# Health and Work Local Stories: A Knowle West Perspective

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1. Introduction

There are certain things that are so ubiquitous that no one really challenges them. Among this is the fact that poverty leads to poor health and lower life expectancy. The Black Report in 1980 showed that inequalities in health had been widening since the 1950s, that this trend was principally related to inequalities of material resources. (1) The Marmot Review of 2010 began with the following statement:

“People with higher socioeconomic position in society have a greater array of life changes and more opportunities to lead a flourishing life. They also have better health.” (2)

The link between poverty and poor health is firmly established. It is well known that Knowle West in Bristol is an area that experiences poverty and poor health. Knowle West has had a Healthy Living Centre for 11 years and the sentiments expressed above form the fundamental starting point for the work of the Healthy Living Centre. Local evidence shown in section 3 will demonstrate the link between poverty and poor health in Knowle West and anecdotally the staff at the Knowle West Healthy Living Centre hear these stories all the time. But one of the notable pieces of learning is about the age at which illness and or disability takes away people’s abilities to be economically active and therefore lift themselves out of poverty. This was borne out a few years ago when as recession hit and government spending became a central focus for the Coalition Government, many reflected on the changes to pension age and what that would mean for them. Talking to people who live in Knowle West this wasn’t much of a concern at all, because they didn’t anticipate working until they retired, instead they presumed that ill health would prevent that. Further, residents of Knowle West weren’t terribly hopeful about their life expectancy, not really expecting to live to be very old. My interest in this project is in highlighting the local experience and wanting to tell the stories so common in Knowle West about how ill health creates and traps people in poverty and isn’t simply a result of poverty.

2. Methodology

Knowle West Health Park Company was commissioned by Bristol City Council Public Health Department, to do some qualitative research into people’s experiences of work and health with residents from Knowle West. The timescale for the collection of data was September to October 2012. All staff at the Healthy Living Centre plus some key local stakeholders such as the BCC Neighbourhood Facilitator were asked to nominate people who had experienced ill health in their working lives. There were no further stipulations. 9 candidates for interview were nominated, some of them were known to the researcher already but many of whom she did not know. Each person was contacted and asked if they would like to participate, eight consented to do so. The one to one interviews were conducted at the Health Park with the exception of one person who preferred to do the interview in her home. All interviews were
recorded and transcribed, they were then summarised into case studies presented in Section 5. The analysis follows in section 6 showing commonalities and trends. This project does not claim to be replicable or demonstrative of city wide or greater trends, it simply aims to demonstrate the stories of some of the residents of Knowle West.

3. Background information on Knowle West

Evidence of need and information on health and wellbeing can be accessed in the Joint Strategic Needs Assessment (JSNA) (3) conducted by Bristol City Council and NHS Bristol. Bristol City Council’s Neighbourhood Data also provides further information in support of the issues in the area of Knowle West.

The JSNA presents data on the health and wellbeing of 35 local authority wards, the Knowle West ward being referred to by its proper name Filwood. The (JSNA) shows that Filwood Ward is:

- Filwood is in the top band for all cause mortality rates (JSNA Appendix 1 Population p16)
- 6 of Filwood’s Lower Super Output Areas are in the top 10% of the national index of Multiple Deprivation (JSNA 2012 Appendix 2 Healthy Communities p3)
- 3 of Filwood’s Lower Super Output Areas are in the top 10% of the national index of Health Deprivation and disability. (JSNA 2012 Appendix 2 Healthy Communities p5)
- Filwood is in the top 2 Bristol Wards for Income Deprivation with 35.2% measured as income deprived. (JSNA 2012 Appendix 2 Healthy Communities p9)
- Filwood is also in the top 2 Bristol Wards for Income Deprivation affecting Children and also affecting Older People. (JSNA 2012 Appendix 2 Healthy Communities p10 &11)
- Filwood ward has the second lowest average household income in Bristol (JSNA 2012 Appendix 2 Healthy Communities p12)
- Filwood has the lowest percentage of pupils achieving five or more A*- C grades at GCSE (JSNA 2012 Appendix 2 Healthy Communities p34)
- Filwood has the highest rate of NEET (Not in Education, Employment or Training) Young People (JSNA 2012 Appendix 2 Healthy Communities p37)
- Filwood is in the top two wards for the percentage of people claiming DLA (JSNA 2012 Appendix 4 Health, Wellbeing and Inequalities p21)
- Filwood has the second highest emergency admission to hospital due to Coronary Heart Disease (JSNA 2012 Appendix 4 Health, Wellbeing and Inequalities p38) and is among the highest for premature mortality due to Coronary Heart Disease (JSNA 2012 Appendix 4 Health, Wellbeing and Inequalities p40)
- Filwood is among the group of wards with the highest prevalence of Obesity and Diabetes (JSNA 2012 Appendix 4 Health, Wellbeing and Inequalities p47).
- Filwood has the highest mortality rate due to cancer in Bristol (JSNA 2012 Appendix 4 Health, Wellbeing and Inequalities p49)
- Filwood is among the highest wards for emergency asthma admissions for children (JSNA 2012 Appendix 4 Health, Wellbeing and Inequalities p55)
• Filwood is among the highest wards for emergency COPD admissions for older people (JSNA 2012 Appendix 4 Health, Wellbeing and Inequalities p57&59)
• NHS Bristol undertook an analysis of risk factors for mental health in Bristol in 2011. Filwood ranked with the third highest mental health risk score. (4)

