Department for Work & Pensions | Department of Health

Work, Health and Disability Green Paper Data Pack

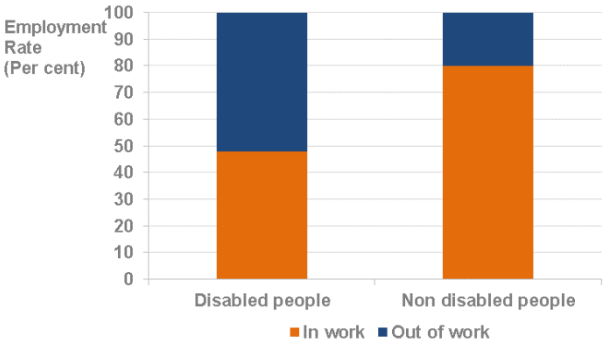
Technical Annex **Published: 31st October 2016** **Official statistics**

Work is important for providing structure to life and contributes to a person's status and identity – appropriate work is generally good for health and wellbeing. Unemployment has negative consequences for individuals, reducing quality of life, wellbeing and financial stability. Disabled people are considerably less likely to be in paid employment than people without a disability. As well as being costly for individuals, working age ill health is estimated to cost the economy around £100 billion a year. *Improving Lives: The Work, Health and Disability Green Paper* is consulting on how to address these issues. This data pack brings together existing evidence with new data analysis to inform the consultation. Figures relate to people in the UK aged 16-64 unless specified otherwise.

Main stories

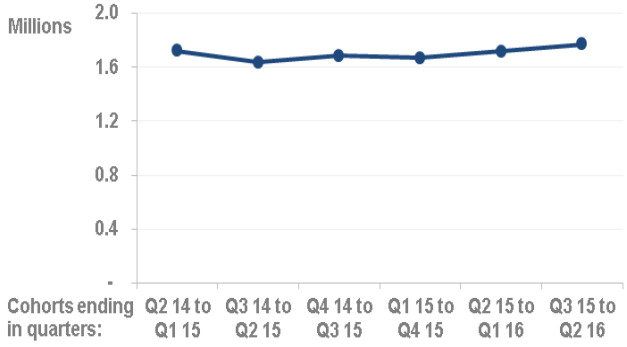
- There is a disability employment rate gap of 32.2 percentage points. This is the difference between employment rates of non-disabled (80.1 per cent) and disabled people (47.9 per cent).
- In a period of a year, around 1.8 million employees on average had a long term sickness absence of four weeks or longer.
- The majority of people claiming Employment and Support Allowance (ESA), in the Work Related Activity Group (WRAG) or the Support Group, stay on the benefit for long periods of time; very few people leave the benefit to return to work.

Relatively fewer disabled people are in work than non-disabled people



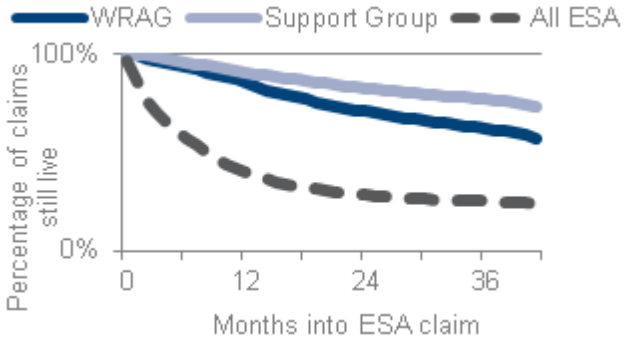
Source: LFS Q2 2016

On average, 1.8 million employees were prevented from working for four weeks or longer due to illness or injury in a period of 12 months



Source: LFS 5-wave Longitudinal Datasets

For those eligible, rates of people leaving ESA are very low. A little under 1% of claimants in the Support Group and a little over 1% in the WRAG leave every month



Source: DWP ESA Reference Dataset, 2013/14 cohort

At a glance

Work and Health Unit:

Please contact our team mailbox at team.workandhealthanalysis@dwp.gsi.gov.uk

DWP Press Office: 0203 267 5129

Comments? Feedback is welcome.

Published October 2016

What you need to know

The figures

The figures in this report come from a range of sources that are referenced throughout this pack. The new analysis presented here includes:

- The disabled population and their employment rates using the Labour Force Survey and Family Resources Survey (pages 10-14, 21, 23-24, 27 and 31-32)
- The economic and government cost of ill health at working ages (pages 15-16)
- Longitudinal analysis of disability and employment status using the Labour Force Survey (pages 28-29)
- Segmentation analysis of the disabled population using the Annual Population Survey (page 33-38)
- Estimates of long-term sickness absence using the Labour Force Survey (pages 47-49)
- Customer journeys of new Employment and Support Allowance claimants (page 53-59)

The data in this report covers the UK unless otherwise stated.

Additional tables and data

Excel reference tables, which break down results presented in this report by different demographic characteristics, are available online.

Work, Health and Disability Green Paper

This report is to support *Improving Lives, the Work, Health and Disability Green Paper*, which is available online.

Key terms

- An individual is defined as having a **long-term health condition** if they report having a physical or mental health condition or illness that lasts, or is expected to last, 12 months or more.
- If a person with a long-term health condition or illness also reports that it reduces their ability to carry out day-to-day activities as well, then they are also considered to be **disabled** as defined by the Equality Act 2010. Self-declared disability does not necessarily mean eligibility to sickness/disability or any other income-related benefit.
- **Incapacity benefits** refer to Employment and Support Allowance and its predecessors - Incapacity Benefit, Income Support on grounds of disability and Severe Disablement Allowance.
- **Employment** consists of working age people who did paid work (as an employee or self-employed), those who had a job that they were temporarily away from, those placed with employers on government-supported training and employment programmes, and those doing unpaid family work.
- **Unemployed people** are without a job, have actively sought work in the last four weeks and are available to start work in the next two weeks or who are out of work, have found a job and are waiting to start it in the next two weeks.
- **Economically inactive** people are those without a job who have not actively sought work in the last four weeks, and/or are not available to start work in the next two weeks.
- A **long-term sickness absence** is defined as a period of four weeks or more where an employed individual is prevented from working due to illness or injury.
- Most of the figures in this report are for the **working age population**, which comprises of people aged 16 to 64.

Department for Work & Pensions | Department of Health

1. An introduction to work and health

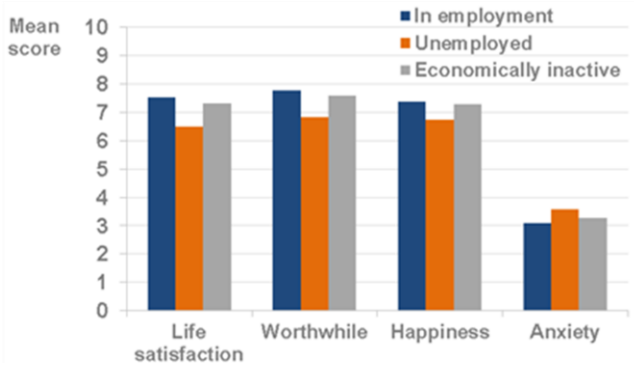
This section looks at the relationship between work and health, as well as key health indicators and employment rates.

Main stories

- Evidence shows there is a link between work and health; being out of work is generally bad for health.
- The health and employment rates of working age people vary considerably between different areas of the country.
- Life expectancy at birth is increasing but some of the increase in average lifespans is time spent in poor health.
- The UK employment rate is the highest since records began but the employment rate of disabled people remains significantly lower than of non-disabled people (47.9 per cent and 80.1 per cent respectively; Q2 2016). Nonetheless almost 3.4 million disabled people are in employment.

Work is generally good for health and wellbeing

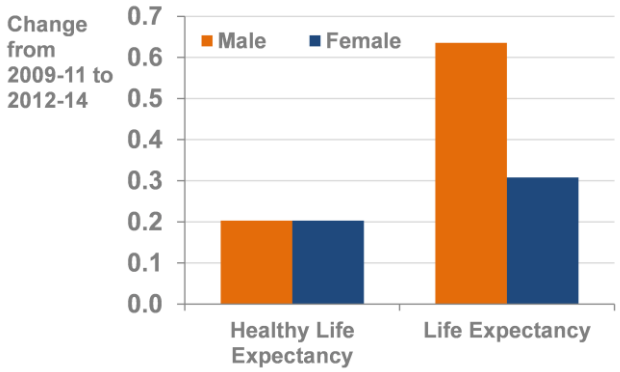
People in employment report higher levels of wellbeing than those out of work



Source: Annual Population Survey. Apr-Sep 2011

We are living longer lives but some years in poor health

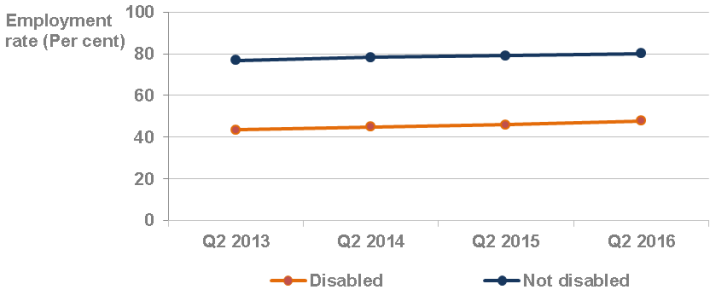
For males, between 2009-11 and 2012-14 life expectancy at birth rose by 0.6 years and healthy expectancy at birth rose by 0.2 years



Source: ONS. 2016

The employment rate of disabled people remains lower than that of non-disabled people

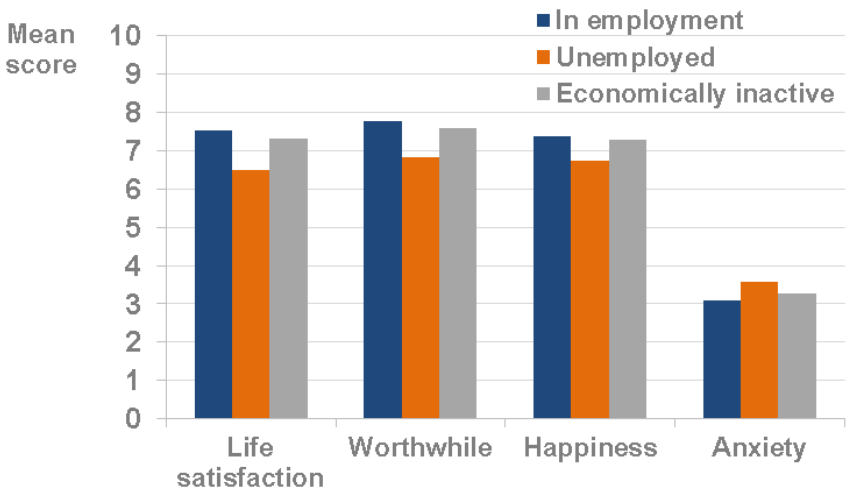
The disability employment rate gap is 32.2 percentage points



Source: Labour Force Survey, Q2 2013 to Q2 2016

Work is generally good for health and wellbeing

Chart 1.1 Mean wellbeing scores by employment status, 2011



Source: Annual Population Survey, Apr-Sept 2011.[i]

People in employment report higher levels of wellbeing than those out of work

There is a rich evidence base showing that work is generally good for physical and mental health and wellbeing.[ii]
People who are in employment have higher levels of wellbeing than those who are unemployed or economically inactive (Chart 1.1).

For full data, see links to other data sources provided in the reference table file.

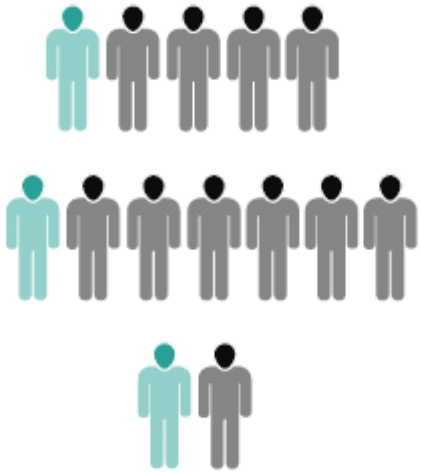
Moving into employment can be beneficial for health

Evidence from systematic reviews shows that moving into employment from being out-of-work can be beneficial for health. Although this may be partially because healthier people will find it easier to find a job, available studies also suggest that moving into work leads to better health.[iii]

It is also known that being in work can support improvements in health. For example, a systematic review on the health effects of employment found that being in employment reduces the risk of depression and improves general mental health.[iv]

Being out of work is associated with poorer health

Chart 1.2 Rates of common mental disorder among working age people, England, 2014



In 2014, mental health conditions affected…

almost **1 in 5** of all working age people

around **1 in 7** people in full-time employment

nearly **1 in 2** people on out-of-work benefits – Jobseeker's Allowance and Employment and Support Allowance

Source: Adult Psychiatric Morbidity Survey, 2014.[v]

People on out-of work benefits have higher rates of common mental health conditions than people in employment

Figures from the Adult Psychiatric Morbidity Survey show that, in 2014, 18.9 per cent of all working age people in England had at least one common mental health condition. The prevalence of mental health conditions varies by employment status.

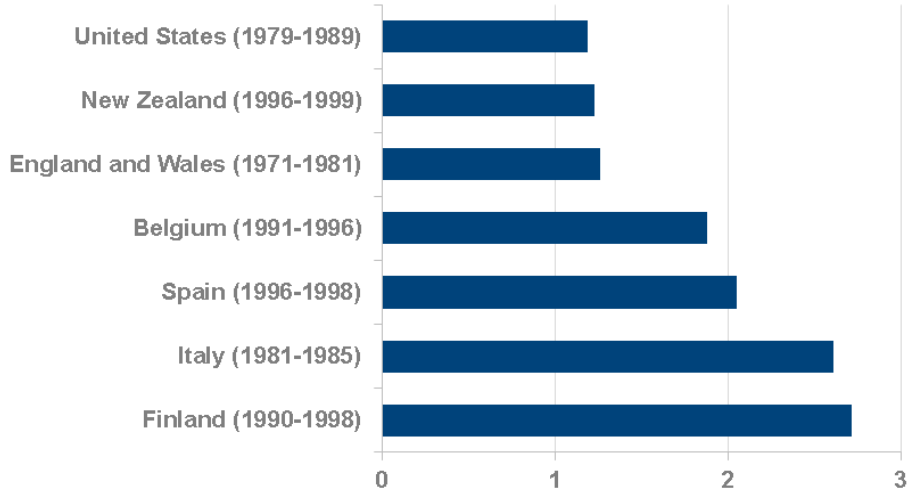
Rates of mental health conditions are lower among people in full time employment (14 per cent), and higher among people out of work, particularly among people on out-of-work benefits (47 per cent).

The Adult Psychiatric Morbidity Survey (APMS) asks detailed health questions to assess mental health in England and is our best source of evidence on the prevalence of mental health conditions. It provides estimates of rates of common mental disorder (CMD) - different forms of anxiety or depression.

For full data, see links to other data sources provided in the reference table file.

Unemployment is also associated with an increased risk of death

Chart 1.3 Average Hazard Ratios for death among unemployed compared with employed people in selected countries in different time periods



Source: Adapted from Table 1. Roelfs et al, 2011.[vi]
Notes:
Hazard Ratios are averages obtained of all mortality risk estimates in a given study.
Hazard Ratios for Belgium and Spain are for people who are unemployed or economically inactive.
Hazard Ratios for England and Wales and Italy do not adjust for socio-economic position.

Estimates show that the risk of death is higher for unemployed people compared with people in employment across a range of industrialised countries in various time periods (Chart 1.3).

The risk of death is described using hazard ratios which are a way of estimating the risk associated with a characteristic compared with not having that characteristic. Figures above 1 indicate a higher risk of death.

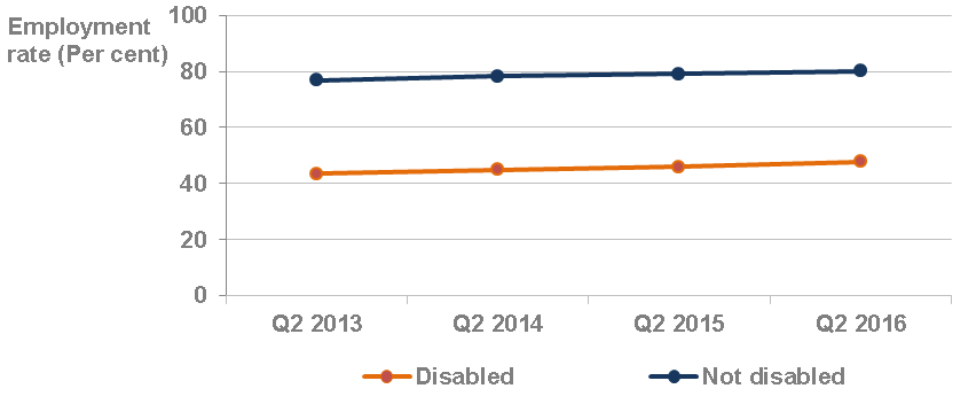
As can be seen, the risk of death for unemployed people was higher in all countries studied, even after adjustments for age and socio-economic differences between unemployed people and those in employment.

Mortality is a good objective measure of health so the consistency of this relationship in different places and time periods increases confidence in the causal link between work and health.

Other international studies suggest that the length of time that an individual is unemployed can also affect their health. For example, a six-year study in Sweden found that mortality risk increases with the duration of unemployment among men and women,[vii] while a 2014 study based on US Department of Labor annual survey data found that unemployment increased the risk of death by an amount equivalent to 10 extra years of age.[viii]

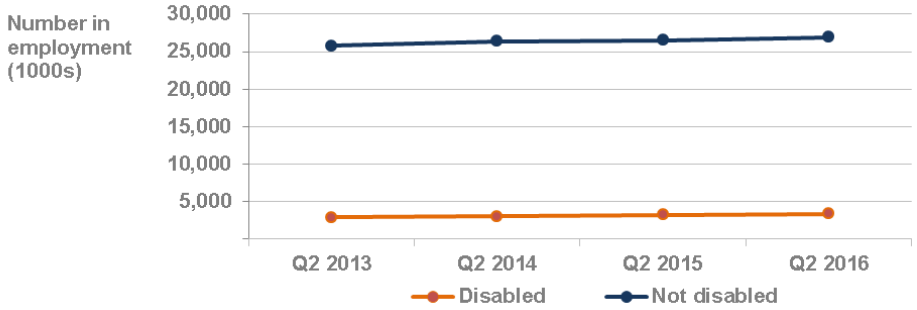
Disabled people are less likely to be in work than non-disabled people and therefore fewer disabled people have the potential to enjoy the benefits that work can bring

Chart 1.4 Employment rates among working age: disabled and non-disabled people compared, UK, 2014-2016



Source: LFS Q2 2013 to 2016

Chart 1.5: Numbers of people in employment: disabled and non-disabled people compared, UK



Source: LFS Q2 2013 to 2016

Employment rates have been increasing in recent years and, in Q2 2016, nearly 75 per cent of all working age people were in work – over 31 million people.

The number of unemployed working age people in Q2 2016 was the lowest since Q1 2008 and stood at 1.64 million. There were 8.8 million working age people who were economically inactive and the inactivity rate was 21.6 per cent, the joint lowest since comparable records began in 1971.

However, the employment rate of disabled people, at 47.9 per cent is much lower than the employment rate of non-disabled people at 80.1 per cent (Chart 1.4). This means there is an employment rate gap of 32.2 percentage points between non-disabled and disabled people.

However, the number of disabled people in work has been rising consistently since Q2 2013.

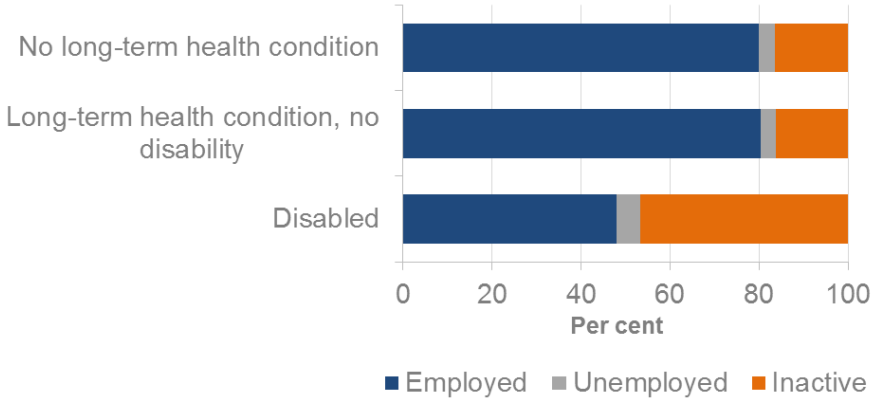
There were over 493,000 more disabled people in work in Q2 2016 compared with three years earlier. But the disability employment gap has not closed as the numbers of non-disabled people in work have also been rising (Chart 1.5).

For full data, see links to other data sources provided in the reference table file.

People with long-term health conditions that are not disabling have a similar employment rate to non-disabled people

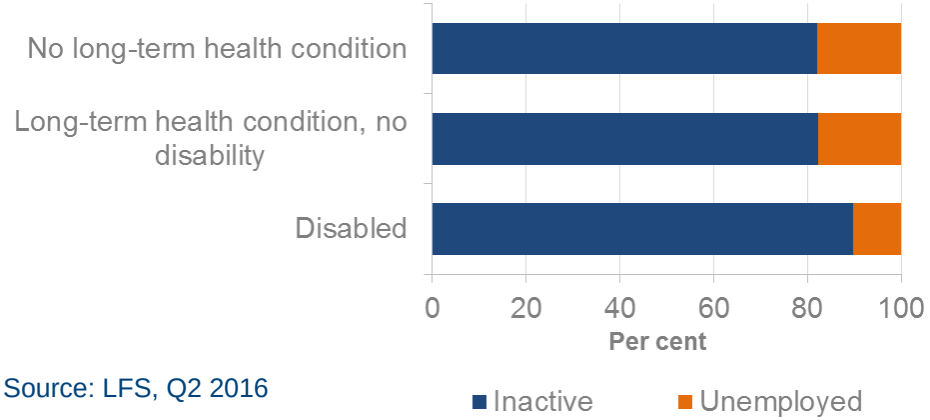
Long-term health conditions are not necessarily a barrier to employment in themselves

Chart 1.6 Employment rates: disabled people, people with non-disabling health condition, and other people compared



Source: LFS, Q2 2016

Chart 1.7 Economic inactivity and unemployment: disabled people, people with non-disabling health condition, and other people compared



Source: LFS, Q2 2016

Chart 1.6 shows the proportions employed, unemployed and economically inactive within the following three groups: disabled people, people with long-term conditions who are not classified as disabled, and those without any long-term health condition.

Employment rates are lowest amongst disabled people, with only 48 per cent in work. However, people with a long-term health condition that is not disabling, have a very similar employment rate to people without any long term health condition. Of the 4.9 million people with a non-disabling long-term health condition, 79 per cent are in employment compared with 80 per cent of the 29 million people with no long-term health condition.

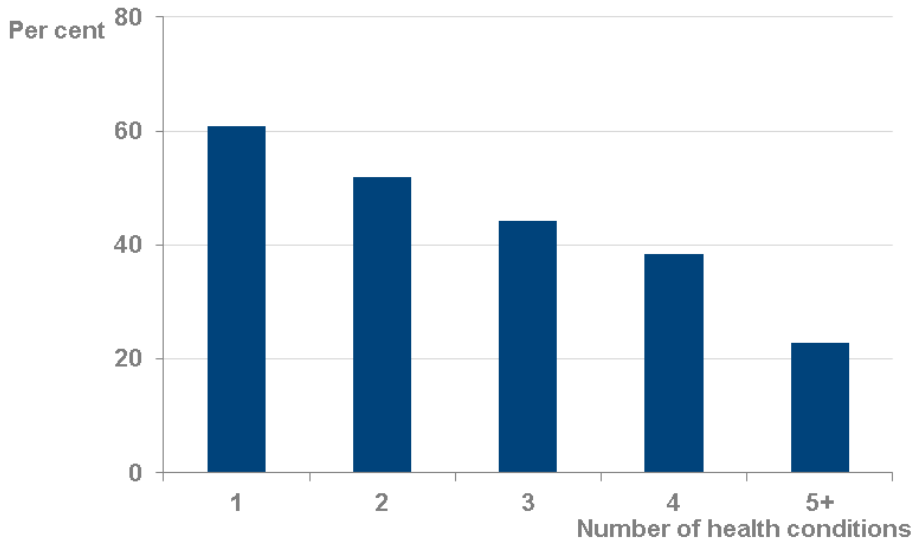
This would suggest that the existence of a health condition does not in itself affect the likelihood of a people being in work, but whether it is perceived to limit a person's day-to-day activities.

The majority of disabled people who are not in paid work are those who are economically inactive, which means that they are not actively seeking or available to work. Around 9 out of 10 of disabled people who are out of work are economically inactive (Chart 1.7). In addition, the inactivity rate among the disabled population (46.8 per cent) is three times higher than the inactivity rate of non-disabled people (16.3 per cent) (not shown on chart).

For full data, see links to other data sources provided in the reference table file.

But the more health conditions working age disabled people have, the lower their likelihood of being in employment

Chart 1.8 Employment rate by number of conditions: disabled people



Source: Work and Health Unit analysis of the Labour Force Survey Q2 2016

Among disabled people, there is a gradient in employment rates by number of health conditions with lower employment rates among disabled people with more health conditions.

