Tackling Health Related Worklessness

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synthesis

bringing together policy, evidence and intelligence

KEY Messages

- Being out of work is a major risk to health. It is associated with increased incidence of depression, anxiety, mortality and suicide. Health can deteriorate significantly the longer someone is out of work.
- The Government's recent *Improving Health and Work: Changing Lives* strategy aims to ensure that more people of working age are in meaningful and well paid work, since this can contribute to better health outcomes and reduced health inequalities.
- There are just over four million working age individuals across the North West and 13.1% are currently out of work and claiming the main out of work benefits: Jobseeker's Allowance (JSA) or Incapacity Benefit (IB)/Severe Disablement Allowance (SDA). Individuals who are claiming IB/SDA due to ill health or a disability account for one in 11of the working age population.
- The North West currently has the second highest rate of IB/SDA claimants nationally, and three local authorities in the region have twice as many claimants as the England average. A few lower super output areas (LSOAs) in the North West have at least four times more IB/SDA claimants than the national average.
- Six out of ten IB/SDA claimants across England and the North West have claimed the benefit for five years or more. Mental and behavioural disorders are the most common reason why individuals claim IB/SDA in the North West, followed by disorders of the musculoskeletal system. Three-fifths of those claiming IB/SDA due to mental and behavioural disorders are claiming the benefit for a main medical reason of depression or anxiety.
- At least half of IB/SDA claimants nationally have some connection to paid work prior to claiming benefit, but this work was generally low paid and low skilled.
- Alongside IB/SDA claimants, growing numbers of working age individuals are now unemployed and claiming benefits such as JSA. This is likely to include previous claimants of IB/SDA, as well as individuals who were in work prior to their claim but who lost their job as a result of the current economic recession.
- Employers, especially the NHS, have a critical role in tackling worklessness, especially where it is health related. This includes increasing the employment and training opportunities available to the long-term out of work and providing better early intervention and job retention services for the working age population who are in work.

1. INTRODUCTION

The health of the working age population who are out of work forms the focus of this report as this is a current regional and national priority for the NHS and other organisations. This report builds upon the North West Public Health Observatory's (NWPHO) previous *How Working Life Influences our Health*[1] synthesis report. It brings together relevant policy, evidence and intelligence to highlight the scale of ill health preventing people from working, as well as policy and examples of best practice interventions for preparing the out of work for employment.

A second report focussing on the health and wellbeing of the working age population who are in work will follow. This report will cover issues such as sickness absence and workplace interventions to support employees who become ill, and best practice in promoting wellness at work.

Together, these reports will provide a baseline and source of reference about the health and wellbeing needs of the working age population, helping to inform and support a range of regional and local functions including the development of Joint Strategic Needs Assessments (JSNAs) and related Local Area Agreements (LAAs).

A glossary of terms and appendix containing definitions and data sources can be found at the back of this report.

Work and health

Being out of work can be detrimental to both physical and mental health.[2] In contrast, being in work can have many positive impacts upon wellbeing,[3] while also helping to reduce health inequalities.[4,5] However, being in a job does not guarantee a route out of poverty. Nationally, tackling 'in-work' poverty is a current priority, particularly among the working age population with dependent children, to help break cycles of deprivation.[6] For example, in the UK there is evidence that children living in poverty at the age of 16 are more likely to remain in poverty in their 30s and be poorly educated, unemployed and a single parent.[7] Specifically in terms of health, poverty in childhood has been associated with low birth weight, chronic illness, a greater incidence of mental disorders among young people and poor educational attainment; and in later life, a greater likelihood of life-limiting illness or death from heart disease.[5]

Therefore, while it is important to get people into work, the nature of the work undertaken is also relevant. Evidence suggests that having a 'good' job leads to better health, higher life expectancy and greater life chances than a 'bad' one.[8] 'Good' work is characterised by a number of features including employment security, work that is not characterised by monotony and repetition, and a balance between the efforts workers make and the rewards that they receive.[8] Health also differs significantly by socio-economic position. For example, lower ranking middle-class office workers suffer from worse health than their higher ranking counterparts.[9]

Work is therefore an important issue among public health professionals, both as a means of improving population health,[2] and as part of achieving the Government's ambition of an 80% employment rate and an end to child poverty by 2020.[8] Health professionals need not only to be concerned with whether the working age population are in jobs, but also the extent to which work, and the workplace, affects health and wellbeing outcomes.

Current statistics make a strong case for improving and protecting the health of the working age population. Around 1.95 million people of working age across England are claiming Incapacity Benefit (IB) or Severe Disablement Allowance (SDA), with 367,420 individuals claiming the benefit across the North West (8.7% of the region's working age population). Nationally, a third of new claimants suffer

primarily with mental (as opposed to physical) ill health compared with one-fifth in the mid-1990s.[10] This is also currently the most common reason for claiming IB/SDA across the North West. In addition, some six million UK adults who are in work say that they have a longstanding health condition.[15] This is set in the context of increasing unemployment and decreasing job vacancies. In the North West, unemployment (in the three months to January 2009) rose to around 262,000 people or 7.7% of the working age population.[11] The proportion of unemployed young people aged 18-24 years in the UK who have been unemployed for more than 12 months also rose to 17.3%.[11]

2. POLICY

Boxes 1 and 2 provide an overview of key national and regional policies and strategies designed to improve the working age population's health and to enable more of the out of work population to get back into employment.

Box 1: National policy and strategy

- **Stepping up to the Challenge** (2009),[12] released in response to Houghton's *Tackling Worklessness Review*,[13] shows how local authorities are developing effective, localised solutions to tackle worklessness using LAAs along with the Working in Neighbourhoods Fund (WNF).
- **Dame Carol Black's Review of the health of Britain's working age population: Working for a healthier tomorrow** (2008)[14] identifies a number of remaining challenges for improving working age population health, including the high socio-economic costs of sickness absence and worklessness, insufficient support for workers in the earliest stages of illness and insufficient links between occupational health and mainstream healthcare.
- **Improving Health and Work: Changing Lives** (2008),[15] released in response to Dame Carol Black's review, builds upon plans identified in *Health, Work and Wellbeing: Caring For Our Future*[4] and centres around creating new aspirations on health and work, improving work and workplaces and supporting people to work. In light of this, a *Mental Health and Employment* strategy is expected later this year (see www.time-to-change.org.uk/node/8526). The *New Horizons – towards a shared vision for mental health*[16] consultation is currently underway to further improve mental health care services. It highlights the importance of employment for promoting mental wellbeing and recovery from mental illness.
- **High Quality Care for All: NHS Next Stage Review** (2008)[17] includes plans to deliver more personalised and preventative services for adults with mental health problems and to "reach out to the most disadvantaged groups" as part of the 'staying healthy' work programme.[(p.18)]
- **Raising Expectations and Increasing Support: Reforming Welfare for The Future** (2008)[18] outlines plans for welfare, including more personalised services and greater support so that "nearly everyone is preparing or looking for work". It includes a doubling of the budget for Access To Work (ATW) (available to those people who are unemployed and about to start a job or a work trial, in a paid job or self-employed) and a national Work For Your Benefit scheme, including three pilots in the North West.
- **Public Service Agreement (PSA) Target 16** aims to "Increase the proportion of socially excluded adults in settled accommodation and employment, education or training". It is underpinned by a number of national indicators (NI) which form part of JSNAs and can help to inform LAAs.
  - NI50: Adults receiving secondary mental health services in employment.
  - NI151: Overall employment rate (working age).
  - NI152: Working age people on out of work benefits.
  - NI153: Working age people claiming out of work benefits in the worst performing neighbourhoods.
  - NI173: People falling out of work and on to incapacity benefits.

Full details of the national indicators can be found at:
www.communities.gov.uk/documents/localgovernment/pdf/735112.pdf

Further useful information about national policy, including plans to create a National Centre for Working Age Health and Wellbeing, can be found at: www.workingforhealth.gov.uk

Box 2: Regional policy and strategy

- **The North West Workforce, Education Commissioning and Education and Learning Strategy** (2009),[19] the first of its kind for the North West, supports the Department of Health's (DH) *NHS Next Stage Review*[17] and the regional vision for health and healthcare services outlined in the *Healthier Horizons for the North West strategy*.[20] A key principle is to "support economic and health regeneration across the North West" by reducing worklessness.[19(p.13)]
- **Healthier Horizons for the North West** (2008),[20] informed by the Staying Healthy Clinical Pathway Group, sets out a key aim to deliver preventative primary and secondary services and universal services based upon evidence about what works. It also highlights a commitment to work in partnership to tackle worklessness.
- **Improving the Employment Rates of People Using Secondary Mental Health Services** (2008)[21] focusses upon improving the regional employment rates of adults with mental health problems.
- **The North West Worklessness Framework** (2007)[22] was designed to enhance the coordination and impact of partnership approaches to tackling worklessness regionally.
- **The North West Regional Workplace Health Strategy** (2007)[23] views workplace health along a 'continuum' of many different intervention points to improve or promote working age health and wellbeing.
- **The Regional Economic Strategy** (2006)[24] includes plans to tackle IB/SDA and to provide improved support for individuals with the lowest employment rates in the North West, including people with disabilities, individuals from Black and Minority Ethnic (BME) communities, lone parents, ex-offenders, the over 50s and people with mental disorders.