Bristol City Council’s Neighbourhood Partnership Statistical Profile 2012 (5), for Filwood, Knowle and Windmill Hill provides some further data on health and economic activity/ work.

• The level of Job satisfaction in Filwood is one of the lowest in the city (p2)
• Filwood has below average educational attainment using Key Stage 2 in English and Maths as the indicator (p3)
• DLA claimants are twice the city average in Filwood (p3)
• In 2011 Filwood had significantly higher rates of people claiming Out of Work Benefits that the Bristol average, this includes the following allowances Job Seekers rate of 5.6 compared to 2.9 Citywide, Incapacity Benefits 13.3 compared to 7.1, and is ranked as second of all Bristol wards for the percentage of people of working age who are claiming benefits (p14)

4. Literature Review

There is a breadth of literature surrounding health inequalities. This literature supports the well understood relationship between poverty and ill health;

“In England, people living in the poorest neighbourhoods, will, on average, die seven years earlier than people living in the richest neighbourhoods. Even more disturbing, the average difference in disability free life expectancy is 17 years.” (6)

Increasingly the focus of attention has also switched to the cost of illness to the economic wellbeing of the country, which is of greater importance during the period of austerity.

“It is estimated that inequality in illness accounts for productivity losses of £31-33billion per year, lost taxes and higher welfare payments in the range of £21-32billion per year...” (7)

Research into work and health tends to reflect the social gradient between inequality and low pay. Some of it focuses on the effect of unemployment which is shown to be detrimental to both physical and mental health. “Much medical and psychological research on un/underemployment has concentrated on the possible damage to mental health or psychological well-being caused by under employment, and it overlooks the issue of disadvantaged groups being found in disadvantaged employment.” (8)

The obvious relationship between poverty and educational qualifications is widely understood and several studies go onto to demonstrate a correlation between health and educational attainment;
"...health differences according to level of education have been attributed to the direct effects of education, including the acquisition of knowledge regarding health damaging behaviours, the ability to optimise use of health services, ...and the promotion of the psychological attributes of high self esteem and self efficacy" (9)

Evidence of the impact of poor health on income is less accessible. Looking at the literature available to me in books at work, Government policies and local research, the evidence of the impact of poor health was less widely described. Internet searches for key words described below often proved fruitless. Searches for the following were undertaken:

- Link between poor health and income UK
- Effect of poor health on income in UK
- Influence of health on income UK

In each case, the results all described the link between poverty and poor health, and did not result on information that shows how poor health causes poverty. Finally I found some international research from the Chronic Poverty Research Centre (10) which showed that the relationship between poverty and ill health is complex.

"It is multi-faceted and bi-directional. Ill health can be a catalyst for poverty spirals and in turn poverty can create and perpetuate poor health status."