The employment rate among disabled people with just one health condition is 61 per cent, which is above the average employment rate for all disabled people (48 per cent).

But just 23 per cent of disabled people who have five or more health conditions are in employment.

There is evidence that severely disabled people's job chances are most adversely affected by a lack of education; severely disabled people with a good education have similar employment rates to people with less severe disabilities or non-disabled people in similar circumstances.[ix]

Conceptual models suggest that levels of functioning or disability depend on interactions between a person's health conditions and their particular environmental and personal circumstances.[x]

For full data, see reference **Table 1a**.

Disabled people tend to be older, and a greater proportion of disabled people live in social housing than non-disabled people

Chart 1.9 Age of disabled people by employment status, UK Q2 2016

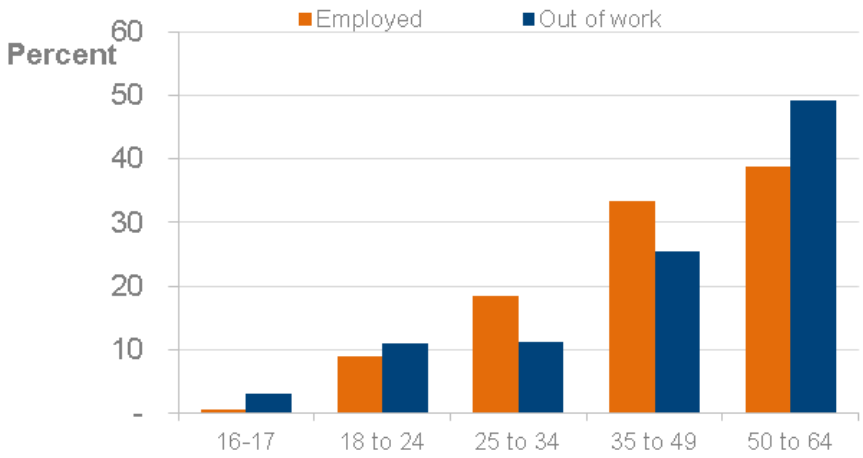
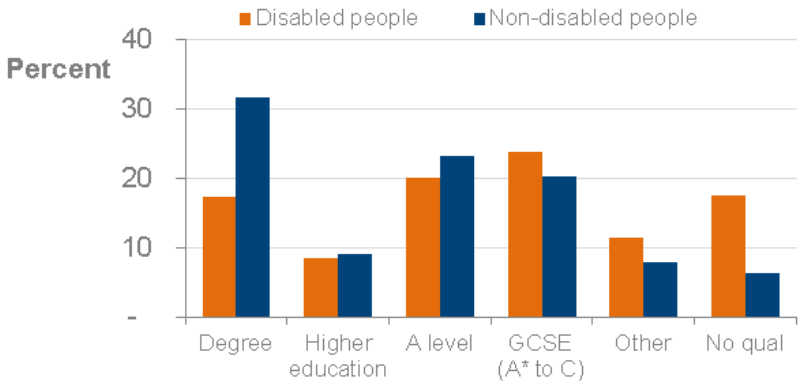


Chart 1.10 Qualification type, by disability, UK Q2 2016



Sources: Work and Health Unit Analysis of the LFS, Q2 2016

Characteristics of disabled people

Age

The prevalence of disability increases with age. For example, only 1 in 10 (10 per cent) of 16-17 year olds report a disability, increasing to over 1 in 4 (26 per cent) of 50-64 year olds (not shown). As shown in Chart 1.9, nearly half of out of work disabled people (49 per cent) are aged 50-64, whereas only 39 per cent of in-work disabled people are aged 50-64.

Gender

The gender composition of employed disabled people closely represents that of the overall disabled population. For example 56 per cent of employed disabled people are women, compared with 57 per cent of the overall disabled population. Conversely while there is a broadly even gender split among the non-disabled employed population, only 46 per cent of women are employed compared to 54 per cent of men.

Housing tenure

One in five (21 per cent) disabled people live in a house that they own outright, with a further 29 per cent holding a mortgage on the house they live in. A greater proportion of non-disabled people live in houses to which they have a mortgage (46 per cent). Around 1 in 3 (32 per cent) disabled people live in social housing, compared to just 1 in 10 (12 per cent) of non-disabled people.

Qualifications

Less than 1 in 5 (17 per cent) disabled people have a degree, compared with around 1 in 3 (32 per cent) non-disabled people. A greater proportion of disabled people have no qualifications (17 per cent) than non-disabled people (6 per cent). Disabled people that are in work are far more likely to have a degree (26 per cent) than disabled people out of work (9 per cent). Likewise, a much higher proportion of people out of work have no qualifications (28 per cent) than those in work (6 per cent). For full data, see **Tables 1b-1e**.

Working age people living in families where someone is disabled are more likely to be in lower income households than those living in families where no-one is disabled

The charts below show the distribution of working age people by income decile of their household and their family characteristics – whether they live in a family where someone is disabled or not. As can be seen, there are greater numbers of working age people living in a families where someone is disabled at the lower end of the income distribution than at the higher end of the income distribution. Among working age people in families where at least one adult works, families where no-one is disabled are more likely to be in higher income deciles, but this income gradient is not seen in a family where someone is disabled. For full data, see reference **Tables 1f-1g**.

Chart 1.11 Working-age adults by household income decile and disability status of family

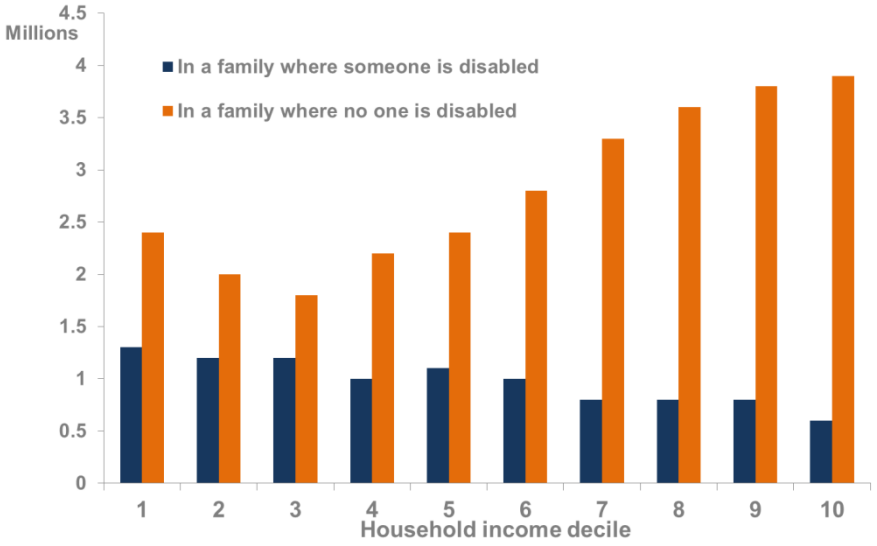
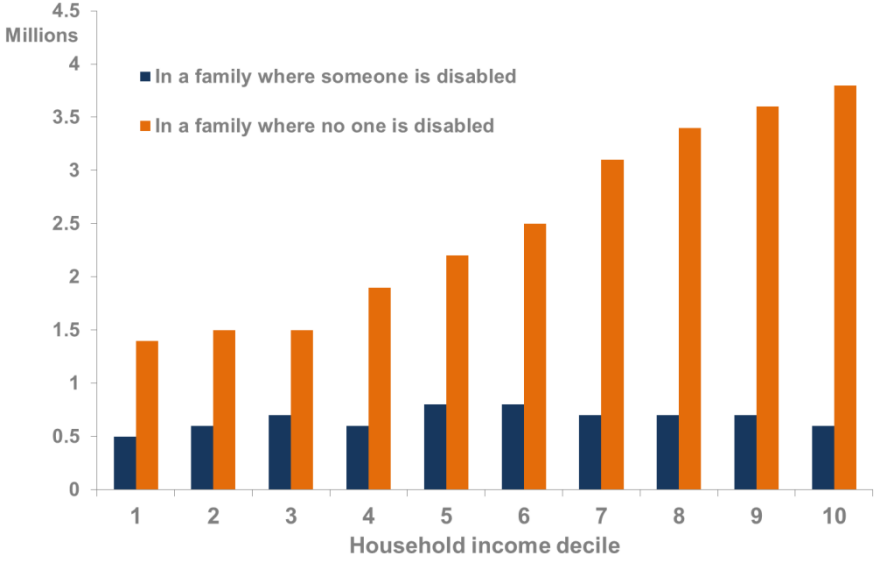


Chart 1.12 In-work working-age adults by household income decile and disability status of family



Source: Households Below Average Income data, 2014/15

Note: Analysis is on a Before Housing Costs basis and considers equivalised household income for working age adults based on the income distribution by decile for the total population (including pensioner household). This means there are more working-age adults in higher income deciles. Figures rounded to nearest 0.1 million.

There is little difference between the distribution of disabled and non-disabled people working across different industries, or different sized workplaces

Chart 1.13 Proportion of employees who work in small, medium and large workplaces, by disability, UK Q2 2016

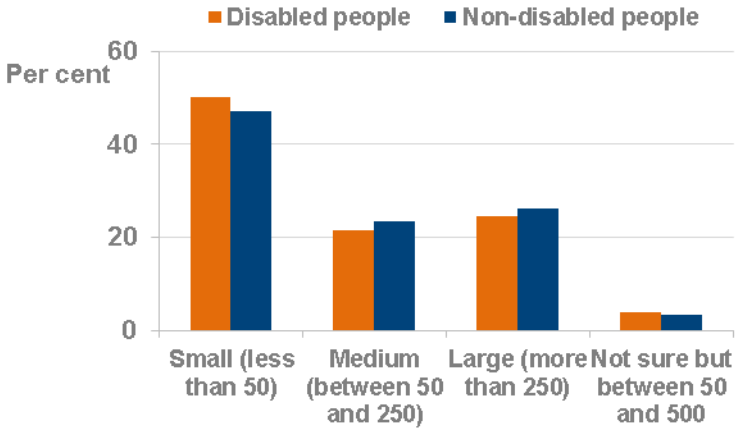
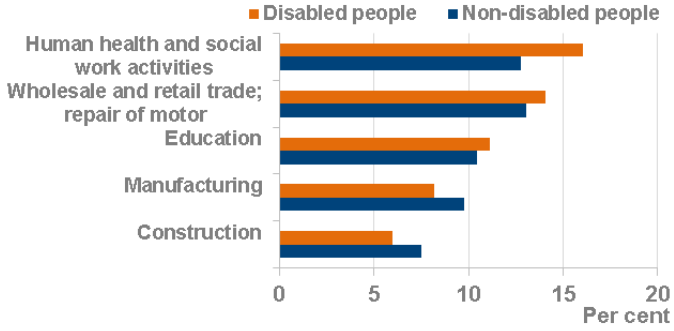


Chart 1.14 Proportion of employees in different industries, by disability, UK Q2 2016



Source: Work and Health Unit analysis of the Labour Force Survey Q2 2016

[1] Note that this analysis excludes self-employed people

Types of employment

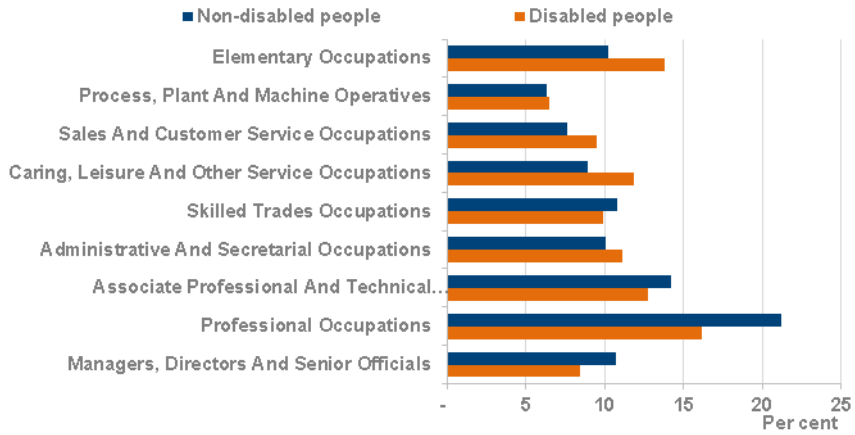
The majority (76 per cent) of employed disabled people work in the private sector. This is broadly similar to the proportion of non-disabled people (78 per cent). Overall, disabled people make up 12 per cent of people employed in the public sector and 11 per cent of people working in the private or voluntary sector. The overall prevalence of disability in the UK working age population is 17 per cent. Note that the voluntary sector is considered as part of the private sector in this analysis due to Labour Force Survey defining the public sector as that owned, funded or run by central or local government, and the 'private' sector as everything else.

The proportion of disabled people working in different sizes of workplaces is similar to non-disabled people. Half (50 per cent) of all employed disabled people work in small workplaces (those with fewer than 50 staff), compared to just under half of non-disabled people (47 per cent). A further 22 per cent of disabled people work in medium sized workplaces (between 50 and 250 staff), compared with 23 per cent of non-disabled people. Similar to non-disabled people, around a quarter of disabled people work in large workplaces (over 250 staff)[1] (26 and 25 per cent respectively).

The industries that the majority of employed disabled people work in are generally similar to those of non-disabled people. Sixteen per cent of disabled people work in human health and social work activities, slightly higher than the proportion of non-disabled people (13 per cent). Fourteen per cent of disabled people work in the wholesale and retail trade and 11 per cent in education. Whilst a substantial proportion of disabled people work in manufacturing (8 per cent) and construction (6 per cent), these proportions are slightly lower than the equivalent proportions of non-disabled people (10 per cent and 8 per cent respectively). For full data, see **Tables 1h-1j**.

…but there are differences between the proportions of disabled and non-disabled people with different occupations and hours worked.

Chart 1.15 Proportion of employees in different occupations, by disability, UK Q2 2016



Fourteen per cent of disabled people work in elementary occupations and 12 per cent work in caring, leisure and other service occupations. This compares with 10 per cent of non-disabled people who work in elementary occupations and 9 per cent of non-disabled people who work in caring, leisure and other service occupations.

Conversely, 16 per cent of disabled people work in professional occupations, compared with 21 per cent of non-disabled people. A smaller proportion of disabled people work in professional occupations (16 per cent), than non-disabled people (21 per cent). Likewise fewer disabled people work as managers, directors and senior officials (8 per cent versus 11 per cent).

Chart 1.16 Proportion of employees who work full time or part time, by disability, UK Q2 2016

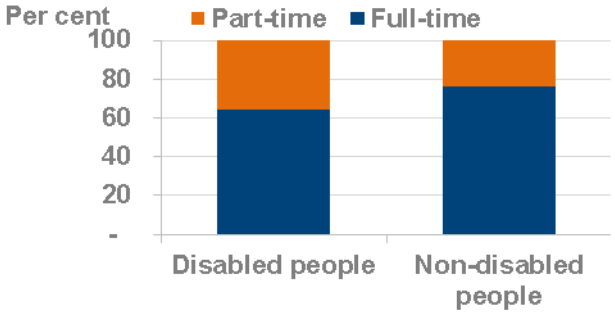


Chart 1.16 shows that whilst the majority (64 per cent) of employed disabled people work full-time[2], more than 1 in 3 (36 per cent) disabled people work part-time. Disabled people are more likely to be in part time work than non-disabled people. Less than 1 in 4 (24 per cent) non-disabled people in employment work part-time.

Sixteen per cent of part time workers have a disability, compared with 10 per cent of full time workers.

For full data, see reference **Tables 1k-1l**.

Sources: Work and Health Unit Analysis of the LFS, Q2 2016

[2] This is whether the survey respondent considers their work full time rather than part time.

Ill health among working age people which prevents them working has a considerable cost to the economy and individuals

The total economic cost of lost output and extra health costs among working age people is around £100bn a year

Poor health and worklessness among working age people have a substantial cost to the economy, as well as having a negative effect on individuals. The majority of this cost is through working age people with health conditions not being in paid work.

These are new estimates, updating estimates published in 2008 for Dame Carol Black's Review of the health of Britain's working age population.[xi]

Cost element	Description	Estimated cost
Sickness absence	Lost output due to sickness absence	£15-20bn
Economic inactivity	Lost output due to working-age ill health which prevents work	£73-103bn
NHS costs	Extra treatment costs for conditions affecting ability to work	£7bn
Informal care giving	Lost output due to working age carers caring for working age sick	£1bn
Total cost		£95-130bn

Notes:

- Lost output estimates are based on output per worker. The higher figure is based on mean Gross Value Added (GVA) per filled job, while the lower bound adjusts for lower potential productivity.
- The output lost to sickness absence is production not undertaken as a result of sickness absence. It is not connected to the estimates of the cost *to employers* of sickness absence, which are transfers to other economic groups (largely sick employees through SSP and OSP) and therefore have a net economic cost of zero.
- Full details of the methodology used are published in the background methodology document.

Economic inactivity which prevents work costs Government around £50 billion a year

The cost to Government of ill health among working age people includes £7bn of additional costs to the NHS for treating people with conditions that keep them out of work, welfare benefit payments and the loss of taxes and National Insurance contributions.

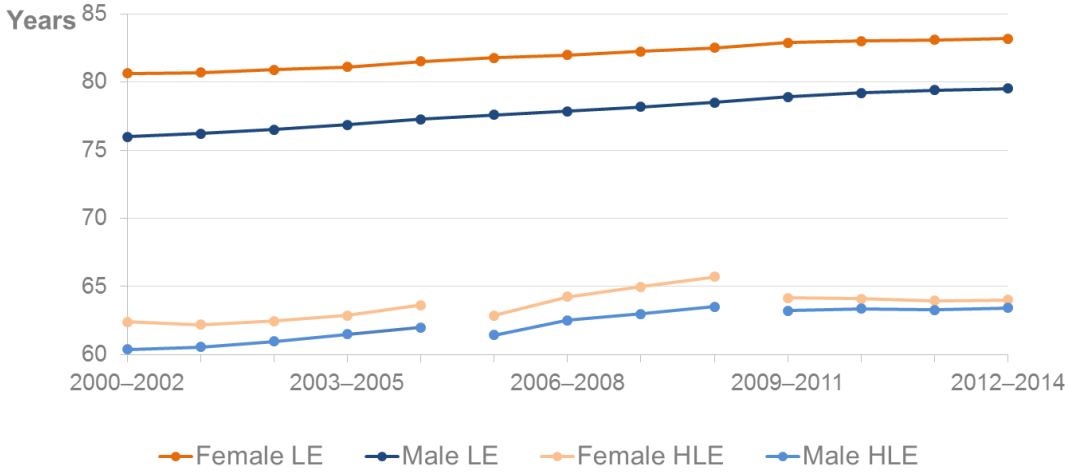
Cost element	Description	**Estimated cost**
Benefit payments	Employment and Support Allowance and associated benefits	£19bn
NHS costs	Extra treatment costs for conditions affecting ability to work	£7bn
Exchequer flow backs	Tax and National Insurance foregone due to health-related worklessness	£21-29bn
Total cost		£47-55bn

Note: exchequer flow back estimate is based on output per filled job. The higher figure is based on mean GVA per filled job, while the lower bound adjusts for lower potential productivity.

We are living longer lives but some of the increase in life expectancy is time spent in ill health

Healthy life expectancy at birth is an estimate of an individual's lifetime spent in "Very good" or "Good health" using self-reported health measures and information on life expectancy. This adds a quality of life dimension to the life expectancy estimates.

Chart 1.17 Trends in life expectancy (LE) and healthy life expectancy (HLE) at birth, England, 2000-02 to 2012-14



Source: ONS[xii]
Note: Breaks in the chart indicate where methodological changes occur. Figures for 2000-02 to 2004-06 are simulated data based on the methodology used to calculate HLE in 2005-07 to 2008-10.

Life expectancy at birth has been rising in England over the past decade, reaching 79.5 years for males and 83.2 years females by 2014 (Chart 1.17).

However, changes in healthy life expectancy have been smaller than changes in life expectancy. For males, between 2009-11 and 2012-14 life expectancy at birth rose by 0.6 years from 78.9 years and healthy expectancy at birth rose by 0.2 years to 63.4 years. For females, healthy life expectancy at birth declined by 0.1 years to 64.0 years, while life expectancy increased by 0.3 years. For full data, see links to other data sources provided in the reference table file.

Similar trends have been seen in Wales and Scotland (not shown). In Wales, between 2005-09 and 2010-14 life expectancy at birth rose by 1.3 years for males and 0.9 years for females between 2009-11 and 2012-14, while healthy life expectancy rose by 0.2 years for both males and females respectively.[xiii] In Scotland, among males life expectancy at birth rose by 1.1 years, and healthy life expectancy by 0.7 years between 2009-10 and 2013-14.[xiv] For females the equivalent figures were 0.6 and 0.1 years.

As recent increases in life expectancy have been greater than in healthy life expectancy, although people are living longer, they are spending some years in 'not good' health. This is known as an expansion of morbidity. There is wider evidence that the UK, as with other industrialised nations, has been experiencing an expansion of morbidity especially at older ages.[xv]

Our health is influenced by a wide range of factors

The link between health and employment works in both directions; health status can be both cause and outcome of employment position. This relationship is further complicated by the wider range of factors which we know influence both health and work outcomes

Diagram 1.1 The wider determinants of health
Source: Barton and Grant, 2006.[xvi]

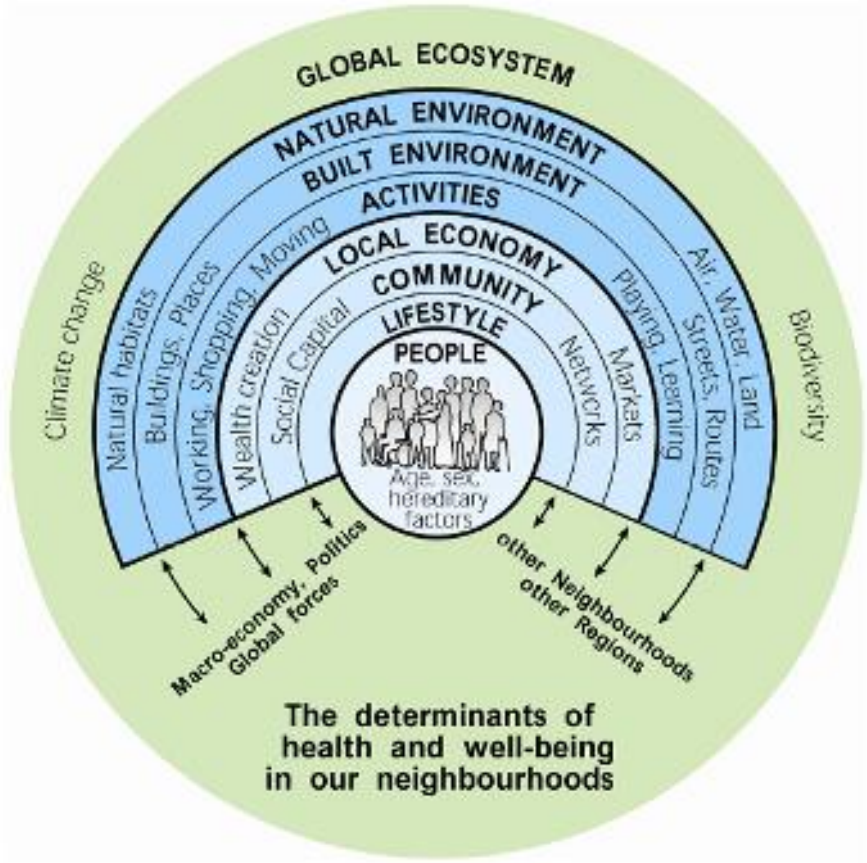


Diagram 1.1 illustrates the range of factors that can influence the health of individuals and communities.

The Marmot Review provided evidence for England that the wider determinants of health – the circumstances and conditions in with we are born, live, work and age – are the fundamental drivers of health.

While there is often a focus on the importance of healthcare for good health, wider factors are important; healthcare plays a smaller role in determining health outcomes than other factors.

Though estimates vary about the relative importance of the wider determinants in shaping our health, research collated by the Kings Fund shows that structural and contextual factors are large determinants of health status.[xvii]

Lifestyle factors or health behaviours like smoking and alcohol consumption, also affect health outcomes. For example, The Marmot Review found that 40 per cent of disability-adjusted life years lost is due to preventable lifestyle factors such as smoking, high blood pressure, obesity and low physical activity.

The places in which people live shape both health and employment outcomes

Table 1.1 Trends in Slope Index of Inequality (SII) in Life Expectancy (LE) and Healthy Life Expectancy (HLE) at birth, England, 2009-11 to 2012-14

	2009-11	2010-12	2011-13	2012-14
SII: Life expectancy				
Males	9.4	9.2	9.1	9.2
Females	6.9	6.9	6.9	7.0
SII: Healthy life expectancy				
Males	19.3	19.5	19.2	19.0
Females	20.0	19.8	19.5	20.2

Source: ONS[xviii]

There are also large and persistent inequalities in life expectancy and healthy life expectancy at birth in England. In 2012-14 males born in the most deprived areas have lifespans which are 9.2 years shorter on average, compared with those in the least deprived areas. For females, the difference is 7.0 years (Table 1.1). These inequalities are even larger for healthy life expectancy: 19.0 years for males and 20.2 years for females and have not reduced over time.

