...a lot of people who are ill and don't feel good, like I didn't think I could do it, right but Duncan he was really, really helpful – I mean he really made me feel that I could do this and he was like the way he spoke to me, he said "I believe in you, you know, I know you can do this" and he was really, really good.* (42 year old female secretary)

# lth issues return to work

*They were very supportive as well – know what I mean? They would encourage me tae, tae de somethin' about it. So because I had, because I had their encouragement, that motivated me because it gave me that self belief whereas I was always negative and wi them gieing me the pat on the back. It motivated me, it wis like ah cannae do this they'd be like 'well, let's go and try'. (43 year old male bus driver)*

*I don't know....Jim would gie ye...like I didn't have a lot of confidence....I thought I couldn't do anything....I thought I was like ...stupid....but they make you feel like... I used to work in a charity an shop an all like...Duke Street. Something had happened in there...and Jim said don't worry about that everybody speaks different. Like I was paranoid about the way I spoke sometimes. So he gives you a bit of confidence and things like that. (42 year old female cleaner)*

*Say you go into a jobcentre and you get somebody who is just not interested or they want like immediate results and you.... Mair or less you do what they tell you, that puts you right off. You'll just no go back. If you get somebody like Lorraine that will talk to you and understand why you've no been back at work and get a job to suit you and your needs, it makes a big difference. Because if I hadnae got her and got somebody else that was pushy, I wouldnae went back. That would be it and I wouldnae have gone back to work. It was with her confidence and her helping me that gied me the confidence to go back to work. (58 year old female retail assistant)*

An additional factor, however, within such an approach was the issue of age. A number of the respondents, many in their late forties or fifties felt uncomfortable with a young adviser. Often they felt patronised by the adviser and that the age difference eliminated the common ground required for understanding. Advisers who were closer in age were viewed as more understanding.

*The first point of contact was a chap who was nearer my age which was a big help cause he talked the same language...I always came away with a feeling I was being patronised when it was someone so young, because some of them were about 20, you know, and they're telling me how to get experience. (49 year old female retail worker)*

*She just was as if she was my next door neighbour. She was such a nice lassie. Kinda ages wi – no ages wi me but maybe a bit younger than me. It wisnae wan aw they young wans that is dictating to ye you know whit I mean. Thinking that you are 50 odds and...she was younger and more understanding than some of these wee lassies that you get. She certainly is more understanding that way. I don't know if it was just our age range that she maybe dealt wi that she had a bit mair can sympathy fir ye and I suppose she knew that you were anxious and maybe hadn't worked fir a while. (54 year old female machinist)*

# Helping people with health

## Sustaining Progression

As the chapter on barriers has shown, people with health issues face some barriers related to the health condition they have, but a lot of these are the common employability issues faced by many other disadvantaged groups such as needing to get more up to date skills, work experience, help with job search, the application process and building up self confidence. To sustain progression, services must provide assistance both to deal with the health issue and employability and in the right balance for each individual.

There were two general points raised in the staff focus groups which are important to highlight here. In the first place, there was recognition that progression can take time and working with people with health problems is a long term process. Second, it is important that progression to other services is as seamless as possible. In this section, we look at the various ways services can assist people to sustain progression to employment.

## Dealing with the Health Issue – Counselling

Counselling was sometimes suggested through a referral from an interviewee's GP, but in most cases it came as a result of a referral by Jobcentre Plus with clients referred to the Conditioning Management Programme. In general, most of the interviewees who attended such additional support found it helpful and relevant.

*For one thing, the fact that it is there is wonderful. Whoever thought it up, it's a great idea. There must be thousands of people that were like me, particularly a lot worse than me that have been through more than I'll ever go through. It helped me because I could look at it from a different view. (55 year old female hotel worker)*

Whilst condition management is not directly aimed at helping people to get employment, many found it assisted their employability by raising their self-esteem and confidence and teaching them how to better manage their health condition and deal with stress. Despite this, however, not everyone found counselling useful.

*I made arrangements one lunchtime (with Condition Management) met, had a chat, walked away, didnae feel any different. (37 year old male IT technician)*

The importance of an individualised approach is again highlighted.