3. EVIDENCE

The relationship between health and being out of work is complex. However, a vast amount of research shows that unemployment leads to poor health outcomes. The *Health and Labour Market Disadvantage*[25] review found a range of evidence for greater ill health and excess mortality in both men and women who were unemployed, with unemployment having greater effects upon a person's psychological (as opposed to physical) health. A recent synthesis of evidence highlighted a positive relationship between unemployment and suicide, with employment appearing to reduce these effects.[1]

There is some evidence that long-term unemployment is more detrimental to psychological ill health among young people compared with adults, even after controlling for potential confounding factors.[26] In addition, there are differences in health by duration of unemployment and gender. For example, one study found short-term unemployment had a significant, negative effect on health for men and no significant effect for women.[27] Long-term unemployment, however, had a significant, negative effect for both sexes, with re-employment also having a significant, positive effect for both, regardless of length of time unemployed.[27]

Further key impacts of unemployment on an individual's wellbeing are said to be loss of income, self-respect and sense of self.[28] However, it is also argued that the negative health impacts of worklessness could now be less significant in communities or families where not having formal employment is considered 'the norm' and part of an individual's personal identity.[29]

Given the wealth of evidence linking being out of work with poor health outcomes, what difference could being in work mean for our health and wellbeing? An extensive review of evidence[3] to inform the *Health, Work and Wellbeing*[4] strategy shows that work is generally beneficial for people's health (including healthy working age adults, most people with common mental health conditions, many disabled people and the benefit claiming population). However, the quality of employment and the social context must be considered.[3] For example, the 2008 *Good Work*[8] report stated that conditions of employment such as job security, job control and working relations all have a significant influence on health. Income levels and 'income inequality' are particularly associated with unequal life expectancy and incidence of illness.[8] For example, one study found that risk of a depressive or anxiety disorder was 2.8 times higher among low income men compared with high income men and twice as high among low income women than high income women.[30]

Scale of worklessness and job availability

The latest data show that there are around 3.3 million UK households where no one of working age is in a job, amounting to one out of every six households that has a least one working age individual.[31] This is the highest the figure has been since 1999. In the North West, one in five working age households are workless, the third highest regional rate in England.[31]

Worklessness is concentrated among particular neighbourhoods and groups already facing social exclusion and marginalisation, such as lone parents, the poorly qualified, young people and individuals from ethnic minorities.[32] The employment rate of disabled people (including individuals with physical and/or mental health conditions) has risen across Britain in recent years to 48%.[33] Across England, however, it is estimated that only 20% of people with severe mental health problems, who are referred to specialist (secondary) mental health services, are in paid work.[34] A sizeable proportion of such individuals in the North West said that they would like support to find work but do not receive it (including 65% of service users in Lancashire Care NHS Foundation Trust and 63% in Manchester Mental Health and Social Care Trust).[34] Adults with learning disabilities have lower rates of employment still, with an estimated 10% currently in employment.[33]

Some of the latest estimates based upon Jobseeker's Allowance (JSA) claimants suggest that a greater number of people could currently be searching for work than there are jobs available in England and Wales compared with a year ago (in terms of those opportunities advertised via Jobcentres): nearly 7.0 claimants per vacancy now, compared with 2.1 per vacancy previously.[35] There is a large degree of difference by region, with South Wales, London and the North West having particularly high ratios of claimants to job vacancies.[35] A number of areas in Merseyside and Greater Manchester have the highest ratios in the North West region overall (such as Knowsley, with 6.7 claimants per vacancy) and are in the worst 20% of areas nationally.[35]

Incapacity Benefit and Severe Disablement Allowance claimants

A key focus of this evidence section is claimants of the main sickness or disability related benefits: IB and SDA. Although the proportion of individuals claiming IB/SDA has fallen in recent years, such individuals still constitute the largest group of out of work benefit claimants nationally[14] and in the North West (see section 4). The NHS has an important role in helping to reduce such numbers, not only to tackle the economic burden placed upon the Government, but also because a person's health can deteriorate further the longer they remain on benefit.[18,36] It is recognised that despite their health problems, many claimants could be in work with appropriate help and support. It is therefore important to better understand the characteristics of the IB/SDA group to help develop and deliver tailored interventions.

IB/SDA and mental health

Working for a Healthier Tomorrow[14] outlines how claimants for mental health conditions have increased rapidly over the last ten years in Britain, from 26% of all claimants in 1996 to 41% in 2006. This is due to a reduction in the total number of new claimants for other conditions while the number of new claimants with mental health problems has remained static: around 200,000 per year.[14]

Nationally, depression and anxiety or other neuroses are the main types of mental ill health among IB/SDA claimants, with only a small number having schizophrenia or severe learning disabilities.[37] Similarly, a study of Merseyside's IB/SDA claimants found that around half of all claimants for the mental and behavioural disorders category claimed for depression (48.0% compared with 46.8% nationally) followed by other anxiety disorders (13.7% compared with 10.2% nationally).[38] It is suggested that the proportion of IB/SDA claimants with mental health and behavioural disorders could be up to 10% higher if those who cite mental ill health as their secondary condition are also included in this definition

(whether the problem was pre-existing or developed during their time on benefit).[39] Positive mental health is shown to be important in providing resilience against poor health and can account for differences in physical health outcomes.[40]

Younger IB/SDA claimants are more likely than older claimants to claim IB/SDA for mental health reasons. One study of existing longer term IB/SDA claimants found that 46% of claimants aged 18-29 years and 53% of claimants aged 30-39 years had mental health conditions as their main or secondary health condition, compared with 19% of the over 55s.[41]

Routes onto IB and the characteristics of claimants

Research with recent IB claimants (who had made a new claim for IB in the previous three months) identifies different routes onto the benefit.[42] For example, 68% of those interviewed were claiming IB for the first time, with the remainder (32%) being repeat claimants.[42] Over half of claimants (56%) had some connection to paid work prior to claiming (in total, 23% were working and 33% were off work sick), with two-thirds of the remainder receiving Income Support (IS) or JSA prior to their claim.[42] Claimants tended to work in low paid jobs in unskilled and service occupations, and were largely working in the private sector (73%).[42] Other characteristics of the claimants under study are highlighted in Box 3.

Box 3: Key characteristics of IB/SDA claimants

The Department of Work and Pensions (DWP) *Routes onto Incapacity Benefit*[42,43] research was conducted among recent claimants.

- The majority of claimants in work or off sick (71%) did not have access to occupational health services through work.
- A major reason for returning to work, among those who did, were improvements or stabilisation in their health condition.
- Women tended to suffer more from stress, anxiety or depression than men (while men reported greater prevalence of heart problems or high blood pressure).
- More women than men said that their health condition fluctuated (54% compared with 46%).
- People with mental health conditions were more likely to say that their health status frequently changed than claimants with physical health conditions (66% and 44% respectively).
- Two out of five respondents were on a waiting list for medical treatment at the time of the survey (with younger people less likely to be waiting).
- Mental ill health was more likely to be the main reason for claiming IB/SDA among claimants not connected to work prior to claiming than for those who were in work or off sick (28% compared with 22%).

Other evidence showed that[44,45]:

- Although the majority of claimants viewed work as very important, just six months on benefit reduced aspirations and willingness to work, with even greater pessimism after around 12 months on benefit.
- The average length of time that individuals claim has increased since the 1990s, doubling from around three to six years. There is also evidence of an increasing trend nationally for women to be claiming.

Pathways to Work

Pathways to Work (PTW) is a key policy initiative helping new or repeat IB/SDA claimants to move into work or closer to employment by providing greater support in the earliest stages of illness (see www.direct.gov.uk/en/DisabledPeople/Employmentsupport/WorkSchemesAndProgrammes/DG_171745). An independent evaluation showed that the programme significantly increased the probability of claimants being employed 18 months after the initial IB/SDA enquiry by 7.4%.[46] The PTW programme is less successful for IB/SDA claimants with mental health problems[47] in terms of their employment outcomes and levels of self-reported health.[46] Claimants for mental health reasons can work part-time (which includes being employed in a job paying up to £20 a week or working less than 16 hours a week

on average) under the Permitted Work scheme.[48] This would not show up as an employment outcome in the administrative data. Incapacity Benefit claimants suffering from mental ill health are, however, just as likely to move off IB/SDA as those without a mental health problem.[46]

Research with mental health IB/SDA claimants who access PTW (either on a voluntary or mandatory basis) identified a number of factors that could help or hinder return to work.[49]

- Performance targets prevented professionals from providing client-focussed services.
- Both clients and service managers voiced concerns about long waiting times for services delivered as part of PTW Choices (which includes a range of programmes to overcome financial and practical barriers to work) and for skills training or NHS treatment.
- As clients could be accessing a number of different services, there was a need for better coordination along with a greater commitment from general practitioners to Pathways philosophy.
- Greater training for IB Personal Advisers in mental health issues is needed.
- Voluntary work was a particularly helpful route into work for those clients unsure about starting a full-time job due to their variable health status.
- Improved support outside PTW and once in work, with mentoring from past IB/SDA claimants who had already accessed Pathways, would aid job retention.

Evidence shows that clients with mental health conditions would also benefit from greater guidance and information about coping with the transition to work and advice on saving and budgeting due to financial worries.[49]

Condition Management Programme

The Condition Management Programme (CMP), designed by the Department of Health (DH) and Department for Work and Pensions (DWP), is a key part of PTW. It aims to support IB/SDA claimants to better understand and manage their long-term health conditions and to encourage return to work through improving self-awareness, self-confidence and quality of life. Twice as many claimants take up the New Deal for Disabled People (NDDP)[i] option of Choices as opposed to the CMP option.[47] The DWP state that the CMP is probably the most ground breaking of the available Choices programmes – particularly for claimants with mental health conditions – but CMP personal advisers do not know enough about the initiative to advise or signpost clients effectively.[47] Claimants of IB/SDA, particularly those claiming for mental health reasons, are generally positive about the CMP and particularly like its voluntary and non-pressurised nature along with the opportunity for one-to-one (as opposed to group-based) support.[50] Claimants also welcome the more personalised and relaxed CMP approach and the emphasis upon talking therapies as opposed to medical treatment for their condition.[50] Further research, however, suggests that long waiting times are currently preventing some IB/SDA clients from accessing the CMP.[49]

[i] From October 2009, the Government's various New Deal programmes were combined into one initiative called Flexible New Deal (FND). For more details see: www.flexiblenewdeal.info

Box 4: Case Study of the Condition Management Programme in Cumbria

The CMP in Cumbria is the only programme in the country led by a mental health NHS Trust (Cumbria NHS Foundation Trust). In its first year, Cumbria more than doubled its target to gain 430 referrals, achieving 940. Almost 2,000 clients have been referred overall (around 60% of whom have a mental health condition) with 20% in total having returned to work.

All participants evaluate the outcomes from the programme by completing a range of Work and Social Adjustment Scale tools. The University of Cumbria is carrying out an independent evaluation.

