Healthier working lives

The role of local governments

Jess Elmore, Kathryn James and Sam Avanzo Windett

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Executive summary

Improving health at work is a national priority. Rates of work-related ill health are on the rise across the UK and in 2022/23, 35.2 million working days were lost due to work-related ill health and non-fatal workplace injury.

Employment is, overall, better for health than unemployment, but poor-quality or insecure work can be worse for health than being out of work. Current policy to promote healthier work tends to focus on mitigating ill-health. Greater focus needs to be on the prevention of work causing ill-health and promoting good health through work. The relationship between work and health is complex but the dimensions of job quality (terms of employment, pay and benefit, health, safety and psychosocial wellbeing, job design and nature of work, social support and cohesion, voice and representation, work-life balance) can provide a frame to identify what makes work healthy.

Employers have a key role in promoting healthier work but improving employer practices can be challenging. While most employers provide their workers with some support for health and wellbeing, 1 in 10 report that they do not provide any support, while over a third do not provide any support for mental health. There is no single action or solution to change employer behaviour because of the diversity of different types of employers, different sectors and in different regions.

Local governments are uniquely placed to drive an agenda for healthier work. They lead economic growth strategies for their local area and have deep insight, extensive networks and the ability to build consensus. They are large employers in their own right and have significant tools to use as levers for change, such as positive procurement, enforcement, awareness raising and campaigns and the ability to incentivise local employers. **However, the impact of their work is limited by a lack of funding, fragmentation, multiple overlapping initiatives, and a lack of robust evidence.**

Local authorities, supported and coordinated by Mayoral Combined Authorities and devolved governments, need to be empowered to take the lead on developing an agenda for healthier work in their local geographies through the development of local action plans.

This must be through a test and learn approach. This should include designing and implementing local action plans through consistent principles, collecting systematic evidence, and commissioning and publishing robust evaluations.

Local action plans effectively designed, delivered and evaluated across local authorities could form the start of a locally led healthy work agenda. This could have tangible, measurable impacts across the UK, with a clear focus for employers

and residents so they can understand what healthy work is, how it benefits them, and how to achieve it in their organisations and their lives.

Introduction

Background

Health is inextricably linked with prosperity. Nationally, health plays a role in the economy, as good health boosts national output, the strength of the labour market and overall productivity. Conversely, weak health undermines the economy.[1] Regionally, health boosts local prosperity, as good health creates wealth across communities. Good health is also good for businesses. In 2022/23, 35.2 million working days were lost due to work-related ill health and non-fatal workplace injury.[2] The HSE estimates that new cases of work-related ill health in 2021/22 cost the UK £13.1 billion.

Employment is, overall, better for health than unemployment, but poor-quality or insecure work can be worse for health than being out of work.[3] Policy aimed exclusively at getting people into any work can ultimately have negative effects on public health as a limited focus on reducing unemployment figures misses key issues around job suitability and quality, as well as widening opportunities for people with disabilities and health conditions to access good work. This is of increasing salience in the UK today, where rates of work-related ill health are on the rise[4] and there are rising levels of insecure work particularly for women, disabled people, ethnic minorities, and young people.[5]

This paper is aimed at local governments to help them consider the actions they can take to improve the working health of their residents, focusing on how they can engage with employers to create healthier workplaces. Local governments are uniquely placed to improve their residents' working health and they are already engaged in substantial programmes of work to do this. However, due to funding constraints, fragmentation, lack of coordination and a weak evidence base, this area of work requires more support and better understanding to maximise impact across the country.

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[1] Thomas, C. et al. (2023) Healthy people, prosperous lives: the first interim report of the IPPR Commission on Health and Prosperity. IPPR.

[2] HSE. (2023) Health and safety at work: summary statistics for Great Britain 2023.

[3] Jun Kim, T. and von dem Knesebeck, O. (2015) 'Is an insecure job better for health than having no job at all? A systematic review of studies investigating the health-related risks of both job insecurity and unemployment'. BMC Public Health.
Butterworth, P., Leach, L.S., Strazdins, L., Olesen, S.C., Rodgers, B. and Broom, D.H., (2011). The psychosocial quality of work determines whether employment has benefits for mental health: results from a longitudinal national household panel survey. *Occupational and environmental medicine*, *68*(11), pp.806-812.

[4] HSE. (2023) Health and safety at work: summary statistics for Great Britain 2023.

[5] Marmot. M. et al (2020) Health Equity in England: The Marmot Review 10 Years On. The Health Foundation.
Florisson, R., (2024) The UK Insecure Work Index 2024.

The new governments' ambitions for local growth plans, as well as for employment, skills and plans led by local mayors to address economic inactivity provide potential opportunities for local government to create healthier working lives for their residents.

This paper primarily focuses on England, as differences in devolved functions and local government structures make it challenging to write across the four nations. However, reference is made to the devolved governments of Scotland, Northern Ireland, and Wales as a similar approach could be applied across the UK.

Learning and Work Institute (L&W) were commissioned by Health Equals to work towards policy change in the focus area of employment, income and health. This includes three research papers which summarise the evidence and make policy recommendations on three key areas.

- Paper one considers how best to support disabled people and people with health conditions to find sustainable employment.

- Paper two focuses on how local governments can work with employers to support their residents to have healthier working lives.

- Paper three sets out considerations for employers and individuals for healthy home and hybrid working.

Defining healthy work

There is no single, widely recognised definition of healthy work, or job quality in relation to health. The relationship between work and health is complex and the precise form of a healthy job is highly personal, varying between individuals, and their circumstances as well as roles and sectors. The links between some areas of good work and health are obvious and widely understood, while others are more indirect and are only now receiving attention as determinants of health. The impact that certain jobs can have on physical health, for example, have benefited from a historic focus on hazards in the workplace and the development of health and safety legislation and practice. However, even health and safety can be poorly understood in the modern context, where a widespread national shift to office-based, sedentary working means physical risks to health present largely in the impact of prolonged sitting, and associated effects on fitness and musculoskeletal disorders.

Other areas of healthy work have received more attention in recent years, such as the effects of the psychosocial work environment and the negative impact that stress and dissatisfaction can have on a worker's mental health. Similarly, as living standards fall and rates of in-work poverty rise, policymakers have turned to look at job insecurity and pay and the associated impacts these can have on health.

It is important, however, that the relationship between health and work is viewed as more than an avoidance of negative impacts. Good work should be good for health and be an active source of personal happiness and wellbeing. We have long known that good quality employment is significantly better for health than unemployment, and this is not simply because it provides income. Good work can and should provide a sense of dignity, pride, purpose and fulfilment in daily life and support good mental and physical health.[6] When considering what constitutes healthy work, therefore, this paper will consider both the positive and negative impacts that work can have on health.

An approach that aligns healthy work with the dimensions of job quality is one way to establish coherent principles that can be used to design interventions that create the conditions for healthy work, and crucially evaluate the effectiveness of these interventions.[7] In appendix one, we link the seven dimensions of *good work* to what we know about *healthy work:*

- Terms of employment
- Pay and benefits
- Health, safety and psychosocial wellbeing
- Job design and nature of work
- Social support and cohesion
- Voice and representation
- Work-life balance

These dimensions can provide a basis for local authorities to design, implement and measure strategies to improve their residents' working health.