This indicates that premature ill-health is more common in certain areas; this may have implications for people's ability to remain in good health and be in employment in their sixties.

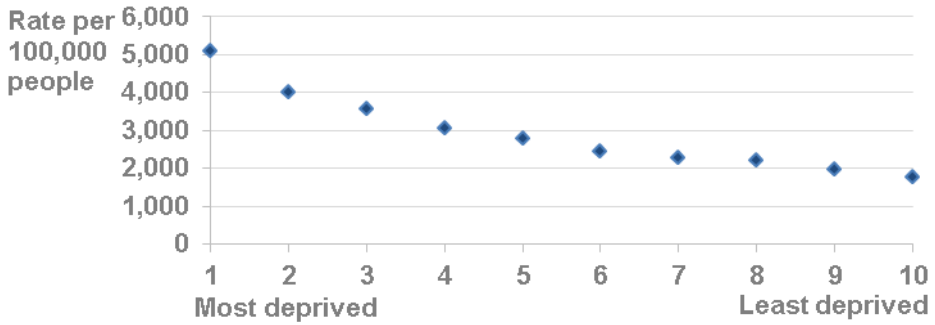
The slope index of inequality (SII) is used to assess the absolute inequality between the least and most deprived deciles in life expectancy and health life expectancy. This indicator measures the gaps by taking into account the inequality across all adjacent deciles of relative deprivation, rather than focusing only on the extremes.

For full data, see links to other data sources provided in the reference table file.

Some healthcare outcomes vary by factors such as area deprivation

Evidence shows that there are social gradients in outcomes of health care across England. While some variation is to be expected, reducing such variation is a policy aim. The NHS Five Year Forward View identified that unacceptable variations in health outcomes will persist without action to reshape care delivery and reduce variations in the quality of care. Chapter 1 of *Improving Lives: The Work, Health and Disability Green Paper* focuses on changing population needs.

Chart 1.18 Potential years of life lost per 100,000 people, by deprivation deciles: adults, England 20



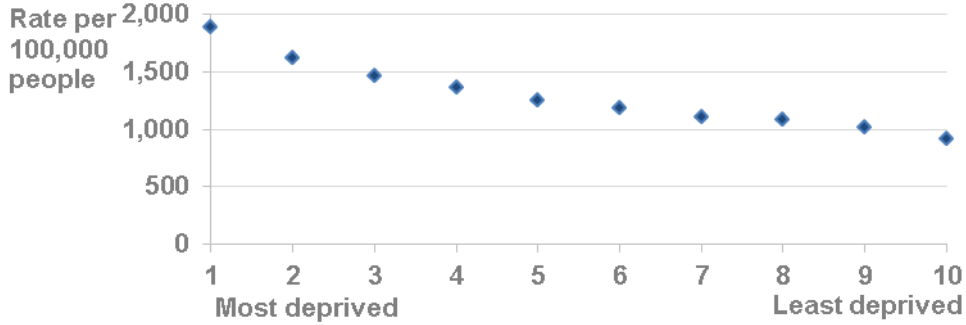
Source: NHS Outcomes Framework Indicator 1a.i[xix]
The denominator is registered patients.

Potential Years of Life Lost (PYLL)

Potential years of life lost (PYLL) from conditions which are usually treatable are higher among adults in deprived areas (Chart 1.18).[xx]

In 2014, the rate of PYLL for England as a whole was 2,819 per 100,000 people (95 per cent confidence interval (CI), 2,779 – 2,855). But the rate of PYLL ranged from 5,093 per 100,000 for the most deprived decile (95 per cent CI, 4,917 –5,269) to 1,763 per 100,000 in the least deprived decile (95 per cent CI, 1,670 –1,857). For full data, see links to other data sources provided in the reference table file.

Chart 1.19 Emergency admissions for acute conditions that should not usually require hospital admission per 100,000 people, by deprivation decile: England 2014-15



Source: NHS Outcomes Framework Indicator 3a[xxi]
The denominator is registered patients.

Emergency admissions for acute conditions that should not usually require hospital admission

Where an individual has been admitted for acute conditions that should not usually require hospital admission, it may indicate that they have deteriorated more than should have been allowed by the adequate provision of healthcare in primary care or as a hospital outpatient.[xxii]

Chart 1.19 shows that in the most deprived decile of areas there were on average 1,866 such emergency admissions per 100,000 people (95 per cent CI, 1,874 –1,898), significantly higher than the national average of 1,277 admissions per 100,000 people and the rate for least deprived areas (907 admissions per 100,000; 95 per cent CI, 900 – 915). For full data, see links to other data sources provided in the reference table file.

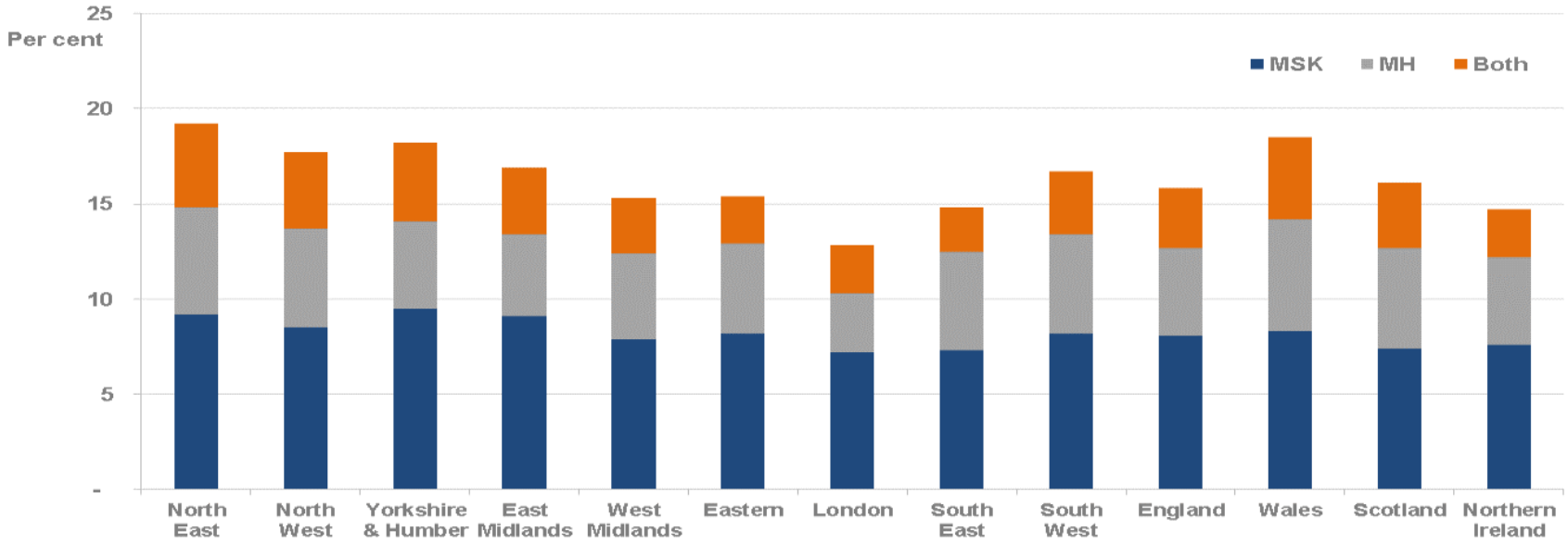
Rates of common health conditions among working age people also vary across regions

Many different data sources indicate that the most common health conditions in the UK working age population are related to conditions affecting the musculoskeletal system, or mental health. This is particularly the case for those disabled people who are out of work. It is estimated that 54 per cent of out of work disabled people have either a mental health or musculoskeletal condition as their main health condition. This increases to 78 per cent when looking at those who experience these common conditions as either their main or secondary health condition.

Data allowing comparison between rates of mental health problems and other conditions comes from the Annual Population Survey. When looking at countries within the UK, England has the lowest proportion of the working age population with mental health conditions or musculoskeletal disorders whereas Wales has the highest. It is also clear that musculoskeletal problems affect more of the working age population when compared to mental health conditions. For full data, see reference **Tables 1m-1n**.

Similar variation exists when looking at access to treatment. The average waiting times for mental health treatment can differ as much as 12 weeks across England. This estimate based on the 6 month average IAPT wait times between January and June 2016 sourced from Improving Access to Psychological Therapies Report data series.[xxiii]

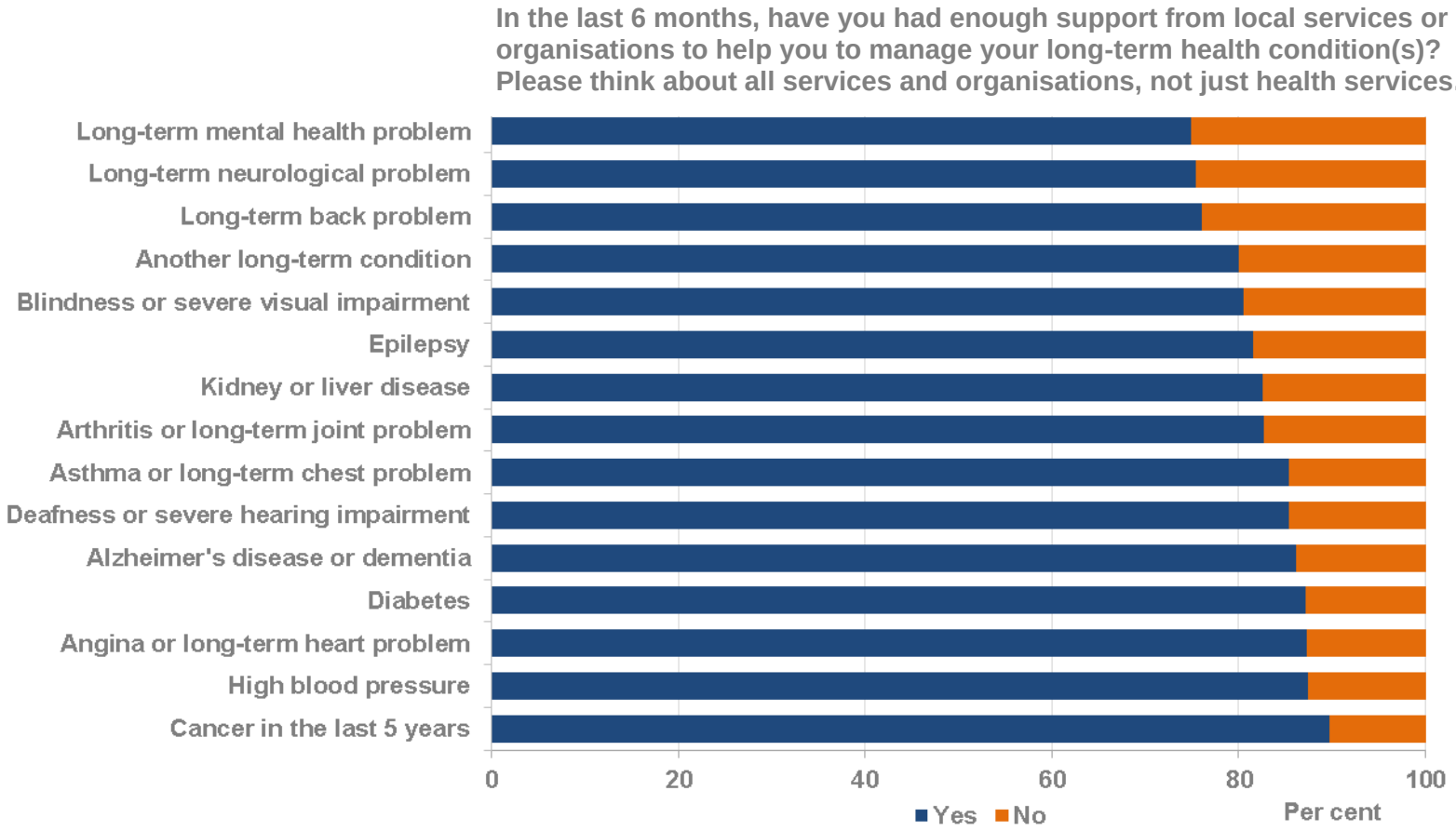
Chart 1.20 The proportion of working age people with mental health or musculoskeletal conditions, by region and country, UK, 2015



Source: Annual Population Survey, January 2015 – December 2015 and ONS mid-2015 Population Estimates

Reported experiences of primary care vary among patients with long-term health conditions

Chart 1.21 Whether patients feel they have enough support from local services or organisations to help them manage long-term conditions, by condition, England. GP Patient Survey 2016

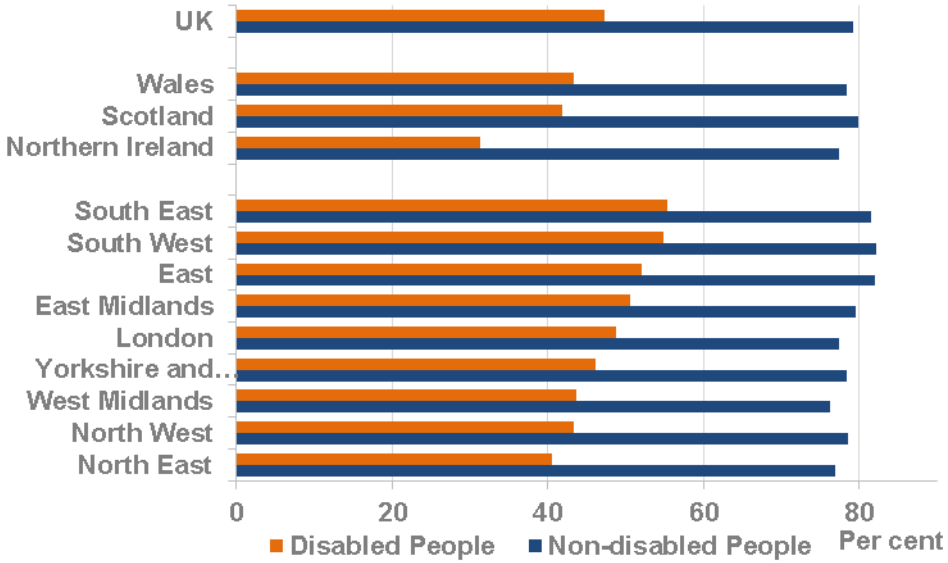


'Yes' includes people who responded 'Yes definitely' or 'Yes maybe'

In the 2016 GP Patient Survey, 83 per cent of respondents with long-term conditions reported that they felt they received enough support to help them manage their conditions. People with long-term mental health problems (75 per cent) neurological problems (75 per cent) or back problems (76 per cent) were least likely to feel that received enough support from local services to help manage their condition. By comparison 90 per cent of people who had received cancer treatment in the last five years felt that they had received enough, as did 87 per cent per cent of people receiving support for diabetes or conditions affecting the circulatory system like angina or heart problems, or high blood pressure. For full data, see links to other data sources provided in the reference table file.

There is regional variation in working age disabled employment rates

Chart 1.22 Employment rate by region and disability status, working age people, UK



Source: APS, April 2015 – March 2016, UK

Among regions of England, the South East and South West have the highest disability employment rates (around 55 per cent), while the North West (43 per cent) and North East (41 per cent) have employment rates lower than the national average.

Employment rates of disabled people are also lower than the UK average in Scotland (42 per cent), Wales (43 per cent) and Northern Ireland (31 per cent).

Although there is some regional variation in the employment rate of non-disabled people (ranging from 77 per cent in the North East to 82.2 per cent in the South West), it is much smaller than the variation in the employment rates of disabled people (which ranges from 31.4 per cent in Northern Ireland to 55.4 per cent in the South East).

For full data, see links to other data sources provided in the reference table file.

Areas with lower disability employment rates tend to have lower disability-free life expectancy

Chart 1.23 Employment rates of disabled men Q2 2016, and male disability-free life expectancy at birth 2012-14 for local authorities in England

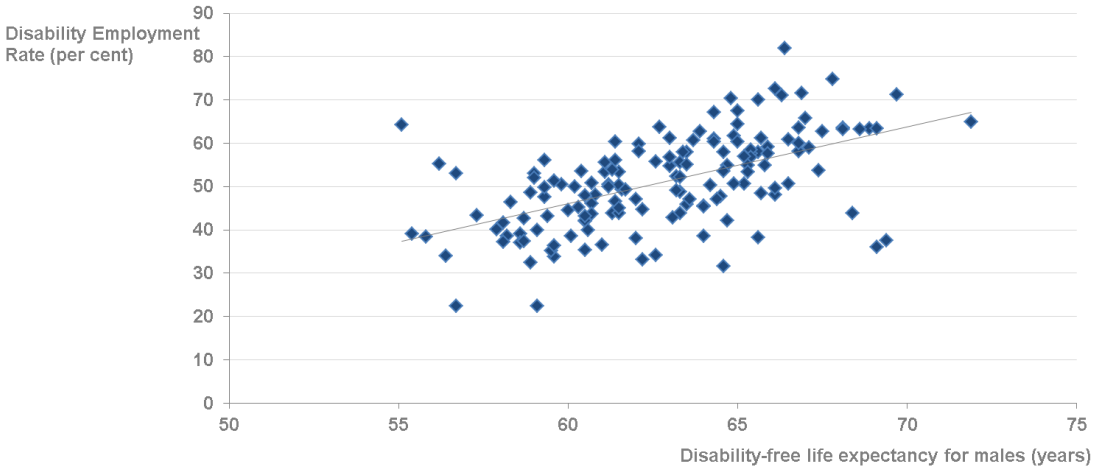
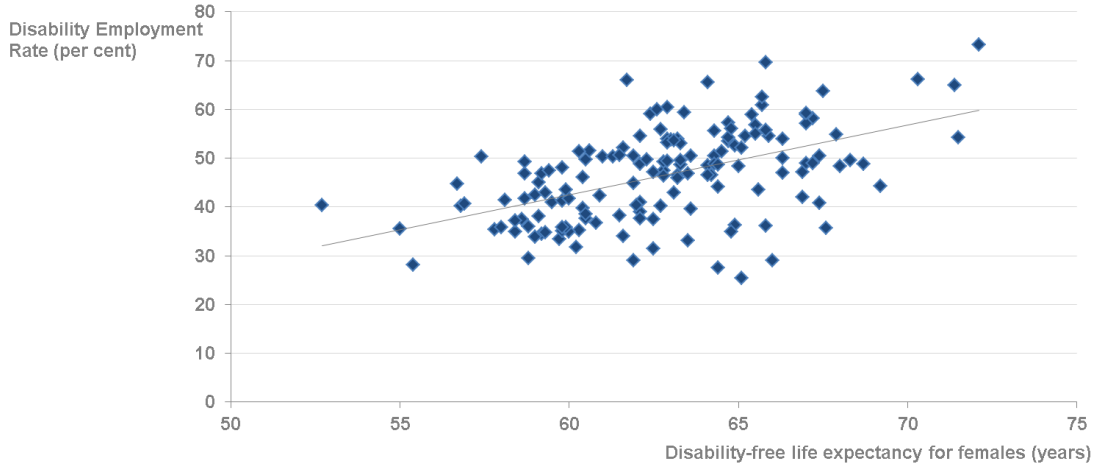


Chart 1.24 Employment rates of disabled women, Q2 2016 and female disability-free life expectancy at birth 2012-14 for local authorities in England



Source: Work and Health Unit Analysis based on the Labour Force Survey and ONS data.

Disability-free life expectancy at birth was 63.3 for males and 63.2 for females in 2012-14.[xxiv] The disability employment rate for England was 49.3 per cent for males and 46.8 per cent for females in Q2 2016.

Charts 1.23 and 1.24 show that, when looking across all local authorities in England, there is an association between employment rates among disabled people and disability-free life expectancy – areas with lower disability free life expectancy tend to have lower employment rates among disabled people.

This section has looked at the links between health and work and briefly described the health of the working age population in general.

Section 2 considers the working age population with health conditions in more detail, and describes their employment.

For full data, see links to other data sources provided in the reference table file.

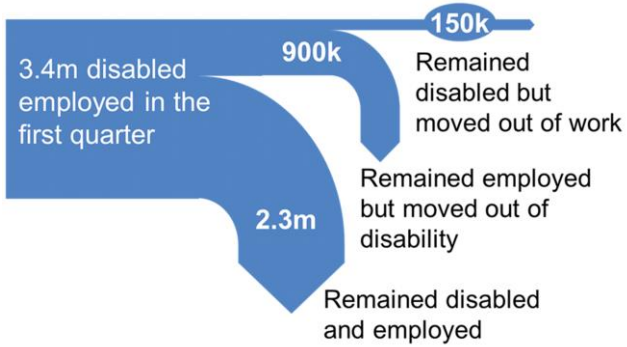
2.The working age population with health conditions or disabilities in the UK

This section presents analysis of the working age UK population who have a long term health condition, focussing on those who also have a disability as they have a significantly lower employment rate in comparison to people without a disability. It looks at the size of the group, the nature of the health conditions that are reported and how the employment rates of people with a disability vary depending on characteristics.

Main stories

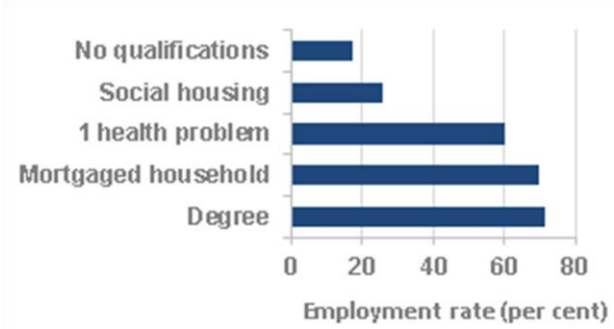
- Many working age people in the UK have a long-term health condition. Some of these conditions are disabling and the number of people with a disability has been increasing.
- People's disability status changes over time; the population of disabled people changes from quarter to quarter.
- The majority of disabled working age people have a mental health or a musculoskeletal-related condition.
- Employment rates vary within the disabled population depending on a variety of characteristics. These characteristics sometimes cluster in certain parts of the country.

Individuals' disability and employment statuses can change over time
Nearly 150,000 disabled people leave work each quarter, in some cases for health reasons



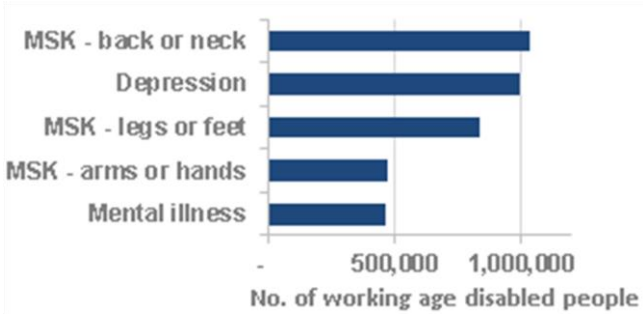
Source: Work and Health Unit Analysis of the LFS, cohort Q2 2015 – Q2 2016, UK

Employment rates vary by a range of individual characteristics
Social disadvantage, qualifications and health conditions are all important factors



Source: Work and Health Unit Analysis of the APS, 2015/16

More than half of working age disabled people in the UK have mental health or musculoskeletal conditions as their main health condition

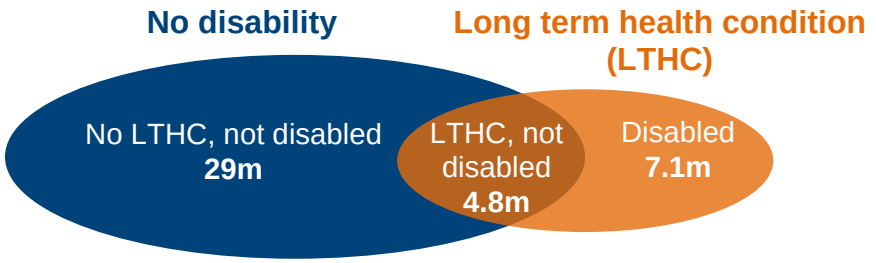


Source: Work and Health Unit Analysis of the LFS, Q2 2016

There are many people in the UK with a long-term health condition

As of 2016, there were 11.9 million working age people in the UK with a long-term health condition, of whom 7.1 million were defined as disabled

Chart 2.1 Numbers of working age people with a long-term health condition or disability, UK (not to scale)

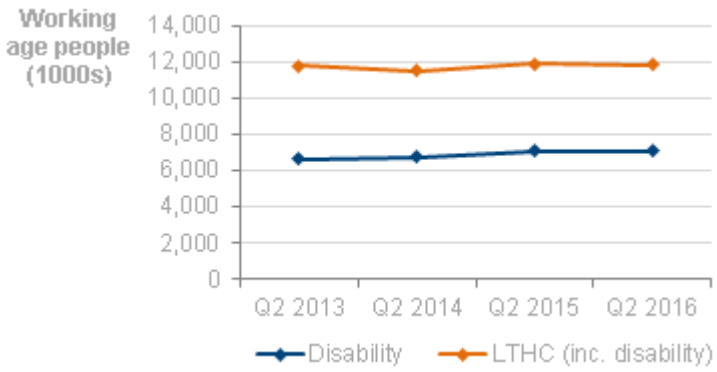


Source: LFS Q2 2016

Having a long-term health condition does not necessarily have an impact on one's ability to carry out day to day activities. Therefore, while many people in the UK report that they have a long-term health condition, not all of them are classified as disabled under the Equality Act 2010. Chart 2.1 shows that 11.9 million working age people in the UK have a long-term health condition, this is 29 per cent of all working age people. Of those, 7.1 million have a disability; this is 17 per cent of the entire working age population.