There are plans to build on the programme's success by extending services to groups other than IB claimants. Further details about the programme are available from:
www.cumbriapartnership.nhs.uk/Help/ConditionManagementProgramme/Home.aspx and
www.northwest.nhs.uk/document_uploads/awards/ConditionManagementProgramme_Leaflet.pdf

Barriers to employment

Skills

Aside from poor physical or mental health, adults who are out of work can face multiple barriers back into employment, including poor transport links,[51] lack of accessible or affordable childcare[52] and drug or alcohol problems.[53] The Government's *Work Skills*[54] strategy shows that poor skills are a major barrier among the long-term unemployed. For example, 8% of people in work have no formal qualifications compared with 29% of those claiming out-of-work benefits.[54] Those out of work for long periods are particularly at risk. There is also evidence that skills are a particular issue among long-term IB/SDA claimants who are looking for work. For example, almost half of long-term claimants (those claiming for four to seven years) had no qualifications compared with 39% of short-term claimants (those claiming for one to three years).[41]

Employers

Employers' attitudes to the long-term unemployed can be a further key barrier for the out of work population, particularly those with poor mental health.[15] A study of 1,000 employers found that almost one in five (18%) reject applications from IB/SDA claimants who are claiming for mental health conditions, around twice the number of rejections for people with physical ill health.[55] The private sector (manufacturing and services) and smaller employers were particularly likely to reject both groups of IB/SDA claimants, largely due to concerns over skills levels and recurring health conditions.[55] The Time to Change campaign (www.time-to-change.org.uk) is designed to improve people's attitudes to and awareness of mental ill health. General guidance is available for the NHS and public sector when employing people with mental health problems, including a *Mindful Employer* resource list[56] and the Sainsbury Centre for Mental Health (SCMH) *NHS Leading by Example* report.[57]

Some private sector employers demonstrate best practice in relation to worklessness. Tesco in Birmingham won an award in 2008 for its efforts to place the long-term unemployed locally into jobs (see www.tescoplc.com/plc/corporate_responsibility_09/community/regenerating_our_communities) and there is growing evidence that employers are increasingly likely to employ individuals who have suffered from ill health. Of 3,000 workplaces that had recently recruited into low paid jobs, around three-quarters said that they would employ the long-term ill.[58] This was particularly the case among larger employers and the education and health sectors.[58]

Research shows that some employers would welcome work trials as a route back into employment for the long-term workless and training grants when taking on IB/SDA claimants.[59] Other research has highlighted further workplace modifications that can help IB/SDA claimants for mental health reasons back into work, including temporary reductions in contracted hours, time off in lieu, home working options, short-notice leave days, short-term alteration or lightening of duties and the provision of counselling via the employer, the overall key being early intervention and individualised support.[60]

Willingness to work and financial issues

The evidence is mixed regarding the out of work population's willingness to work, suggesting that this could also be a potential barrier for some individuals. *Working Links*[61] found that the biggest disincentive to work among the long-term unemployed was the possible financial impact of moving off benefits into paid work. The current inflexibility of the benefits system can also hinder return to work among some out of work adults, particularly those with mental health conditions.[62] However, individuals might be working informally due to the possible impacts upon certain entitlements (such as losing free prescriptions) should they take up more formal employment.[63]

The Centre for Regional, Economic and Social Research found that many long-term IB/SDA claimants, although willing to work, were genuinely concerned about their ability to hold down a full-time job given their current health condition and their length of time away from the workplace.[64] In such cases part-time work was viewed as a useful route back into employment. The same study found that claimants, especially women, had a strong preference for working close to their own home.

Box 5: Resources for tackling barriers to work

Linking Rules entitle IB/SDA claimants to claim benefit again, and at the same level, if they start a job but leave. Further information is available at: http://research.dwp.gov.uk/esa/pdfs/t04-esa-factsheet-linking.pdf

Employers are guaranteed **Golden Hellos** of up to £2,500 for providing work or training to the long-term unemployed: www.dwp.gov.uk/newsroom/press-releases/2009/january-2009/emp124-120109.shtml

Workstep is a programme to help disabled people move into/stay in work by overcoming multiple barriers. From October 2010, the scheme will become part of a new Work Choices programme along with other similar DWP programmes. Such schemes include Access To Work (ATW) which has recently had its funding doubled. However, there are issues surrounding how well it is understood or used by employers.[65] A flexible version of ATW is also being piloted in London, with initial feedback being very positive. For more details see:
www.jobcentreplus.gov.uk/JCP/Employers/advisoryservices/diversity/Dev_015799.xml.html and
www.publications.parliament.uk/pa/cm200809/cmselect/cmworpen/836/836.pdf

Interventions to tackle worklessness – preparing people for work

Interventions to increase the proportion of the working age population in employment or preparing for work tend to fit into one of two categories: those based upon places and those based upon people.[66,67] Examples of such interventions include those increasing the overall level of employment in the economy, addressing the mismatch in skills between people and vacancies, improving skills among those out of work for a particularly long time and/or focussing specifically upon the most disadvantaged groups or areas.[68]

Jobcentre Plus provision

Freud's *Reducing Dependency, Increasing Opportunity*[69] report concludes that the Government's Welfare Reforms and New Deal employment programmes – largely people-based initiatives – tend to be most successful for those individuals already closest to the labour market. The DWP's *What Works for Whom*[70] report outlines the key features leading to successful outcomes for a variety of different out of work groups (such as young people, people from ethnic minorities, the long-term unemployed and disabled people with health conditions). These key features include:

- effective outreach;
- holistic approaches;
- the importance of relationships with personal advisers;
- continuing support once in a job;

- flexibility in local delivery;
- improving the motivation levels and aspirations of the long-term unemployed;
- partnership working; and
- the important role of employers.

Jobcentre Plus (JCP) programmes such as New Deal for Disabled People (NDDP), available to individuals on health-related benefits, moved 43% of all people in the UK registered between July 2001 and November 2006 into employment.[71] The scheme appeared to have particularly positive impacts on IB/SDA and longer-term claimants. The 'social benefits' (including reduced expenditure on benefits, more people in paid employment and greater numbers of individuals paying taxes) amounted to between £2,915 and £3,163 for longer-term claimants compared with £613 to £861 for newer claimants.[71] Such results could be explained by some of the key characteristics of those surveyed. For example, claimants were more likely to have an educational qualification and less likely to have a mental health condition than the IB/SDA cohort as a whole.

Supported employment

Individual Placement and Support (IPS) – a key 'place and train' model – is recommended above traditional routes such as vocational training or sheltered work for individuals with the most severe mental health problems (see www.scmh.org.uk/employment/ips.aspx). The model includes seven defining principles.

1. Mainstream 'competitive' employment is the key aim.
2. Everyone who wants a job can access the support available.
3. Job search is matched to fit people's preferred jobs.
4. Job search takes place quickly, within one month.
5. Employment specialists and clinical teams work and are located together.
6. Support is time unlimited and individualised to both the employer and the employee.
7. Benefits counselling supports the person through the move from off benefits and into work.

A European-wide comparison of IPS with other vocational or rehabilitation services showed that:

- around twice as many IPS clients entered work (55% compared with 28%) and they worked for significantly longer;
- IPS tended to cost less than traditional services over the first six months;
- clients with experience of at least a month's work in the previous five years achieved more positive outcomes; and
- clients who moved into a job also had lower rates of admission to hospital.

Supported employment for different workless groups

In their *Evening Out the Odds*[72] report the Sainsbury Centre for Mental Health (SCMH) recommend IPS, along with further targeted support, to help individuals from Black and Minority Ethnic (BME) groups into employment. Although over-represented in mental health settings, certain BME groups often do not access traditional mental health employment support programmes.[72] This may be due to issues such as stigma among a person's own family or community, institutional racism or low expectations of clients among some mental health staff.[72]

The SCMH recommend that the key features of supported employment are also applied to helping move other marginalised groups and individuals into work.[73] This would include the long-term unemployed who have common mental health problems (including depression or anxiety), ex-offenders, individuals diagnosed with both mental ill health and drug and/or alcohol problems (known as the 'dual diagnosis' group) and young people with mental health disorders.[73]

Box 6: Supported employment programme - useful resources

The SCMH project to create **IPS Centres for Excellence** across the UK: www.scmh.org.uk/pdfs/Doing_What_Works_for_CoE.doc

The **British Association of Supported Employment** (BASE) has a range of aims including promoting quality standards in delivering supported employment and improving training for practitioners: www.base-uk.org

Employer Assistance Programmes (EAPs) were set up in the UK to meet the needs of team and individual work performance or wellbeing: www.eapa.org.uk

Project Search is a programme developed in the US and is currently available in Leicester, Norwich and Bath. It aims to support people with moderate or severe learning disabilities to gain a full-time job by undergoing 12 months of work training and work placements with a host employer: www.officefordisability.gov.uk/working/project-search.php

Pre-employment schemes

The NHS as an exemplar employer

Improving Health and Work Changing Lives[15] specifically sets out the aspiration for the NHS to become an exemplar public sector employer. In 2004, the Health Development Agency noted that the NHS should be linking to "regeneration by recruiting unemployed people from deprived areas to join in the NHS, and improving their skills" as part of a commitment to 'good corporate citizenship'.[74(p.2)] Local Employment Partnerships (LEPs) are a partnership between JCP and local employers to tackle the problem of long-term worklessness (www.jobcentreplus.gov.uk/JCP/Employers/lep). Statistics are not available about these schemes or their outcomes, although a number of case studies are available (Box 7). The Skills Academy for Health support a range of pre-employment programmes on behalf of NHS North West as a recruitment pathway into the NHS (see www.skillsacademyforhealth.org.uk).

Box 7: Case studies of Local Employment Partnership approaches to tackle worklessness

As part of the LEP, **Royal Liverpool and Broadgreen Hospitals NHS Trust** have provided work trials to 60 young people over a three-year period: www.nhsemployers.org/SharedLearning/Pages/LEPs-Liverpool.aspx

Two North West NHS Trusts are recognised as excellent employers and both won LEP awards in 2009:

Central Manchester University Hospitals Trust achieved the Recruitment Innovation Award for its pre-employment training programme to recruit Trainee Clinical Support Workers locally, including people unemployed for up to 10 years: www2.tmpw.co.uk/News/01-2009-Central-Manchester-University

Salford Royal NHS Foundation Trust won the award for the Getting Back to Work category. The Trust hold monthly job shops, pre-recruitment training and work tasters. Courses have a 70% success rate and individual good news stories included one person, unemployed for over 20 years, who found permanent work as a Clinical Support Worker: http://dwp.gov.uk/docs/chapter-3.pdf

Creating Opportunities to Unlock Talent[75] outlines national guidance to support any NHS Trust who wants to set up a LEP.

Apprenticeships

Apprenticeships offer the out of work a vocational route into employment through training and paid work experience and are now extended to cover not only young people but adults as well (see www.skillset.org/qualifications/apprenticeships/article_5838_1.asp). The NHS recently received £25 million to create 5,000 new Apprenticeships for young people and adults by March 2010. These will

treble the current number of NHS opportunities and include both clinical support roles such as dental nurses and pharmacy support workers (281 planned in the North West) in addition to non-clinical roles such as in IT support or catering workers (304 such roles are planned for the North West).[76] The *Benefits of Completing an Apprenticeship*[77] report, based upon interviews with 3,808 apprentices (3,215 of whom completed the scheme), showed that 9 out of 10 were in work or education after completion and the majority of those unemployed believed that their Apprenticeship will help them into work (63%).