## Training

Some interviewees were assisted to find training through organisations. Most commonly this was IT related, for example the European Computer Driving Licence. Others were given training in areas such as administration skills, literacy and forklift truck driving. For those undertaking IT training, this was viewed as helpful, as being out of the labour market for some time, some interviewees felt out of touch with today's technology. However, whilst such training was aimed at adding to an individual's job specific skills, more commonly it assisted with their employability more generally. By attending courses regularly, respondents were reintroduced to a regular routine, and brushed up their inter-personal and people skills. Furthermore, many felt attending courses raised their motivation to return to employment as well as boosting their confidence and self-esteem, especially if they gained a qualification.

*One of the tutors was very good because he put you at ease...like there just when you are ready, try this and it was like coaxing you along. (53 year old female secretary)*

*It gave me the get-up-and-go – I mean actually a purpose to get up in the mornin', something to do. It was meeting people, get tae talk to people instead of stuck in the house so that was the start. (43 year old male driver)*

# Health issues return to work

## Job Placement and Voluntary Work

Providers also arranged work placements. Though in the majority of cases these were unpaid, the placements provided individuals with job specific skills, increased their confidence, gave them experience and often provided an opportunity for a permanent post in the future.

*Aye, just 4 hours a day. But that was good and it was just... That was a great thing.... I wouldnae have got the job if it wisnae fir this. (46 year old male factory worker)*

*It kinda opened up my horizons a wee bit. If you can do this, you get a wee bit more experience and may get something better. (19 year old male factory worker)*

Similarly, a few interviewees found voluntary work increased confidence, self belief and motivation to return to work.

*I think between my voluntary work and, like, being on courses, I think I just wanted to keep my hand in and the administration and now office work, but I don't think I felt confident enough to go into a workplace again. (40 year old female secretary)*

*She actually asked me at the interview why I wanted to volunteer and I said 'to be absolutely honest with you, it's to get me back to work, and if I can do something to help in the meantime, and help me, then you know, all to the good'. And you know, I started there in 2003 and I left when I went to go full time with Barnardos because I was still doing voluntary for them when I was doing my permitted work. (49 year old female retail manager)*

## Financial Assistance

Whilst many of the interviewees noted the role of Return to Work Credit (RTWC) in sustaining them in employment, a number also felt it played a role in their decision to return to work. As many of the interviewees were only capable of considering part-time roles, the opportunity to top up a wage with RTWC was welcomed. Most commonly respondents were informed of the benefit through Jobcentre Plus staff.

*I know I wouldn't have done it because the way I was looking at it I would have had to take a full-time job as I don't have any dependents. I wouldn't have been able, obviously to work full-time, (because of back problem). But without Gemma phoning and saying to me and explaining to me: 'no, you don't need to work full-time, you can just work 16 hours, but you will get help'. I would never have known anything about that. (52 year old female cleaner)*

*I was looking for full-time work, I thought '16 hours a week, what's that?' I was unaware of the help that was available and she took me through that stage by stage, explained and showed me what was there for me, what they could do for me albeit on a fixed timescale - for a year you get so much and after a year you drop this but that keeps on going for a second year. (58 year old male retail worker)*

# Helping people with hea

Grant assistance to help with the costs of moving into work such as interview clothes and travel expenditure was also seen as helpful.

*I think I went with Shaw Trust and I also went to Working Links as well and they just gie you the normal stuff – your £100 Discretionary Fund to get yourself a rig out for an interview and stuff like that.*  
(37 year old male trainer)

*Yeah, they were a big help to me. They saved me money and also getting back to work clothes and whatever, working boots, things like that. They were, they were, they were a big help.*  
(49 year old female sales worker)

However, the costs of looking for work is an area where there was some inconsistency across providers and this needs to be recognised.

*What was bad was every time you came here to this Department, you had to pay your £2.50 or £2.85 depending on what time of day they asked you to come in for the appointment. Remploy when you went to them, they paid you your bus fares. Up here, they don't. That had to come off your 30 or 40 odd pound which I felt was weird. I didn't get any help with electricity or gas. I didn't get these lump sums that the Senior Citizens get which I think is wrong.*  
(56 year old female retail assistant)

## Confidence Building

As previously mentioned, many of the respondents, having been out of employment for so long, were suffering from low confidence and self-esteem. Many of them, therefore, noted the importance of confidence building in progressing their employability. In some cases this was achieved through the attendance of courses; in others through attending work related training or group exercises within the organisations; and for some by the attitude, assistance and encouragement provided by the service staff.