The number of working age people with a disability has been increasing, while the overall number of people with a long-term health conditions is stable

Chart 2.2 Numbers of working age people who have a long-term health condition (LTHC) or are disabled, UK



Source: LFS Q2 2013 to 2016

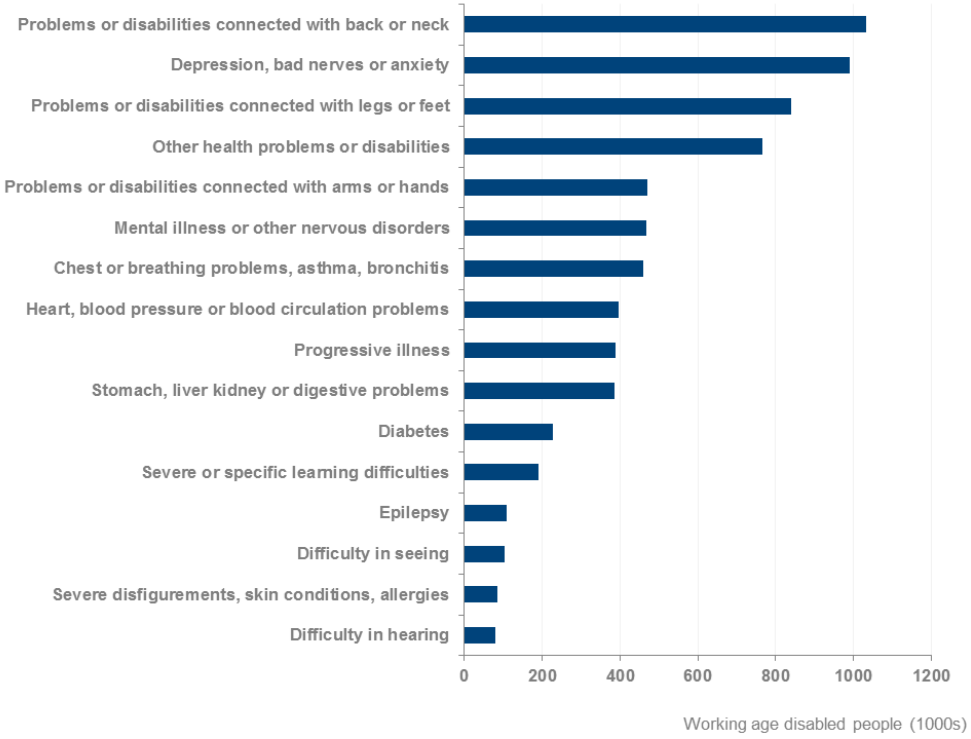
The number of the working age people reporting having a long-term health condition has been largely stable since Q2 2013, and stood at 11.9 million people in Q2 2016. However, the number of working age people with a disability has increased from 6.7 million in Q2 2013 to 7.1 million in Q2 2016.

Population projections indicate that in the next decade the population of 50 to 64 year-olds is expected to increase by nearly 1 million people[xxv]. As the prevalence of disability increases with age[xxvi], this means the numbers of working age people with long-term chronic conditions and co-morbidities will rise. For full data, see links to other data sources provided in the reference table file.

The main working-age disabilities in the UK are musculoskeletal and mental health conditions

Many different data sources indicate that the most common health conditions amongst the UK working age population are related to conditions affecting the musculoskeletal system, or mental health.

Chart 2.3 Numbers of working age disabled people by main reported health condition, UK



Source: Work and Health Unit Analysis of the LFS, Q2 2016

The World Health Organisation produces the Global Burden of Disease study of population health across the world. Years Lived with Disability (YLD) is a key measure for the study; it is an estimate of "years lived in less than ideal health" and includes many conditions from influenza to epilepsy.

In England in 2013, low back pain was ranked highest of all injury-related disabilities and yielded the largest total number of YLD.[xxvii] This was true for both for men and women; however YLDs were higher for women than men. Neck pain and depressive disorders also feature in the top three conditions biggest causes of YLD for both men and women, though in a different order; anxiety disorders are within the top 10 causes of YLD.

Data from the Labour Force Survey shows that over 2.3 million people in the UK report a musculoskeletal condition as their main health condition (Chart 2.3). Mental health conditions and depression are also very common among working age people. These are rates of self-reported health conditions.

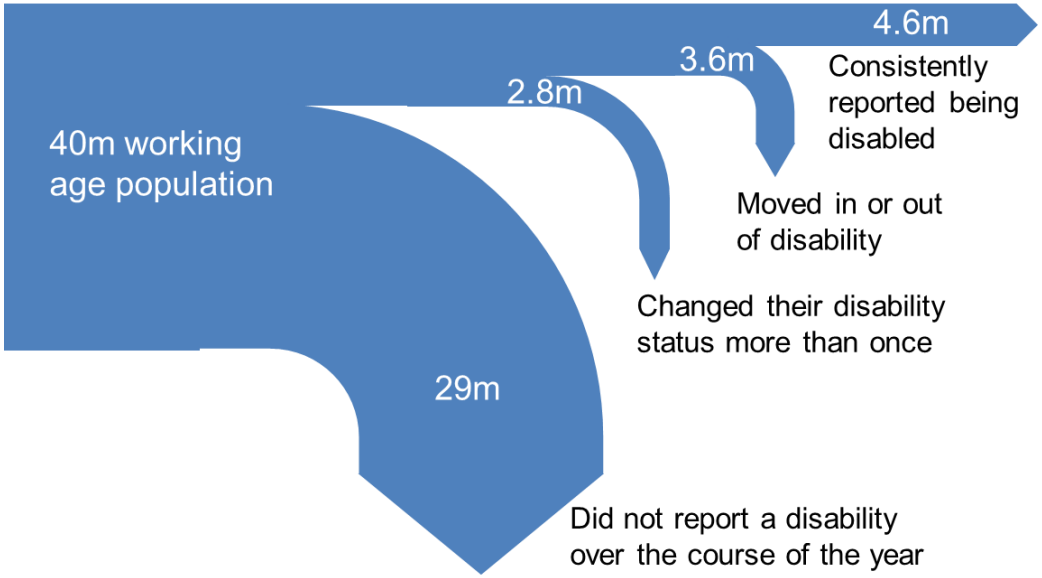
Statistics from the Adult Psychiatric Morbidity Survey (APMS) reported in Section 1[xxviii] show that in 2014, 18.9 per cent of people aged 16-64 in England had at least one common mental health condition. The APMS asks detailed health questions to assess mental health of adults in England and it is our most reliable source of data on the prevalence on mental health conditions.

For full data, see reference **Table 2a**.

Individuals' disability and employment statuses can change over time

Based on the Labour Force Survey, between Q2 2013 and Q2 2016: the number of disabled people in employment has increased by 493,000; the employment rate of disabled people has increased by 4.3 percentage points; and the prevalence of disability has increased by 0.8 percentage points. However, these headlines do not fully reflect the dynamic nature of disability employment as many people may frequently move in and out of disability and/or employment over time. Reporting a disability may be affected by a number of factors such as the severity or the expected duration of a health condition and how people perceive their health. Disability is also connected to different aspects of functioning like employment; being disabled may affect your chances of finding or staying in employment; while having a job can be indicative of a person's ability to carry out a range of day-to-day activities.

Diagram 2.1 Stability and change in disability status among working age people over a one-year period



Source: Work and Health Unit Analysis of the LFS, cohort Q2 2015 – Q2 2016, UK
Note: based on disability status recorded at 5 quarterly interviews

Diagram 2.1 shows a breakdown of the UK working age population based on how their self-reported disability status changed over the course of the year (captured at 5 quarterly interviews between Q2 2015 and Q2 2016). These transitions illustrate the challenges in measuring the disability employment rate at a particular point in time and monitoring how it changes over a longer period, as the composition of the disabled population changes over time.

Among the 40 million people of working age in the UK, 11 million reported having a disability at least once over this period. This accounts for 1 in 4 people of working age.

Of the approximately 7 million people who report a disability at a particular quarter, 2 out of 3 maintained their disability status over the course of the year. These 4.6 million disabled people represent 12 per cent of the total working age population.

In addition, 1.8 million people acquired a disability at some point within this period while 1.9 million moved out of disability (3.6 million people in total after rounding).

There is also considerable fluctuation in reporting of disability, which may be related to fluctuation or changes in health conditions over time. 2.8 million people changed their disability status more than once over the course of the year – equivalent to 1 in 4 of those ever disabled in the period. For full data, see reference **Table 2b**.

The employment status of disabled people frequently changes

Diagram 2.2 Position of disabled people in employment in the next quarter

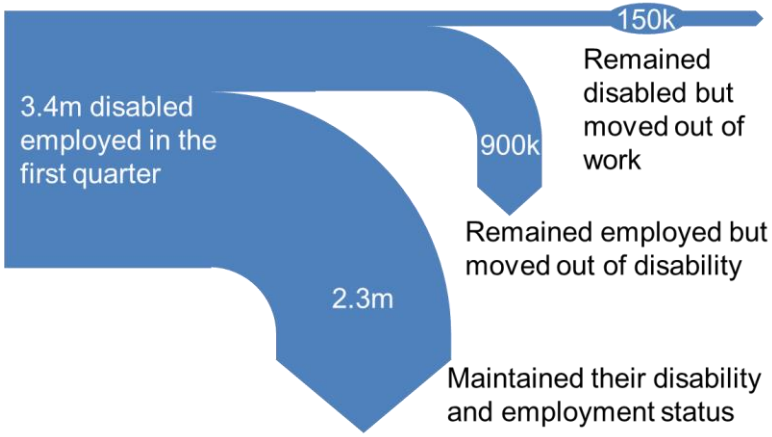


Diagram 2.2 looks at disabled people who were in employment in one quarter and illustrates how their employment and disability statuses changed in the next quarter, three months later. Among people who reported a disability in two consecutive quarterly interviews, roughly 150,000 moved out of employment by the second quarter. The rate at which disabled people left work is very similar to the corresponding rate for the general working age population.

In contrast the composition of the non-disabled population in employment is much more stable. Only 1 in 20 will move out of this group between two quarters.

Diagram 2.3 Position of disabled people out of work in the next quarter

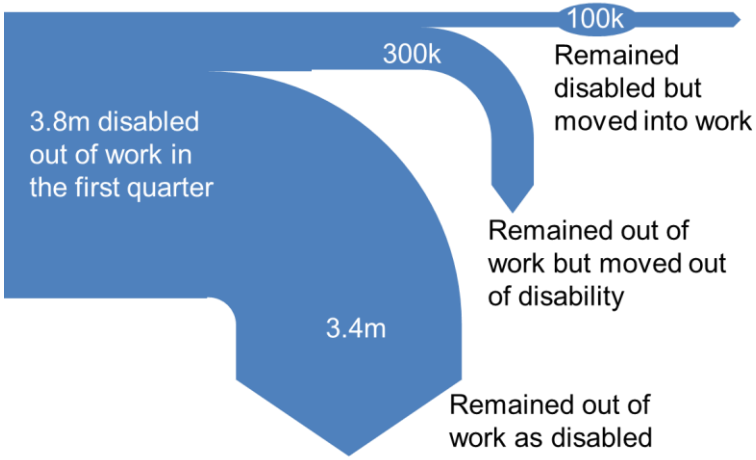


Diagram 2.3 focuses on disabled people who were out of work at one quarter, and looks at how their disability and employment statuses changed by the next quarter. Of the 3.8 million in the group, 3.4 million did not experience a change by the next quarter; only 12 per cent moved into work or were no longer disabled.

As the quarterly flows into disability and employment are almost counterbalanced by opposite flows out of disability and employment, the stock of disabled people who are in employment increases slowly over time by 160,000 people, on average, every year which represents roughly 2 per cent of the working age disabled population.

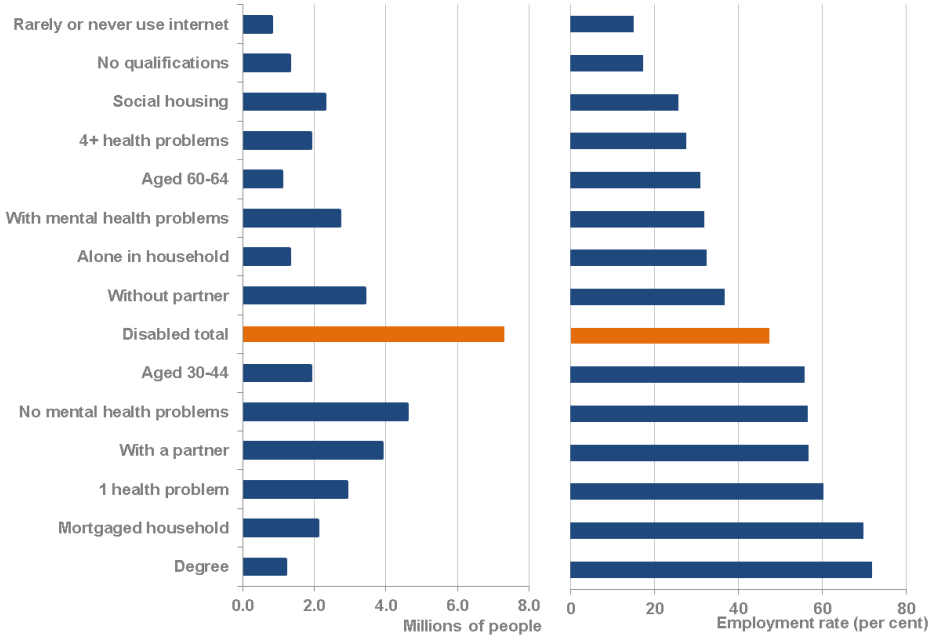
For full data, see reference **Table 2c**.

Source: Work and Health Unit Analysis of the LFS, cohort Q2 2015 – Q2 2016, UK

Employment outcomes for disabled people vary by a range of characteristics

Based on the Annual Population Survey, the average employment rate for disabled people was 47 per cent over the period April 2015 to March 2016. However, after exploring a wide range of factors, it was found that some individual characteristics or circumstances can be associated with significantly higher or lower than average disability employment rates, as shown in Chart 2.4. These factors include housing tenure, indicators of how socially connected people are (marital status, household composition, internet usage), having a mental health condition, the number of co-existing health conditions, qualification level and age.

Chart 2.4 Characteristics strongly associated with higher and lower than average disability employment rates



Source: Work and Health Unit Analysis of the APS, April 2015 – March 2016,
UK Note: Some of these characteristics will overlap.

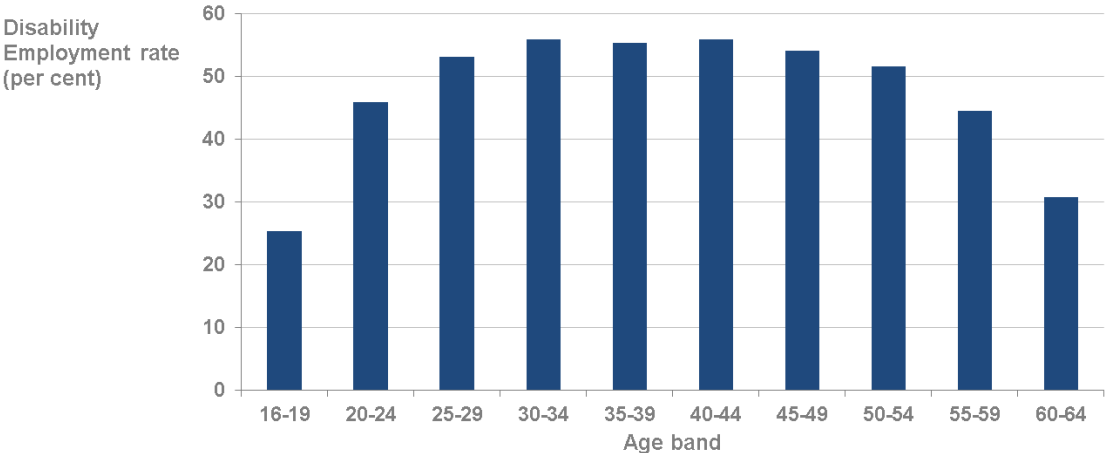
Social connection and disadvantage. Factors related to a person's social disadvantage tend to show a strong association with poor employment outcomes. Housing tenure, an important social determinant of health, is strongly associated with variation in employment rates among disabled people. Only 1 in 4 (26 per cent) of disabled people who live in social housing (2.3 million) are in work compared to almost 3 in 4 (72 per cent) of those who live in mortgaged households (2.1 million). Those disabled people who live without a partner (3.4 million) have an employment rate of 37 per cent while less than 1 in 3 among those disabled people who live alone in their household are employed. Using the internet rarely or never (800,000) is associated with employment rates as low as 16 per cent for disabled people.

Qualifications. The level of qualification a person holds is strongly associated with their likelihood of being in work. Of the large number of disabled people (1.3 million) with no qualifications, only 17 per cent are employed whilst those with a degree (1.2 million) have an employment rate of 72 per cent.

Health. Mental health conditions and comorbidity have a significant link with the likelihood of disabled people being in work. Only 1 in 3 of the 2.7 million disabled people with a mental health condition are in work, compared to over 1 in 2 of those without. The number of co-existing conditions may have an impact on a disabled person's ability to work. Disabled people with only one health condition (2.9 million) have an employment rate of 60 per cent while those with four or more health have an employment rate of 27 per cent. For full data, see reference **Table 2d**.

The disability employment rate is broadly similar across most age groups but lower for older working age people

Chart 2.5 Disability employment rate by age

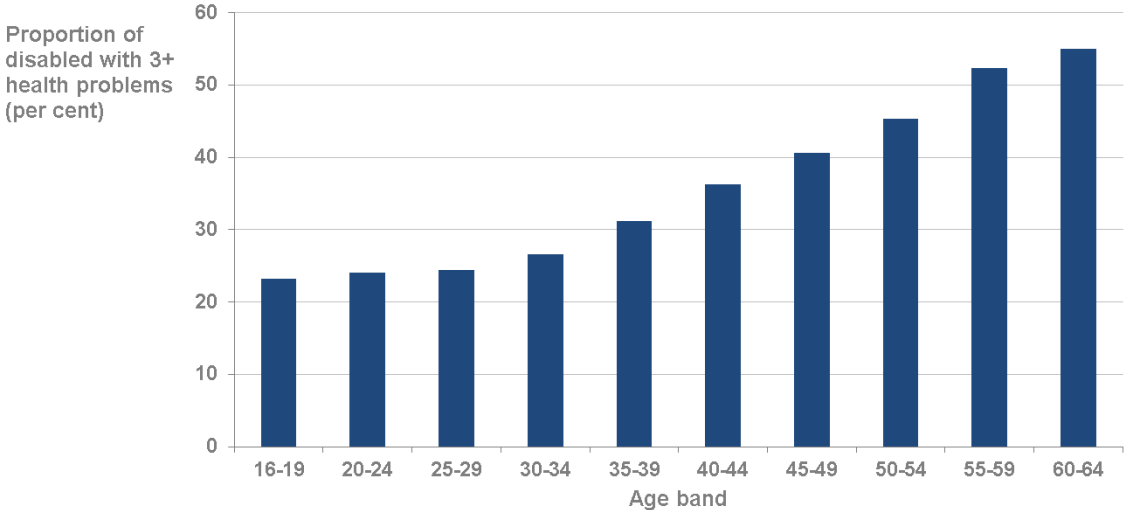


Source: Work and Health Unit Analysis of the APS, April 2015 – March 2016, UK

Disability employment is more strongly associated with socio-demographic factors like level of qualification, mental health and the number of co-existing health conditions than with age. This is because the employment rate is very similar for disabled people across different age groups aged 25-54, as shown in Chart 2.5

However, the employment rate of younger disabled people is significantly lower than the average disability employment rate as most of them are in full time education; the employment rate of the 360,000 disabled people who are in full time education is only 25 per cent.

Chart 2.6 Prevalence of 3+ health problems within each age band of disabled people



Source: Work and Health Unit Analysis of the APS, April 2015 – March 2016, UK

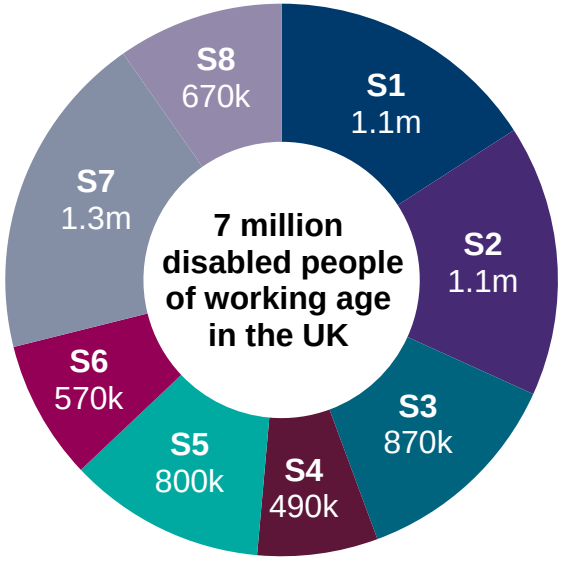
The employment rate of disabled people aged 60-64 years old is very low (31 per cent). This can be attributed to the high inactivity rate among older disabled people mainly due to retirement but also due to ill-health and disability since the prevalence of various disability and chronic health conditions increases with age.

For example, the prevalence of musculoskeletal problems increases from 20 per cent among disabled people aged 16-19 to 70 per cent among disabled aged 60-64. Likewise the proportion of those with 3 or more health conditions increases from 23 per cent among disabled people aged 16-19 to 55 per cent among disabled people aged 60-64 (Chart 2.6). For full data, see reference **Table 2e-f**.

Disabled people can be grouped together by different characteristics that are related to employment rates

Using decision tree analysis, the UK's 7 million working age disabled population can be sequentially sub-divided by combining those socio-demographic and health factors that are most strongly associated with (but not necessarily causally related to) a disabled person's likelihood of being employed. For each subgroup, the characteristic that drives the biggest difference in employment rates was chosen to split the group further. As a result, 8 discrete groups with very different characteristics and employment outcomes were formed, shown in Diagram 2.1.

Diagram 2.1 The 8 segments of the disabled population based on their characteristics and employment rates



Segment of disabled people:		Employment rate [%]
S1	In social housing with mental health conditions	16
S2	In social housing without mental health conditions	36
S3	In a rented or owned house with higher-level qualifications and aged between 16-55	68
S4	In a rented or owned house with higher-level qualifications and aged between 56-64	46
S5	In a rented or owned house with lower-level qualifications and 1 or 2 health conditions	47
S6	In a rented or owned house with lower-level qualifications and 3+ health conditions	26
S7	In a mortgaged house with 1 or 2 health conditions	80
S8	In a mortgaged house with 3+ health conditions	57

– The 360k disabled people who are in full time education have been excluded from this analysis.
– Higher level qualifications include: degree, higher education and GCE, A-level or equivalent

Source: Work and Health Unit Analysis of the APS, April 2015 – March 2016, UK

Based on their profile, disabled people in some segments have several characteristics that decrease their probability of being employed (segments 1, 2, 6). These groups of disabled people also have lower employment rates compared with non-disabled people with similar characteristics. Conversely, when characteristics associated with higher disability employment rates are combined, segments with higher employment rates and more advantaged socio-demographic and health profiles are formed. Disabled people in these segments seem to be closer to the labour market (more likely to be employed) while the employment rate gap is also lower for these groups compared with their non-disabled counterparts (segments 3, 7, 8). The profiles of all segments including their most significant characteristics are shown in Tables 2.1 and 2.2. For full data, see reference **Table 2g**.