Volunteering

Volunteering can also provide a pathway into work for some out of work groups, improving their confidence levels and work skills.[78] The Government's recent *Valuing Employment Now*[33] strategy recommends that volunteering is only considered where if it offers "a genuine pathway to real work" (ideally 16 hours or more) and with mainstream wages.[(p.13)]

Box 8: Case studies of volunteering and training schemes

Aintree Hospitals Trust, highlighted as a good practice model in a *Public Review on Volunteers*, has helped over 615 volunteers into nurse training and over 310 (including 38 disabled volunteers) into jobs within the Trust: www.aintreehospitals.nhs.uk/Library/pdf_files/AintreeAR2008.pdf

Stockport NHS Foundation Trust volunteer scheme, which includes work with women prisoners, has helped 70 people over three years to complete placements and 21 to gain employment in the Trust or elsewhere. The Trust recently secured £200,000 to provide pre-employment training to people locally, focussing upon those unemployed for over six months: www.stockporthealth.nwest.nhs.uk/websitedocs/Hospital_RoundUp_issue%202.pdf

Central Lancashire's Health and Social Care Cadet initiative gained a 2008 National Training Award. This three-year programme, which is a partnership between health, the local authority and local colleges, prepares 16-20 year olds for careers in the health sector: www.medicalnewstoday.com/articles/128103.php

Preventative approaches - job retention

It is estimated that replacing a member of staff who leaves employment can cost employers as much as £4,667 rising to £10,000 for a senior manager.[79] Recently, a number of pilots have looked at more preventative approaches to tackling ill health among the working age population (Box 9). The recent *Delivering Job Retention Services*[80] report outlines the knowledge and skills workers in primary care settings need to help the working age population to remain in employment and to prevent long-term worklessness. This report covers all health conditions, not just mental ill health.

Box 9: Examples of preventative approaches

Improving Access to Psychological Therapies (IAPT) is available to people with common mental health problems (such as anxiety or depression). It includes an employment support coordination function to help individuals remain in work or find a job. There are currently five pilots across the North West (in Central and Eastern Cheshire, Western Cheshire, Knowsley, Salford and East Lancashire). Early results from Central and Eastern Cheshire Primary Care Trust (PCT) are encouraging, with 125 people helped back to work in the first 10 months. NHS North West is funding the development costs for 15 PCTs to establish the service by 2010: www.iapt.nhs.uk/regions-2/north-west

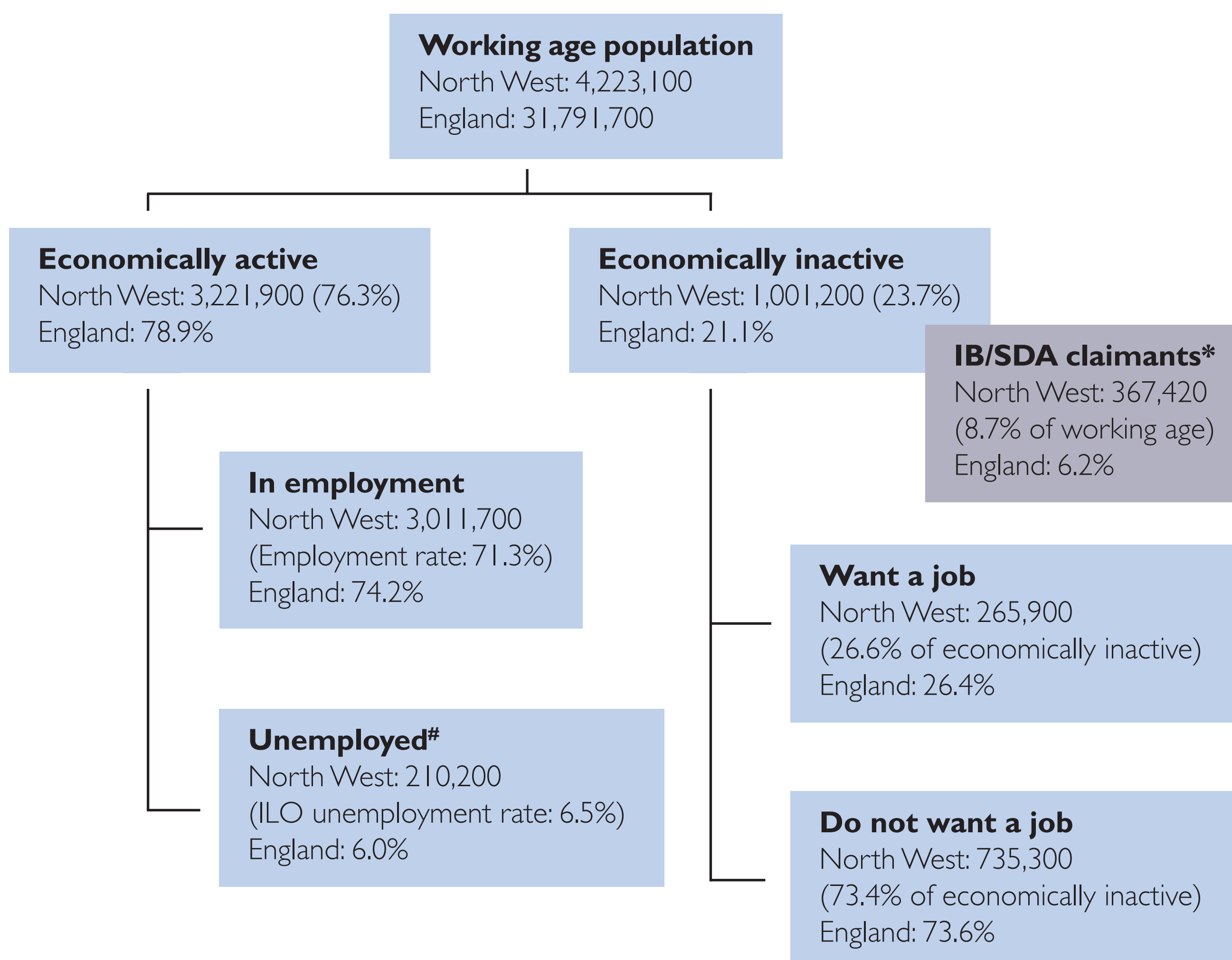
Preliminary costs to provide job coaching and financial incentives as part of the British **Employment Retention and Advancement** (ERA) project, which covers the North West, are available from the findings of a large-scale randomised control trial: http://research.dwp.gov.uk/asd/asd5/WP64.pdf

Managers in 15 sites across the North West (including the NHS and other organisations) are undertaking training based upon Australia's **Beyond Blue** model. This aims to increase managers' skills and confidence in identifying and appropriately responding to staff who are experiencing mental distress: www.northwest.nhs.uk/document_uploads/MentalHealthNews_July09/Issue023_BeyondBlueSites_JR.pdf

4. INTELLIGENCE

The North West has higher levels of worklessness than the national average. In 2008, 71.3% of the working age population in North West were in employment, compared with the England employment rate of 74.2% (Figure 1). The unemployment rate, as defined by the International Labour Organization (ILO), was 6.5% and just over 1 million people (23.7% of the working age population) were economically inactive (not in employment or seeking work).

Figure 1: An overview of the characteristics of the working age population, North West and England, 2008.



Source: Annual Population Survey (January-December 2008), Office for National Statistics.
*Source: NWPHO from DWP Work and Pensions Longitudinal Study (WPLS 100%) (February 2009) and ONS single year of age population estimates (2007).
#ILO definition.

Incapacity Benefit and Severe Disablement Allowance

Claimants of IB/SDA are among those who are economically inactive. Across England in February 2009, approximately 1.95 million people of working age were claiming IB/SDA and in the North West there were nearly 370,000 claimants, representing 18.7% of claimants in England and 8.7% of the working age population in the region (Figure 1).

Claimant ratios and trends

Standardised claimant ratios for benefit claimants have been used here instead of crude proportions. The former provide a more meaningful measure of IB/SDA claimants in different areas as they take into account the size of relevant age groups within the overall working age population (men aged 16-64 years and women aged 16-59 years). The claimant ratio expresses the total number of claimants in one population against that in a 'standard' population, while allowing for differences in their age structure. For example, here IB/SDA claimants in England in a given year have been used as the standard population to give an age-standardised ratio of 100.

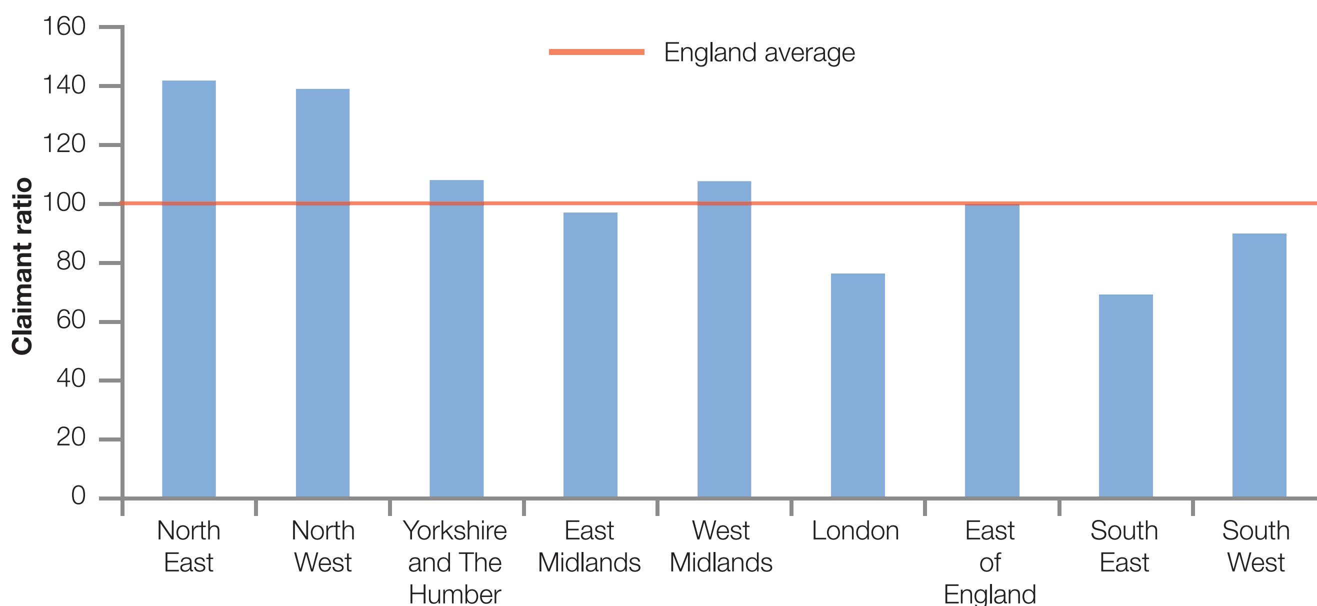
Areas with a greater number of IB/SDA claimants than expected (if the claimant numbers by age for England were applied to their population) have a standardised claimant ratio greater than 100. In contrast, areas with fewer IB/SDA claimants than expected have a standardised claimant ratio below 100.

In February 2009 the North West had the second highest IB/SDA claimant ratio nationally (139.0), just behind the North East (141.9) (Figure 2).