*I think it built my confidence and made me a stronger person to get back into employment. Again, full of encouragement and everything and they always says 'when you are ready. When you're ready. 'Aye, well I'm nearly there. I think I can dae it noo'.*  
(42 year old female trainer)

*Your confidence is about zero. You know, and you have no self-esteem, and it's just a bit of a nightmare. And they just take you in hand.* (46 year old female nurse)

Conversely, there were a number of interviewees who noted how staff with dismissive attitudes put them off further engaging with the service and therefore building a relationship. Often it was felt that staff, especially JCP staff, were keen to get interviewees into any employment rather than employment that suited them. Furthermore, they did not account for health problems or low confidence and how this could be tackled.

*She didn't rush me into it in the beginning, but as time went on, you know, no harm to her but I felt she was kind of more or less she was wanting me to take anything.*  
(56 year old female sales assistant)

# Health issues return to work

## Linking With Employers

One area of work which was valued by several of the interviewees was the way services had been able to link them to employers who understood their needs as people who were returning to work after facing a health problem.

*But you go to Routes to Work South, they're saying look we deal with different companies. They know the sort of people that we bring along, so... now you had a health problem, you feel you're starting to get over it, you're willing to get back to work so that's the big positive up isn't it so we'll if need be do the approach and initiate your interview and we can take things from there.*

*(55 year old male care assistant)*

*I confided in him, I was truthful with him what was happening and he was okay about it, cos he seen that I wasnae mad wi it, I wasnae using other drugs I was... and I was trying to sort my life out and he respected that and I suppose being honest and that as well and letting him know it wasnae a long term thing, I would be sorting this out and he took me over to see the company.*

*(37 year old workshop assistant)*

The way that services can help to link people with employers and help overcome barriers was also discussed in the focus groups.

*We show the person is capable of doing the job and then we know even if it's at the end of the interview or at contact after that maybe before the person starts work. The other thing as well is we use relevancy, capability and disclosure. If you are capable of doing the job, there is no point in disclosing a barrier and a lot of people do that. They start off with saying that 'I have this problem.' But I don't tell people I have a disability because it does not affect anything that I'm capable of doing so there is no point in disclosing it and raising the barrier.*  
*(Mixed staff focus group)*

# Helping people with health

## Sustaining Employment

One area of support receiving more attention is in work support. Services have learned that there are potential problems in the early stages of a return to a job if people have not worked for a long time.

*People can often find a job that's not a difficulty, but sustaining it is the really, really hard part. (Mixed staff focus group)*

Therefore in policy and practice now, there is greater emphasis now on sustaining and helping people to progress in jobs. From the interviews, there were two elements of this which are important:

- placing the person in the right kind of job for them in the first place;
- providing ongoing support when they are in work ('in work support').

In the literature review there was a suggestion that being in work seems to be more important than the type of work secured in making people feel better. While this seems generally true, there were some cases where work had made health worse. Are there any features of work which are important moderators of the potential benefits? A range of factors might be important including the:

- security of the job;
- what can be called the psychosocial work environment relating to the demands of the job, and the suitability of the job (hours worked, nature of the job and whether people have a realistic expectation about what they could do and whether people find jobs at a lower level than their previous position).

The majority of the interviewees, as you might expect because they were still in work, were experiencing benefits from working over and above feeling better about themselves in work compared to being unemployed. This was primarily because they enjoyed the job, or derived a lot of self satisfaction from the job and felt they were contributing to society or had managed to get a job that suited them. Even if the job was demanding, they got more rewards from the job. The dimensions of these issues are examined in more detail below.

## Job Demands and Conditions

There are two aspects of the psychosocial work environment that may be important in determining response to a job. These are the decision latitude (the control over the pace and variety of work the individual may have) and effort reward – the balance between the efforts and demands of the job and rewards (such as salary or whether the employee feels valued). A 'good job' would be one where a person has control over the pace of their work and is rewarded.