Table 2.1 Profiles of segments of disabled people who live in social housing (S1, S2) and those who live in a mortgaged household (S7, S8)

In social housing with mental health conditions (S1)
Segment size **1.1m**
Employment rate **16 per cent**

- More likely to be without a partner and live alone in household
- Tend to have lower level or no qualifications
- High comorbidity and highest prevalence of smoking
- Most workless haven't worked over the last 5 years
- Disability main reason for being inactive

55 ppt lower employment rate than non-disabled living in social housing

In social housing without mental health conditions (S2)
Segment size **1.1m**
Employment rate **36 per cent**

- Tend to have lower level or no qualifications
- More likely to be without a partner
- Most workless haven't worked over the last 5 years
- Disability main reason for being inactive

35 ppt lower employment rate the non-disabled living in social housing

In a mortgaged household with 1-2 health problems (S7)
Segment size **1.3m**
Employment rate **80 per cent**

- Segment with a younger average age
- Most likely to have a partner and live with others in household
- Tend to have higher level qualifications
- Low prevalence of musculoskeletal & mental health conditions
- Disability and looking after family/home main inactivity reasons
- Almost half of the workless have worked over the last 5 years

12 ppt lower employment rate than non-disabled in a mortgaged household

In a mortgaged household with 3+ health problems (S8)
Segment size **670k**
Employment rate **57 per cent**

- Most likely to have a partner and live with others in household
- Tend to have higher level qualifications
- High prevalence of musculoskeletal & mental health problems
- Disability main reason for being inactive
- A third of the workless have worked over the last 5 years

35 ppt lower employment rate than non-disabled in a mortgaged household

Table 2.2 Profiles of segments of disabled people who live in a rented or owned household (S3, S4, S5, S6)

Living in privately rented or owner occupied housing, higher level qualifications, aged 16-55 (S3)
Segment size **870k**
Employment rate **68 per cent**

- Lower than average musculoskeletal problems and comorbidity levels
- Half of the workless have worked over the last 5 years
- Most of the workless think they will work in the future

20 ppt lower employment rate than non-disabled living in a rented or owned household with higher level qualifications, aged 16-55

Living in privately rented or owner occupied housing, higher level qualifications, aged 56-64 (S4)
Segment size **490k**
Employment rate **46 per cent**

- Most likely to have a partner
- Musculoskeletal conditions common, mental health conditions less likely
- Lowest prevalence of smoking
- Higher proportion of disabled inactive due to retirement
- Half of the workless have worked over the last 5 years
- Most of the workless think they will never work in the future

19 ppt lower employment rate than the non-disabled living in a rented or owned household with higher level qualifications, aged

Living in privately rented or owner occupied housing, lower level qualifications, 1-2 health problems (S5)
Segment size **800k**
Employment rate **47 per cent**

- Very low prevalence of musculoskeletal and mental health problems
- Disability and looking after family/home main reasons for being inactive

28 ppt lower employment rate than non-disabled living in a rented or owned household with lower level qualifications

Living in privately rented or owner occupied housing, lower level qualifications, 3+ health problems (S6)
Segment size **570k**
Employment rate **26 per cent**

- Segment with an older average age
- Most likely to have musculoskeletal problems
- High prevalence of mental health problems
- Disability main reason for being inactive
- Most think they will never work in the future

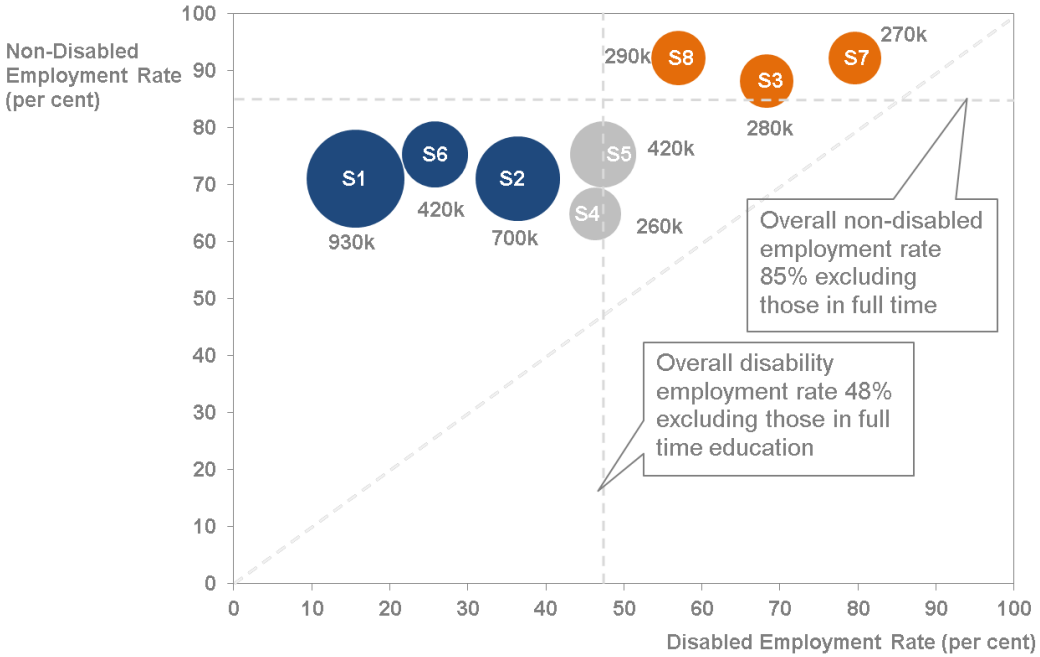
50 ppt lower employment rate then non-disabled living in a rented or owned household with lower level qualifications

Not all segments of the disabled population face the same degree of inequality in employment rates when compared with their non-disabled counterparts

Chart 2.7 shows the 8 segments of the disabled population (labelled as S1-S8 and profiled in Tables 2.1 and 2.2). The horizontal axis shows the employment rate of each segment while the vertical axis shows the employment rate of their non-disabled counterparts. Therefore, the distance from the diagonal line is a measure of the employment rate gap between disabled and non-disabled people (exact figures shown in Tables 2.2 and 2.3 for all segments). The further a segment is from the line of equality, the larger the difference between employment rates of disabled and non-disabled people.

Chart 2.7 also illustrates the distribution of the disabled out of work population across the 8 segments. The size of each bubble represents the relative number of disabled workless people in each group. Disabled people who are out of work tend to concentrate in the most disadvantaged groups with lowest employment rates (shown in blue).

Chart 2.7 Distribution of employment inequality and the disabled out of work population across the 8 segments



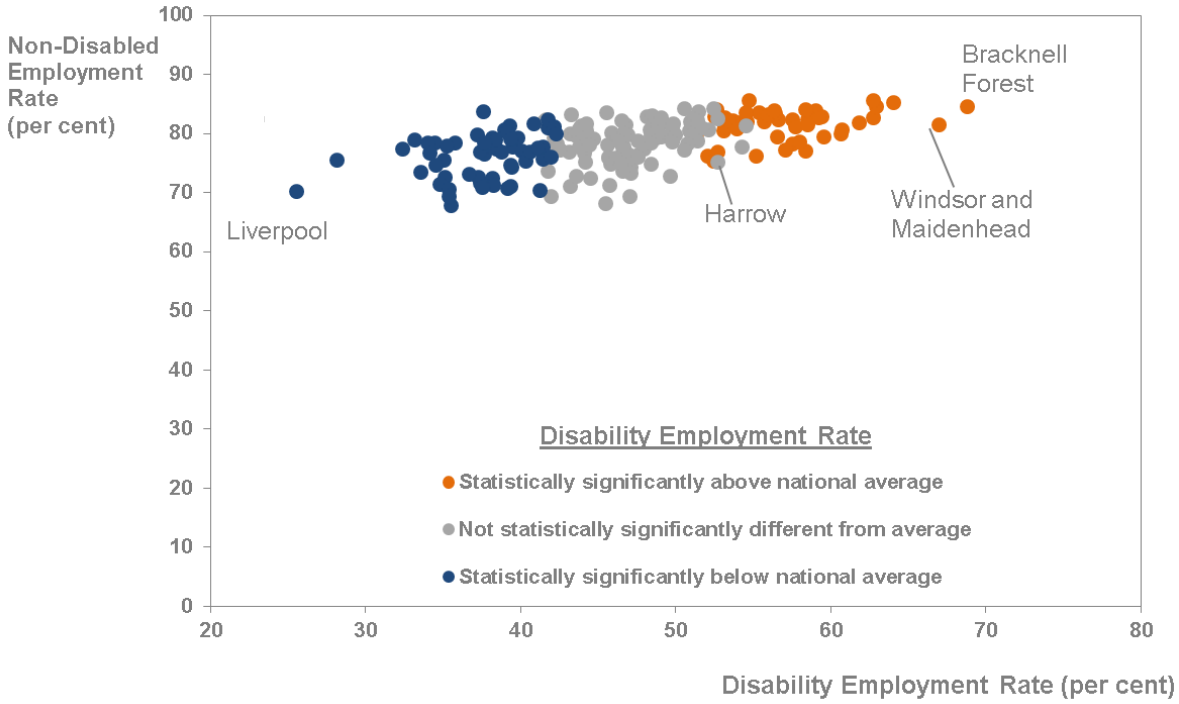
Source: Work and Health Unit Analysis of the APS, April 2015 – March 2016, UK

Disabled people who live in social housing with mental health conditions (S1) have an employment rate of 16 per cent; there are nearly 1 million out of work disabled people in this segment, more than a quarter of the total disabled workless population. The equivalent group of non-disabled people have an employment rate of 71 per cent - an employment rate gap of 55 percentage points (the largest inequality).

On the other hand, disabled people who live in a mortgaged household with 1 or 2 health conditions (S7) have an employment rate of 80 per cent with around 270,000 disabled people in this segment being out of work. Their non-disabled counterparts (living in a mortgaged household with fewer than 3 health conditions) have an employment rate of 92 per cent. This indicates a relatively low disability employment rate gap of 12 percentage points. For full data, see reference **Table 2g**.

Characteristics of disabled people vary geographically and this helps explain some of the variation in disability employment rates

Chart 2.8 Employment rate of disabled versus non-disabled people in local authorities, UK



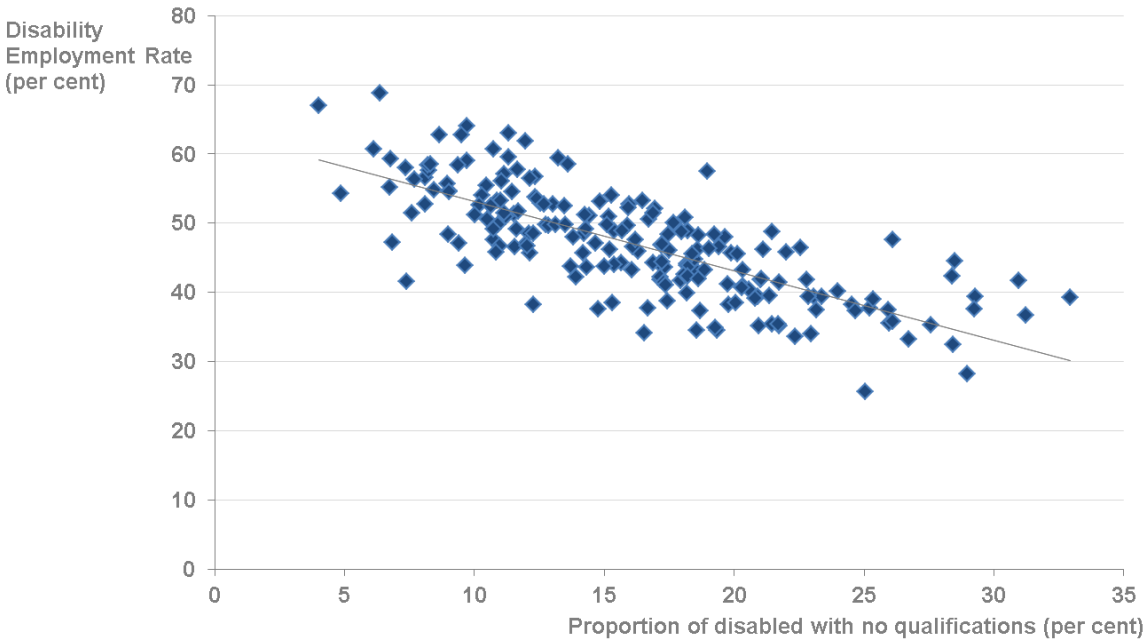
Source: Work and Health Unit Analysis of the APS, April 2014 – March 2015 and April 2015 – March 2016 data, UK

Chart 2.8 shows the employment rate of disabled people in each local authority in the UK versus the corresponding employment rate of non-disabled people. There is large geographic variation in disability employment rates ranging from 26 per cent in Liverpool to 69 per cent in Bracknell Forest whereas the non-disabled have relatively high employment rates across the whole UK (above 67 per cent in all local authorities) with far lower variation (68 per cent to 86 per cent).

The large geographic variation in disability employment rates may be explained to some degree by the large variation in the composition of the disabled population across all the UK local authorities. For full data, see reference **Table 2h**.

Local authorities can be clustered based on the characteristics of their disabled population

Chart 2.9 Correlation between disability employment and the proportion of disabled people with no qualifications by local authority, UK



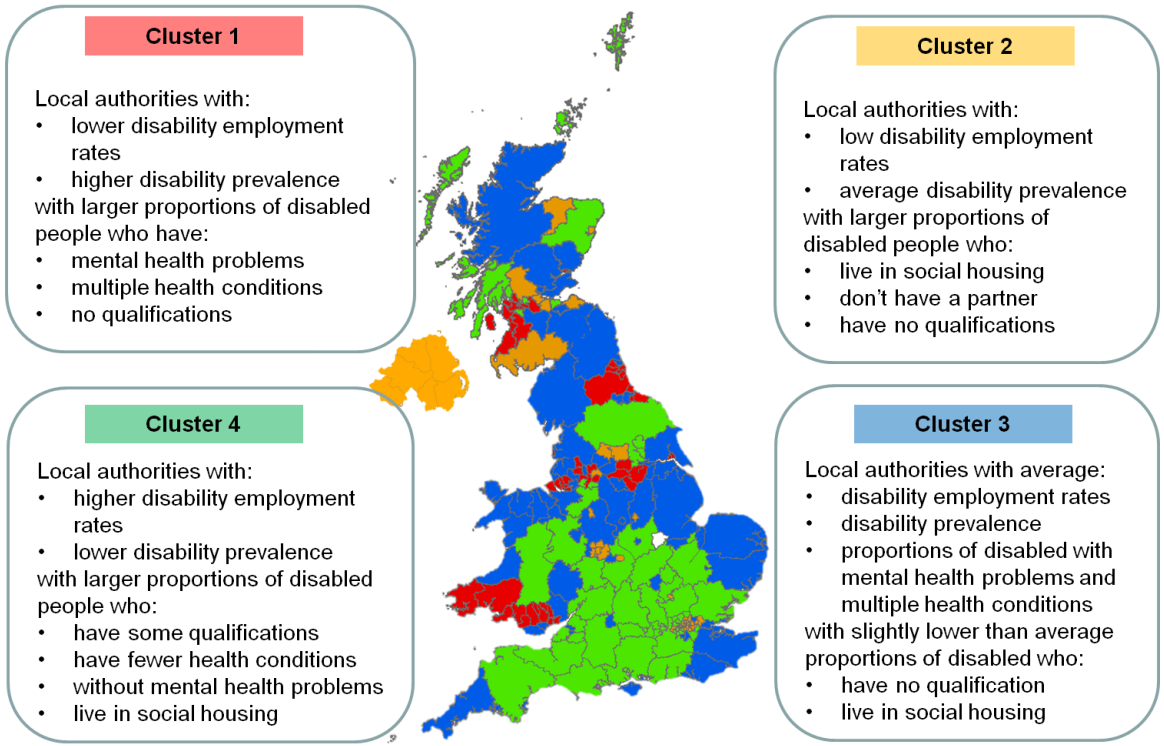
Source: Work and Health Unit Analysis of the APS, April 2014 – March 2015 and April 2015 – March 2016 data, UK

Disability employment in each local authority is related to local factors including the composition of the disabled population, the overall characteristics of the local authority and the available health and employment support. For example, Chart 2.9 shows that local authorities with larger proportions of disabled people having no qualifications tend to have lower disability employment rates.

Exploratory analysis based on some of these factors has grouped local authorities into 4 clusters, as shown in Chart 2.10. The clustering method has brought together local authorities that are similar with respect to the local: (1) disability employment rate, (2) disability prevalence, (3) proportion of disabled people having no qualifications, (4) proportion of disabled people having multiple health conditions and (5) proportion of disabled people living in social housing.

Those local authorities with lower employment rates and a higher concentration of disabled people with poorer socio-demographic and health characteristics tend to be in ex-industrial areas of the country, as shown in Chart 2.10.

Chart 2.10 Map of the 4 clusters of local authorities based on the characteristics of their disabled population, UK



Source: Work and Health Unit Analysis of the APS, April 2014 – March 2015 and April 2015 – March 2016 data, UK

To draw out some examples, most local authorities from inner London appear in cluster 2 where disability employment rates are lower than average, disabled people are less socially connected and jobs density tends to be higher (many jobs are occupied by commuters from other areas). As an example, the disability employment rate in Islington is only 38% and among disabled people in Islington 3 in 4 people live in social housing, almost 2 in 3 people don't have a partner and 1 in 4 people have no qualifications.

Most local authorities from outer London tend to have a better than average profile (cluster 4). Disabled people there are more likely to be employed, are more socially connected and have lower prevalence of mental health problems and multiple health conditions. As an example, Harrow has a disability employment rate of 55% and its profile is shown in Table 2.10. However, there are a few exceptions with lower than average disability employment rates such as Sutton and Newham.

More densely populated areas tend to have worse than average employment rates and social and health profiles for disabled people (most in cluster 1). Such examples include Birmingham and Manchester, and local authorities in Liverpool and Glasgow. For example, Manchester has a disability employment rate of 35 per cent (compared to 71 per cent for non-disabled people), while disabled people in Glasgow have an even lower employment rate of 28 per cent compared to 76 per cent among non-disabled people, resulting in a 47 percentage point gap. Among the disabled people in both cities, half live in social housing; almost 2 in 3 don't have a partner and 1 in 4 lives alone. Twenty-nine per cent of disabled people in these areas have no qualifications, almost 1 in 3 has at least four health conditions and half of them have a mental health condition.

This section has explored the circumstances of disabled people that affect their employment. Section 3 now turns to health in the workplace, and the role that employers play in supporting people with health conditions or disabilities.

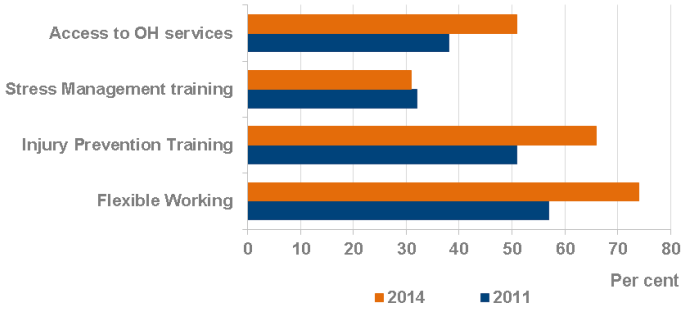
3. Employers, health and long term sickness absence

This section covers support that employers offer for people with health conditions and their perceptions of employing people with disabilities. It also looks at the cost of sickness absence to employers. It contains estimates of the number of employees who have experienced a long-term sickness absence – a period of four weeks or more where an employee is prevented from working due to illness or injury.

Main stories

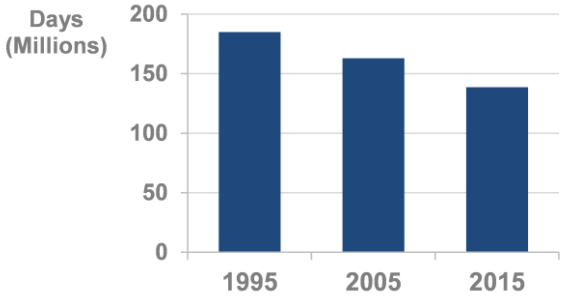
- Overall, provision of workplace wellbeing policies by employers is on the rise. However, employees at small enterprises, or in the private sector, are still much less likely to be covered than those at larger firms or the public sector.
- By and large, employers have not had difficulty making reasonable adjustments to accommodate people with health conditions in work.
- On average over a 12 month period, around 1.8m employees in the UK had a long-term sickness absence (LTSA) lasting four weeks or more.
- There has been a longstanding decline in the total number of days lost to sickness absence, even though this decline seems to have stopped in the recent years.

More established wellbeing policies, such as access to flexible work schedules and injury prevention training, are becoming particularly prevalent



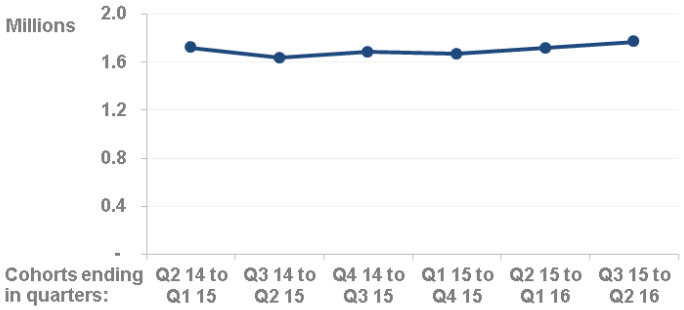
Source: DWP Research Reports 2011[i], 2015[ii]

Fewer days are being lost to sickness absence than in previous decades



Source: ONS 2015[iii]

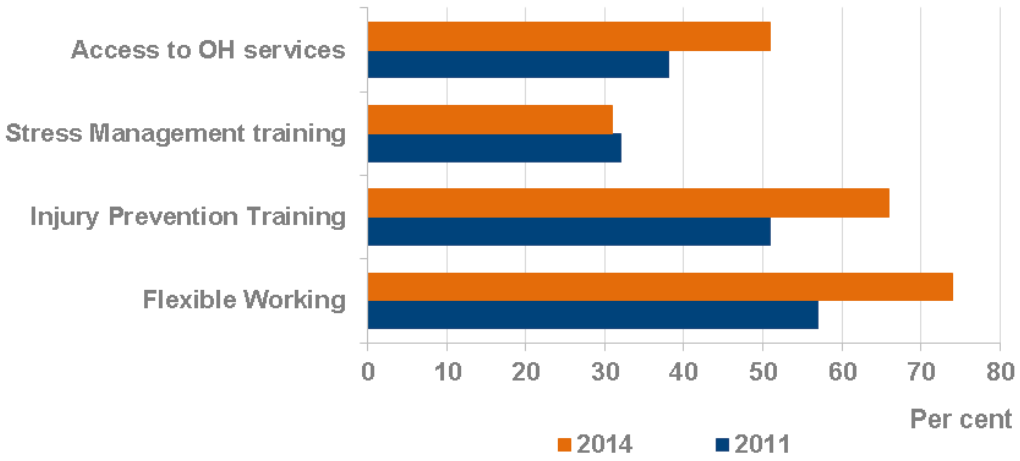
On average, around 1.8m employees have a long term sickness absence in a period of 12 months



Source: LFS 5-wave Longitudinal Datasets

Increasingly, employers are playing a role in encouraging workplace wellbeing

Chart 3.1 Proportion of employees with access to employer health and wellbeing initiatives, in 2011 and 2014



Sources: *Health and well-being at work: a survey of employees*. DWP Research Report 751; 2011, and Health and wellbeing at work: a survey of employees, 2014. DWP Research Report 901; 2015.

Employees reported an increase in employer provided wellbeing policies between 2011 and 2014[xxix,xxx]:
- 74 per cent of employees had access to flexible schedules, up from 57 per cent;
- Availability of injury prevention training increased from 51 per cent to 66 per cent;
- 51 per cent of employees had access to OH services in 2014, up from around 40 per cent three years previously.

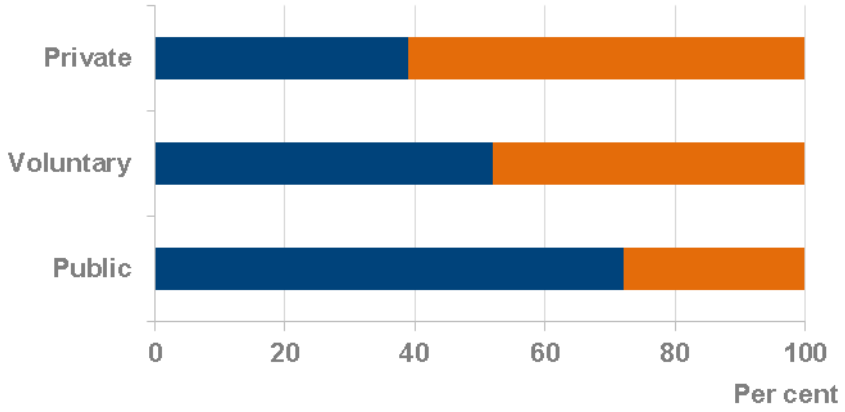
Employers recognise their role in encouraging wellbeing[xxxi]. In 2011, the vast majority of employers (88 per cent) agreed that "employers had a responsibility to encourage employees to be physically and mentally healthy", and that there was a link between work and employees' health and wellbeing (88 per cent).

However, there is also some evidence of a reluctance to get involved, with 51 per cent of employers agreeing that "in general, their employees did not want them to intervene in terms of their physical and mental health." [xxxii]

For full data, see links to other data sources provided in the reference table file.

However, there is significant variation in provision of services between sectors

Chart 3.2 Proportion of employees with access to Occupational Health from their employer, 2014



Sources: *Health and well-being at work: a survey of employees*. DWP Research Report 901; 2015.

In 2014 51 per cent of employees overall are estimated to have access to OH employer services, but this is not uniform across sectors. Seventy-two per cent of public sector employees, 52 per cent of those in the voluntary sector and 39 per cent of those in the private sector report having access.[xxxiii]

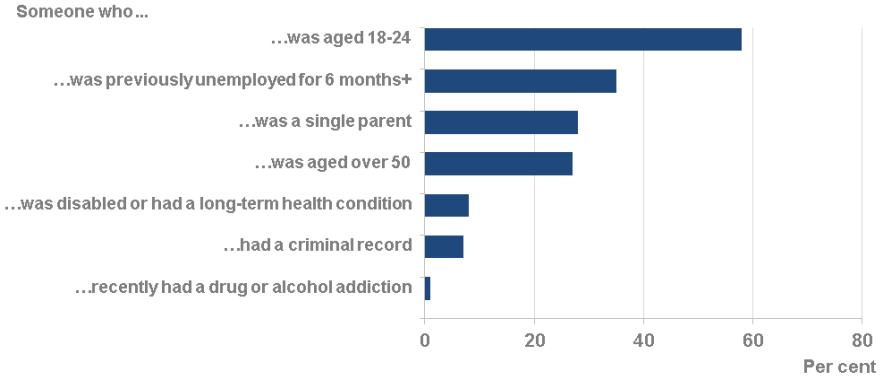
Equally, the size of the employer matters for the likelihood of access to workplace wellbeing policies. Thirteen per cent of respondents in a 2011 survey of employers stated that their organisations had provided access to occupational health services in the last 12 months; 11 per cent of small, 46 per cent of medium and 79 per cent of large organisations[xxxiv]. It should be noted that these two factors will overlap; many large employers are in the public sector, for instance.