IB/SDA claimant ratios in 29 of the 39 North West local authorities were above the national average (Table 1). A total of 12 of the worst 20 local authorities nationally[ii] were in the North West including Liverpool (326th), Knowsley (325th), Manchester (324th) and Blackpool (323rd). Eden, which had the lowest local authority ratio in the North West, was ranked 86th.

Quarterly data for the North West from February 2004 to February 2009 shows that the highest claimant ratio was in February 2004, and that across all years, the highest quarterly ratios were seen in February. Generally, there was a steady decline in the claimant ratio over time (Figure 3).

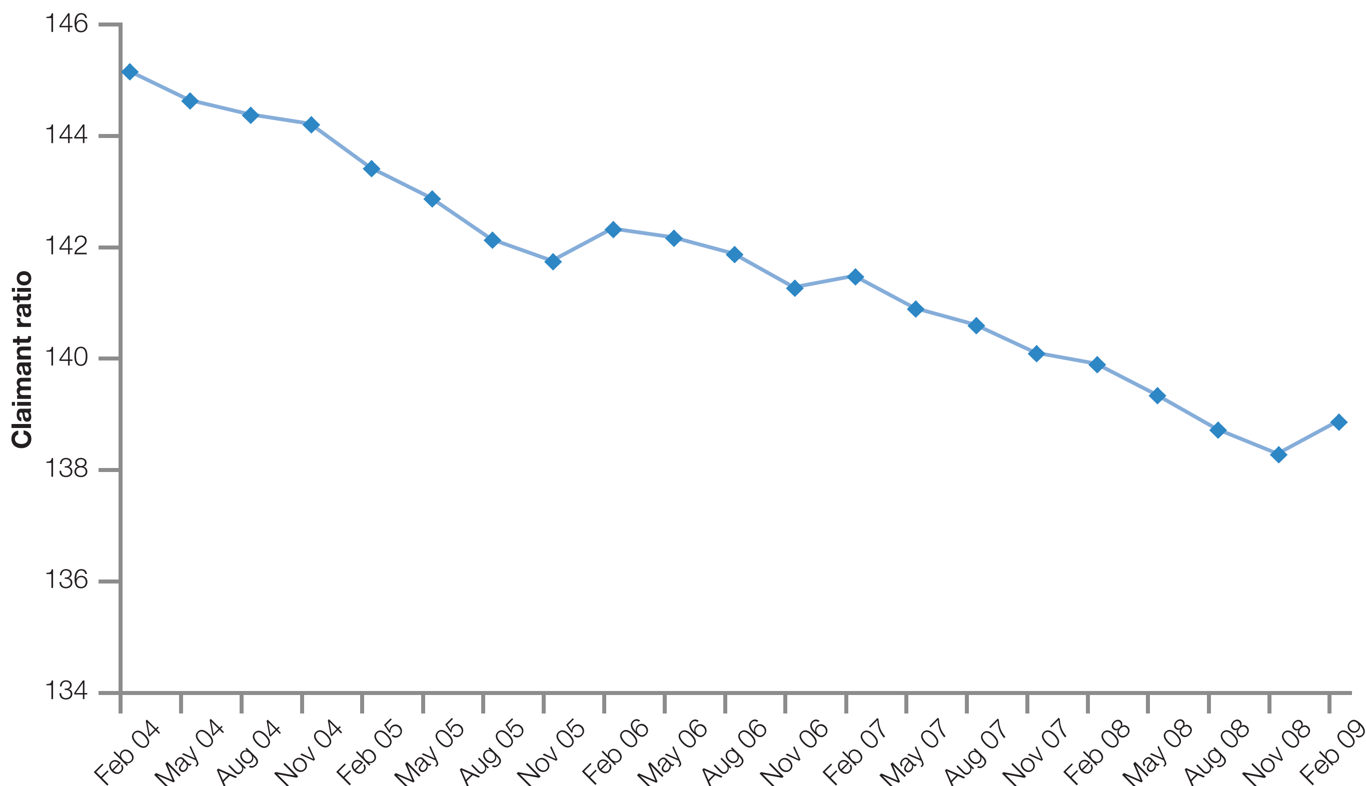
Figure 2: IB/SDA standardised claimant ratio. English Government Office regions, February 2009.



Source: NWPHO from DWP WPLS (100%).

[ii] Based on 326 English local authorities (2009 local authority boundaries). A rank of 1 has been given to the local authority with the lowest (best) claimant ratio and a rank of 326 to the local authority with the highest (worst) claimant ratio.

Figure 3: IB/SDA standardised claimant ratio. North West, February 2004 to February 2009.



Source: NWPHO from DWP WPLS (100%).

Disability Living Allowance

In addition to IB/SDA, some claimants might also be claiming Disability Living Allowance (DLA), a working age benefit that is also available to people in work (www.direct.gov.uk/en/DisabledPeople/FinancialSupport/DisabilityLivingAllowance/index.htm). Data for the working age population shows that 31 North West local authorities had higher DLA claimant ratios than the England average. Across the North West, Knowsley (212.2), Liverpool (207.7) and Blackpool (178.1) had the highest ratios while South Lakeland (64.7), Ribble Valley (68.8) and Eden (68.9) had the lowest.

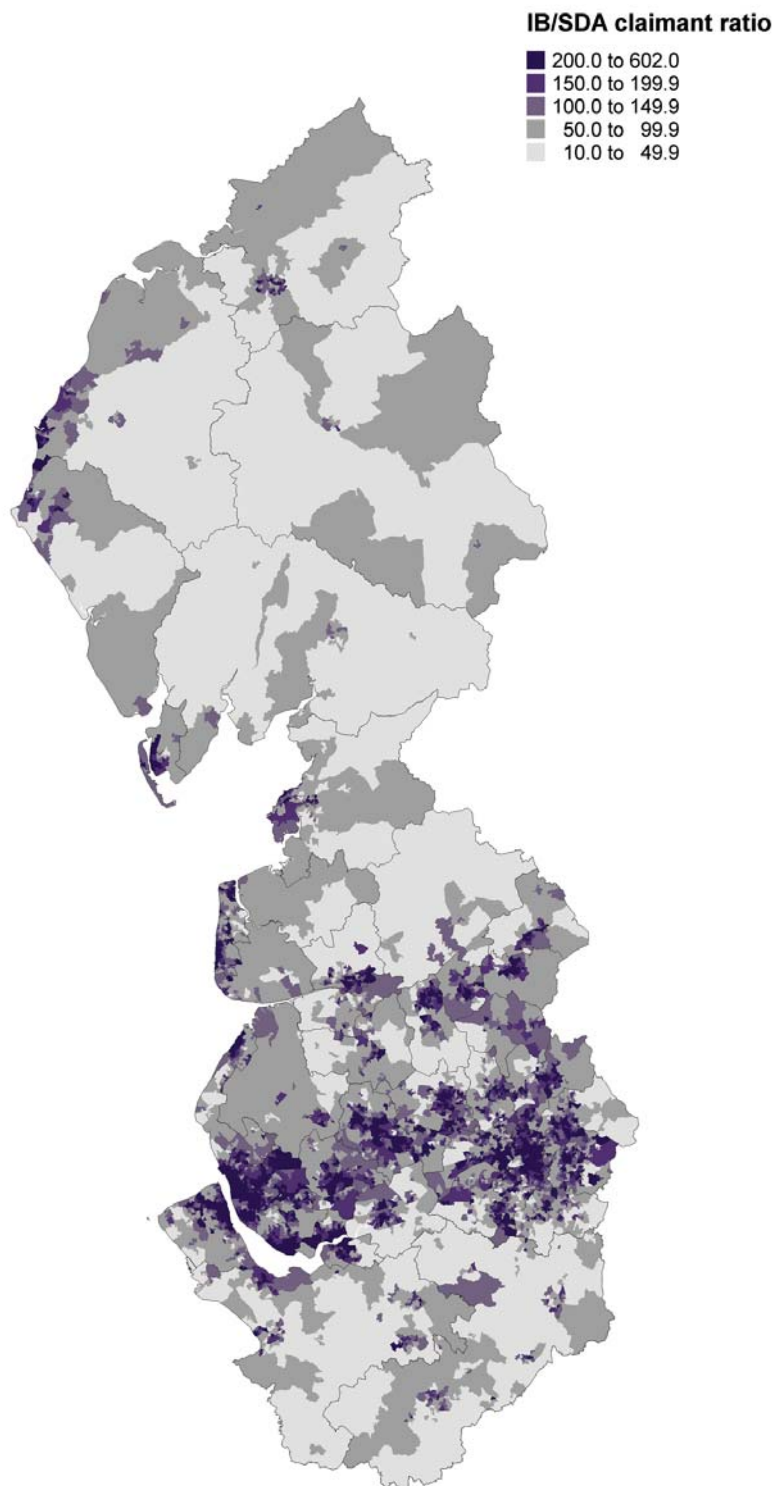
Table 1: IB/SDA and DLA standardised claimant ratios. North West local authorities, February 2009.

Local authority	Incapacity Benefit and Severe Disablement Allowance	Disability Living Allowance
Allerdale	108.55	109.45
Barrow-in-Furness	169.58	172.29
Blackburn with Darwen	181.70	172.60
Blackpool	185.00	178.07
Bolton	148.08	134.35
Burnley	178.79	141.92
Bury	123.55	117.04
Carlisle	111.11	115.18
Cheshire East	71.93	75.61
Cheshire West and Chester	93.82	101.66
Chorley	96.57	99.93
Copeland	131.39	124.77
Eden	62.23	68.96
Fylde	90.46	97.29
Halton	164.07	168.82
Hyndburn	163.19	148.37
Knowsley	204.73	212.24
Lancaster	108.21	109.42
Liverpool	211.38	207.74
Manchester	197.28	171.83
Oldham	144.98	131.25
Pendle	144.42	121.30
Preston	142.26	131.73
Ribble Valley	67.86	68.83
Rochdale	167.68	149.40
Rossendale	126.94	125.73
Salford	180.88	165.78
Sefton	135.53	143.75
South Lakeland	63.91	64.72
South Ribble	86.72	99.38
St. Helens	160.70	151.60
Stockport	98.73	99.76
Tameside	154.79	140.10
Trafford	101.96	104.99
Warrington	98.57	104.35
West Lancashire	106.85	116.86
Wigan	151.80	134.68
Wirral	149.73	157.93
Wyre	103.73	116.45
North West	138.99	134.60

Source: NWPHO from DWP WPLS (100%).

February 2009 data for North West lower super output areas (LSOAs), areas containing approximately 1,500 households, reveals that the highest IB/SDA claimant ratios were clustered in urban areas with some ratios as high as 602.0 and 521.3 (Figure 4).

Figure 4: IB/SDA claimant ratios. North West lower super output areas (LSOAs), February 2009.

