

Health and Worklessness

Definition

People who are identified as being 'workless' are those who claim out of work benefits. These include Employment Support Allowance (ESA), Incapacity Benefit (IB), lone parents in receipt of Income Support and job seekers in receipt of Job Seekers Allowance (JSA).



Why is this important?

Worklessness and ill-health are closely related. While unemployment and economic inactivity are associated with higher rates of poor health, mental illness and premature death; poor health can itself lead to difficulties in both securing and retaining employment. These two factors can become entwined, leading to a spiral of decline in disadvantaged populations. In turn, high levels of worklessness serve to put a break on the economic regeneration that would help to solve the problem in the longer term.

In 2005, the Government launched its 'Health, Work and Wellbeing Strategy,' which recognised that the significance of work impacted on the wellbeing of individuals and society as a whole. To build on this, the Government asked Dame Carol Black, National Director for Health and Work, to conduct a review of Britain's working age population. Her report, 'Working for a Healthier Tomorrow' was published in March 2008. Dame Black highlighted the burden of lost productivity and the cost of ill-health. This report suggested that this would increase if, as society aged, people were able to fulfil their working potential. The report showed the positive links between health and work, as well as the impact on our personal lives and the nation's wellbeing.

The report highlighted a vision for health and work in Britain with three key objectives:

- Prevention of illness and promotion of health and wellbeing,
- Early intervention for those who develop a health condition, and
- An improvement in the health of those out of work – so that everyone with the potential to work has the support they need to do so

Dame Black's report estimated that the annual economic cost of ill-health in terms of working days lost (and worklessness) is estimated at £100billion. The Confederation of British Industry (CBI) estimated 172 million working days lost due to absence cost the employer £13billion.

BUPA's report 'Healthy Work – Challenges and Opportunities to 2030,' predicted that by 2030, the average working age will rise from 39 to 43. It is expected that employers would need to have workplace health interventions that target the specific needs of older people and to help employees with long-term health conditions. To enable them to better manage their health in the workplace and prevent it from causing long periods of absence, BUPA suggests a greater focus on workplace health has the potential to deliver benefits to all.

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What is the picture in Bristol?

In Bristol, of those experiencing worklessness and claiming benefits, 54.4% are claiming ill-health related benefits, 15.8% lone parent benefits, and 26.7% Job Seeker's Allowance (JSA). The largest single reason for people claiming health benefits in Bristol is mental health, followed by musculoskeletal problems. (Department of Work and Pensions, May 2009).