For full data, see links to other data sources provided in the reference table file.

.

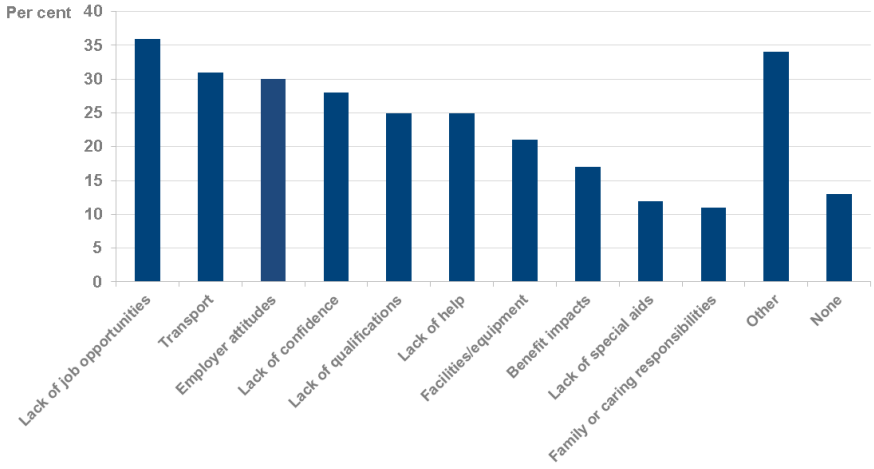
Employers are less likely to recruit people with health conditions or disabilities compared with other groups that tend to have lower employment rates

Chart 3.3 Recruitment from 'hard-to-reach' groups (per cent of employers who recruited), 2013



Source: *DWP Employer Engagement and Experience Survey* DWP Research Report 856; 2013.

Chart 3.4 Commonly cited barriers to work by working-aged disabled benefits claimants, 2013



Source: *DWP Employer Engagement and Experience Survey* DWP Research Report 856; 2013.

In a survey in 2013, 8 per cent of employers reported that they had recruited someone they knew to be disabled or to have a long-term health condition in the last 12 months.[xxxv]

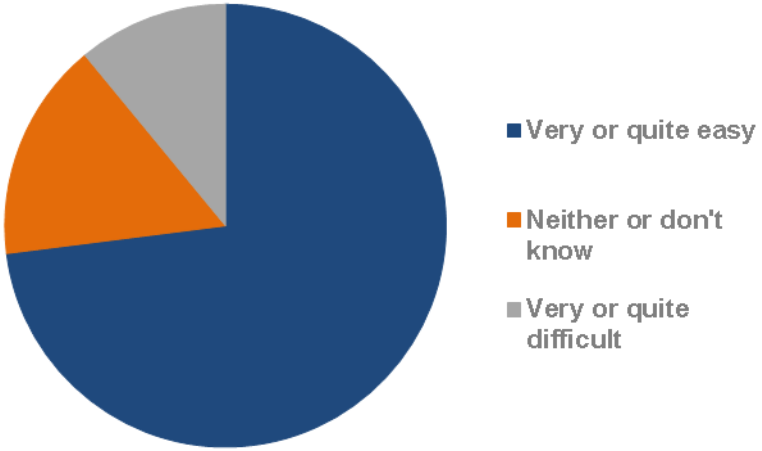
52 per cent of employers agreed that "it is difficult for my workplace to employ and accommodate individuals with a long-standing physical or mental impairment"; 29 per cent disagreed.[xxxvi]

Employer attitudes was the third most commonly cited barrier to employment by working-age disabled benefit claimants in a 2013 survey. The most commonly cited barriers were lack of job opportunities (36 per cent), transport difficulties (31 per cent) and attitudes of employers (30 per cent).[xxxvii]

For full data, see links to other data sources provided in the reference table file.

Among employers who have made reasonable adjustments, a large majority have found them easy to make

Chart 3.5 Employers' experience of making reasonable adjustments (2009)



Source: Organisations' responses to the Disability Discrimination Act; 2009 study. DWP Research Report 685; 2010.

Employers have generally found that making reasonable adjustments* to allow employees to continue working have not been difficult.[xxxviii] Sixty-one per cent of employers surveyed had made or planned to make at least one employment-related adjustment for their disabled employees, with 73 per cent of those who had made adjustments saying the experience had been very or quite easy, with only 11 per cent finding it difficult. This finding does not appear to vary significantly by size of the enterprise.

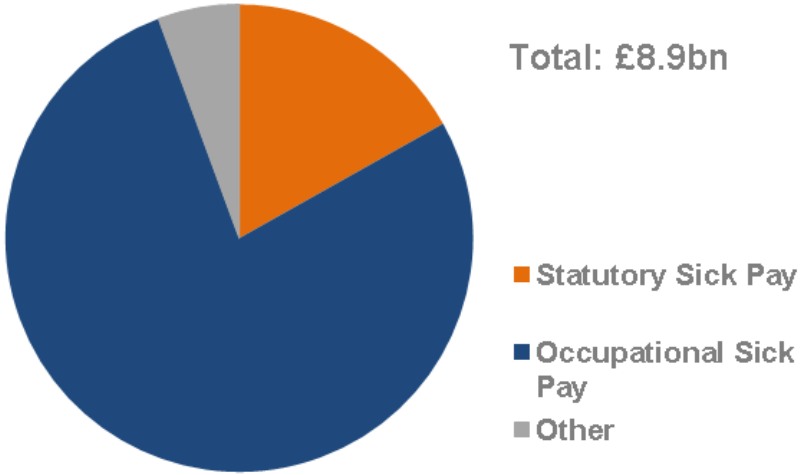
Qualitative research conducted alongside the survey suggested that employers made the majority of these adjustments for existing employees rather than new hires.

For full data, see links to other data sources provided in the reference table file.

** Reasonable adjustments, first introduced in the Disability Discrimination Act of 1995, are currently required under the Equality Act 2010. The requirement obliges people or organisations to attempt to remove barriers faced due to disability, within reason. This could involve changing the way things are done, changing a physical feature, or providing aids or adaptations.*

Sickness absence costs employers around £9bn a year

Chart 3.6 Estimated employer sickness absence expenditures, all employers (2010), GB[xxxix]



Source: Black C, Frost D. Health at work – an independent review of sickness absence. Department for Work and Pensions. 2011. Table 9, p.94

Sickness absence is estimated to have cost businesses almost £9bn in 2010 – largely made up of occupational sick pay costs (£6.9bn), and Statutory Sick Pay costs (£1.5bn), with a further £0.5bn associated costs of managing sickness absence. It should be noted that sick pay expenditures are not a cost to the economy as they are a transfer from employers to employees, covered in section 1 of this document.

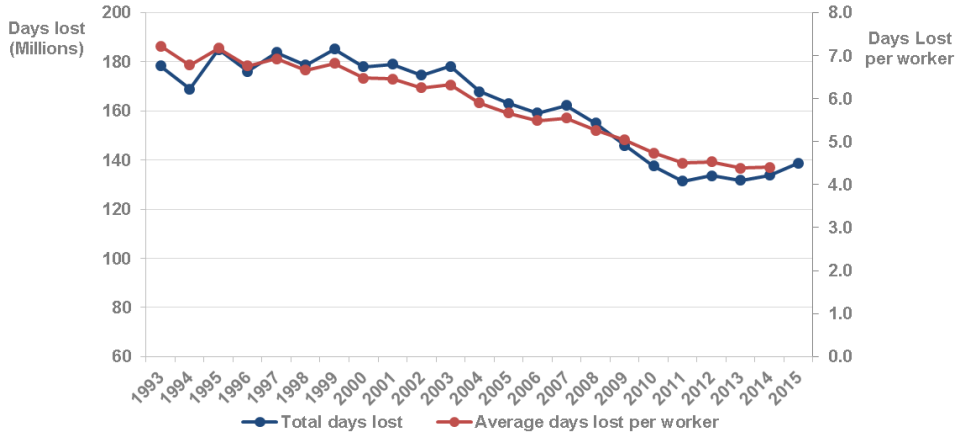
At the individual firm level, estimating absence costs is particularly difficult, especially among SMEs, as there is considerable variation in sickness absence policies within the sector.

In addition to the direct costs captured above, firms face additional costs from hiring temporary cover, lost productivity, and, should the employee not recover and return to work, hiring a replacement.

For full data, see links to other data sources provided in the reference table file.

139 million days were lost to sickness absence in 2015; 32 million days lost due to musculoskeletal problems

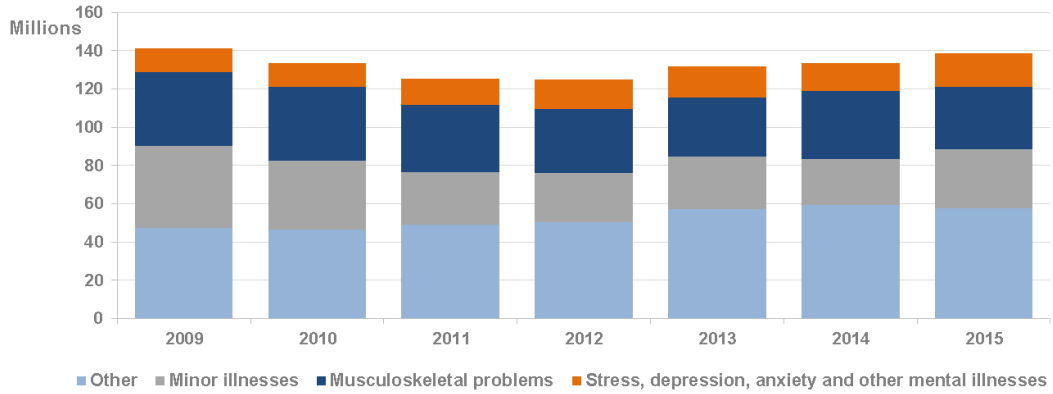
Chart 3.7 Total days lost and average days lost per worker, UK, 1993-2015



Note: the time series for average days lost per worker is available up to 2014 only.

Source: ONS, Sickness Absence in the Labour Market, February 2014; ONS Estimate of the number of days of sickness absence taken, UK, 2013-2015, July 2016; ONS The number of days lost through sickness absence per worker in the UK, October 2014

Chart 3.8 Days lost due to sickness absence, by reason, UK, 2009-2015



Note: the time series for days lost by reason is available from 2009 onwards.

Source: ONS, Sickness Absence in the Labour Market, February 2014; ONS Estimate of the number of days of sickness absence taken, UK, 2013-2015, July 2016

The total number of days lost due to sickness has fallen from 178m in 1993 to 139m in 2015. In 2013, 2 per cent of all working hours were lost due to sickness absence.

The decline in the number of days lost per worker is highly pronounced; days lost fell from 7.2 in 1993 to 4.4 days per year in 2014 (Chart 3.7). However, this measure has stayed fairly constant since 2011. Whilst it may look like the total number of absence days has been increasing in more recent years, the days per worker have stayed relatively stable.

The composition of what caused peoples' sickness absence since 2009 is shown in Chart 3.8. In 2015, 18 million days were lost due to mental health conditions and 32 million due to musculoskeletal problems. In the same year one in five days lost were due to minor illnesses.

In 2013, an ONS report showed that minor illnesses were the most common reason given for sickness absence but more days were lost due to back, neck and muscle pain than any other cause. This implies that absences as a result of minor illnesses tend to be shorter in duration that those for back neck and muscle pain.[xlxlixlii]

For full data, see links to other data sources provided in the reference table file.

On average over a 12 month period, around 1.8m employees had a long-term sickness absence of 4 weeks or more

According to the 2011 Independent Review of Sickness absence, when an individual's sickness absence has lasted around four weeks, there is a heightened risk of a longer-term absence.[xliii]

Chart 3.9 Rolling 4 cohort average of employees who had a long-term sickness absence(LTSA), UK, cohorts ending in Q2 14 to Q2 16

Source: LFS 5-wave Longitudinal Datasets

Note: Due to the small sample sizes, each data point is a rolling four cohort average; each cohort is over a time period of 12 months. The quarter in which the last interview was held for the first and last cohort are given on the x-axis. For example, the first data point contains data on four cohorts that have their final interviews in Q2 14, Q3 14, Q4 14 and Q1 2015. Due to each point being a rolling average, 2 consecutive points cannot be compared.

A long term sickness absence (LTSA) is defined here as an absence away from work of 4 weeks or more.

Chart 3.9 shows the estimated number of employees that had a long term sickness absence over a 12 month period. The latest data point showed that, on average, around 1.8m employees over a period of 12 months had a LTSA (with a 95 per cent confidence interval of 1.6m and 1.9m – shown on the vertical bars on Chart 3.9). These are individuals who reported in at least one of four quarterly interviews that they were an employee and had experienced a LTSA.

There is **no statistically significant** change over time. The proportion of employees that experienced a LTSA has remained around 6 per cent. The latest data point, the 95 per cent confidence interval (not shown on the chart) is between 5.7 per cent and 6.6 per cent. The number of LTSAs may increase because the underlying number of employees has increased. Therefore, we also report the percentage of employees with a LTSA.

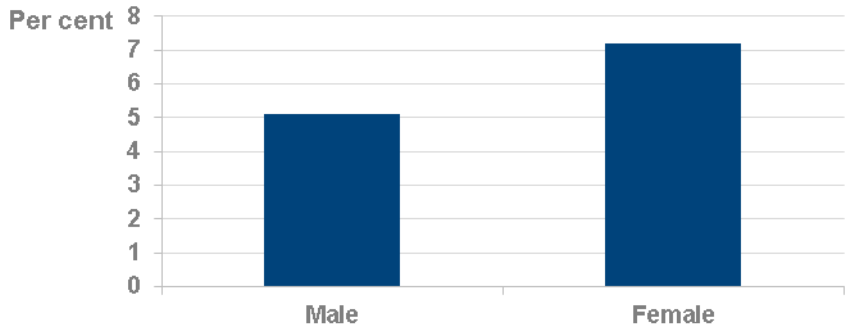
These estimates of proportions are based on 12-month long longitudinal cohorts reporting an LTSA at any time and should therefore not be compared with snapshot estimates of such absences of employees at one point in time. For full data, see **Table 3a-3b**.

No data source is available that directly measures long-term sickness absences from employee jobs that people experience over a 12-month period. However, to give an indication of the scale of the issue, best estimates have been modelled on the available data using assumptions. Therefore the estimates presented here are subject to risks and uncertainties, which are explained in more detail in methodology.

The rate of long-term sickness absence varies across employee characteristics

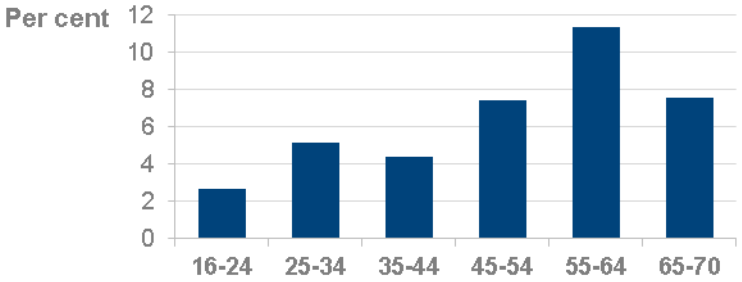
Charts 3.10 to 3.14 show the proportion of employees that experienced a LTSA out of all those who were employees in at least one of four interviews in the year, across various characteristics at the time of their last interview. These characteristics will not necessarily be the same as at the time of the LTSA itself, and do not necessarily *cause* different absence rates, but should give a broad view of the characteristics of people who experience such absences. Due to small sample sizes for each of the cohorts, the four latest LFS longitudinal cohorts have been combined.

Chart 3.10 Proportion of employees with a LTSA by sex, UK, to Q2 16



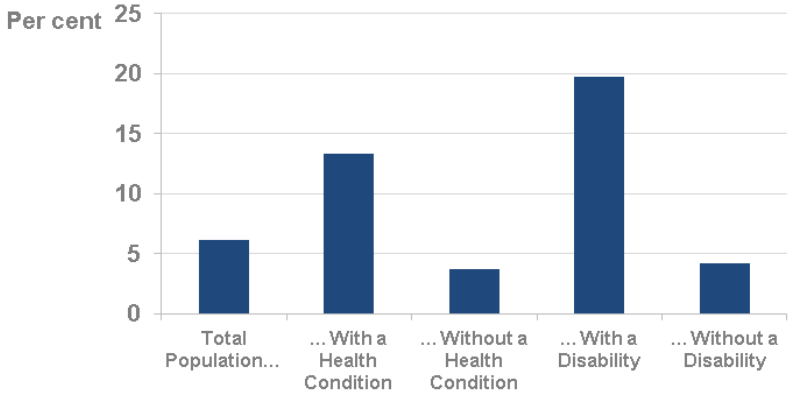
Source: LFS 5-wave Longitudinal Datasets

Chart 3.11 Proportion of employees with a LTSA by age, UK, to Q2 16



Source: LFS 5-wave Longitudinal Datasets

Chart 3.12 Proportion of employees with a LTSA by health condition and disability, UK, to Q2 16



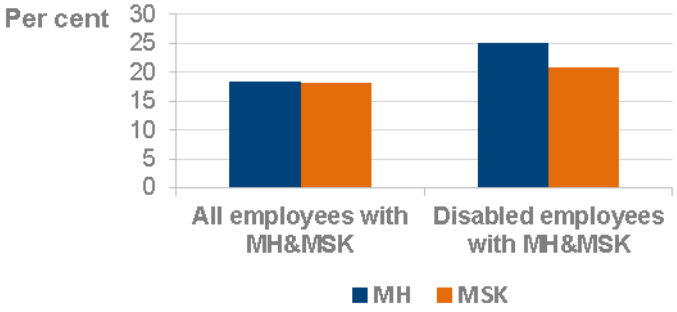
Source: LFS 5-wave Longitudinal Datasets

Female employees (7 per cent) were more likely than male employees (5 per cent) to experience a LTSA (Chart 3.10).

Younger employees (those aged 16-34) were less likely to experience a LTSA than older employees (those aged 55-70). Employees aged 55-64 were more likely than any other age group to experience a LTSA (Chart 3.11).

People with disabilities (20 per cent) or underlying health conditions (13 per cent) were more likely to experience a LTSA (Chart 3.12). However, it is important to note that these health conditions were not necessarily related to the absence. For full data, see reference **Table 3c-3f**.

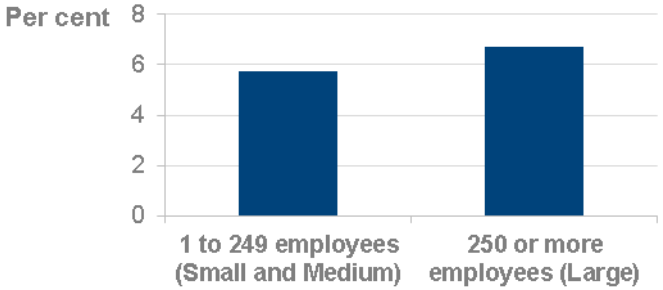
Chart 3.13 Proportion of employees with a LTSA by underlying mental health (MH) or musculoskeletal (MSK) condition, UK, to Q2 16



Source: LFS 5-wave Longitudinal Datasets

Chart 3.13 shows that disabled employees with a mental health condition (25 per cent) or a musculoskeletal condition (21 per cent) are more likely to have a LTSA than the whole population with the same long-term health conditions (both 18 per cent).

Chart 3.14 Proportion of employees with a LTSA by Employer Size, UK, to Q2 16



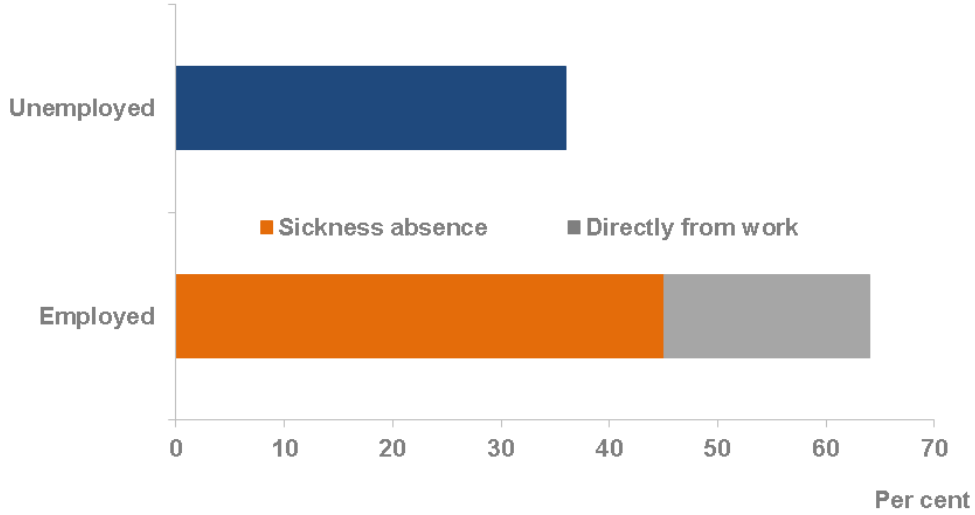
Source: LFS 5-wave Longitudinal Datasets

Employees in large firms with 250 or more employees are slightly more likely to have a LTSA (7 per cent) than employees in firms with fewer than 250 members of staff (6 per cent).

All comparisons made in the text are statistically significant at the 95 per cent level. See Tables 3a to 3h in the supplementary data tables for full data on sickness absence. For full details of the methodology and caveats on the estimates, please see the methodology.

Sickness absence and people falling out of work

Chart 3.15 Journeys from work to ESA by previous status, 2014



Source: Understanding the journeys from work to Employment and Support Allowance (ESA). DWP Research Report; 2015

A 2014 study[xliv] found that the majority of ESA claimants, who worked at some point in the 12 months prior to their claim, had a period of sickness absence before claiming. Prior to making a claim to ESA, 36 per cent of those claimants were unemployed, 45 per cent had a period of sickness absence before leaving work, while around one fifth (19 per cent) moved directly from employment.

Most claimants (75 per cent) made the decision to stop working for health-related reasons themselves. However, 19 per cent of claimants that stopped work because of their health condition felt pressurised by their employer to stop working and were more likely to have more than one condition, or have a mental health or 'other' condition.

Approximately a third (34 per cent) of claimants who stopped working for health related reasons had a formal arrangement to return to their employment if or when they felt capable of doing so.

Most organisations had some form of sickness policy in place, though public sector and large private sector organisations were much more likely to have more rigid formal policies than smaller private sector organisations.

Occupational Health (OH) access and ESA claimants

The same 2014 study found that, one-third (33 per cent) of all ESA claimants reported that they had access to an employer provided occupational health service. Those who had used OH services, where available, were more likely to have had a period of paid sickness absence, to still be formally employed when claiming ESA, and to have received workplace adjustments (compared with those who had access to OH but did not use it).

4. Support for people out of work

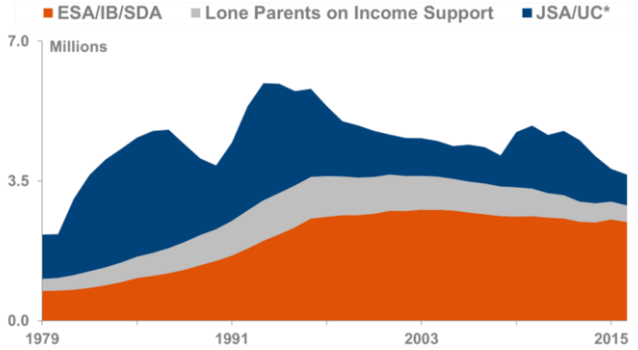
This section focuses on claimants of Employment and Support Allowance (ESA) and its predecessors - Incapacity Benefit (IB), Income Support on grounds of disability and Severe Disablement Allowance (SDA). This evidence is presented to strengthen our understanding of this diverse claimant group including their characteristics and their customer journeys.

Main stories

- The majority of people claiming the main out-of-work benefits are on ESA/IB/SDA; around two-thirds of the 3.7 million people on out-of-work benefits.
- ESA claimants have different journeys varying by whether they came from work or benefits; their outcomes at the Work Capability Assessment (WCA) and destinations after ESA. Only a small proportion of those eligible for ESA post-WCA leave the benefit each month.
- There are overlaps between ESA/IB/SDA and disability benefits i.e. Personal Independence Payment / Disability Living Allowance (PIP/DLA). Over half of the ESA/IB/SDA caseload also claim PIP/DLA.