*It can be monotonous. You end up day dreaming and stuff like... you think about things. The great thing is you get money and you kind of think about what you can dae wi yer money. You see all these people and I've never seen this before where they are all talking about workers who are just back fae their holidays an aw that. It's great. I wouldnae mind a holiday. I haven't been on an aeroplane or nothing, you know. Talking about holidays they've been to Spain an aw that. Try and get myself a holiday. It's no the greatest of jobs. It's basic. It's really a start for me cause I've got absolutely nothing tae fall back on, but it's getting me oot the hoose although I ride the bike and stuff like that, it wisnae the same you know you are getting some money by you know and things like. I had some debt and that is all cleared noo. I cleared all the debt I've had.*

*(46 year old male factory worker)*

# Health issues return to work

*No I can honestly say no because I enjoy you know. Like from the minute I go in I am kept busy, right but it is not under pressure busy if you know what I mean. It is just you are kept busy and your day flies in but there is not a pressure there. (53 year old female secretary)*

*Satisfaction. I go home at the end of the night, I don't feel stressed out. I don't feel as if I want to scream. I've gone home and shed tears. Tears of frustration and tears of sadness. But I don't get all worked up. I've finished work, that's me for the day. I'm back tomorrow at 7 o'clock. My time's my own. (51 year old female healthcare assistant)*

As these examples show, again, it is not possible to be prescriptive about what is a 'good job' for everyone, but it would be helpful if people had the opportunity to discuss these issues

## *Job Suitability*

For many of the interviewees, the suitability of the job was more important than other factors like pay and this was an important element of sustaining work.

*I like it because the, the, the staff are friendly – they're good people to work with. And because... I think it's because it's a mental health project, they, they actually, they actually seem to know all about certain things, more than maybe going into an industry, you know, say going into a shipyard and saying: 'giss a job – ah can do this', you know, whereas there seems to be a wee bit more understanding. (55 year old male admin worker)*

*I think I'm in a comfort zone just now and I just don't want to get out of it at the moment. . It doesn't stop me looking at jobs or anything but it is just because you don't know the things you are qualified for and it's full-time but I know I can't do full-time. And you look at part-time and part-time hours are in Glasgow and I can't really travel up to Glasgow at the moment. (29 year old female hotel receptionist)*

# Helping people with hea

## Job Security

The literature also suggested moving into poorly paid, insecure work, or returning to benefit if employment is not sustained can lead to further periods of sickness. Many jobs are now more precarious than in the past due to the flexing of the labour market which has increased the proportion of jobs which are part-time or temporary. People in precarious employment can have higher rates of job dissatisfaction, fatigue and backache than those in permanent employment.

Yet the danger of losing a job due to it finishing was not an important issue for the interviewees and many of them were in permanent positions which they felt they would be in for a long time. Few wanted to move on to a different job and were happy to stay where they were. However, this is not to say the jobs were particularly secure and in many cases working conditions were difficult. However, most people made adjustments to cope.

*They are to employment relations what Attila the Hun was to social work. But that's the down side. The upside is your clients because your clients become like an extended family for you. Every night, my last task of the night is to go to a wee lady, take her dinner. The wee lady's 98 and she's an absolute charmer and you just – it's like having a granny again. You just, you go round there and skip down the road to go and make wee Mary's tea and she's got a diet that could kill most people and she's 98. She's absolutely amazing. (55 year old male care assistant)*

## Enjoyment of Work

Finally, and a fairly obvious point, if people can get a job they enjoy then they are more likely to stay in it.

*It is actually a good wee job. It's a good wee number. It's actually a good wee number. It's either that or Security. I didnae want to go back to caring. I done caring for both the parents and I found that very stressful. I was dealing with both parents with cancer. I says naw I'm too old for a building site. It takes me all my time to do my gairden. I get a good laugh with my colleagues. It's a good environment to work. It's all working with men were ain age and we have a good carryoan and the good banter. I have minutes when it's glorious. Your sitting outside with a lollypop and you get 3 months holiday a year and a Transcard and different things. A lot of perks....aye, it's enjoyable. There's nae pressure. Sometimes you get a bit of abuse fae the children, but 9 times out of 10, the children are good. They dae as they're told. (Male, 57 full time car park/crossing attendant)*

*I love my job. I actually do. To be quite honest, I never thought I would say that about work. Work was to me a necessity to pay bills and things but I do enjoy my work. (45 year old male full time care assistant)*

# Health issues return to work

## Sustaining Employment – In Work Support

The importance of having on going support once the person moves into work is highlighted in table 14. This shows how more than half of the interviewees used in-work support and how another 10% would have liked to have support.