The challenge

There have been a number of steps taken to improve the quality of work through policy, notably the introduction of the minimum wage in 1999 and, more recently, the introduction of the National Living Wage in 2015. This has not been without effect – in the last two decades, extreme low pay has been significantly reduced. However, in-work poverty has continued to grow, driven by the rising cost of living and the limited adequacy of social support.

Wider approaches to combatting in-work ill-health have tended to focus on healthcare interventions, aimed at managing illness and boosting wellbeing through treatment and mitigation strategies. For employers, this has often meant a reliance on employee assistance programmes, while policy has looked at expanding access to occupational

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[6] Centre for Social Justice. (2023) Two Nations: the state of poverty in the UK, an interim report on the state of the nation. Centre for Social Justice.
[7] Irvine, G., White, D. and Diffley, M. (2018) Measuring good work: the final report of the measuring job quality working Dunfermline: Carnegie UK Trust.

health services. While these measures are important, it is also critical to focus on the prevention of ill-health through improved job quality.

There are many challenges associated with improving health at a workplace level and, while work environments vary greatly, many employers can do more to actively improve health in their workplaces. While most employers provide their workers with some support for health and wellbeing, 1 in 10 report that they do not provide any support, while over a third do not provide any support for mental health.[8] Lack of time, resources and expertise are the key reasons cited why employers, particularly Small and Medium Enterprises (SMEs), do not do more to support their workers. The same lack of time and resource are also significant reasons why it can be challenging to influence employer behaviour.

The role of local authorities in boosting healthy work

Local policymakers and actors have a significant role to play in working with local employers to boost in-work health. While some issues can be approached from a national level, such as labour market regulation and workers' rights, some changes can be achieved without legislation. There needs to be the infrastructure in place that enables regional, sectoral, and local interventions to be effectively coordinated and applied, which can then drive improvements in local workplaces.

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[8] IFF Research (2022) DWP Employer Survey 2022. Department for Work and Pensions.

Cross cutting issues

There are significant differences in healthy work between different workplaces, different groups of people and different areas of the country. Action at a local level needs to be seen through the prism of wider challenges to bring about sustainable change.

Inequalities in healthy work

Health at work is inherently an issue of inequality. For the most disadvantaged, low-quality work is often all that is available to them. Those with a lower socioeconomic position and those in lower paid jobs are more likely to experience poor quality work, and less likely to move out of poor-quality work once they are in it.[9]

Protected characteristics

Certain demographics are more affected by low-quality work than others, finding it harder to get into work, get on at work and have healthy and fulfilling work. Workers from some ethnic minority groups are more likely to be exposed to low quality work.[10] Women are more likely than men to work in low pay and part-time roles and take on a greater share of caring responsibilities, with a disproportionate effect on women from Black and minoritised groups and disabled women.[11] Work intensification (the rate of physical and/or mental input to work tasks) also appears to affect women more than men.[12]

Similar issues face disabled people. Half of respondents to a government survey felt that their employer was flexible and made sufficient reasonable adjustments, but only a quarter of disabled people and carers felt they had the same promotion opportunities as their colleagues.[13] Since 2013, disabled people in Britain have seen sharper increases in the rates of self-employment, zero-hours contracted employment and employment in jobs at risk of automation than non-disabled workers which might be harmful to their health.[14]

Some groups of employees report overt discrimination and harassment. Over 70% of ethnic minority workers say that they have experienced racial harassment at work in

9 Gable, O. and Florisson, R. (2023) Limiting choices: why people risk insecure work. The Work Foundation at Lancaster University.
Health Foundation. Duration of low-quality work. (2022)

10 The Health Foundation. (2022) Inequalities in unemployment. The Health Foundation.

11 Fawcett. (2022) Equal Pay Day 2022: What does the gender pay gap mean for women in the cost-of-living crisis?. The Fawcett Society.

12 Creagh, M. (2023) Work intensification: The impact on workers and trade union strategies to tackle work intensification. Trades Union Congress.

13 Disability Unit. (2021) UK Disability Survey research report, June 2021. UK Gov.UK.

14 Windett, S. et al. (2022) 'The future of work: protected characteristics in a changing workplace', Manchester: Equality and Human Rights Commission.

the past five years [15] while a TUC poll from 2023 found that 58% of women say that they have experienced sexual harassment, bullying and verbal abuse at work.[16]

Sectoral challenges

The prevalence of poor-quality work can vary substantially by sector, leading to entrenched inequalities in communities and areas reliant on particular employers. Some jobs are inherently less healthy than others. One in three people working in the hospitality, services and agriculture sectors are in severely insecure work, compared to one in five nationally.[17] However, the quality of work and associated health outcomes is often more dependent on higher grades and skill-levels of employment, even within sectors. This is shown across the UK, where lower skilled occupations are more likely to experience multiple negative job quality aspects than higher skilled occupations.[18]

Changes to work practice in some sectors have also led to unhealthier work. Sectors such as education and health and social care, have been subjected to greater and more stringent internal and external assessment which has intensified work. This impacts on stress and psychological safety.[19] Use of technology in industries such as warehousing and logistics has led to greater surveillance of staff, taken autonomy and decision making away from employees and increased pressure to work at greater speeds. Portable technology has made it harder for people to switch off from work. This impacts on health and safety and can undermine employee engagement and motivation.[20]

Regional inequalities

Unhealthy work is also unequally distributed across the UK. England is one of the OECD's most spatially unequal countries in terms of both its economic development and the health of its citizens, and regional inequalities are widespread in the quality of employment. Some areas of the UK are more affected by poor-quality employment than others. Deprived areas and struggling economies experience more work-related ill health than more affluent, prosperous regions. For example, long-term illness due to employment is much more of an issue in the devolved nations, the Midlands, and the North of England.[21]

In part, this is because of sectoral differences. Local economies dominated by industries with high levels of poor-quality work, such as agriculture and hospitality, will

[15] Ashe.S, Borkowske. M, and Nazroo. J. (2019) Racism Ruins Lives. An analysis of the 2016-2017 Trade Union Congress Racism at Work Survey. TUC

[16] Trades Union Congress. (2023) New TUC poll: 2 in 3 young women have experienced sexual harassment, bullying or verbal abuse at work. TUC.

[17] R Florisson. (2022) The UK insecure work index: two decades of insecurity. The Work Foundation: Lancaster University

[18] Health Foundation. (2024) Job quality: how does work affect our health. The Health Foundation.

[19] Trades Union Congress. (2023) Work intensification. TUC.

[20] Trades Union Congress. (2023) Work intensification. TUC.

[21] Thomas, C. (2022) Getting better? Health and the labour market. IPPR.

necessarily experience more work-related ill health among their populations. However, even within sectors, there is substantial regional variation. For example, research from the Work Foundation has shown that 48% of accommodation and food workers experience severely insecure work in Liverpool City Region Combined Authority, compared with 65% in Tees Valley and 61% in the West Midlands.[22]

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[22] Florisson, R. (2023) Delivering levelling up? How secure work can reduce regional inequality. Work Foundation: Lancaster University.