Grant cites Pryer who suggests that poor health can lead to the "breakdown of the household as an economic unit". (11) Thus international studies have begun to identify that poor health may create poverty, and we know that poverty creates poor health;

"Income can directly affect health; it seems likely that my level of income will impact on my level of health. An individual with higher income can partake in a healthier lifestyle or purchase goods or services to alleviate or prevent the onset of ill health. It may be that lower income leads to lower health due to financial commitments or stress." (12)

Once poor health or life limiting illness has begun, it seems clear that breaking out of poverty is unlikely. Speaking on behalf on Disabled People International in 1995 Lisa Kauppinen said: "We are the poorest of the poor in most societies... Two thirds of disabled people are estimated to be without employment. Social exclusion and isolation are the day to day experiences of disabled people." (13)

5. Case Studies

Bob's Story
Bob is a 65yr old man who is now retired, but worked all his life, despite illness. He had a stroke in his 40s which affected his health and his job prospects. He viewed work as a means to an end, inevitable if he wanted to pay the bills. He couldn’t remember what his ambitions were as a child, but remembered he liked making things and electronics. Bob did many different jobs in his life, mostly unskilled or semi skilled such as driving, deliveries, and later on as a fork lift truck driver. It was just after Bob had become a fork lift truck driver that he had a stroke which seriously affected his health. He was 46. The financial impact of having the stroke was serious for Bob and his family. Having qualified as a forklift driver he was doing well and earning a lot more than he had in his previous jobs. Because his income had improved, Bob and his wife had taken on a mortgage to buy their council house, so their finances were more stretched, but after the stroke he couldn’t continue in this work. Although he remained with the employer his wages decreased significantly. Bob also noted that while he was absent from work following his stroke he was only paid Statutory Sick Pay (SSP) which is minimal and that paying the bills and the mortgage was a terrible struggle, indeed he said he nearly lost the house. Eventually Bob was laid off by his employer, he felt this was probably at least partly due to having had the stroke and being off ill. He worked hard to find other work and did so fairly quickly by knocking on doors and talking to people he knew, but in a subsequent job, because he was the newest on the workforce, he also lost that job when redundancies were made. Bob thinks that if he hadn’t of had the stroke he would have worked with the original employer until he retired, and would have earned good money. Bob now receives state pension, and reflects that he never earned enough to save for a pension, though in the good times just before his stroke he and his wife had discussed doing that. Bob says money is tight now, and the family have few savings, so they worry about paying for things if they go wrong, such as maintenance on the house. Bob firmly believes that health negatively affected his job prospects and ability to both earn and save money.

Mandy

Mandy is a 39 year old woman who used to work full time but now works part time for a charity based in South Bristol. When Mandy was 33 she had a period of mental health issues including anxiety and depression, which significantly changed her working life. Mandy was brought up with a strong work ethic, stating her belief that to eat and have somewhere to live you have to work. Mandy said that when she was off work because of her mental health difficulties and was receiving SSP, even though it was clear that she wasn’t fit to work, she felt like a “scrounger”. When Mandy was a child she would have liked to have been a vet, and she did not want to work in an office.

Mandy reflected that most of her jobs have actually been office based and that many had been in a “male dominated” culture, the last being a logistics firm, whereas now working in a charity is different, much less “in your face” and more “easy going”. Mandy also reflected that in the previous work she was paid a lot more, and that this was gender related, she worked in a
section of the company where men worked and got £5,000 more than she could have in
customer care which was predominantly a women's job, and where pay was a lot worse. In the
logistics firm the pay was very good but all of the other terms and conditions were not,
including sick pay, getting holidays when you had booked them, compulsory overtime. For
example you couldn't arrive a bit late or go early to go to the dentist or doctor; you had to book
a whole day's leave for that. There was a long day culture, she worked 6 days a week and it
took its toll on her health. There was no pension. Compared to the charity in which she
currently works, the pay is much less but holidays are good, no weekend work, and there is
flexibility about going for appointments. Mandy reflected that the attitude to sickness absence
of managers in the logistics sector (she had more than one job in this field) was poor. She was
off sick for one year with mental health needs during which they constantly asked “when are
you coming back”, which felt like harassment. After one year being off sick, this employer
made her redundant.

When Mandy eventually started to look for work again, she wanted full time employment. On
all the applications she completed she had to write that she had been out for a year on sick
leave which she feels did not help her to find a job. Mandy went to 30+ interviews before she
got her first job with a charity, which was in the area in which she lives. This was a full time job
but then she got glandular fever and was on sick leave again. When she eventually went back
to this job, Mandy started on very, very part time hours, gradually building up to 16 hours a
week. Mandy’s intention was to go back to full time hours but the employer took the decision
that she was only able to work 16 hrs a week. Mandy was very upset about this and eventually
applied for work in another charity which is where she works now. However since the
glandular fever Mandy has not returned to full time work.