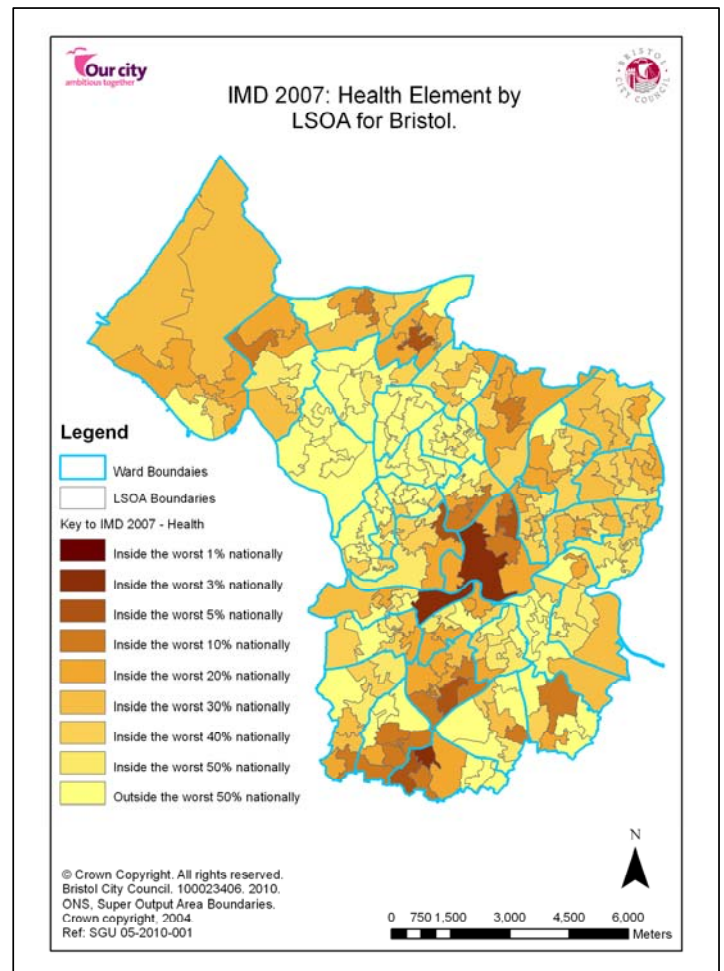
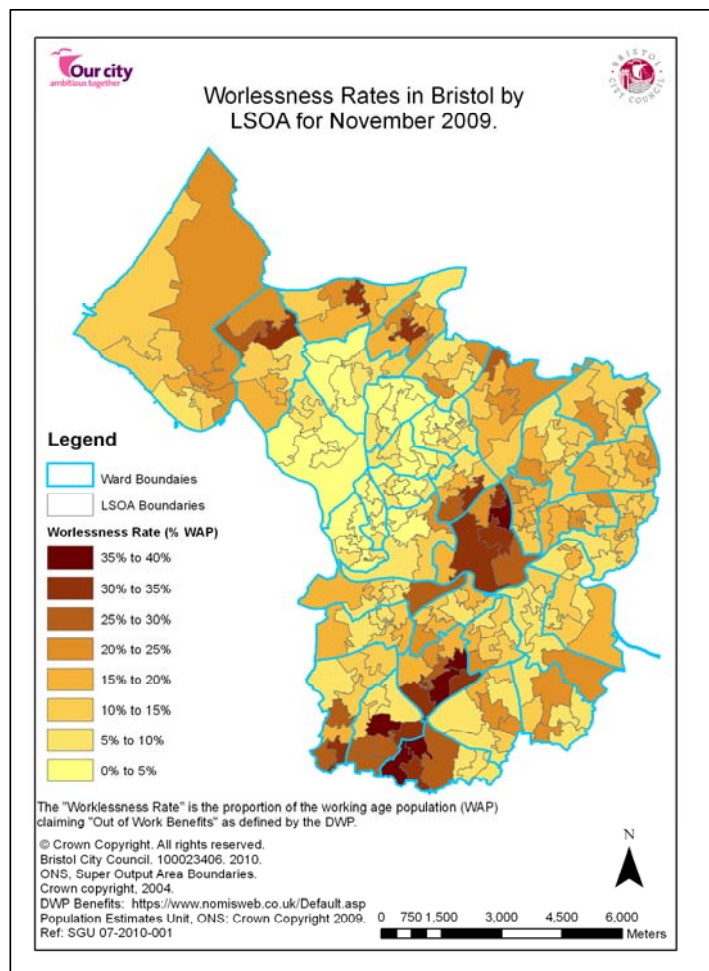


The 'average' workless person in Bristol is likely to be male, aged over 45 and likely to have been claiming Employment Support Allowance (ESA) and Incapacity Benefit (IB) due to mental health issues for at least 5 years.

In Bristol, spatial concentrations of worklessness have been identified on the basis of more than 25% of the working age population of a neighbourhood (lower level super output area, LSOA) claiming out of work benefits. This is the definition used for 'worst performing neighbourhoods' in National Indicator (NI) 153.

Worklessness is highly concentrated in neighbourhoods which are recognised as the more deprived in our city: Hartcliffe, Filwood and Lawrence Hill. The highest densities of worklessness correlate with the areas populated with people experiencing the worst health. Within Bristol there is also a clear correlation between areas of worklessness and poor health and areas with low education and skills (as measured by the Indices of Deprivation 2007). See Tables below.

There have been some recent changes due to the recession, which saw a doubling of JSA claimants in Bristol over a 12-month period. In addition, areas not previously identified as concentrations of worklessness are now showing disproportionate increases in JSA levels, including Brislington, St George, Bishopsworth, Avonmouth, Southville, Henbury, Eastville and adjacent areas to existing concentrations. In addition, redundancies in Bristol during 2009 disproportionately impacted on South Bristol. So it may follow that there is a deterioration in the health of the population in these areas.



What are we doing about it?