Table 14: Use of In-Work Support among Interviewees

IN WORK SUPPORT USED?	% OF INTERVIEWEES
Yes	53
No: } <ul style="list-style-type: none"><li>• But would have liked it</li><li>• Unneeded as supported by employer</li><li>• Did not wish it</li></ul>	10
	32
	5
Total	100

In-work support was also valued because it made people feel services were committed to them in the longer term and once they were in jobs they were not 'off the books'. This suggests people are forming good relationships with support staff. In work support, or after care can help people:

- cope better in work;
- deal with problems or issues as they arise;
- in some situations sustain employment.

Overall, this support offered people the opportunity to discuss some of the issues related to the balance of work and unemployment.

*I'm on the WorkStep programme and this is just to maintain that I'm still OK and that I'm coping, and my supervisor came wi' me yesterday and she's totally happy with me as well, but when I moved on to the Workstep programme while I was in HR, wi' the phones and things, you see I'm the sort that'll hold it in and hold it and hold it in, and then I'll just go 'pht!' and it'll all come out and it'll be floods of tears and it'll be this and that. So, going through that I knew. I says 'right, I'll have to call a halt and go back, get in touch with Momentum' and they helped me there. (36 year old female admin worker)*

*Well again it boils down to confidence. I knew somebody was there if needed her. You know. If I had had a bad day and somebody phoned me and says, 'oh hi, how are you doin?' I could just go 'Nyooop. This is it and that was it.' 'oh right, okay!' And they're there tae, there to hear me out. And maybe I couldn't see a problem but they could say, 'right, okay, from what she's saying there could be a problem,' they'll sort it out before it gets to that stage. (51 year old female auxiliary nurse)*

*Which is support really. I mean there's times that you will doubt yourself, you will always do that and your esteem will go if you have a bad day or whatever. And they're there just to, I can phone her anytime and just say what's really awful and she'll, I suppose she'll – I haven't done it yet, but she'll talk to me and maybe just give me general support and I don't know, just help. (46 year old female nurse)*

*My relationship with the Manager had deteriorated badly/quickly. When I went back every time I went in I felt as if I was a nuisance. I was like shouldn't have been there and I think without the person from Momentum coming in and sitting with me, then my confidence went right.... I just would not have gone back. (29 year old female hotel worker)*

# Helping people with hea

## Improving Services

As the feedback from the interviewees shows, many of them felt they had received good support when they were moving back into work.

The staff focus groups discussed ideas for improving support more fully. Key areas related to ways to improve joint working across different kinds of services. Although there was a general view that this was moving in the right direction, there could still be improvements. These included:

- increasing understanding of other services, their approach and what they can do for clients;
- getting a clearer understanding of the all the different services' roles in employability (including health and social work services); and
- better coordination.

*We spoke to one of the GP surgeries. They all sort of sat and said yeah we'll give them a leaflet. A leaflet. Well you know yourself if your confidence is at rock bottom and then somebody says phone this then their chances if doing it are rock bottom. (Area regeneration agency focus group)*

*I don't think GPs understand what we are trying to do. I think you will find GPs and local health centres, they don't know... they just see us as the Employment Exchange. Not even Jobcentre Plus. They don't really know that we've changed. The Employment Exchange and they're there to get you in a job and I don't think they understand that we are actually trying to help. (Jobcentre Plus focus group)*

*The only thing with that is that I did criticise a wee bit the fact that there are so many organisations saying 'if you've got a problem come to me' but you do need an element of that. But you do need an element of that. It's quite mind boggling the amount of organisations there is. (Mixed focus group)*

*A client referred to the programme recently had Arthritis. Got an operation on their hand so they were finding it difficult to use the mouse on the computer at work so through that the DEA had referred to here which meant that they had to come in here for an interview and sit and discuss – go through the forms, the health problems etc, and all they needed was a different type of mouse and computer. I think this person started thinking 'have I got a disability? Is that me disabled now?' They were part of all these services and when you come to the programme you have to fill out this big form anyway about depression and all this so they suddenly because their hand didn't work as well as it used to then they've got all this other thoughts going on and they are part of all these other programmes. Their work was aware. 'What is Rheumatoid Arthritis? Does that effect you mentally?' And things that people didn't know about. Because they are thinking 'why is this person involved with all these services just because they had an operation on their hand'? I mean most people come along and if it's a physical disability got other issues as well but this was just clearly one person needed a new mouse or a new way of using their computer. (Mixed focus group)*

# Health issues return to work

Although these quotes are indicative of some of the problems that still exist, good examples of current work in the city were also highlighted:

- Good experience is being developed by the Bridging Teams which are located in Community Health Care Partnerships (CHCPs). This has helped to increase the number of referrals from health services.
- Meaningful Activity Partnerships in which some of the staff were involved were bringing together health and employment services to help signpost patients to services which could help break down barriers to employment.
- The Equal Access Partnership had helped to ensure that all of the CHCPs now have employability included as a key performance indicator.