Mandy says that part time work suits her in terms of her health because she still has post viral
exhaustion, but she cannot live on her current wages which are at a lower rate than she was
used to at the logistics firm and also she is only part time. Mandy talked a lot about the
financial implications of her health needs and her ability to work. When she was on SSP things
were very hard, her parents helped her a lot, she thinks she only got £69 per week and
couldn’t apply for any top up benefits because at this point she was living with her parents
again. Currently on her part time hours, Mandy only survives because she is living with her
parents, she cannot claim benefits so although they are both now retired, they have to support
her. I asked Mandy about what might have been if she hadn’t had mental health difficulties
and left the logistics company. Mandy said that about three months before her “breakdown”
she had been approached by the national customer care manager and encouraged to apply
for a regional manager's position which was due to become free in the near future. Mandy felt
that had she not been ill she would have done well in the company and got to a much higher
level, with much better terms and conditions. Mandy knows that she was doing well in the
logistics company because she was the first woman to do certain types of work there, which
opened opportunities for other women. Mandy’s final reflection was that her 11 years with the
last logistics company she was “miserable as sin (but) ...earned bucket loads” whereas now she is happy but earning “practically nothing”.

Viv

Viv is a 73 year old woman who is now retired, but worked for as long as she could until neurological problems affected her spine, muscles and balance. Viv says that working was very important to her; she liked working and liked having money. When she was a child Viv said that she didn’t really have any ambitions, she wanted to be a mother. She did however think she would work, probably in a shop or something similar.

In her life Viv worked at food manufacturing, tobacco industry and latterly as a cleaner in a national retail company. All of Viv’s work experiences were positive, mostly because she got on well with the people she worked with, but in particular she singled out the tobacco firm as being very good employers, who looked after their staff and provided support such as a dentist and nurse. In her work in the tobacco factory and food manufacturing Viv didn’t have a lot of sick leave, so she doesn’t really recall how that was treated by the companies.

When Viv started to realise that her health was deteriorating, in her early 60s, she felt she shouldn’t take sick leave or sick pay. She felt she was letting people down and decided to leave as she “couldn’t keep up with the work”. Viv’s condition caused her a lot of pain and she also has arthritis in her shoulders. She feels that because people can’t see what is wrong with her they think “you are putting it on”. Viv said that she chose to leave for fear of letting people down, she didn’t claim any benefits. Viv said when she left work she missed the money she earned, she now lives on state pension and some disability benefits but she feels “like I don’t deserve it.” Viv said that when she worked at the tobacco factory she did think about paying into a pension, but she was only part time and couldn’t afford it. Money is tight, but Viv also really missed the friendships. Viv felt that her health hindered her in the sense that she would have liked to go on working and earning her wage.

Julie

Julie is a 62 year old woman Julie said that work was very important to her even though she didn’t have “high flying jobs”. She described having a job she really liked and when she had children she only went for jobs that fitted the school holidays. Julie wanted to go back to school, to do English and History so that she could get nicer jobs than she had had in factories. All that changed when Julie broke her back at age 35, whilst working in school meals for Avon County Council. Julie reflected that it wasn’t just her job she lost but years of planning. What followed, Julie describes, as managing, not going into debt and not having what they couldn’t afford.
Julie’s ambitions as a child were to go into the army to be a PE Instructor. However fairly early in her life she was misdiagnosed as having epilepsy and the Army wouldn’t admit her. Julie always thought she would work through her life, stating that when she left school it was possible to literally walk into a job. Very few girls at Julie’s school stayed on to do exams. There were factory jobs locally and most of them were fairly well paid. Julie also reflected that many of her school friends went to work in the tobacco industry and now they are “dropping like flies” because of “tobacco related problems”. She reflected that at 62, about one third of school mates from her last year are already dead. She also reflected that people in Knowle West were not work shy, the women returned to work after having children and most of the men did really hard work like construction and foundries. Also a lot of them joined the army.

On leaving school, Julie worked for a family firm in Old Market making surgical shoes, she loved this job and because the benefits to the clients were so obvious she felt that she was accomplishing something important. Julie said that she’d never been used to having money so she never thought about the low pay, it was just a job she loved.