Local government: Developing strategies to support healthier work

Setting the agenda

Local government has an important role in bringing partners together across public services, and the private, voluntary and charitable sectors in order to drive change at a local level. Local government is already well-networked and can engage with other networks and structures that promote a wider health and well-being and skills and prosperity agenda. They also have an overview of jobs and growth in their local area. This means that they have unique opportunities for promoting healthy work as an integral part of their agendas. In England, local authorities can bring together activity focused on health such as Health and Wellbeing Boards and Integrated Care systems but also wider activities such as developing economic and skills strategies, Local Skills Improvement Plans and support for local businesses.

WorkWell pilots

WorkWell pilots provide tailored support for people in their local area to stay and progress in work. 15 areas including Greater Manchester, South Yorkshire, and Cornwall are part of the new £64 million pilot. A work and health support service will be rolled out across these areas of England. The pilots have a mandate to create partnerships to join up the work and health landscape at the local level, bringing existing work and health initiatives and assets together under one coherent strategy.

By building partnerships around the issue of healthy work, local government can encourage partners to think more about their roles in the local economy and how they can promote health at the local level through work. These partnerships also need to include and involve those most affected by work and health issues. This is key to understanding the differences in lived experiences of work across different sectors, different groups of residents and in different types of work.

Marmot Places – addressing health challenges

The Marmot place approach is one way that local authorities are taking a systems-based approach to addressing their residents' health challenges. When a local authority becomes a Marmot place, they recognise the social factors that drive health and commit to working in partnership to develop and deliver meaningful place-based, whole-systems change. Creating fair employment and good work for all is one of the six Marmot principles.

There are nine Marmot places across England and Wales; Coventry (which became the first Marmot city in 2013), Luton, Greater Manchester, Greater London, Leeds, Gwent, Waltham Forest, Cheshire and Merseyside, and Lancashire and Cumbria.[23]

An evaluation of Coventry's first six years as a Marmot city found that some progress had been made in addressing Coventry's health inequalities. However, success had been limited by the impact of austerity and cuts to services. [24]

Developing strategies to increase the number and quality of jobs in their region is a key role for local authorities. As part of this, there is an increasing emphasis on inclusive growth which focuses on ensuring opportunities for all rather than just economic growth. There are clear opportunities within these strategies to improve residents' working health.[25] However, as a common theme across this research, while there are a significant number of strategies for inclusive growth across different levels of regional and national governments, evidence for their impact on healthy or good work is much more limited.

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[23] Marmot. M., et al. (2020) Health Equity in England: The Marmot Review 10 Years On. The Health Foundation.
[24] Munro, A. (2020) Coventry-A Marmot City. Institute of Health Equity.
[25] Public Health England (2021) Inclusive and sustainable economies: leaving no-one behind. Gov.UK

Community wealth building

The Preston model is an example of community wealth building, which is one potential model of inclusive growth. In Preston the City Council has partnered with other organisations to encourage local procurement, alongside strengthening supply chains, developing credit unions and wider social inclusion. A 2018 report found that this approach delivered an additional £74 million worth of procurement within Preston, and unemployment in the city fell from 6.5% in 2014 to 3.1% in 2017, below the UK average. An additional 4,000 employees received the Real Living Wage in 2018 compared to a 2012 baseline. The extent to which these outcomes can be attributed specifically to the community wealth building approach is unclear. A recent study found that following the introduction of the Preston model in 2016, the prescribing of antidepressants and prevalence of depression decreased, while wages increased and wellbeing improved compared with the expected trends in other comparable areas.[26] This approach is now being trialed in other areas. However, further evaluation is still needed of its impact.

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[26] Rose, T.C., et al. (2023) The mental health and wellbeing impact of a Community Wealth Building programme in England: a difference-in-differences study. The Lancet.

Local government: Leading by example and employer engagement

Local government as employers

Local governments wield considerable influence on healthy work through their roles as large public sector employers and contractors. By changing their own institutional behaviour and internally improving the quality of both new and existing jobs, they can have a significant impact on creating healthier work.

In following best practice and adhering to principles of good work in employment practices, large employers will naturally drive up the standards of healthy work in their area. This can impact across all the dimensions of healthy work discussed in the previous section. As a minimum it should involve paying a living wage to all staff, inclusive recruitment and job design, providing in-work training and development opportunities, and ensuring good terms and conditions.

Welsh government remote working policy

The Welsh government has identified a range of benefits connected to remote working including improved well-being, mental health, work-life balance, and job satisfaction. They have set a target for 30% of the Welsh workforce to be working at home or in co-working space.

They are leading this strategy by example by setting the target of no more than 50% of their own workforce in a central office at any one time as well as being explicit that they are looking to improve ways of working in consultation with union representatives.[27]

Anchor organisations as employers

Local authorities also work with other local anchor organisations. These are organisations such as NHS Trusts, universities and large FE colleges, trade unions, large local businesses and the combined activities of community and voluntary sector and housing associations. They are defined by having a significant stake in the local area, so they would be unlikely to re-locate to a different area, and therefore have a significant impact on the wellbeing of the local population.[28]

It is important that anchor institutions take steps to make their internal employment opportunities better quality. Many of these organisations, such as local authorities, NHS Trusts and educational institutions, are part of the public sector, which has been shown to experience high rates of work-related ill-health. The HSE reports the three industries

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[27] Welsh Government. (2022) Smarter working: a remote working strategy for Wales. Welsh Government.
[28] Health Anchors Learning Network

with higher-than-average rates of work-related stress, depression or anxiety as health and social care work, public administration/defence, and education – all industries with significant proportions of public sector staff.[29] It is therefore paramount that anchor institutions focus on internal practices and job quality. Research from the Health Foundation identifies the crucial role that the NHS can play as an anchor institution, particularly in partnership with local authorities.[30]

Improving the quality of jobs in anchor organisations has wider benefits for a local area. Many people will benefit indirectly, as the availability of good, quality work opportunities in a local area will change attitudes towards work among both employers and employees. Workers will have higher expectations of the pay and conditions local jobs can offer them, while businesses will want to hire competitively and attract the best candidates by matching pay and conditions of other institutions.

Leeds Inclusive Anchors Network

Leeds established an anchor network in 2018 consisting of thirteen of the city's largest employers. The network focuses on action across a range of areas including employment practices, procurement, and service delivery. The network has also produced a framework that anchor organisations can use to measure their progress against these areas. The group has increased the number of local businesses engaged in its supply chains with over £1bn of goods and services purchased locally and engaging with more than 3,000 young people to support progression into higher education.[31]

The importance of anchor institutions is increasingly being recognised. The Health Anchor Learning Network (HALN) is a recent network set up to encourage learning across anchor institutions including local authorities.[32] However, as identified by HALN, there is a need to enable better measurement to understand the impact of anchor institutions.