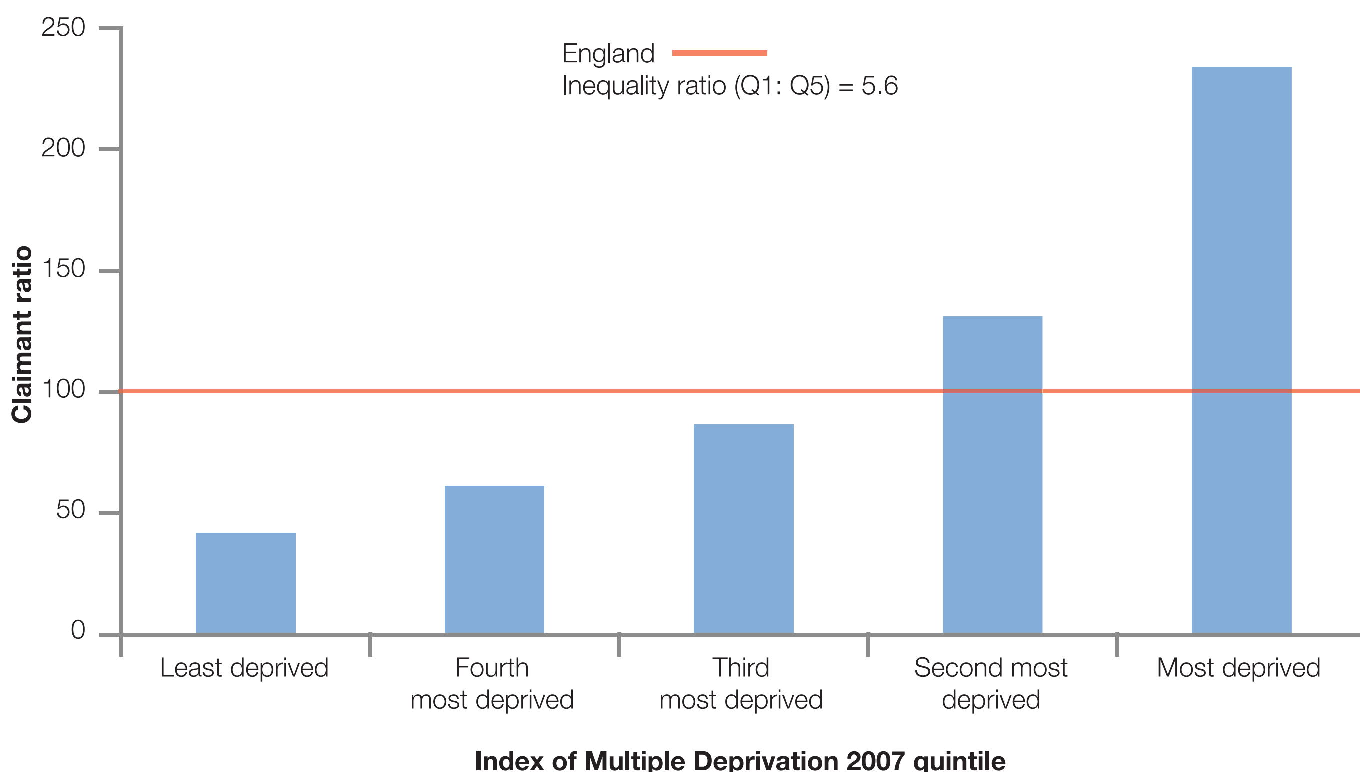


Crown copyright. All rights reserved. NWPHO/DH (licence 100020290). November 2009.
Source: NWPHO from DWP WPLS (100%) and ONS single year population estimates 2007.

Deprivation

There is a strong link between IB/SDA claimants and deprivation. Working age claimants living in the most deprived areas were nearly six times more likely to claim IB/SDA (claimant ratio: 234.0) than those in the least deprived areas (42.0) (Figure 5). There was a particularly steep increase between the second most deprived and most deprived areas (ratios of 131.4 and 234.0 respectively, an almost two-fold difference).

Figure 5: IB/SDA standardised claimant ratios by Index of Multiple Deprivation 2007 quintiles. North West, February 2009.



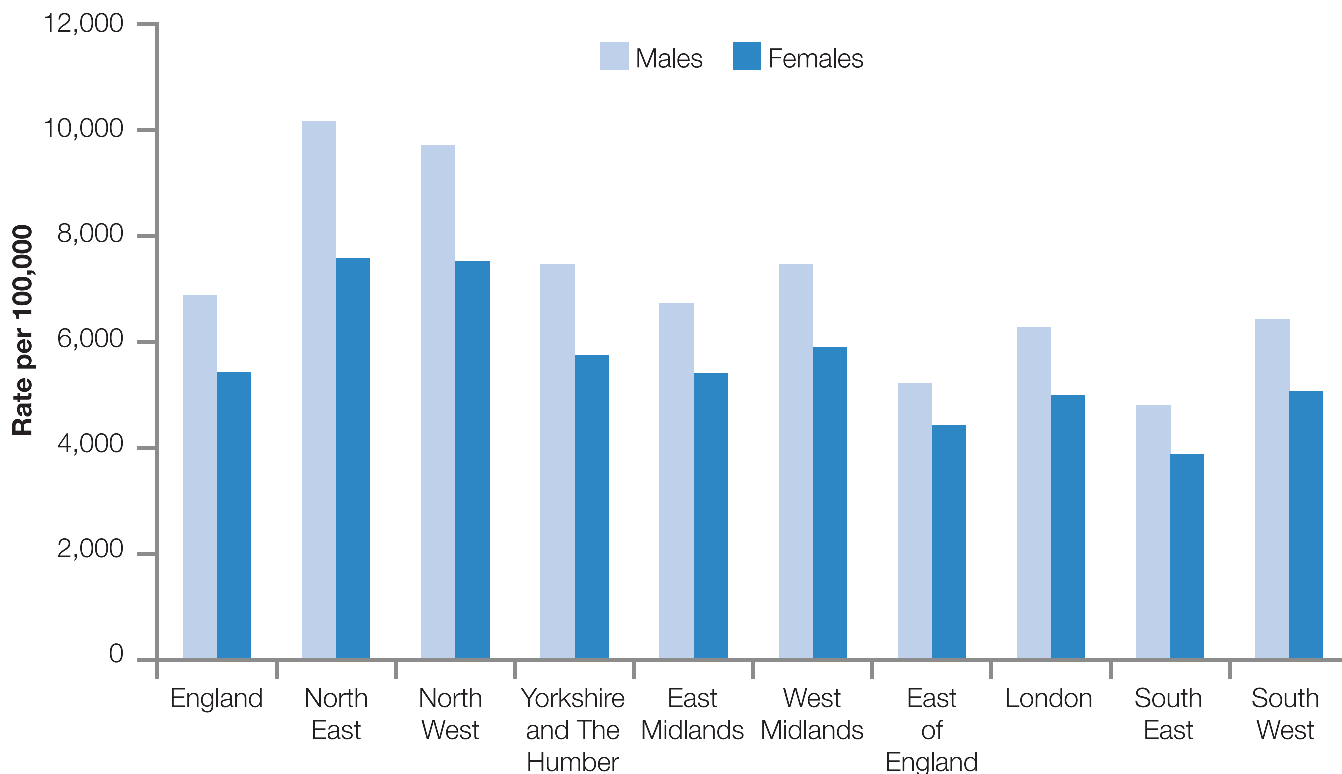
Source: NWPHO from DWP WPLS (100%) and Communities and Local Government (CLG) Index of Multiple Deprivation 2007.

Gender and age of claimants

Across England, proportionately more men than women were claiming IB/SDA in February 2009 (Figure 6). The North West had the second highest regional rate of claims per 100,000 population for both men (9,710.8) and women (7,521.6), after the North East.

Between 2004 and 2009 there was a slight decrease in the proportion of male IB/SDA claimants (North West: 59.6% to 58.5%, England: 59.6% to 58.1%).

Figure 6: Rate of IB/SDA claimants (crude rate per 100,000 population), by gender. England and Government Office Regions, February 2009.

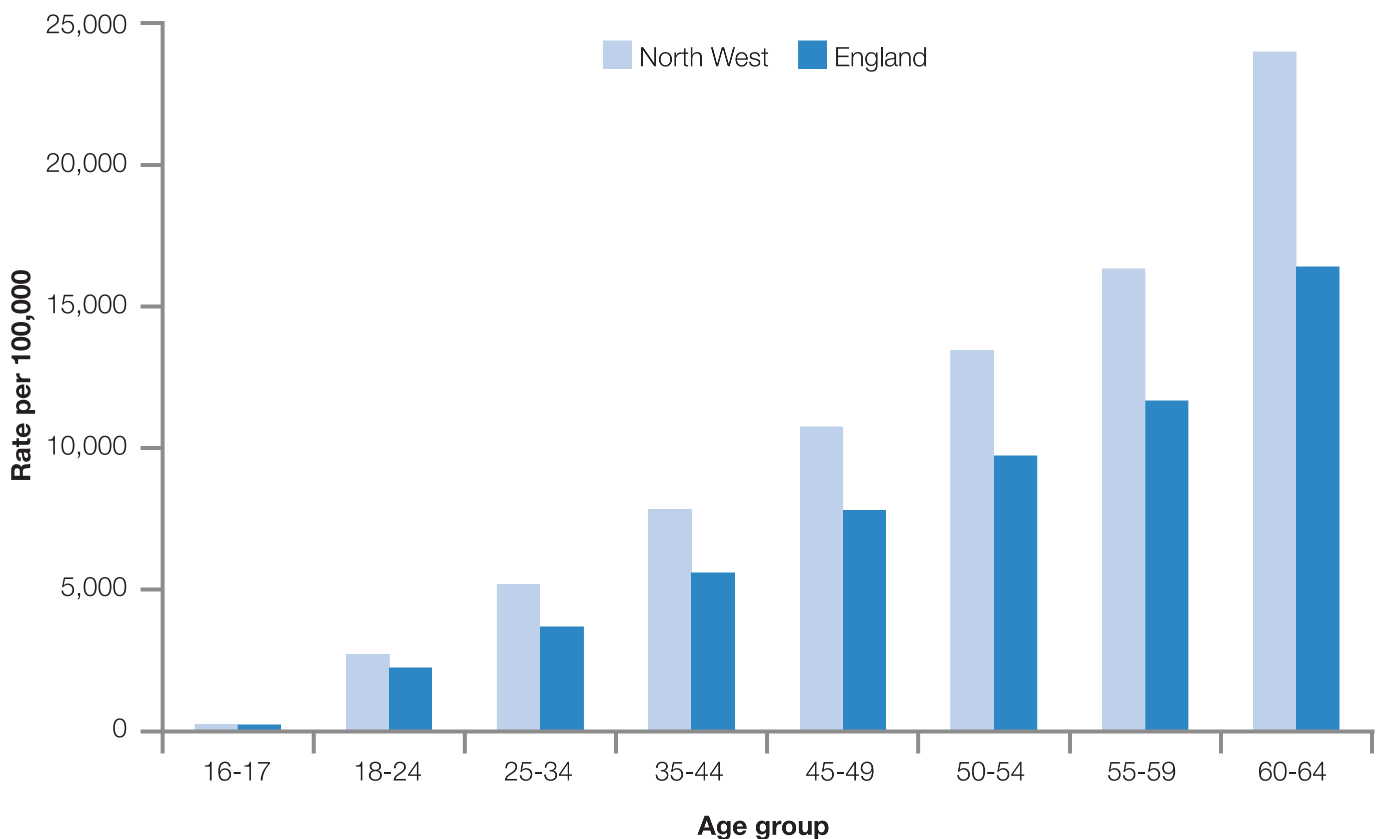


Source: NWPHO from DWP WPLS (100%).