Julie said that in her various jobs there was no pension and that she didn’t earn enough to pay into a pension anyway. Though her husband was working full time, he had low pay and they just kept the family going. Julie feels that everything was “stacked against us workers” and if you needed time off because you were sick, “sick pay was zero.” She reflected that as a married woman if you didn’t earn enough to pay “the stamp” then you got nothing. After her second child was born, Julie had a problem with her milk ducts and got quite ill; she was off work and received no sick pay at all. She said they did without things; she was frightened of debt and would only buy things she could afford. The rent and food for the children came first, and it also meant that there were times when she was ill and shouldn’t have gone to work but she did because she couldn’t afford to be off. With the illness with her milk ducts, because she couldn’t afford to be off sick, Julie put off having surgery until the doctors said her symptoms had changed and they thought she had cancer. Julie also recalls that the managers didn’t like people taking sick leave, and they might even sack people who had odd days off.

At the time of Julie’s accident she had three part time jobs working around the children to make money. She had osteoarthritis which contributed to her breaking her back whilst lifting big vacuum flasks out of a van to take into the nursery. Julie was on sick leave from the nursery for 2 years with no sick pay and never worked again. Julie describes the financial impact of this as very, very difficult. Even getting to the BRI to attend medical appointments was tough, the family didn’t have a car, she couldn’t step up onto a bus, let alone walk from the bus station to the hospital, and taxis were “for rich people.” Julie’s husband would have to borrow a car from a neighbour to get her to appointments. On leaving Avon County Council Julie was paid £6.00 which was for bank holiday pay owed to her, there was no compensation.

Julie did go to night school to learn how to type but with her back problems she was never well enough to sit at a desk for long periods. So for over 25 years Julie and her family have survived on her husband’s wages which aren’t high. Finally after many years she got Disability
Living Allowance, after a family member suggested she apply. Her attitude to benefits was that she “should earn her way”. Julie is angry that when she was diagnosed as diabetic, she should have been told that she could get free prescriptions, but she wasn’t and spent thousands of pounds on medicine which should have been free to her. She says there was money she was entitled to but she didn’t know about. Finally Julie reflects that not only did she lose her ability to earn but she lost her ability to earn more by going back to college and retraining, she says “...its been a bloody struggle at times... it all comes down to health...”

Ann

Ann is a 59 year old woman who used to work but after an accident at work had to stop working at age 37. She has osteoporosis and arthritis which has caused problems with her knee and back. Work was important to Ann, she expected to work after leaving school, saying that when she left school it was easy to get a job. Ann says that if she could go to work now she would because she loved going to work. Ann says that people in Knowle West want to work but there are no jobs since the tobacco industry went, and it also affected a lot of subsidiary firms. As a child, Ann didn’t have a clear idea about what she wanted to do, but she knew she wanted to be a mum.

Ann worked for many years as a lab assistant in a food factory. Her job was to test the mixes and make sure they met the quality standards. The pay was pretty good, as a lab assistant Ann was classed as a white collar worker, and was on very good pay. Ann earned more than her husband. Ann had two accidents at work, on both occasions she slipped; the later one after someone had cleaned the floor and not put a sign up. In the first accident Ann broke her leg and in the second she broke her knee. On both occasions, while Ann was on sick leave she got full pay because the accident had happened at work. Ann was awarded £28,000 compensation after the second accident, but only received £5,000 as the employer took back £23,000 to cover what they’d paid her during her sick leave. Thinking about loss of earnings, Ann said that she earned over £1,000 a month take home pay so what she actually got only represented about 5 months of pay.

The financial impact of having to stop work was very bad. Ann’s husband didn’t earn a lot, she was “the main bread winner”, Ann said that her youngest child missed out on things that her other children had because when they were that age she was in work. Ann and her husband had also got a mortgage to buy their council house when she was in work, so after she stopped working they struggled to pay that. Ann did have a company pension during a time when she worked in a retail store but because she finished work so young, she stopped contributing to that and when she does get to retirement age she will be reliant on state pension. She also has a few shares in the retail company but she has ear marked them to pay for her own funeral as she says they don’t have any money put aside for things like that. Ann does a lot of voluntary work now, she says she can manage that because she works when she
can and she doesn’t have the worry that if she is unwell she will lose her job. Ann is often in a lot of pain and the voluntary work can be a struggle but she also says it is the voluntary work that has kept her going. For at least 20 years Ann has worked hard as a volunteer but she hasn’t received a wage for it.