Engaging smaller businesses

While anchor organisations are important employers, it is crucial to recognise that, in the UK, 90% of employers have fewer than 9 employees.[33] Larger employers are more likely to have the time, resource and expertise to support healthier work, more likely to report inclusive practices and more likely to be aware of support schemes such as

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[29] Health and Safety Executive. (2023) Work-related stress, depression or anxiety statistics in Great Britain 2023. Gov UK: HSE.

[30] Reed, S. et al (2019) Building healthier communities: the role of the NHS as an anchor institution. The Health Foundation.

[31] Leeds Inclusive Anchors Network.

[32] Health Anchors Network.

[33] Employee Health Innovation fund (2024) Insights Report. Design Council.

Access to Work.[34] It is therefore critical that local governments are helping to tailor and adapt approaches to ensure that employers of all sizes are creating and sustaining healthy work. The same is true across sectors and occupations. It is particularly important that employers with a high number or percentage of low-paid staff are engaged by local government and encouraged to improve working conditions for their employees, in order to help tackle the health inequalities that mean low-paid workers are more likely to experience work-related ill-health.

Supporting local business can and should take multiple forms, encompassing information provision and awareness raising as well as practical advice and support on implementation of workplace interventions. Local government should offer employers support on routes to healthy work, through advice and guidance on the implementation of effective policies and interventions. As well as providing information on routes to healthy work, there should be strong, sustained communication emphasising the benefits of healthy work measures, highlighting the rationale and benefits to businesses of a healthy, engaged workforce. This could include promotion through employer communications channels as well as direct local community engagement.

Leadership of an agenda of healthier workplace requires an innovative approach to influence and engage all stakeholders to re-imagine workplaces and design sustainable solutions. The Design Council employee health report explores the power of person-centred approaches, co-design, embracing complexity, building trust and the power of design as being the way forward in visualising and leading change towards healthier work.[35]

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[34] IFF Research (2022) DWP Employer Survey 2022. Department for Work and Pensions.
[35] Employee Health Innovation Fund (2024) Insights Report. Design Council.

Workplace wellbeing interventions

There are a range of employer interventions that can support wellbeing at work.

- Employee Assistance Programmes
- Mental health first aiders
- Stress relieving activities, such as lunchtime exercise, relaxation classes
- Designated programmes to promote mental health
- Mindfulness programmes
- Interventions to improve sleep and sleep quality

It is paramount that such interventions are accessible for all. This should involve, in the first instance, good communication of workplace policies to all employees, meaning all staff are aware of what is available. Employers should also take consideration of working patterns into account, and ensure staff with all working patterns, such as home-based and night-shift workers, can access interventions.

However, there is limited evidence of the effectiveness of many of these interventions. The evidence suggests that wider workplace culture and practice, for example managerial support, increased job autonomy and changes to job design, have more impact than relying on standalone interventions.[36]

An important element of all such support must be pragmatism, and a recognition of the competing priorities faced by employers, particularly those faced by small businesses. Local government therefore needs to consider how to segment messaging, support and advice across different kinds of employers to sustain healthier workplaces.

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[36] Fleming, W.J. (2004) Employee well-being outcomes from individual-level mental health interventions: Cross-sectional evidence from the United Kingdom. Industrial Relation Journal.

Thrive at Work West of England [37]

Thrive at Work West of England is a collaboration created to provide small to medium enterprises (SMEs) with tools and training resources for the management of mental health and wellbeing at work. The overall aim is to embed good mental health practice in businesses and support employees.

Support was coordinated by a Covid-19 Mental Health and Wellbeing Workforce group – a partnership between local authorities, the combined authority, Business West, Federation of Small Business, Mind and organisations in the Thrive at Work regional network.

Resources and training include webinars, advice and guidance, and peer support for business leaders, managers and staff. In each organisation, a mental health champion played a key role in driving the mental health awareness agenda forward.

The evaluation of the programme found that:

- Managers felt better equipped to communicate about mental health more openly and more confident to offer support to staff

- Some employees noticed positive changes in manager behaviour

Steps were taken to formalise and embed learning from the training through new policies and procedures including the content of one-to-one meetings, peer support mechanisms and provision of occupational health support

Charters and accreditations

Charters and accreditations are an increasing feature of the employment landscape as a tool to change employer behaviour. This includes central government schemes such as Disability Confident, devolved government schemes such as the Welsh Government's Healthy Working Wales, and schemes set up by charities such as MIND's Workplace Wellbeing Index. Combined Authorities are playing a leading role in the development and implementation of charters informed by early adoption in Manchester and London of the Good Employment Charter and the Good Work Standard.38

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[37] Walker, S. and Wilson, S. (2022) Evaluation of Thrive at Work West of England programme. Institute for Employment Studies.
[38] Dickinson, P., Erickson, E. and Sarter, E.K. (2023) The role and impact of employment charters and procurement by subnational authorities to achieve good work standards. The University of Warwick.

Greater Manchester Good Employment Charter [39]

The Charter was proposed as part of Andy Burnham's 2017 manifesto and launched in 2020 following a period of consultation. It includes seven dimensions of good employment:

- secure work

- flexible work

- pay

- engagement and voice

- recruitment

- people management

- health and well-being

There are two tiers of membership: supporters and members. Greater Manchester Combined Authority report that there are more than 1500 employers in the process of becoming supporters, more than 600 supporters and more than 150 members.

An evaluation of the charter conducted in 2022 found that the majority of employees in supporter or member organisations surveyed experienced high levels of satisfaction across the dimensions of the charter, and that organisations were committed to strengthening their good practice. However, the evaluation acknowledges that this is to be expected given that these organisations have committed to these values. It is therefore not possible to assess the impact of the charter on changing employer behaviour.

Such schemes are intended to better equip employers to improve job quality as well as incentivise them to take action. The suggestion is that charters can make employers more attractive to potential employees and customers, as well as other stakeholders such as buyers. The current focus is on soft incentives although, as demonstrated in London and Manchester, there is potential for accreditation to link to harder incentives such as access to procurement.

Dickinson's summary of the charters developed by MCAs show that they vary based on local need and local consultation. Evidence from the Work Foundation suggests

[39] Crozier, S. (2022) Evaluation of the Greater Manchester Good Employment Charter. Manchester Metropolitan University.

that charters and accreditations should be developed locally in response to local needs and that a national scheme is unlikely to be successful.[40]

There is then a clear role for local authorities in developing and implementing accreditation schemes and for MCAs and devolved governments in coordinating these schemes across local areas. Local authorities can access extensive and useful guidance on how to set up a workplace accreditation scheme [41] as well as advice on the features to include in a scheme.[42] However, there is very limited evidence of the impact of these schemes on employer behaviour, and whether they contribute to healthier work. As these charters continue to be developed, a priority must be to embed evaluation in their implementation.