Across England and the North West, IB/SDA claimant rates increase as age increases. The North West had higher rates of IB/SDA claimants across all age groups than the national averages (Figure 7) and the highest rate of claimants aged 35-49 years compared with all other regions (35-44 years: 7,827.3 per 100,000 population; 45-49 years: 10,766.3 per 100,000).

Between 2004 and 2009 there was an increase in the rate of IB/SDA claimants aged 35-44, 45-49, 50-54 and 60-64 years in the North West. However, the rate of younger claimants (16-17, 18-24 and 25-34 years) decreased over the same period, as well as the rate of claimants aged 55-59 years. This also occurred across England.

Figure 7: Rate of IB/SDA claimants (crude rate per 100,000 population), by age. North West and England, February 2009.



Source: NWPHO from DWP WPLS (100%).
Note: The rate for population aged 60-64 years is for men only (claimants and population).

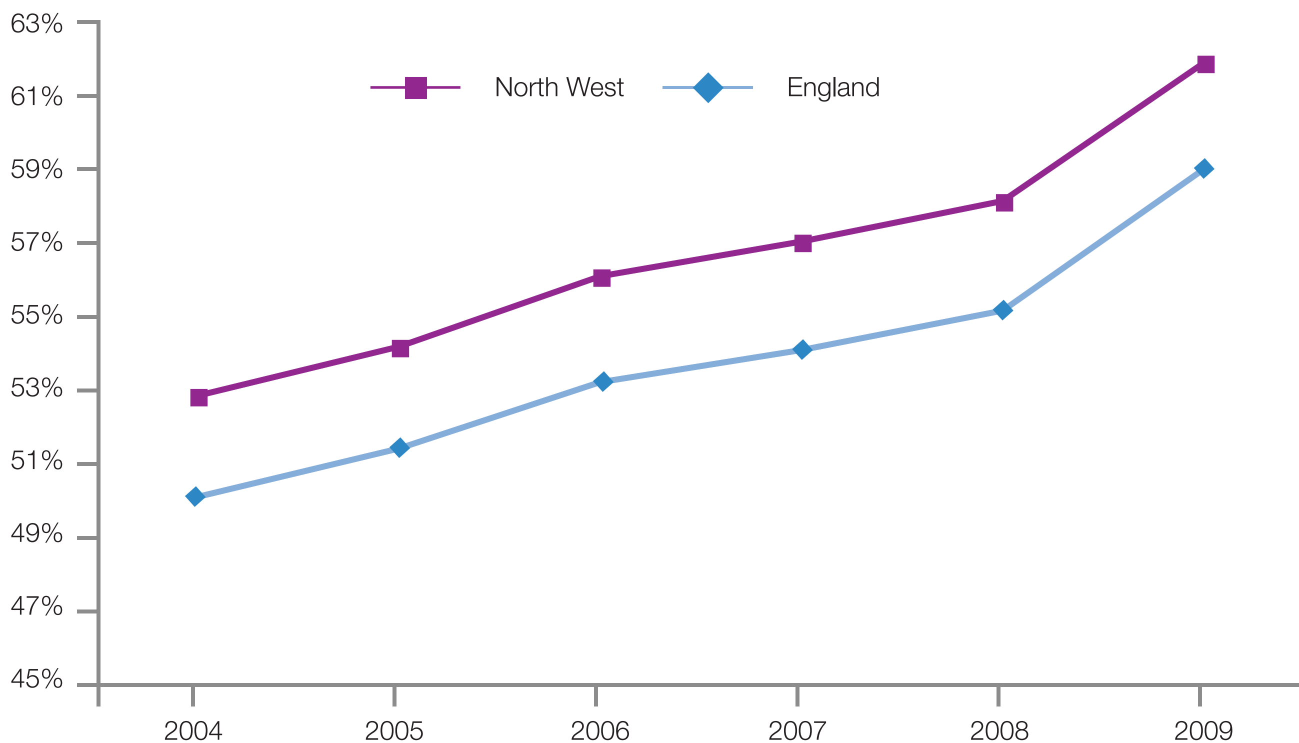
In February 2009, men aged 16 to 49 years had higher claimant rates than women, while women aged 50-54 years had a higher claimant rate than men. Across both genders and all age groups, the North West rates were consistently higher than England.

Duration of claim

Approximately one out of every 18 working age adults in the North West had been claiming IB/SDA for five years or more in February 2009 compared with one in 27 working age adults in England.

While the total number of working age IB/SDA claimants have decreased across England and the North West over the last five years, the proportion of long-term claimants has increased. For example, the percentage of claimants who have claimed such benefits for over five years increased between 2004 and 2009 by nearly one-fifth (North West: from 52.8% to 61.8% of claimants, England: from 50.1% to 59.0%), with the biggest increase seen between 2008 and 2009 for both the North West and England (Figure 8).

Figure 8: Proportion of IB/SDA claimants who have claimed benefits for more than five years. North West and England, February 2004 to February 2009.



Source: NWPHO from DWP WPLS (100%).

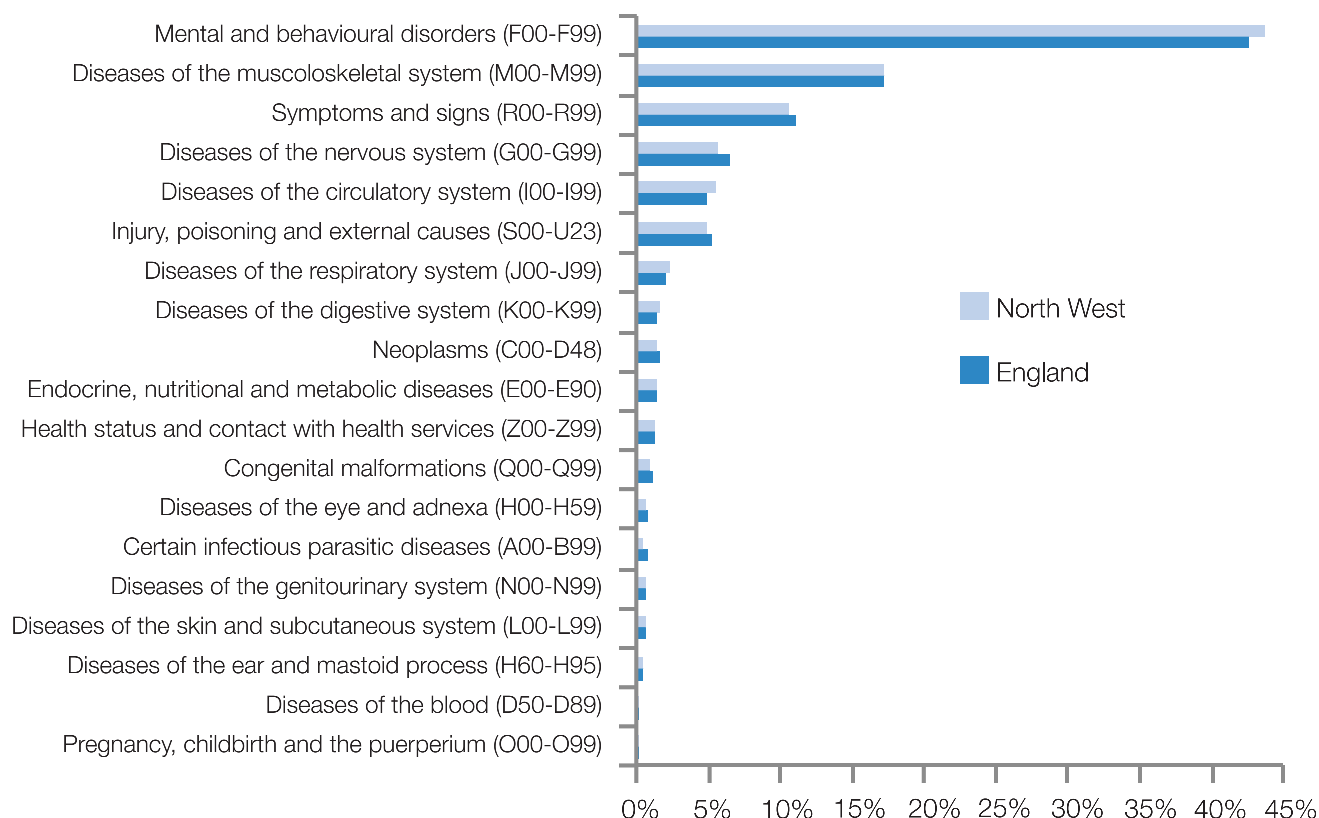
Reason for claim

Reasons for claiming IB/SDA are classified into one of 19 diagnostic categories.[iii] The reasons for claiming IB/SDA in the North West were similar to the England average (Figure 9). The three most prevalent reasons for claiming IB/SDA were mental and behavioural disorders (main medical reason for claim for 43.8% of North West claimants and 42.6% of claimants in England), diseases of the musculoskeletal system (North West: 17.2%, England: 17.2%) and then non-specific symptoms and signs, including both physical and psychological conditions (North West: 10.7%, England: 11.2%).

Compared with the England average, the North West had a higher proportion of claimants for mental and behavioural disorders and diseases of the respiratory and circulatory systems (Figure 9).

[iii] Two categories (conditions originating in the perinatal period [P00-P96] and claimants without any diagnosis) have been omitted here due to insufficient data. For those categories included in the table, the ICD-10 codes are detailed in brackets. More information about ICD-10 codes can be found at: http://apps.who.int/classifications/apps/icd/icd10online

Figure 9: Percentage of IB/SDA claimants by major diagnosis. North West and England, February 2009.



Source: NWPHO from DWP WPLS (100%).

The proportion of IB/SDA claimants who are claiming benefit for a main medical reason of mental and behavioural disorders increased from 39.7% in 2005 to 43.8% in 2009. Mental and behavioural disorders were a more common medical reason for claiming benefit among 25-34 year old claimants (around three-fifths of claimants) than for claimants in other age groups.