ESA/IB/SDA makes up around two thirds of the 3.7 million people claiming the main out-of-work benefits

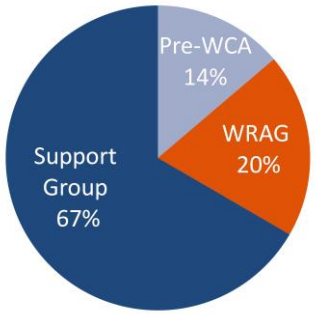
Every customer journey is different



Source: ONS Labour Market and DWP Benefit Statistics

In February 2016, over 60% of the 2.4m ESA claimants were in the Support Group

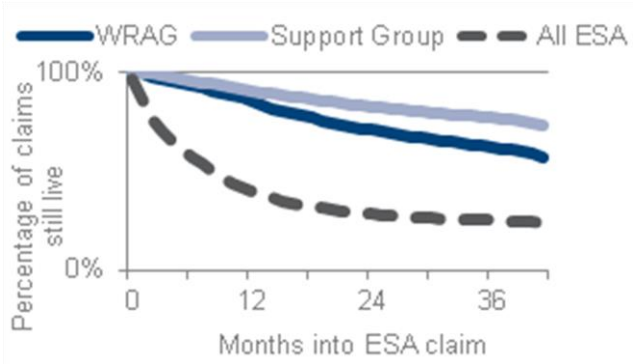
DWP has very little interaction with those in the Support Group



Source: DWP Tabulation Tool, February 2016

For those eligible for ESA, rates of people leaving the benefit are very low

A little under 1% of claimants in the Support Group and a little over 1% in the Work Related Activity Group (WRAG) leave ESA every month

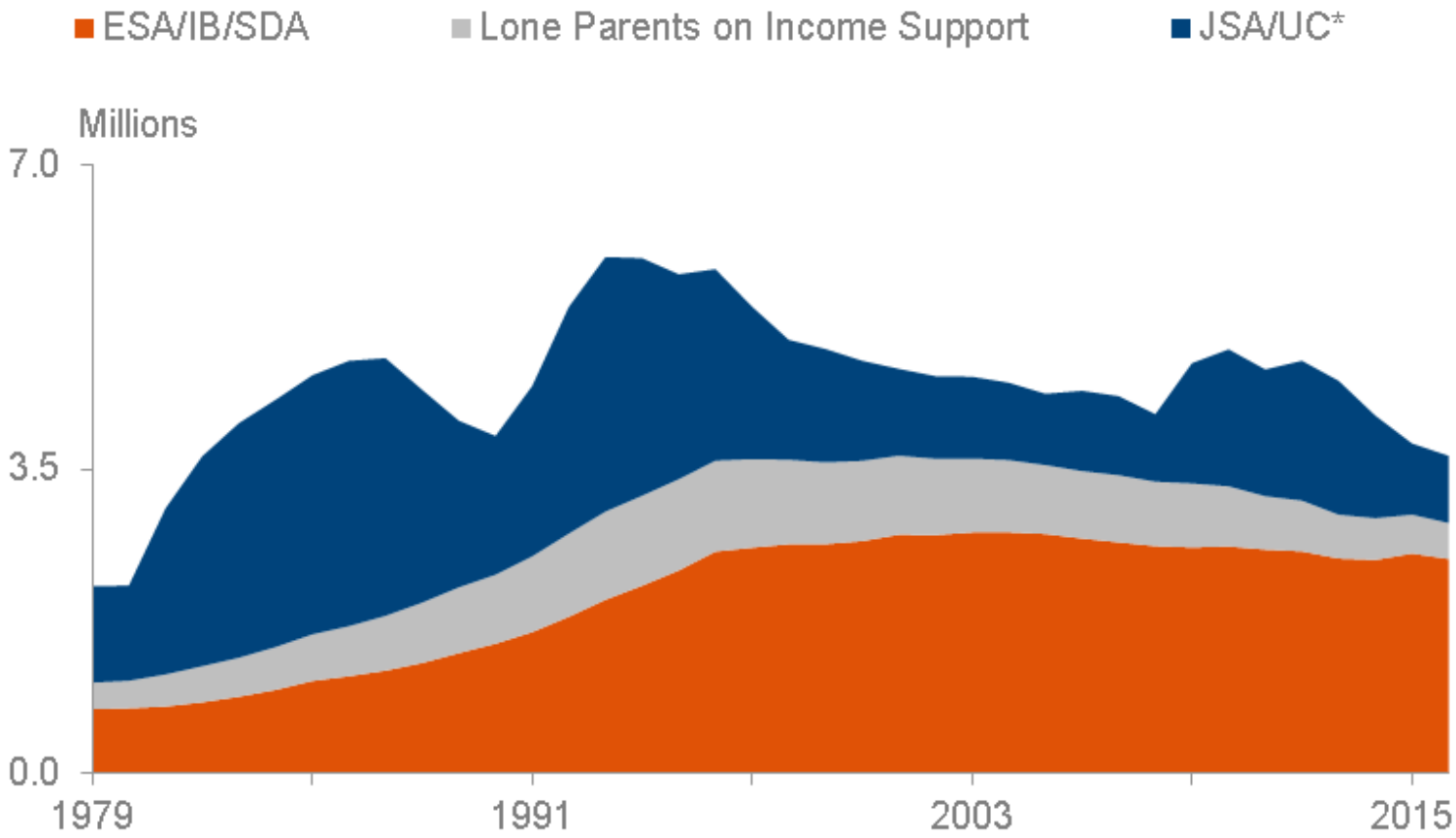


Source: DWP ESA Reference Dataset, 2013/14 cohort

The majority of people claiming the main out-of-work benefits are on ESA/IB/SDA

Chart 4.1 shows changes over time in the number of people claiming the main out-of-work benefits. The overall number recently fell to its lowest level for over 30 years. The number claiming Employment Support Allowance (ESA), Incapacity Benefit (IB), Income Support on grounds of disability or Severe Disablement Allowance (SDA) peaked in the early 2000s and has since fallen, but still accounts for the majority of the total caseload. For full data, see reference **Table 4a**.

Chart 4.1 ESA/IB/SDA make up around two thirds of the 3.7 million people on the main out-of-work benefits

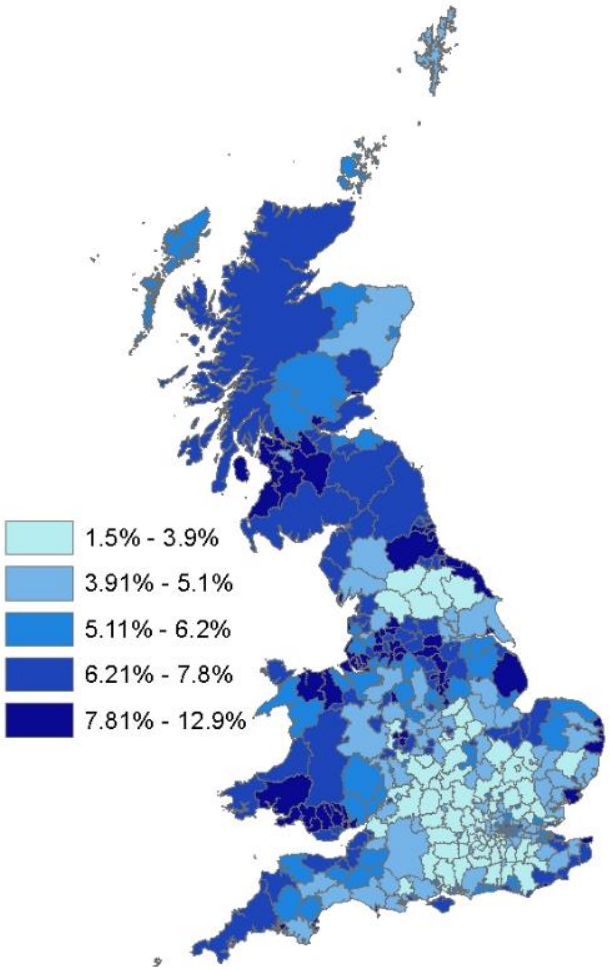


Source: ONS Labour Market and DWP Benefit Statistics, February 2016, Great Britain

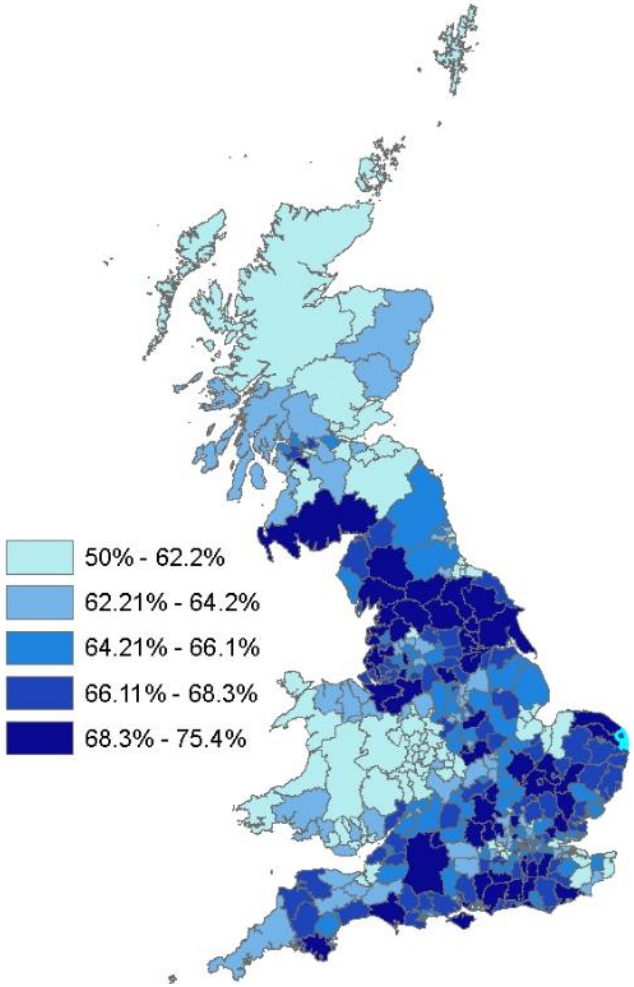
* Those claiming unemployment benefits; Jobseeker's Allowance (JSA) plus the searching for work element of Universal Credit (UC)

There is substantial local variation in ESA/IB/SDA claim rates

Map 4.1 Proportion of Working Age Population on ESA/IB/SDA



Map 4.2 Proportion of ESA claimants in the Support Group



Source: ONS NOMIS, February 2016, Local Authority, Great Britain

There is substantial local variation in the proportion of the working age population claiming Employment Support Allowance (ESA), Incapacity Benefit (IB), Income Support on grounds of disability and Severe Disablement Allowance (SDA). There is also variation in the composition of those on ESA with differing proportions within the Support Group.

Map 4.1 shows that areas with a high proportion of the working age population on ESA/IB/SDA tend to be clustered in particular regions, for example across Wales, Scotland and the north of England.

Map 4.2 shows that a relatively high proportion of ESA claimants in the north of England are in the Support Group. Although there is a fairly high proportion of claimants on ESA/IB/SDA in Wales and Scotland, relatively less of them are in the Support Group compared to other regions.

For full data, please see reference **Table 4b** in supporting data tables.

Half of all ESA/IB/SDA claimants also claim PIP/DLA

Chart 4.2 Overlap of ESA/IB/SDA & PIP/DLA claimants

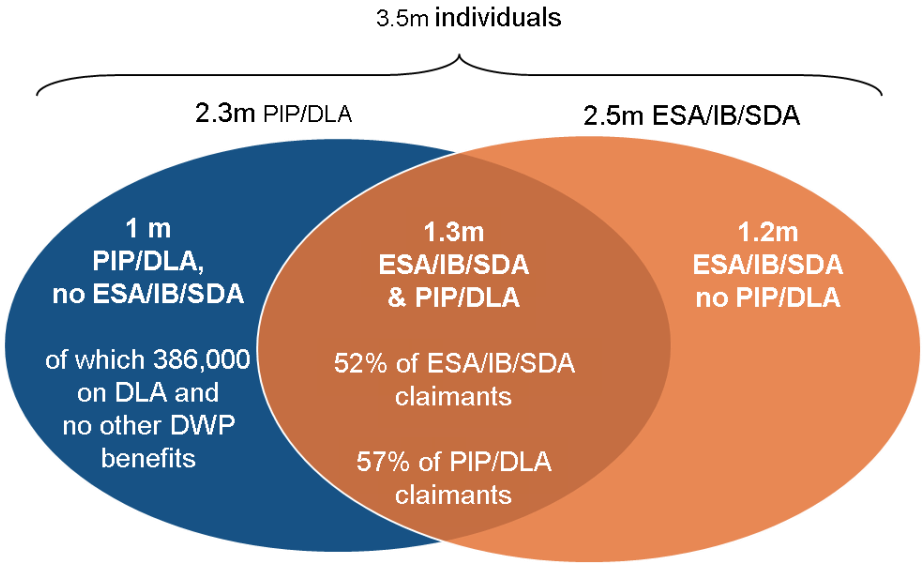
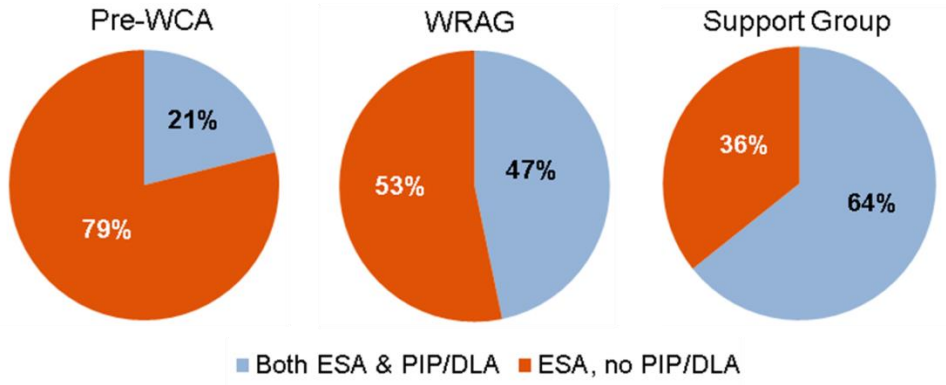


Chart 4.3 Overlap of ESA claimants on PIP/DLA by ESA phase



Different benefits provide financial support to meet different needs. ESA/IB/SDA and Universal Credit are paid to replace and supplement an individual's income while they are out of work or in low-paid work with a health condition, whereas PIP/DLA is to contribute to additional costs arising from a disability.

Chart 4.2 shows a snapshot of the overlap between ESA/IB/SDA and PIP/DLA claimants at the end of April 2016. It shows that there is a large overlap between ESA/IB/SDA and PIP/DLA:

- Of the 2.5 million individuals claiming ESA/IB/SDA, over half (1.3 million) also claim PIP/DLA;
- 1.2 million individuals claim ESA/IB/SDA but not PIP/DLA;
- A further 1 million individuals claim PIP/DLA but not ESA/IB/SDA.

Chart 4.3 shows that the overlap is greatest for ESA claimants in the Support Group; 64 per cent of those in the Support Group also claim PIP/DLA and 36 per cent do not. Around 47 per cent of ESA claimants in the Work Related Activity Group (WRAG) also claim PIP/DLA.

For those who claimed both ESA and PIP at April 2016, around 70 per cent of claimants applied for ESA first.

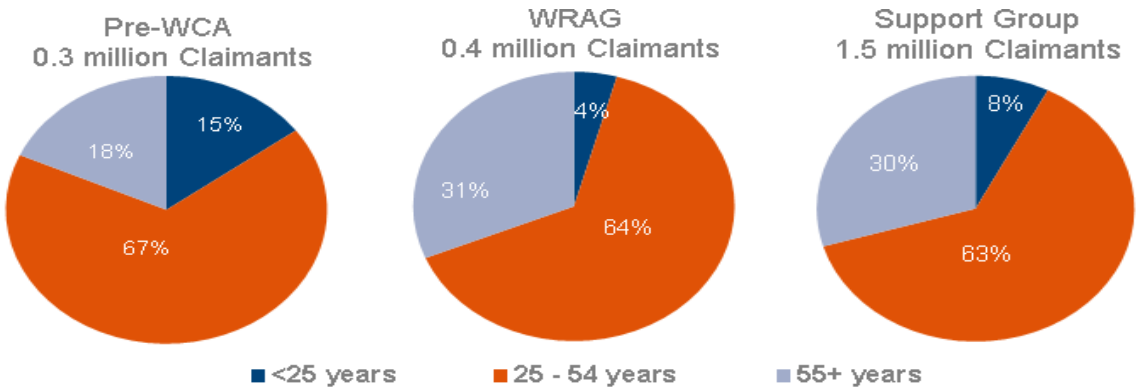
For full data, please see reference **Table 4c (Chart 4.2) and Table 4d (Chart 4.3)**.

See **Chapter 3** of *Improving Lives: The Work, Health and Disability Green* for discussion on assessment processes for ESA & PIP.

Source: DWP ESA / PIP / DLA Reference Dataset, a combined DWP administrative dataset including ESA, PIP and DLA (Working Age) claim details, April 2016 Caseload. DWP Work and Pensions Longitudinal Study, DWP Tabulation Tool, February 2016, Great Britain. See methodology document for details.

ESA claimants are a diverse population with a wide range of circumstances

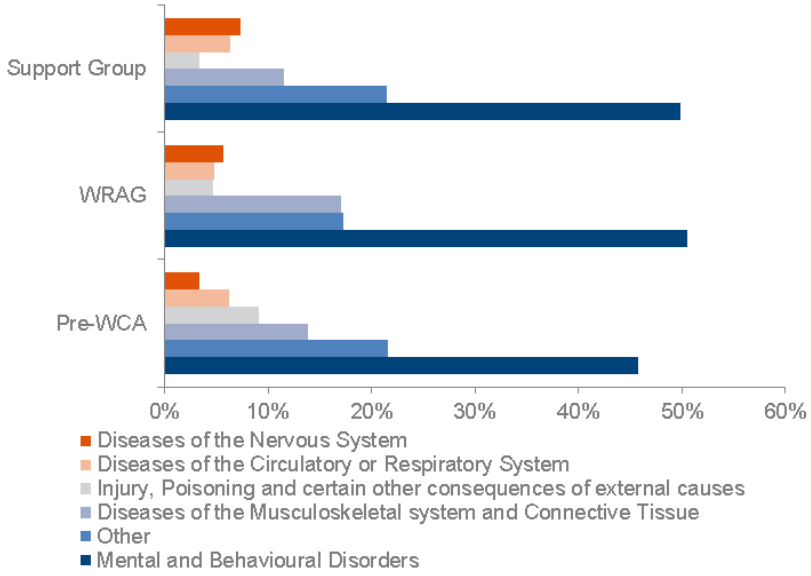
Chart 4.4 ESA caseload by age and ESA phase



Among the ESA population, each ESA phase demonstrates a similar profile overall but there are slight differences in demographics.

Chart 4.4 shows that those claimants waiting for the Work Capability Assessment (pre-WCA) tend to have a higher proportion of younger claimants - 15 per cent compared with 4 per cent for those already placed in the Work Related Activity Group (WRAG) and 8 per cent for those in the Support Group.

Chart 4.5 ESA caseload by primary health condition and ESA phase



Across all ESA phases, claimants have a wide range of primary health conditions, the most common being mental and behavioural disorders. 49 per cent of the 2.4 million ESA claimants have a mental health condition as their primary condition.

Chart 4.5 shows that a higher proportion of WRAG claimants (17 per cent) claim with a musculoskeletal condition as their primary condition compared to those in the Support Group (12 per cent) and those in the pre-WCA phase (14 per cent).

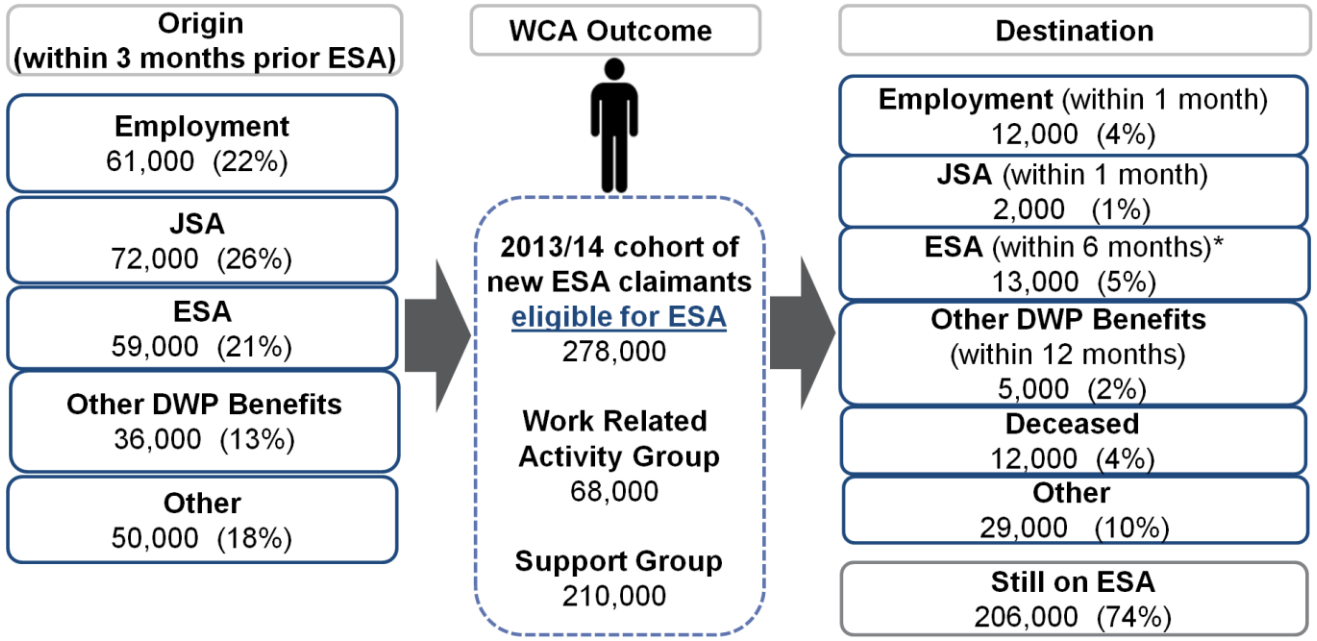
Source: DWP Work and Pensions Longitudinal Study, DWP Tabulation Tool, February 2016. Includes Incapacity Benefits reassessment cases. Excludes those whose ESA phase is unknown.

Each ESA customer journey can be different for those eligible for ESA

Picture 4.1 Journey of new claimants eligible for ESA following their Work Capability Assessment (WCA)

Picture 4.1 shows the journey of the 2013/14 cohort of 889,000 new ESA claimants, of whom 278,000 (31 per cent) were eligible for ESA post-WCA.
This excludes flows due to Incapacity Benefits reassessment. New ESA claimants come onto ESA from various backgrounds and leave ESA for a variety of destinations.

Many of the 278,000 new claimants eligible for ESA were on benefits in the quarter prior to their ESA claim, with 26 per cent coming from Jobseeker's Allowance (JSA) and 21 per cent from a previous ESA claim. 22 per cent were in work in the quarter prior to starting their ESA claim. 210,000 claimants were placed in the Support Group following their Work Capability Assessment, meaning they often have no contact at all with a work coach and therefore do not access tailored support when they need it. 74 per cent of the 278,000 new ESA claimants eligible for ESA are still claiming ESA two years later (at September 2016). For full data, see reference **Table 4e**.



Source: DWP ESA Reference Dataset, a combined DWP administrative dataset including DWP benefit history, ESA claim details and HMRC P45 data, Great Britain. DWP analysis of the 2013/14 cohort of ESA new claims excluding cases migrated from Incapacity Benefits. Totals and proportions may not add up due to rounding and missing data. 'Employment' refers to paid work as an employee (excludes self-employment). See methodology document for details.

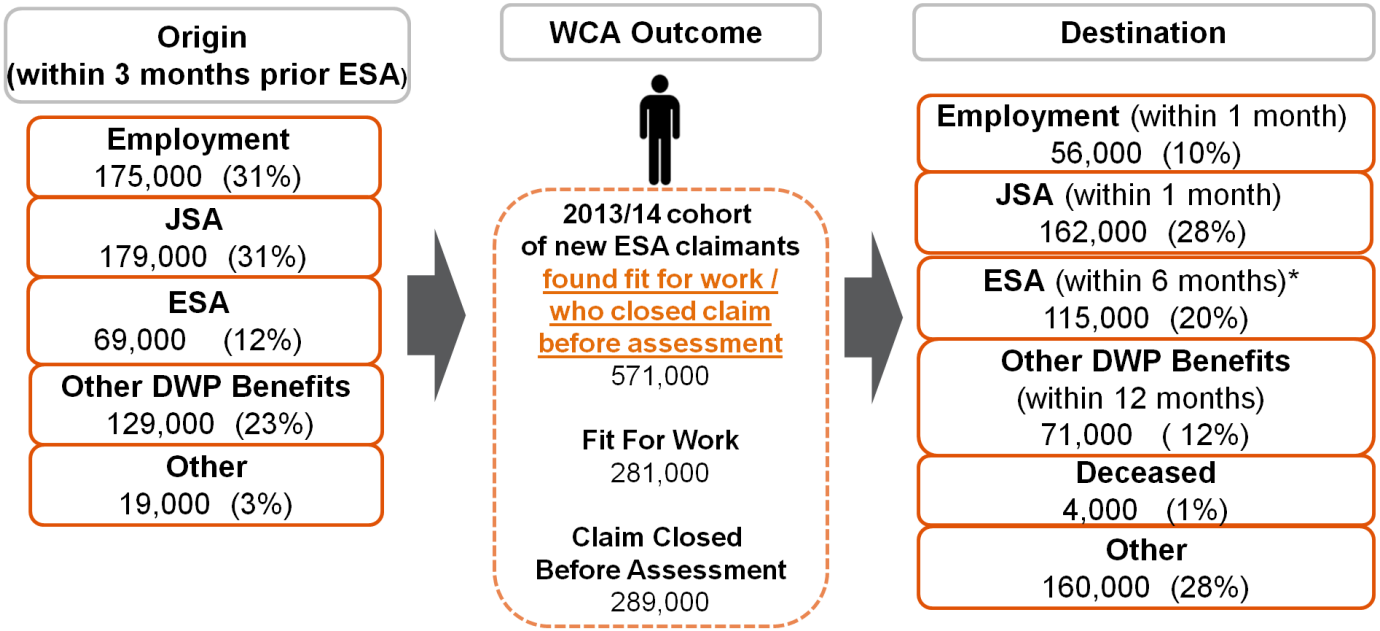
** ESA claims within 6 months are calculated within 6 months to reflect the policy up until April 2015 which meant that ESA claimants found fit for work could only make another claim to ESA with the same condition after 6 months, unless their condition has deteriorated or they had developed another primary condition.*

Claimants found fit for work or those who closed their ESA claim prior to their Work Capability Assessment also have a range of journeys through the system

Picture 4.2 Customer journey of new claimants found fit for work / who closed their ESA claim before assessment

Picture 4.2 shows the journey of the 2013/14 cohort of 889,000 new ESA claimants, of whom 571,000 (64 per cent) were found fit for work or closed their claim before a Work Capability Assessment. These claimants have different journeys to those eligible for ESA.