Active labour market policies

The commissioning and delivery of employment support programmes are a key lever for local governments in supporting residents to find and keep work. However, the effectiveness of these programmes as a way to engage employers in healthy work is less clear. Features such as the provision of in-work support, a focus on changing employer behaviour as well as matching individuals to jobs, and an emphasis on partnership working are associated with supporting people into sustainable employment which may correlate with healthier work.[43]

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[40] The Work Foundation (2019) Workplace health interventions and accreditation schemes - A rapid evidence review and global mapping exercise. Public Health England.
Dickinson, P., Erickson, E. and Sarter, E.K., (2023) The role and impact of employment charters and procurement by subnational authorities to achieve good work standards
[41] Public Health England. (2019) Local healthy workplace accreditation guidance. Gov.Uk.
[42] El-Osta, A., et al. (2024) Workplace Health Promotion 'Best Buys': a scoping review of workplace health initiatives in the United Kingdom. Research Square Platform LLC.
[43] Paper 1 in this series includes a more in-depth discussion of employment support programmes.

Thrive into Work

West Midlands Combined Authority (MCA) has delivered Thrive into Work since 2016 as part of a trial led by the Work and Health Unit. The employment support programme follows an Individual Placement and Support (IPS) model offering integrated health and wellbeing support, a focus on the right job rather than just any job, and support for employers. The success of the pilot in helping people find good jobs meant that WMCA were awarded further funding to further test the IPS model.

An evaluation of Health led Trials found that the programme was successful in supporting people to find work. However, there was less evidence that it was successful in changing employer behaviour and attitudes so they were more confident in supporting ill or disabled staff.[44]

Thrive into Work forms part of WMCA's commitment to address health and wellbeing inequalities across the region. This also includes Thrive at Work, which supports employers to create healthier workplaces.[45]

Enforcement

Local government responsibility for public health enforcement activity such as workplace health and safety varies across the UK. The Welsh, Scottish and Northern Ireland governments retain responsibility for public health functions to a greater or lesser extent while local authorities have more regulatory responsibilities in England.

However, it is important to note the budgetary restrictions that limit local authorities' enforcement activities. Research from the Health Foundation found that public health grants in England have experienced a real time cut of 28% per person from 2015/16 to 2024.[46] This has a particular impact on workplace health and safety as local authority budgets are not ringfenced. An APPG report 2018 found a 64% decline in enforcement notices between 2010/11 and 2016/7. [47]

Local governments work in partnership with regulatory agencies like the Health and Safety Executive to ensure that employers abide by their legal regulations. By building strong relationships and working closely with these agencies, councils can maximise the impact of their regulatory function and promote healthier work in communities.

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44 Elmore, J., et al. (2023) Health-led Employment Trials: Theory based evaluation. Work and Health Unit, London.
45 West Midlands Combined Authority. (2020) Health of the Region 2020. West Midlands Combined Authority.
46 Finch, D. (2024) Investing in the public health grant: What it is and why greater investment is needed. The Health Foundation.
47All-Party Parliamentary Group on Occupational Safety and Health. (2018) Local authorities and health and safety. TUC.

Key agencies for local engagement include the Employment Agency Standards Inspectorate, the Gangmasters and Labour Abuse Authority and HMRC's National Minimum Wage Team. Local authorities can work with these organisations to map high risk sectors and organisations, as well as raise local awareness among both employers and workers of employment rights.

A key area for local authorities to consider is wellbeing and mental health at work. The historic focus on physical threats to health and safety in legislation has meant employers are less likely to consider their responsibility to protect the mental health of their staff, and psychosocial working conditions are often neglected. Local governments could, therefore, make efforts to encourage adoption of regulatory guidelines among local businesses such as NICE guidelines on promoting wellbeing at work, and HSE stress management standards.

Mental wellbeing at work NICE guidelines[48]

These guidelines include evidence based recommendations for how to create the right conditions for mental wellbeing at work. This includes guidance on ensuring that:

- workplaces are fairer and more inclusive for all staff, with a clear commitment to promoting mental wellbeing

- organisations create a culture that encourages open conversations about mental wellbeing

- employers work with staff to tackle sources of stress at work

- line managers get better training and support to improve staff wellbeing
staff who are affected by poor mental health get greater support and flexibility.

Positive procurement

A significant tool that local government can use to promote healthy work is through positive procurement practice. Social procurement has a longstanding basis. A report by the European Commission in 2011 found that almost half (45%) of public sector authorities it surveyed used some form of social procurement, with job opportunities and job quality the two most common aims.[49] In the UK, the introduction of the Social Value Act in 2013 required commissioners of public services to think about how they can also secure wider social, economic and environmental benefits, however its application has varied particularly in relation to worker health.[50]

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[48] National Institute for Health and Care Excellence. Mental wellbeing at work. NICE.
[49] Schulten, T. et al (2012) Pay and other social clauses in European public procurement. European Federation of Public Service Unions (EPSU).
[50] Cabinet Office. (2021) Social Value Act: information and resources. GOV.UK.

A Public Health report from 2016 clearly sets out how the Act can be used to reduce health inequalities and identifies that local authorities have typically taken a lead role in using commissioning to improve their residents' health.[51] However, a recent review of local authorities' procurement strategies and documents finds that local authorities are not consistent in applying the dimensions of good work. Of the 28 local authorities reviewed, 19 mentioned at least one of the dimensions of good work but none included all of them. Some dimensions (pay and benefits, job design and the nature of work, employee voice, and contracts) were generally well defined and specified. However, others including health and wellbeing were not consistently applied. This seems likely to reduce the impact of positive procurement on healthy work. There may therefore be further opportunity to align procurement criteria with the dimensions of healthy work.

There are also no impact evaluations available on the effects of social procurement. This means that while there are a growing number of local and combined authorities using positive procurement practices, there is much less evidence of whether and how they work.[52] Interviewees in Dickinson's research stated that they believed procurement was having a positive impact, but the evidence was anecdotal, and evaluation was generally not built into procurement strategies.

Fair work principles in procurement

The Scottish Government has developed Fair Work First guidance which sets out criteria for good quality jobs such as fair pay, flexible and family friendly working, and investment in workforce development. These Fair Work principles are embedded in the procurement process as compulsory requirements or with performance assessed against these objectives in the scoring system. Private sector employers therefore benefit from adhering to Fair Work principles, because this increases their chances of securing revenue from Scottish Government contracts. By December 2022 £4 billion of public funding had been awarded under the Fair Work since 2019. However, research suggests that the principles have not always been effectively applied as part of the bidding process and further tightening of the guidance is needed.[53]

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[51] Allen, M. and Allen, J. (2015) Using the Social Value Act to reduce health inequalities in England through action on the social determinants of health. Public Health England and UCL Institute of Health Equity.

[52] Dickinson, P., Erickson, E. and Sarter, E.K. (2023) The role and impact of employment charters and procurement by subnational authorities to achieve good work standards. The University of Warwick.

[53] Scottish Government. (2022) Fair Work action plan: becoming a leading Fair Work nation by 2025. Scottish Government.

Informing residents and building partnerships

Local governments have the ability to communicate directly with their residents about healthy work, which could include, raising awareness around the health impacts of poor-quality work, such as insecure and precarious working, and the rights of workers and support available. This should be done in conjunction with information and advice about how to progress into healthier jobs.