## What More Could be Done?

In the focus groups there was also discussion of what more could be done to take this agenda further forward. These fit with some of the earlier issues raised by the interviewees and relate to earlier intervention, work with employers and making sure that people have time to progress at their own pace.

For example, one of the clearest benefits of Pathways to Work has been the way that it offers people on IB an interview after 8 weeks on benefit. This prevents people becoming 'stuck' on IB and detached from the labour market and the development of other barriers to work like low confidence and becoming 'trapped' in the benefits system.

*Because they say that most people that go onto IB die on IB but they don't actually have the same illness at the other end. You could say it's isolation and depression and everything else and the lack of skills and confidence and everything else so the Pathways to Work thinking is that if you get people at 8 weeks and they talk about their illness and managing their illness before they become benefits-dependent and so that's the early intervention.*

*(FEAI focus group)*

The findings from the interviews suggest earlier intervention would be welcome, but it does need sensitive handling.

The involvement of employers is welcomed by the interviewees and they believe it can reduce discrimination and make them feel more comfortable about moving into work. Staff recognised the progress made with employers but argued work with employers needs to include the public sector employers who were seen, by some, as being less proactive than they could be about helping to increase the recruitment of people with health issues.

# Helping people with health

Finally, there needs to be some work on defining meaningful targets for working with people with health issues. Staff recognised that interventions need to be work focused, but this might not be possible for every person and therefore appropriate targets need to be set for these as well.

*Research has identified the importance of structure, security, social networks and status to well being and these do not necessarily need to be supplied through paid work – and this needs to be recognised.  
(Area regeneration focus group)*

*The targets and all that stuff changes the job in a way because you are trying not to think about targets but it's in-built – of course you are going to be thinking about what you've got to do to meet your target so in some ways a lot of customers are looking for benefit advice as well as the other work advice and if you have got a benefits background then you can help them with that but it does take time and would be nice, in some cases, to be the one that filled in the Working Tax Credit form and did all these things but in a lot of other instances it is time so you do pass that to someone else because they are getting paid to do that. (Jobcentre Plus focus group)*

*And with the clientele that we are dealing with sometimes just sitting and talking to them and letting them talk and at the end of the interview you are like 'I'm gonnae get nothing out of this' (for my targets). There is absolutely nothing. They have been away a little bit more positive and wee bit more confident, but there is nothing to reflect that on your target. (Jobcentre Plus focus group)*

It can also take a long time for people with health issues to progress and this needs to be built into targets.

# Health issues return to work

## KEY POINTS

1. The interviewees used a range of both employability and health services to help them to get back into work. The majority of people accessed at least two services.

2. The interviews highlighted several aspects of the way services are provided and the way people are treated when they use these services which can influence the success of engagement and progression in these services. These include not putting any pressure on people returning to work, tailoring assistance to the person's needs and having a positive expectation that they will get a job.

3. In common with evaluations of services which help people with health issues get back into work, the research has shown that the extent to which advisers can respond effectively to people and the degree of control people have over progression are important factors in success.

4. There remains potential to reach more people with health issues, particularly through community based services and health services. More accurate information about employability services is needed for both staff and potential users.

5. Reflecting their individuality, it is not surprising that the interviewees' experiences of services was variable, but what is striking is the variation in experience across and within services. Consistency of provision needs to be increased so that all users of services have access to the same kind of support. Best practice for which all services should aim, included holistic and tailored provision, one to one support, a positive response to client needs and ongoing support once the person moved into work.

6. About half of the interviewees used the services and they were important to helping 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.

7. Although there has been progress across the city in bringing services together to help people with health issues to move back into work, improvements could still be made in relation to coordination and understanding of other services' roles.

8. There is a need for earlier intervention to prevent people with health issues becoming unemployed long term. This needs to be done sensitively and should focus on setting out the options available to assist them back into work.

9. Work with employers to help break down the discrimination people with health problems face should continue. This should include public sector employers.