**Sue**

Sue is a 70 year old woman who finished working at 66 after she broke her humorous in a fall at home. When receiving treatment for this it was established that she had a heart problem which may have contributed to having the initial fall. Sue said she loved work, loved the social side and the money she earned. As a single mother Sue relied on her money to bring up her children, and was better off than living on benefits. Sue worked for 20 years in one place. This involved feeding documents into machines and packing them up for distribution. When her children were small, Sue did lots of different part time jobs to fit round them and earn enough money. She was very hard working. Sue moved to Bristol in 1961 and has lived in Knowle West for 43 years, she thinks Knowle West people want to work but there are no jobs for the young people to get started in.

Sue worked full time for 20 years for an Insurance Company, latterly working as a Print Mail Operator. She says over the years, terms and conditions improved, and the longer a person worked there the better their sick pay and holidays got. The Pension scheme there wasn’t very good, so Sue paid into a separate private pension. When Sue broke her arm she did receive sick pay, as long as she provided sick notes. Eventually she was invited to a meeting with someone from HR who told Sue that because her injury would prevent her doing hand packing of the print materials, and because there were no other jobs into which she could be redeployed, she would have to retire. Sue wasn’t given a choice. Sue was hurt that the people from HR who weren’t based in Bristol, came along and without knowing her or knowing anything about the 20 years she had worked there, they decided to “get rid of her”. Financially, Sue had decided to retire when she was 68, so she lost out on two year’s salary and pension contributions, but more than that she lost a job she liked.

**Miriam**

Miriam is a 59 year old woman who worked in a local shop until she had a heart attack (at 51) and then a period of mental illness, including panic attacks and depression. She stopped working due to these mental health needs when she was 55. Miriam says work was very important to her as she met people and earned money. Miriam can’t really recall having any ambitions as a child, she had a family when she was young and then as they grew up did various jobs around them. Miriam worked in her last job in the local shop for 9 years. She says she loved that job, eventually working about 18 hours a week. At 51 Miriam had a heart attack
and was off work for 18 months. She got no sick pay during that time, her boss was sympathetic as to what had happened but his main concern was getting the job done, so he wasn’t that patient. Miriam says that financially this caused problems; there were a lot of things that didn’t get paid.

At about 53 Miriam went back to work until she was 55 when she experienced a mental health “breakdown”. Again while she was off she received no sick pay. Her boss was very impatient about this, he couldn’t understand it. Miriam says he was annoyed about it and she felt under pressure to go back, so in the end she told him she’d leave and he could get someone else. Since then Miriam has not worked. She has no benefits so her income has been lost and not replaced. Her husband is in a low paid job. Miriam says that her family have helped out when things have got really tough.

Miriam says that if she hadn’t had ill health she would be still working, and that she has since gone for other jobs but they ask about why she left the other job, and that people discriminate because she has had mental health needs. Miriam says she expected to work until she was 63 years so she will in effect have lost out on 8 years potential earnings, and when she does retire she will be living on the state pension as she has never worked in a job that had a work pension scheme.

Lucy

Lucy is a 56 year old woman who stopped working when she was 48 because of mental health difficulties which she describes as “a breakdown”. At that time Lucy was doing two jobs, as a part time Ward Clerk in a hospital and as a student nurse. Lucy says work was always important to her; it gave her a sense of identity. Lucy said that when she was growing up in Knowle West there were a lot of jobs, careers people used to come into schools, there were apprenticeships, “you could almost finish one job and do another one”. When she was a child Lucy wanted to be Margot Fonteyn or an air hostess. Lucy says she wanted to travel so at 17 she joined the army which really upset her mother. After leaving the army Lucy went into nursing, she was an auxiliary nurse, and eventually in her 40s went to University to study nursing. Lucy worked as an auxiliary nurse in the NHS and private nursing homes, and worked in both generic nursing and mental health nursing. She says at first the terms and conditions were appalling but got better over time. Part of going to University to train as a mental health nurse was that Lucy knew the terms and conditions for that would be a lot better. When qualified she would have had access to a pension, better sick pay and holidays etc.