Leicester Labour Market Partnership [54]

Leicester Labour Market Partnership aims to promote the highest standards of employment within the local textile industry. It works with a range of partners – including the local authority, Citizens Advice, HMRC and Leicestershire Police - to promote good jobs for local residents so that they can lead productive lives. Their three main objectives are:

- To promote and encourage compliance by addressing concerns around labour exploitation and modern slavery.
- To ensure that communities and employees are fully aware of their rights and how to seek support if needed.
- To ensure that the sector is supported to develop skills and processes to ensure its sustainability.

They take a joined-up approach, working with their partners to tackle any concerns or issues in the sector and run initiatives to improve practices. Examples include:

- Running a webinar and events programme for textiles businesses around ethical and legal compliance
- Investing in the local authority's Fashion Technology Academy that offers apprenticeships and accredited training for people who already work or want to work in the textiles industry

Engaging with over 200 textiles businesses to provide free, impartial advice and enabling access to business grants

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Local governments need to understand the risks faced by local residents based on the major employers and sectors of a region. This means that action can be targeted at specific unhealthy industries and jobs within a region, or populations who may be more at risk such as younger workers or people from ethnic minorities. Working in collaboration with other actors such as trade unions, faith groups and the voluntary

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[54] Leicester City Council. Leicester Labour Market Partnership (Textile) Review.

sector can help to inform residents of their rights and tackle employment rights abuses.

There are some examples of effective partnerships targeted at particular sectors, notably those which can be high risk to employees. There is also evidence of local authorities supplying workplace advice and guidance to residents, for example Newham's employment rights hub.[55] However, wider communication around workplace health targeted at employees, workers or the self-employed rather than employers appears to be relatively limited. This is notably different in comparison to campaigns around statutory public health functions such as smoking cessation or sexual health. This again highlights how budgetary constraints limit action on creating healthier work.[56]

Night Club [57]

[Night Club](#) is an award-winning initiative that brings sleep experts into the workplace to help workers and employers create a better and healthier experience of working at night. The programme was designed in close partnership with nighttime workers themselves.

Sleep experts work with individuals and organisations to offer advice on interventions people can make to improve the quality and duration of their sleep.

The intervention focuses on diet and exercise, sleep environment and sleep hygiene, mental health, understanding chronotype and the role of light. They tailor their support offer to meet the needs of each organisation they work with. They also offer a Sleep Champions programme – where volunteer employees get trained to support their peers with issues around sleep. They have also designed a specific intervention for the NHS.

Night Club is an initiative led by The Liminal Space, developed with support from Impact on Urban Health, Wellcome Trust, Oxford University's Sleep and Circadian Neuroscience Institute and Co-op.

Self-employed residents are a group that may need particular local authority support to achieve healthier working lives, as they do not have an employer to provide support and guidance. However, there is little evidence of local government support for their health and wellbeing. Where guidance exists, it tends to focus on the administrative and financial practicalities of self-employment. Equally support offered through business support hubs targets those starting/growing businesses with employees

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[55] Newham London. [Employment Rights Hub](#).
[56] This was informed by a review of the business growth hubs formerly supported by Local Economic Partnerships and a selected review of local authority websites.
[57] [night-club.org](#)

rather than the self-employed.[58] Some employment support programmes such as the Wales In-work Support Service provide support to self-employed people who are experiencing health challenges.[59] Further expansion of employment support programmes to meet the needs of self-employed people is one potential way to improve the health and wellbeing of this potentially underserved group.

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[58] The Association of Independent Professionals and the Self-Employed (IPSE), a membership organisation provides health and well-being advice and guidance to the self-employed but is not connected with local government https://www.ipse.co.uk/

[59] Learning & Work Institute. (2023) Evaluation of Welsh Government in work support service Welsh Government. L&W: Cardiff.

Building local healthy work agendas

Action at the local level is essential if we are to create healthier working lives across the UK. Local governments understand their residents and their local economies and, through work with employers, partners and residents, can target support where it is needed. There are many examples of local governments doing valuable work across procurement, enforcement, leadership, campaigning, and guidance. However, the impact of their work is limited by a lack of funding, fragmentation, multiple overlapping initiatives, and a lack of robust evidence.

Ultimately, devolved national, regional, and local governments should lead on implementing an agenda of healthy work in their geographies. This is dependent on them being given the powers and resources to prioritise, coordinate and streamline a more effective system for all. The mechanisms of devolution are complex and outside the scope of this paper. However, we suggest following the principle of subsidiarity; where action is coordinated and delivered at the most local level possible.

It is also important to consider the financial implications of devolving responsibility for an agenda of healthy work. Local authority budgets are severely constrained which limits their coordinating powers, and many of their programmes are delivered through short term funding pots which lessen the potential for sustained change. These challenges would need to be addressed in order to support local action to improve healthy work.

There is no single set of policies, or single method of their implementation, which will work for each area in the UK. Different local contexts such as political structures, industry, economy and demographics will require different approaches from local actors. The development of coherent and comprehensive local plans is therefore a vital step in improving work and health. In developing local plans, local authorities need to use all the levers they have to change behaviours and practices. They also need the coordinating powers and reach of MCAs in England and devolved governments in Scotland, Northern Ireland and Wales.

There is already a substantial body of work on how to set up workplace charters, anchor networks (as highlighted in Chapter 3), and inclusive growth strategies.[60] We therefore focus on the importance of adapting a test and learn approach to local action, so we can better understand what works across different geographies to support healthy work. The new government's proposals for work, skills and health plan provide an opportunity for local areas to focus on work and health. Our suggestions for a local action plan consider how this could be successfully implemented.

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[60] Public Health England. (2021) Inclusive and sustainable economies: leaving no-one behind: Local Government Association 2020 Building more inclusive economies. GOV.UK.

Below is a suggested checklist aimed at local authorities looking to implement an effective Local Action Plan for Healthy work.

Local action plans effectively designed, delivered and evaluated across local authorities could form the start of a locally led healthy work agenda. This could have tangible, measurable impacts across the UK, with a clear focus for employers and residents so they can understand what healthy work is, how it benefits them, and how to achieve it in their organisations and their lives.

Step	Objective	Actions
1	Developing a detailed understanding of your local area.	- Consider: - current and future sectors - occupations and employer types - quality of work - levels of economic inactivity - health needs - inequalities and demographics - Conduct a healthy work audit. An example this could be based on is here
2	Having good understanding of the current situation, future projections and your priorities for change	- Work in collaboration with key local stakeholders as well as those with lived experience of the issues being addressed - Link to wider local economic and skills strategies - Work with your regional Combined Authority and link into their existing skills, employment, healthier communities and business support strategies and activities
3	Implementing a systems wide approach (bringing together action across enforcement, procurement, charters, active labour market policies, and industrial strategies)	Try linking accreditation schemes with procurement as this is more likely to have an impact than softer incentives such as reputation building
4	Employer engagement	Consider how to segment by employer type to reach SMEs and micro employers

		▪ Act as an exemplar employer and encourage others to do the same
5	Equity and inclusion	▪ Address any issues of equity and inclusion, protected characteristics, regional inequality and sectoral challenges
6	Promoting healthy working lives to residents	▪ Link with campaigns to stop smoking or increase healthy eating ▪ Consider at-risk sectors, occupations and populations in your local area ▪ Consider support for self-employed people
7	Having consistent principles	▪ Embed the dimensions of job quality in relation to healthy work across all aspects of a local plan