10. It is often difficult to work effectively with people with health issues while trying to meet current targets which often focus on entry into jobs. Targets should remain job focused, but should also include more meaningful targets reflecting the challenges people with health issues face in returning to work and the time this can take.

# Conclusions

## *The Impact of Employment on Health*

The research began with the premise that while work is only one of a number of factors which influence well being, it can have a positive impact. This is because of the health damaging effects of unemployment which make it more likely that:

- previously healthy people will develop health problems; and
- people with existing health conditions may find they get worse.

In addition, there are several aspects of work which can be beneficial to quality of life. Through the interviews, we sought to discover the factors which influence the balance of positive and negative effects for individuals.

Measures of perceived health status using the SF12 profile obtained for the interviewees currently, when they are in work, showed an overall improvement in health from unemployment to employment. It could perhaps be argued that as we have asked the interviewees to rate their health when unemployed retrospectively then this does not represent an accurate measure of their past health status. However, this is only likely to overstate the magnitude of the shift, there seems to be compelling evidence that even people with continued health problems rate their health more positively in employment. For this reason, people should be encouraged to think about work.

In work, individuals tend to have a greater sense of well being, a more positive self perception and reduced feelings of isolation. Work helped people to feel more confident, happier and to get their self esteem and self respect back. These changes can be observed even in people who do not perceive that their health has improved since moving into work, provided their jobs offer the opportunity for social interaction, routine and something positive to think about. If jobs make too many physical and mental demands on people, or have poor working conditions this can have a detrimental impact on health.

There have been some positive changes in interviewees' lifestyles since they found jobs, including increases in physical activity, healthier eating and efforts to reduce stress. However, several still felt they could make further changes to improve lifestyle including more physical activity, eating healthier and stopping smoking. People had often made lifestyle changes before they moved into work, however work itself can have a positive impact if it presents opportunities for example through increased activity, or allows people to purchase healthier food or develop a better daily routine.

Work can be a cause of stress and many of the interviewees had had work related stress in the past. However, several also described how their current job was helping them to cope better with their mental health problems. These findings give further support for the health benefits of moving into work, but also indicate that people could benefit from further support to make the lifestyle changes that they would like to improve their health further.

Interviewees are less likely to need to visit their GP now they are in work compared to when they were unemployed, supporting the finding that the majority of the interviewees are feeling better now they are in work. There was less impact on the use of hospital inpatient and outpatient services, but still some positive change.

## *How Can Services Help People with Health Problems Get Jobs?*

When people with health problems are thinking of returning to work they are likely to need more support than other job seekers because of the barriers to work they are likely to face. The key barriers included loss of confidence, discrimination, worries about whether they would be able to cope in a job and the financial impact of returning to work are no different to those found in any other study on barriers to health. The barriers for people with health issues need an approach which both works on helping to deal with health issues but also on the range of other barriers to work faced by individuals.

Moreover, the description of the way these play out in people's lives emphasise the need for a tailored approach to look at the particular way these affect each individual. This needs to build on the factors which trigger an interest in returning to work will also vary for each individual. These can include improvement in health, the need for activity, financial pressure and other's encouragement.

There are a number of different areas where the right kind of intervention might be able to build on initial interest. Of particular importance is keeping in regular touch with people with health problems. They remain isolated and the negative impact of sustained unemployment compounds any barriers to work they may have. Regular, sensitive revisiting of their situation may help them to consider work. This should also be the role of the wider range of professionals in touch with unemployed people. These people do not need to be experts in employability, their role is more to talk about the possibility of work and the general benefits it may bring. The potential for intervention here is starting to be exploited, but more could be done.

The interviews have also highlighted several aspects of the way services are provided and the way people are treated when they use these services, which can influence the success of engagement and progression in these services. These include making sure people do not feel pressured, having a positive attitude and belief someone can return to work, and going at that person's own pace. In common with evaluations of services which help people with health issues get back into work, the research has shown that the extent to which advisers can respond effectively to people and the degree of control people have over progression are important factors in success. Broadly, the interviews also highlight the role of aftercare or in-work services in sustaining people in jobs and progression in work.

their health, but may improve their life.

2. Triggers for the return for 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.

3. 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.

4. Services which help people back into work need to respond effectively to people with health issues. This means taking a gentle approach and working at the person's own pace. Advisers also 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.

5. 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.

6. One of the main points coming through from the interviews is the variable experience of services people had. 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 moved into work.

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