Bristol City Council is delivering a citywide job preparation project specifically for individuals with a health condition or disability, (funded until March 2011). The project works with individuals, support agencies and other public sector organisations.

The Council has also recently developed The Public Services Employability Forum. The Forum has membership from a number of Public Sector Organisations including the PCT, Avon & Fire Rescue, Avon & Somerset Police and The Audit Commission. The Forum is working together to develop activities and working practices, which will encourage and support individuals with health conditions or disability to take up employment opportunities.



Jobcentre Plus has launched a new programme in South Bristol, running for two years from June 2010, which aims to engage and support 2000 individuals from the area to improve their motivation, confidence, skills and chances of securing employment. In addition, the voluntary and community sector in Bristol provide a wide range of services to support this group.

How is our current performance in this area?

1. The target for National Indicator 153 'average worklessness rate in the worst performing neighbourhoods' (worst performing being LSOA with worklessness rate of 25% or more in May 2007) is to maintain the position relative to the average in England.

The relative position is that the Bristol average was 0.7 percentage points below England's in Feb 2009 and then widened in Nov to 0.8 percentage points. We are performing above target

Date	Worklessness Rate		
	Bristol	England	Difference
Feb 2009	29.2%	29.9%	0.7%
Nov 2009	30.4%	31.2%	0.8%

The Floor Targets Interactive, DCLG, July 2010

2. Benchmarking against Core Cities:

- Bristol has 21,000 (7.5%) working ages individuals claiming IB or ESA.
- Nottingham has 17,400 (8.6%) working aged individuals claiming IB or ESA.
- Newcastle has 15,440 (8.6%) working aged individuals claiming IB or ESA.
- Leeds has 30,930 (6.1%) working aged individuals claiming IB or ESA. (NOMIS, Nov 2009).

3. Bristol LAA Reward Target KL224 (1st April 2007 – 31st March 2010)

Definition: Number of individuals who have been claiming Incapacity Benefit for at least 6 months, who enter employment of a minimum of 16 hours per week for a minimum of 13 weeks:

Target 300, Achieved 246 (as at June 2010)

We are working well in this area generally, however, acute concentrations of workless people who experience poor health still exist and further work is required. The National Treatment Agency provides guidance on the types of treatment we should offer, which has focused on opiate substitution therapies. This approach has proven effective in enabling substance misusers to become stabilised on a script. The level of crime committed as a result has reduced and the level of harm caused has also been reduced, which is evidenced by the fact that drug related deaths in Bristol are much lower than in other comparable cities.

More recently, we are looking at ways to "move people on" from substitution therapy to becoming drug free. This involves much more of a psychosocial approach, where the more holistic needs of the individual are addressed.

What works?

There are a number of programmes that aim to support individuals with a health condition or disability to enter sustainable employment. These programmes have been developed over a number of years and build upon pilot projects that have identified best practice. National DWP Funded Programmes include:

- Pathways to Work
- Work Preparation Scheme
- Job Introduction Scheme
- Work Step



Due to the personalised nature of health conditions and disabilities what works for one person may not be relevant or suitable for another. However programmes that include the following are likely to have a better success rate:

- Good assessment of individual needs is essential.
- Those closest to the labour market benefit most from immediate placement.
- Those who would find it difficult to cope in the workplace immediately benefit from some initial training, but this is much more expensive and delays the start of employment.
- The most successful provision is based on and engaged with the needs of local employers.
- Retention and progression depend on the individual being in the right job, with suitable hours, skills and location

References and Resources

Department of Health, Worklessness and Health:

www.webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationandstatistics

The Centre for Public Scrutiny, Health & Worklessness:

<http://www.cfps.org.uk/scrutiny-exchange/library/health-and-social-care/?id=2666>

National Institute for Health and Clinical Evidence - Worklessness and health - what do we know about the causal relationship? Evidence review:

<http://www.nice.org.uk/aboutnice/howweare/aboutthehda/hdapublications/>

State of the Nation Report: Poverty, Worklessness and Welfare Dependency in the UK,
HM Government, May 2010

Floor Targets Interactive

<http://www.fti.communities.gov.uk/>

Pamela Meadows, *Local initiatives to help workless people find and keep paid work* (2008)

www.jrf.org.uk/publications/local-initiatives-help-workless-people-find-and-keep-paid-work

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