8	Measuring success	▪ Adopt a test and learn approach that includes:
		  o Collecting systematic evidence
		  o Commissioning and publishing robust evaluations

Appendix 1

Dimensions of Healthy Work
Terms of employment

Insecure work

Terms of employment that have a significant impact on health outcomes include underemployment, minimum guaranteed hours and insecure employment. Those who are unemployed, or not working as many hours as they would like, experience underemployment. Insecure employment can include self-employment, temporary contracts and zero-hours contracts. These terms of employment can have many effects on workers' health, from stress and anxiety over future employment to insufficient pay due to underemployment. People with low job security are more likely to describe their health as poor than other employees.[61]

Significantly, an insecure job can pose a similar threat to health as unemployment.[62] The threat of job and income loss experienced by those in insecure work is particularly detrimental to health, with studies finding that the anticipation of a potential job loss is similarly associated with similar levels of worse health as the actual experience of unemployment.[63]

It is important to remember that some people may choose jobs that could be described as insecure, such as self-employment or temporary contracts, because the associated flexibility of such roles best suits their lives. However, for some, jobs with insecure terms of employment are the only option available. In this context, these jobs are poor quality, as those taking them have no choice but to accept the persistent threat of either losing their job or not receiving enough work.

In addition, jobs with insecure terms of employment are often of poor quality in other ways. About one in five workers in the UK experience multiple forms of insecurity in combination.[64] Research from the Living Wage Foundation has shown that half of low-

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[61] Health Foundation (2024) Job quality: how does work affect our health?. The Health Foundation.
[62] Jun Kim, T. and von dem Knesebeck, O. (2015) 'Is an insecure job better for health than having no job at all? A systematic review of studies investigating the health-related risks of both job insecurity and unemployment'. BMC Public Health.
[63] Jun Kim, T. and von dem Knesebeck, O. (2015) 'Is an insecure job better for health than having no job at all? A systematic review of studies investigating the health-related risks of both job insecurity and unemployment'. BMC Public Health.
[64]Florisson, R. (2022) The UK insecure work index: two decades of insecurity, The Work Foundation: Lancaster University.

paid workers are given less than a week's notice of their shifts, while 21% have had their shifts cancelled unexpectedly.[65]

Insecure work is becoming increasingly common with the rise of the gig economy and associated changes to the labour market. The Work Foundation reported that in 2021 an estimated 6.2 million workers (19.8 of the UK labour market) experienced severely insecure work.[66]

Flexible work
In contrast to zero hours contracts, flexible work can have positive benefits on worker health. This can include compressed hours, flexible working hours and flexible locations. Research from the US has shown that flexible working can reduce a person's risk of having a heart attack or stroke. Having a better work-life balance is so beneficial to health that some employees who work flexibly end up with heart health equivalent to what they had 10 years earlier.67

Pay and benefits
Pay and benefits are linked to health, as income inequalities drive health inequalities through material disparity as well as financial stress and dissatisfaction. At the most fundamental level, work should be a way out of poverty, allowing individuals and their families to afford food, fuel and housing. However, there is substantial material deprivation among the lowest paid workers in the UK. In-work poverty has been on the rise for the last two decades, with a current poverty rate for working people of 11%, meaning one in nine working people are living below the poverty line.[68] For people in work living under the poverty line, their insufficient wages are directly correlated with reductions in long-term health outcomes and life expectancy.

As well as the physical impacts of deprivation, living on a low income is associated with a greater risk of poor mental health.[69] For households experiencing debt problems and other financial difficulties, there is an inevitable impact on happiness and mental health. A report from the Living Wage Foundation found that 46% of people working full-time but being paid less than the real Living Wage felt their pay negatively affected their levels of anxiety.[70]

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[65] Living Wage Foundation. (2022) 'Almost one-third of working adults given less than a week's notice of working hours'. Living Wage Foundation.
[66]Florisson, R. (2022) The UK insecure work index: two decades of insecurity, The Work Foundation: Lancaster University
[67] Brownstein, M. (2023) Benefits of work-life balance extend to heart health, study suggests. The Harvard Gazette.
[68] Joseph Rowntree Foundation. (2023) Employers and the cost of living: taking action to support your employees. JRF.
[69] Public Health England. (2014) Local action on health inequalities: health inequalities and the living wage. PHE.
[70] Richardson, R. (2022) Life on low pay 2022. Living Wage Foundation.

Health, safety and psychological wellbeing

Working conditions can have a direct impact on an employee's physical or psychological health and wellbeing. It is well established that working conditions can pose physical threats to health, such as exposure to solvents, pesticides, asbestos, noise, radiation, vibration and heavy lifting. These threats can cause a range of diseases. A historic focus on hazards in agricultural and industrial workplaces have led to improved regulation and safety measures, which have helped to improve rates of injury and illness in these contexts. While there are still many jobs that pose such threats to workers' health, more people today are facing physical hazards related to prolonged sitting and working with screens. In England, 17% of the adult population report suffering from a musculoskeletal (MSK) condition.[71]

Work can also cause mental health issues, most often anxiety and depression. Of the 1.8 million working people suffering from a work-related illness in Great Britain, just under half (875,000) are suffering from work-related stress, depression or anxiety.[72] These conditions can lead to other health problems, as stress and other mental health issues are linked to the use of negative coping mechanisms including tobacco, recreational drugs and alcohol.

The impacts of work on mental health are often unequal, as there are disproportionate effects on some groups. Young people are twice as likely to suffer from depression compared to other age groups in the workplace.[73]

Job design and nature of work

Elements of job design that can affect a person's health include the use of skills, opportunities for progression, control over one's work and a sense of purpose.

Control over the way you are able to do your job, including both the way in which work is completed and the schedule by which it is performed, is also an important factor in health and wellbeing. Studies have found that employees with higher levels of autonomy in their work report positive effects on their overall well-being and higher levels of job satisfaction.[74]

Progression is vital for good, healthy work, improving employee satisfaction and wellbeing as well as allowing people to access higher quality work. However, the Centre for Social Justice has found that while three in ten of the general public expect to progress at work and receive a pay rise in the next year, among the most deprived

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[71] Office for Health Improvement and Disparities. (2024) Public health profiles.

[72] Health and Safety Executive. (2023) Health and safety at work: summary statistics for Great Britain 2023. Gov.UK.

[73] Deloitte. (2020) Mental health and employers: refreshing the case for investment. Deloitte.

[74] Wheatley, D. (2017) Autonomy in paid word and employee subjective well-being. Work and Occupations.

this fell to 1.5 in 10. Just over one in ten of the most deprived also felt it was either likely or very likely that they would not progress and see their pay fall.[75]

Job design is also important to feeling a sense of purpose, and that one's job is meaningful. The effects of a lack of purpose, and associated disengagement, on health are evident. 54% of actively disengaged employees say their work lives are having a negative effect on their physical health, versus 12 per cent of the engaged.[76] The role that job design and satisfaction plays in health cannot be understated. There are a higher proportion of workers with low job satisfaction reporting poor or fair health (24.1%) than workers with low pay (14.5%).[77] It is also a deteriorating situation. The CIPD's UK Working Lives survey showed a significant adverse shift in work attitudes - that, in the past four years, UK workers have become more likely to think that work is purely transactional – just for the money and nothing else. They are less enthused about work and less likely to say they think their work is useful. All these elements are vital for meaningful work, and a sense of purpose.