289,000 people closed their ESA claim before assessment and a further 281,000 were found fit for work at assessment. Typically new ESA claimants in this group were in employment (31 per cent) or on Jobseekers Allowance (JSA) (31 per cent) in the quarter prior to their ESA claim; a further 12 per cent came from a previous ESA claim. Over half of this group go on to make a claim for another DWP benefit: JSA within 1 month (28 per cent), ESA within 6 months (20 per cent) or any other within 12 months (12 per cent). For full data, see reference **Table 4f**.



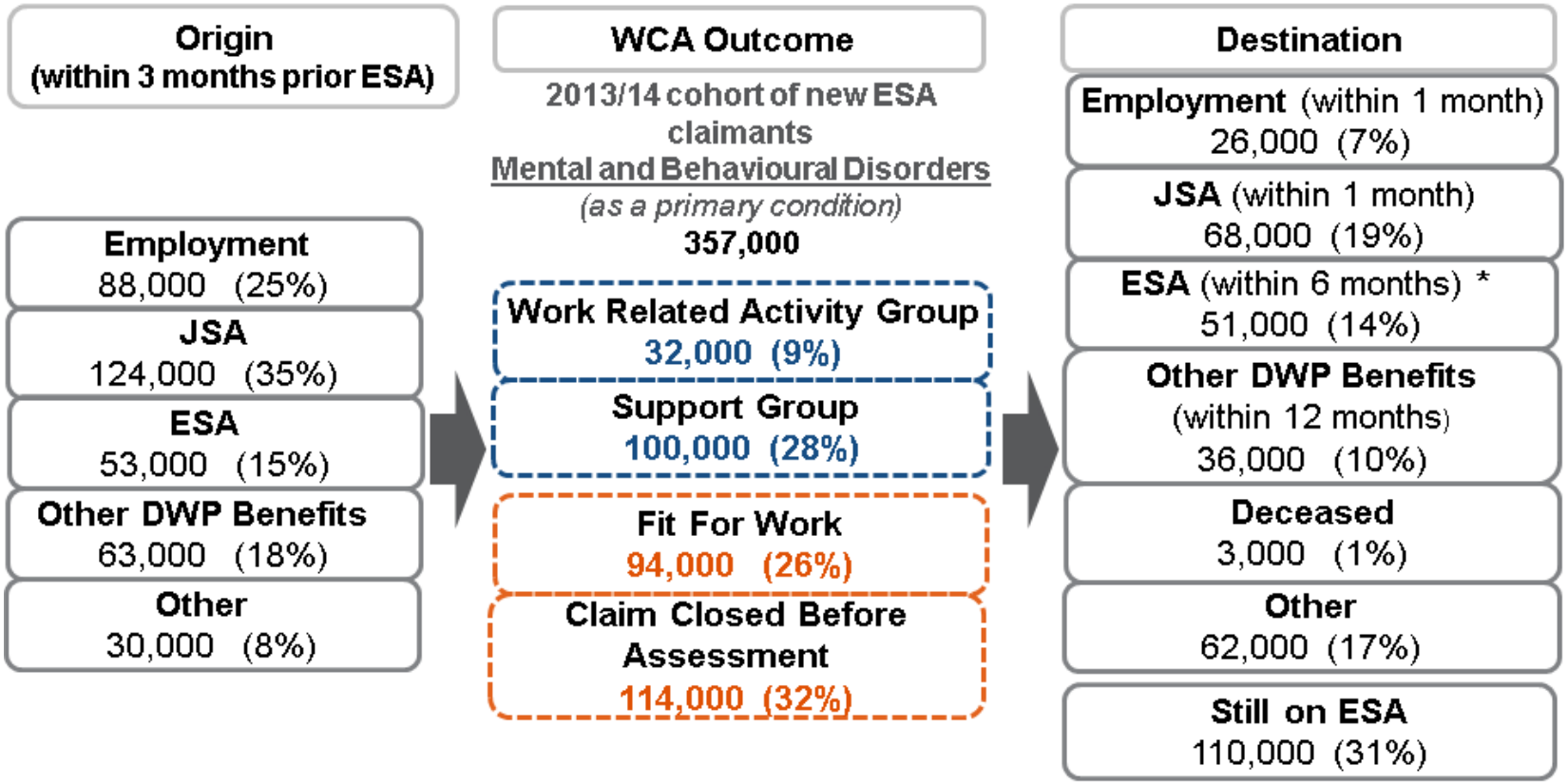
Source: DWP ESA Reference Dataset, a combined DWP administrative dataset including DWP benefit history, ESA claim details and HMRC P45 data, Great Britain. DWP analysis of the 2013/14 cohort of ESA new claims excluding cases migrated from Incapacity Benefits. Totals and proportions may not add up due to rounding and missing data. 'Employment' refers to paid work as an employee (excludes self-employment). See methodology document for details.

**ESA claims within 6 months are calculated within 6 months to reflect the policy up until April 2015 which meant that ESA claimants found fit for work could only make another claim to ESA with the same condition after 6 months, unless their condition has deteriorated or they had developed another primary condition.*

A mental health condition is the most commonly reported amongst new ESA claimants

Picture 4.3 Customer journey of new ESA claimants with a mental health condition as a primary condition

Around 357,000 new ESA claimants in 2013/14 reported a mental health condition as their primary condition. ESA claimants who reported a mental health condition as their primary condition were more likely to be placed in the Support Group, with 100,000 (28 per cent) being placed in that group, compared to 24 per cent for all new ESA claimants. Around 110,000 (31 per cent) of the 2013/14 cohort with these conditions are still on ESA two years later (at September 2016) and only 26,000 (7 per cent) have left the benefit to return to work. For full data, see reference **Table 4g**.



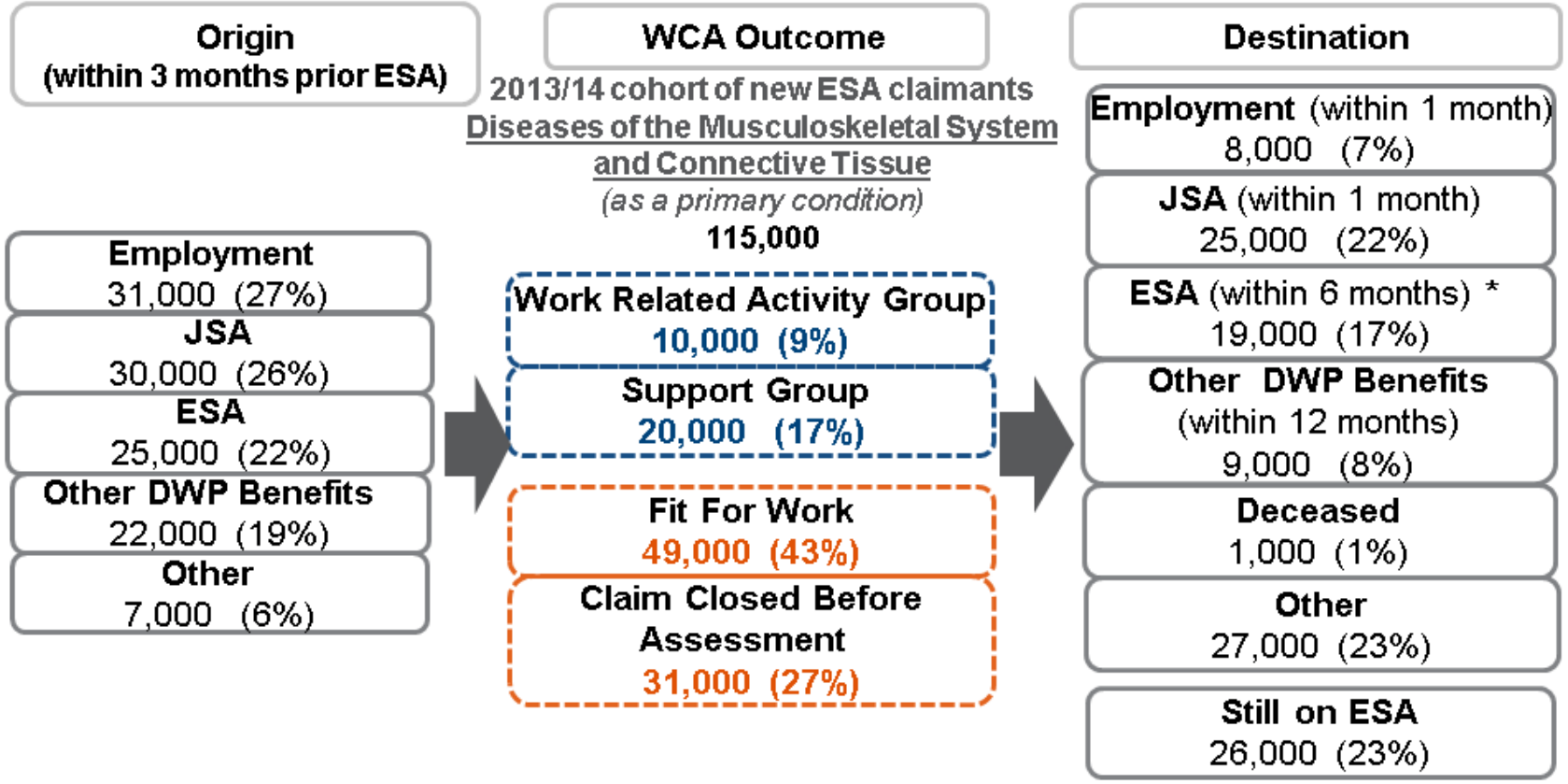
Source: DWP ESA Reference Dataset, a combined DWP administrative dataset including DWP benefit history, ESA claim details and HMRC P45 data, Great Britain. DWP analysis of the 2013/14 cohort of ESA new claims excluding cases migrated from Incapacity Benefits. Totals and proportions may not add up due to rounding and missing data. 'Employment' refers to paid work as an employee (excludes self-employment). See methodology document for details.

** ESA claims within 6 months are calculated within 6 months to reflect the policy up until April 2015 which meant that ESA claimants found fit for work could only make another claim to ESA with the same condition after 6 months, unless their condition has deteriorated or they had developed another primary condition.*

A musculoskeletal condition is also commonly reported among new ESA claimants

Picture 4.4 Customer journey of new ESA claimants with a musculoskeletal condition as a primary condition

About 115,000 new ESA claimants in 2013/14 reported a musculoskeletal condition as their primary condition. Those who have reported a musculoskeletal condition as their primary condition were a little less likely to have come from JSA or employment than those who report a mental health condition as their primary condition (53 per cent compared to 59 per cent) and were more likely to be found fit for work (43 per cent compared to 26 per cent). Around 26,000 (23 per cent) of the 2013/14 cohort of new ESA claimants with these conditions are still on ESA two years later (at September 2016) and only 8,000 (7 per cent) have left the benefit to return to work. For full data, see reference **Table 4h**.



Source: DWP ESA Reference Dataset, a combined DWP administrative dataset including DWP benefit history, ESA claim details and HMRC P45 data, Great Britain. DWP analysis of the 2013/14 cohort of ESA new claims excluding cases migrated from Incapacity Benefits. Totals and proportions may not add up due to rounding and missing data. 'Employment' refers to paid work as an employee (excludes self-employment). See methodology document for details.

** ESA claims within 6 months are calculated within 6 months to reflect the policy up until April 2015 which meant that ESA claimants found fit for work could only make another claim to ESA with the same condition after 6 months, unless their condition has deteriorated or they had developed another primary condition.*

Claimants eligible for ESA tend to spend long periods of time on the benefit

Claimants eligible for ESA tend to spend long periods of time on the benefit

Chart 4.6: Proportion of claims still live for the 2013/14 cohort of new ESA claimants by latest WCA outcome

Chart 4.6 shows that overall around 60 per cent of the 889,000 new ESA claimants in 2013/14 left ESA within the first 12 months of claiming ESA. But this is driven by 289,000 claimants who closed their claim before assessment and 281,000 who were found fit for work (see Picture 4.2).

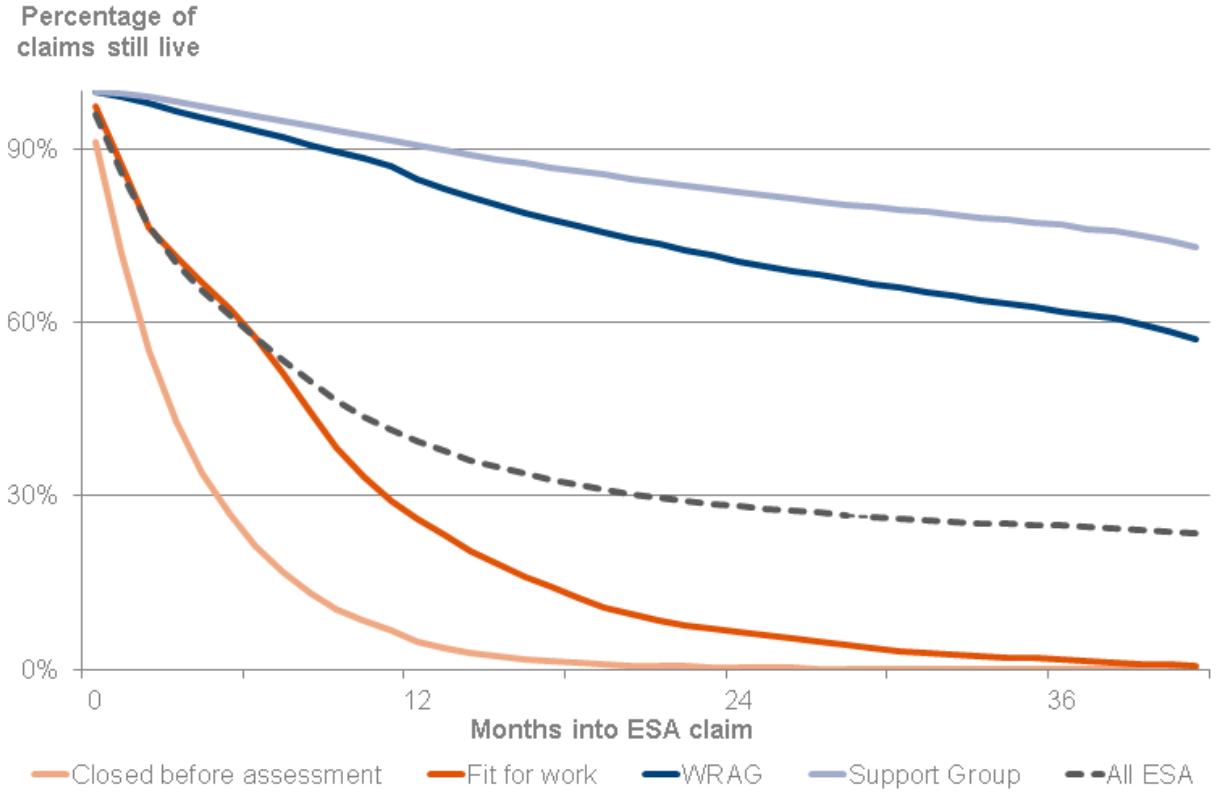


Chart 4.6 highlights that many of those placed in the Support Group or Work Related Activity Group (WRAG) remain on ESA for long periods of time. Around 90 per cent of them are still claiming ESA after 12 months.

Around 3 per cent of the ESA caseload leave the benefit every month. A little under 1 per cent of the Support Group claimants and a little over 1 per cent of the WRAG leave.

Only a subset of those who leave ESA return to work as highlighted in our earlier customer journey analysis (pictures 4.1 and 4.2). Around 12,000 (4 per cent) of the 2013/14 cohort of the 278,000 new ESA claimants who were placed in WRAG or Support Group have subsequently left ESA and were in employment within a month of leaving ESA.

For full data, see reference **Table 4i**.

See **Chapter 2** of *Improving Lives: The Work, Health and Disability Green* Paper for discussion on

Source: DWP ESA Reference Dataset, a combined DWP administrative dataset including DWP benefit history, ESA claim details and HMRC P45 data, Great Britain. DWP analysis of the 2013/14 cohort of ESA new claims excluding cases migrated from Incapacity Benefits. See methodology document for details.

[i] ONS. Analysis of Experimental Subjective Wellbeing Data from the Annual Population Survey, April to September 2011; 2012. http://webarchive.nationalarchives.gov.uk/20160105160709/http://ons.gov.uk/ons/dcp171776_257882.pdf (accessed 11 October 2016).

[ii] Waddell G, Burton K A. *Is work good for your health and wellbeing?* London: The Stationery Office; 2006.

[iii] Rueda S, Chambers L, Wilson M, Mustard C, Rourke SB, Bayoumi A, Raboud J, Lavis J. Association of returning to work with better health in working-aged adults: a systematic review. *American Journal of Public Health* 2012;102: 541-56.

[iv] Van der Noordt M, Ijzelenberg H, Droomers M, Proper K I. Health effects of employment: a systematic review of prospective studies. *Occupational and Environmental Medicine* 2014; 71**:** 730-736

[v] Stansfeld S, Clark C, Bebbington P, King M, Jenkins R, Hinchliffe S. Chapter 2: Common mental disorders. In: McManus S, Bebbington P, Jenkins R, Brugha T. (eds.). *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS Digital; 2016.

[vi] Roelfs D, Eran S, Davidson KW, Schwartz JE. Losing life and livelihood: A systematic review and meta-analysis of unemployment and all-cause mortality *Social Science and Medicine* 2011; 72: 840-851.

[vii] Garcy AM, Vagero D. The length of unemployment predicts mortality, differently in men and women, and by cause of death: A six year mortality follow-up of the Swedish 1992–1996 recession. *Social Science and Medicine* 2012; 74(12): 1911-1920.

[viii] Granados J, House J, Ionides E, Burgard S, Schoeni R, Individual Joblessness, Contextual Unemployment, and Mortality Risk. *American Journal of Epidemiology* 2014; 180 (3): 280-287.

[ix] Berthoud R. Disability employment penalties in Britain *Work Employment and Society* 2008; 22(1): 129-148.

[x] WHO. *How to use the ICF: A practical manual for using the International Classification of Functioning, Disability and Health (ICF). Exposure draft for comment.* Geneva: WHO; 2013.

[xi] *Working for a healthier tomorrow. Dame Carol Blacks Review of the health of Britain's working age population.* London: The Stationery Office; 2008.

[xii] ONS. *Healthy life expectancy at birth and age 65 by upper tier local authority and area deprivation: England, 2012 to 2014*. Statistical Bulletin; 2016. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthylifeexpectancyatbirthandage65byuppertierlocalauthoritytandareadeprivation/england2012to2014 (accessed 11 October 2016).

[xiii] Public Health Wales Observatory. *Measuring inequalities 2016. Trends in mortality and life expectancy in Wales*; 2016. http://www.wales.nhs.uk/sitesplus/922/page/87234 (accessed 17 October 2016).

[xiv] The Scottish Government. *Long-term Monitoring of Health Inequalities. October 2015 report: Healthy Life Expectancy;* 2015. http://www.gov.scot/Resource/0048/00487927.pdf (accessed 17 October 2016).

[xv] Jagger C. *Trends in life expectancy and healthy life expectancy. Future of an ageing population: evidence review.* Foresight, Government Office for Science; 2015.

[xvi] Barton H, Grant, M. A health map for the local human habitat. *Journal of the Royal Society for the Promotion of Public Health* 2006;126 (6): 252-261.

[xvii] King's Fund. *Making the case for public health interventions*; 2014. http://www.kingsfund.org.uk/audio-video/public-health-spending-roi (accessed 11 October 2016).

[xviii] ONS. *Healthy life expectancy at birth and age 65 by upper tier local authority and area deprivation: England, 2012 to 2014*. Statistical Bulletin; 2016. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthylifeexpectancyatbirthandage65byuppertierlocalauthoritytandareadeprivation/england2012to2014 (accessed 11 October 2016).

[xix] NHS Digital. NHS Outcomes Framework. Indicator 1a.i. *NHS Digital Indicators. https://indicators.hscic.gov.uk/webview/* (accessed 11 October 2016).

[xx] NHS Digital. *NHS Outcomes Framework. Domain : Preventing people from dying prematurely. Indicator Specifications Version: 1.16.* August 2016 https://indicators.hscic.gov.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_1_S.pdf

(accessed 11 October 2016).

[xxi] NHS Digital. NHS Outcomes Framework. Indicator 3a. *NHS Digital Indicators.* *https://indicators.hscic.gov.uk/webview/* (accessed 11 October 2016).

[xxii] https://indicators.hscic.gov.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_3_S.pdf

[xxiii] NHS Digital, Monthly Improving Access to Psychological Therapies Dataset Reports http://content.digital.nhs.uk/iaptreports

[xxiv] ONS. *Disability-Free Life Expectancy (DFLE) and Life Expectancy (LE) at birth by Upper Tier Local Authority, England; 2016*. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/disabilityfreelifeexpectancydfleandlifeexpectancyleatbirthbyuppertierlocalauthorityatbirthengland (accessed 11 October 2016).

[xxv] Office for National Statistics. *2014-based National Population projections*

https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/2014basednationalpopulationprojectionstableofcontents

[xxvi] Department for Work and Pensions. *Family Resources Survey*

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/531242/family-resources-survey-2014-15.pdf (page 7)

[xxvii] Public Health England. Global burden of disease England: infographics available here p. 9 and 10:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/460518/Global_Burden_of_Disease_England_infographics.pptx

[xxviii] NHS Digital. *Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014*

http://content.digital.nhs.uk/catalogue/PUB21748 (page 45)

[xxix] Young V, Bhaumik C. *Health and well-being at work: a survey of employees*. DWP Research Report 751; 2011. Figure 2.1, p.11.

[xxx] Steadman K, Wood M, Silvester H. *Health and wellbeing at work: a survey of employees, 2014*. DWP Research Report 901; 2015. Figure 3.4, p.52.

[xxxi] Young V, Bhaumik C. *Health and well-being at work: a survey of employers*. DWP Research Report 750; 2011. Figure 3.1, p.20.

[xxxii] Young V, Bhaumik C. *Health and well-being at work: a survey of employers*. DWP Research Report 750; 2011. Figure 2.1, p.12.

[xxxiii] Steadman K, Wood M, Silvester H. *Health and wellbeing at work: a survey of employees, 2014*. Department for Work and Pensions. Report number: 901, 2015. Figure 3.1, p.48.

[xxxiv] Young V, Bhaumik C. *Health and well-being at work: a survey of employers*. DWP Research Report 750; 2011. Table 3.1, p.22.

[xxxv] Shury J, Garnett E, Fairburn-Beech J. *DWP Employer Engagement and Experience Survey 2013*. DWP Research Report 856; 2014. Table 5.3, p.77.

[xxxvi] Shury J, Garnett E, Fairburn-Beech J. *DWP Employer Engagement and Experience Survey 2013*. DWP Research Report 856; 2014. Figure 2.7, p.38.

[xxxvii] Cole L. *A survey of disabled working age benefit claimants.* DWP Research Report 16; 2013. Table 5.14, p.29.

[xxxviii] Dewson S, Williams C, Aston J, Carta E, Willison R, Martin R. *Organisations' responses to the Disability Discrimination Act; 2009 study.* Department for Work and Pensions Report 685; 2010. Table 4.4, p.54.

[xxxix] Black C, Frost D. *Health at work – an independent review of sickness absence.* Department for Work and Pensions. 2011. Table 9, p.94.

[xl] ONS, Sickness Absence in the Labour Market, February 2014

[xli] Office for National Statistics. Estimate of the number of days of sickness absence taken, UK, 2013-2015, July 2016

[xlii] Office for National Statistics. The number of days lost through sickness absence per worker in the UK, October 2014

[xliii] Dame Carol Black and David Frost CBE, Health at work – an independent review of sickness absence, page 23

[xliv] *Understanding the journeys from work to Employment and Support Allowance* (ESA). DWP Research Report; 2015