Lucy became ill around 47 or 48; she became depressed, found it hard to sleep or make decisions and was diagnosed as having “a breakdown”. Unbeknownst to her she also had an undiagnosed thyroid condition which was causing a lot of problems. Eventually she was diagnosed with a benign tumour in her thyroid which resulted in surgery, but that process took
about four years to be resolved. While she was on sick leave she only received statutory sick pay. Its now 8 years since Lucy worked and she says she would have preferred to have been in work. It was a hard time, her marriage broke up and she received some money from the sale of her house, she got no benefits and had to live off that. Lucy says “...everything I had in the world has ended up being gone through illness, and now I have no home and no savings.” Lucy says she has huge financial concerns and has no pension which she is worried about. Lucy is certain that if she had not been ill she would be still be working in a health field, and she does some voluntary work now. She says that circumstances prevent her from getting paid work, the benefits trap and being a carer for her elderly mother as well as having lost a lot of confidence and skills while she has been out of the workplace. Lucy wonders whether she has got anything to offer, although she says her voluntary work means that some of her confidence is coming back and she thinks “volunteering is great”, its “keeping her brain alive”. Lucy is aware though that she still has days when she feels dreadful, probably caused by her thyroid levels and she has a commitment to her elderly parent, so if she were looking to get back into paid work, she may need flexibility that is hard to find.

Lucy then referred to a period where she did try to go back to work for a brief period. She got quite ill again quite quickly and found the employer’s attitude “terrible” and unsupportive. Lucy said this messed up her finances even more, which she thinks is a huge drawback for people wanting to move on. Lucy says that experience has taken away a bit of her ambition, now she is just focused on her recovery and staying well.

6. Analysis and Trends

Of the eight people interviews the following trends emerged:

6.1 Age at which health problem occurred:

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The state pension age for women in 2018 will be 65, of the 7 women interviewed, only one worked beyond this age.

6.2 Type of health problem

<table>
<thead>
<tr>
<th>Mental health</th>
<th>Osteoporosis/osteoarthritis</th>
<th>Neurological</th>
<th>Heart problem</th>
<th>Stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

6.3 Financial outcomes

<table>
<thead>
<tr>
<th>Good sick pay</th>
<th>Statutory sick pay</th>
<th>No sick pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>
Carried on working with reduced income | Lost job | Chose to stop working
--- | --- | ---
1 | 6 (1 of these 6 has since found part time work living on a much reduced income) | 1

6 of the interviewees never worked again, only one of these was then at retirement age.

<table>
<thead>
<tr>
<th>No who had paid significantly into Company Pension scheme</th>
<th>No currently or in future reliant on state pension</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7</td>
</tr>
</tbody>
</table>

Out of the 8 interviewed 7 stated that they did not have enough money to save for their future.

### 6.4 Attitudes to work

7 out of 8 respondents said work was important to them and they liked working whereas one saw it as a means to an end. They didn’t seem to agree with the myth that residents of Knowle West are reluctant to work.

Of the four respondents who mentioned benefits 3 referred to feeling that they didn’t deserve them or felt like scroungers, with one actually paying money back, and one referred to the benefits trap.

Up to now, (some still have some time left as working age adults), the 8 interviewees have lost a total of 66 years of working life. The example of least time lost is under one year (Bob) and the greatest being 27 years (Julie). Years beyond current retirement age have not been included in this calculation.

Three identified that when they left school finding work was easy and there was an abundance of jobs. Two referred to there being very few jobs for young people now.

Two referred to relying on family to help them through their financial problems.

I had hoped to get information about whether health problems had resulted in wider financial impacts, such as County Court Judgements, inability to get affordable loans, perhaps reliance on things like payday loans or even doorstep lenders. In some of the interviews participants hinted at such issues, references being made to things “not getting paid” but participants didn’t elaborate and I didn’t feel comfortable to push the subject, so this evidence did not emerge.

### 7. Conclusion

The wealth of academic research and Public Health Policy shows that the impact of poverty on health remains as important as ever and that poorer people have lower life expectancy and
experience the onset of life limiting illness earlier in their lives than their richer counterparts. The interviews conducted show that ill health can strike relatively early in Knowle West. The people interviewed here were keen to work and try to make a good living, but in the majority of experiences illness got in the way. For these people illness either caused poverty or prevented them from getting out of poverty. By 2020 the retirement age for men and women in Britain will be 66 and beyond that will rise to 68. The evidence collected in this limited study suggests that for people living in areas of deprivation and therefore subject to health inequalities, the chance of working until the age of 68 is fairly low.

8. References


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4 Van De Venter E, Grey C, 2011, Mental Health Needs Assessment for Adults in Bristol, p11

5 Bristol City Council, 2012, Neighbourhood Partnership Statistical Profile 2012; Filwood, Knowle and Windmill Hill.


10 Grant, U, 2009, Health and Poverty Linkages, Perspectives of the chronically poor, Chronic Poverty Research Centre p4 www.94.126.106.9/r4d/PDF/Outputs/ChronicPoverty_RC/other-grant-health.pdf
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