Social support and cohesion

Relationships at work, with both line managers and wider teams of colleagues, can have a material impact on health. It is well established that social contact with others is important for our health and wellbeing. Studies have found that the strength of a person's social circle—as measured by inbound and outbound mobile phone activity— is a better predictor of self-reported stress, happiness and well-being levels than fitness tracker data on physical activity, heart rate and sleep.[78] Conversely, loneliness is linked to poor mental and physical health, increasing the risk of early mortality by 26 per cent.[79] Being in good work should protect people from loneliness, as relationships at work are often an important source of social interaction and human connection. However, research from the Red Cross has found that around one in ten workers (10-11 per cent) often feel lonely at work, while nearly half (43-45 per cent) of workers experience aspects of loneliness at work some of the time.[80]

Relationships can also affect health in their nature and quality, as conflict at work has been identified as a source of psychological stress which can cause ill health. Concerningly, the majority of UK employees report that their working relationships are not supportive. Analysis from Family Links and IPPR has found that less than half of

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[75] Centre for Social Justice. (2023) Two Nations: the state of poverty in the UK, an interim report on the state of the nation. The Centre for Social Justice.

[76] MacLeod, D. and Clarke, N. (2009) Engaging for success: Enhancing performance through employee engagement. Engaging for Success.

[77] Centre for Social Justice. (2023) Two Nations: the state of poverty in the UK, an interim report on the state of the nation. The Centre for Social Justice.

[78] Lin, S. et al L (2019) Social network structure is predictive of health and wellness, PLoS ONE.

[79] Holt-Lunstad J., et al. (2015) Loneliness and social isolation as risk factors for mortality: a meta-analytic review. Perspectives on Psychological Science.

[80] British Red Cross. (2023) Loneliness at work: report for the All-Party Parliamentary Group on Tackling Loneliness and Connected Communities. The British Red Cross.

employees in the UK feel that they get help and support from their colleagues when needed.[81]

Effective leadership and good relationships between line managers and their employees are also vital for employee health. Management can play an essential role in supporting employee health and wellbeing, and support from line managers can help prevent health issues like stress and burnout. Research by the CIPD has found that half of employees with poor quality managers thought work had a negative, or very negative, impact on their mental health.[82]

Voice and representation

Key to employee health is trust between employees, managers, and the organisation. Pivotal to trust is the involvement of employees in decision-making through effective voice in representation, meaning employees are both involved in decisions and informed about any changes in the workplace. It is vital that employees are able to convey their views to senior managers. This can have multiple positive effects on health, as effective employee voice can drive positive change in the workplace while also helping workers see their job and employer more favourably.

Workers who either have no voice at work, or feel their views are not listened to, are unlikely to be content with their job. However, one in five workers do not have a channel through which they can express their views.[83] Workers who experience 'organisational injustice' – where decision-making processes and treatment of employees are perceived to be unfair – have been shown to experience poorer health outcomes.[84]

Trade unions are the primary institution through which workers achieve better pay and working conditions. Both income and quality of work are understood to be the most important determinants of workplace health, and trade unions should therefore be recognised as critical to improving workplace health.[85] Employers should, therefore, actively encourage the development of staff associations and trade union membership. This should involve the recognition of unions and constructive, meaningful engagement with associations and unions. However, fewer than one in five UK workers think their management is favourable to union membership,[86]

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[81] IPPR. (2018) Family Links. Emotional health at work: why it matters and how you can support it. IPPR
[82] CIPD. (2023) The importance of people management: analysis of its impact on employees. Chartered Institute of Personnel and Development.
[83] CIPD. (2023) The importance of people management: analysis of its impact on employees. Chartered Institute of Personnel and Development.
[84] Public Health England. (2014) Local action on health inequalities: increasing employment opportunities and improving workplace health. PHE.
[85] Patel. P, Carsten. J, A. (2022) Healthy Labour Market. Creating a Post-Pandemic World of Healthier Work. IPPR.
[86] CIPD. (2023) The importance of people management: analysis of its impact on employees. Chartered Institute of Personnel and Development.

Work-life balance

Work-life balance, including overtime and the inability to reduce hours, can have a markedly negative effect on a worker's health. Overwork and burnout can lead to a range of physical and mental health problems.

Physically overwork has a direct impact on physical health, by increasing stress hormones and their associated effects on health, and an indirect impact through changing behaviour. Those working long hours may be sleeping little, barely exercising, eating unhealthy foods and smoking and drinking to cope.[87] A paper published by the World Health Organization (WHO) and the International Labour Organization (ILO) has suggested that each year, three-quarters of a million people are dying from ischaemic heart disease and stroke, due to working long hours.[88] Similarly, a 2015 study by University College London (UCL) found that those who worked more than 55 hours per week had a 13% greater risk of a heart attack, and were 33% more likely to suffer a stroke, compared with those who worked 35-40 hours per week.[89]

Beyond the physical impacts of overwork, a poor work-life balance can be detrimental to mental health. People working 11 hours or more a day are twice as likely to suffer from major depression as those working a standard eight-hour day.[90] Long and irregular working hours have also been cited as a key cause of rising suicide rates in the UK.[91]

This is particularly concerning amidst a growing intensification of work across the country. Polling from the TUC has found that one in two workers feel that work is getting more intense and demanding, while three in five say they feel exhausted at the end of most working days.[92]

While technology does bring many benefits to employers and employees it is also a major factor in work intensification. Computer usage of tools such as calendars, emails and task lists can increase productivity but can also lead to people taking insufficient breaks. Workforce data and algorithmic management can lead to the setting of unrealistic and unsustainable targets, pressure from customer ratings, real-time evaluations of performance, workplace monitoring and surveillance, automated

[87] Ro C. (2021) 'How overwork is literally killing us'. BBC Worklife.
[88] F Pega., et al (2021) Global, regional, and national burdens of ischemic heart disease and stroke attributable to exposure to long working hours for 194 countries, 2000–2016: A systematic analysis from the WHO/ILO Joint Estimates of the Work-related Burden of Disease and Injury. Environment International
[89] M Kivimäki., et al (2015) Long working hours and risk of coronary heart disease and stroke: a systematic review and meta-analysis of published and unpublished data for 603 838 individuals. The Lance.
[90] Virtanen M. et al. (2012) Overtime Work as a Predictor of Major Depressive Episode: A 5-Year Follow-Up of the Whitehall II Study. PLoS ONE.
[91] Waters, S. and Palmer, H. (2021) Work-related suicide: a qualitative analysis of recent cases with recommendations for reform. University of Leeds.
[92] TUC. (2023) Work intensification.

decision-making and constantly being connected. All of which add to pressure, loss of ability to switch off and encroachment on people's private lives.[93]

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[93] TUC (2023) Work intensification.