Further analyses for the remaining conditions in the top five IB/SDA diagnoses for the North West and England by age group show that:

- the proportions of IB/SDA claimants with diseases of the musculoskeletal system and connective tissue increased with increasing age in the North West and England, with those aged 60-64 years having the highest proportion (North West: 27.7%, England, 26.9%);
- in England and the North West, those aged 16-17 years had the highest percentage of claimants claiming IB/SDA for symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified, compared with any other age group (North West: 16.7%, England: 15.6%);
- proportionately more IB/SDA claimants aged 16-17 years in the North West and England were claiming benefit for diseases of the nervous system than all other age groups. Across all age groups, the North West had lower proportions of IB/SDA claimants for this reason than England (North West: 12.5%, England: 12.8%);
- the proportion of IB/SDA claimants for diseases of the circulatory system increased as age increased, with the highest proportion among those aged 60-64 years (North West: 15.4%, England: 14.3%).

International Labour Organization unemployment and claimant count

Given the association between being out of work and poor health, and following the welfare reforms to move more of the IB/SDA group into either work or onto more active benefits, it is useful to consider data on working age claimants of benefits other than IB/SDA. The Centre for Economic and Social Inclusion recommend monitoring an 'all claimant count' to examine possible increases in proportions of the working age population claiming other more active benefits (such as JSA).

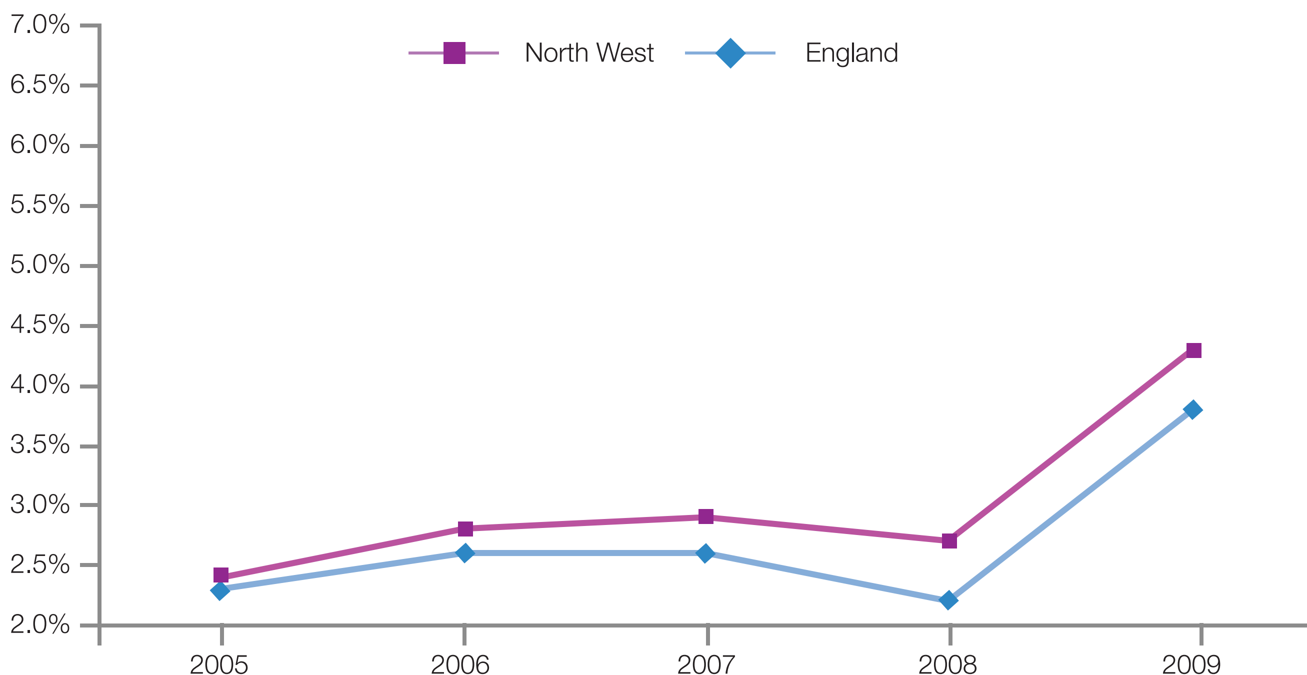
The Office for National Statistics produce the Government's official estimates of unemployment using the International Labour Organization (ILO) definition. The unemployed are defined as the out of work who want a job, are available to start work, and are actively seeking employment. Based upon data from the Labour Force Survey (LFS) for England, this measure is used internationally to allow consistent comparisons of unemployment between countries and over time. The claimant count, a separate series, measures how many unemployed people are claiming unemployment-related benefits (i.e. JSA). The ILO and claimant count measures generally show similar trends although the claimant count is always the lower figure as not all unemployed people are entitled to or claim benefits.

- ILO unemployment has increased regionally and nationally over recent years (Figure 10).
- The North West ILO unemployment rate for 2008 (6.5%, equivalent to one in 15 of the working age population) was higher than the national average (6.0%) (Figure 10), and the region had the fourth highest rate nationally.
- The North West (4.3%) had a higher claimant count rate than the England average (3.8%) in February 2009 (Figure 11).
- There were more IB/SDA claimants (one in 11 of the working age population) than JSA claimants (one in 23 of the working age population).
- Three times more men (6.3%) than women (2.1%) claimed JSA in the North West in February 2009. Within the North West, the lowest claimant rate was in Eden (1.4%) and the highest in Liverpool (7.0%).

Figure 10: ILO unemployment rate. North West and England, 2005 to 2008.

Source: Annual Population Survey, Office for National Statistics.

Figure 11: Claimant count. North West and England, 2005 to 2009.



Source: Claimant count, Office for National Statistics. From Nomis website: www.nomisweb.co.uk. Data relates to February for each year from 2005-2009.

5. CONCLUSIONS AND RECOMMENDATIONS

This report is published at a particularly pertinent time in the North West. Significant numbers of working age adults are out of work due to ill health. There are also growing numbers of people regionally who have recently become unemployed as a result of the economic recession. The key conclusions and recommendations for tackling worklessness, especially where it is health related, fit into three key themes:

The importance of work for public health

- Good work is good for health among both currently healthy people and those with health conditions and disabilities. In order to reduce worklessness and improve health through employment, all sectors of the workless population should be targeted.
- Worklessness has a very strong correlation with deprivation, and therefore ill health. In areas of high deprivation, worklessness should be viewed both as a priority action within LAAs and for the PCT in terms of creating the care pathways needed to assist people into employment and prevent those suffering from ill health from losing their jobs.
- Local public sector employers have the potential to have a huge impact on their local workless populations through their employment practices. Developing interventions in line with the evidence base, with partners such as JCP through LEPs, has the ability to:
    - reduce poverty;
    - increase diversity in the workforce;
    - reduce inequalities; and
    - reduce the burden on local health services.

Mental health

- Mental ill health is the most common reason for individuals to claim IB/SDA and depression is by far the most widespread condition, being over three-and-a-half times more prevalent than the next most common medical reason, anxiety disorders. Action is needed at two levels: first to reduce the in-flow from both work and other routes; and second, to improve off-flow into employment for those with mental health conditions. Actions needed to improve the off-flow from IB/SDA for mental health conditions should include improved training for IB personal advisers on mental health issues.
- Individual Placement and Support (IPS) has proved to be very effective as a model for entering employment from benefits for those in contact with secondary mental health services. A similar model demonstrated by Project Search has also been successful for people with learning disabilities and should be considered when delivering provision locally.

The importance of early intervention and job retention

- The effects of unemployment appear to be greater, in terms of psychological ill health, among young people compared with adults. Youth unemployment has been recognised as a significant issue through the Backing Young Britain campaign (http://interactive.bis.gov.uk/backingyoungbritain) and early intervention should be considered critical in local interventions.
- People-focussed initiatives for those on IB/SDA are most successful for those closest to the labour market, indicating the need for early intervention for individuals who become workless.
- Due to the economic downturn there are now around seven people for every vacancy in the North West region. This issue is particularly acute in Manchester and Liverpool. Difficulty in finding employment emphasises the need for job retention services to be readily available to those in danger of losing employment due to ill health.
- The majority of those claiming IB/SDA who were employed or previously in employment did not have access to occupational health services through work. This indicates a need for job retention to be either an element within current services or the need for new services with specialist occupational health skills. A variety of approaches are due to be piloted through the Fit for Work pilot schemes (www.workingforhealth.gov.uk/Initiatives/fit-for-work-service/Default.aspx).
- The private sector and particularly smaller employers are the most likely to reject potential employees who claim IB/SDA. The evidence also indicates that this is the most likely employer type where people are falling out of work onto IB/SDA. It may be possible that the same concerns over the recurrence of health conditions affect both decisions. This suggests a need to improve employer retention and recruitment practices, particularly among employers in the private sector.

The NWPHO will produce a follow up report examining the health of the working age population focussing upon those people already in a job. The report will include intelligence in relation to current levels and causes of sickness absence and highlight evidence about the role of workplaces in promoting and improving employee health and wellbeing.

6. REFERENCES

1 Wyke S, Sedgley L, Manning R, Casstles H, Hooper J, Tocque K and Bellis MA (2006). *Health and Work. How working life influences our health*. Liverpool: North West Public Health Observatory, Centre for Public Health, Liverpool John Moores University.

2 Department of Health (2004). *Choosing Health: Making Healthier Choices Easier*. London: TSO.

3 Waddell G and Burton AK (2006). *Is work good for your health and well-being?* London: TSO.

4 Department of Health, Department for Work and Pensions and Health and Safety Executive (2005). *Health, Work and Well-being: caring for our future. A strategy for the health and well-being of working age people*. London: HM Government.

5 End Child Poverty (2008). Unhealthy lives: Intergenerational links between child poverty and poor health in the UK [Online]. Available at www.endchildpoverty.org.uk/files/ECP%20Health%20Summary.pdf [Accessed 6th July 2009].

6 Joseph Rowntree Foundation (2008). Addressing in-work poverty [Online]. Available from www.jrf.org.uk/sites/files/jrf/2269-poverty-employment-income.pdf [Accessed 19th October 2009].

7 Magadi M and Middleton S (2005). *Britain's poorest children*. 2. Leicestershire: Centre for Research in Social Policy.

8 Coats D and Lekhi R (2008). *Good Work: Job Quality in a Changing Economy*. London: The Work Foundation.

9 Wilkinson R and Marmot M (2003). *Social Determinants of Health the Solid Facts*. Denmark: WHO.

10 Department for Work and Pensions (2006). A new deal for welfare: Empowering people to work [Online]. Available from www.delni.gov.uk/a_new_deal_for_welfare_-_empowering_people_to_work_-_full_document-2.pdf [Accessed 18th June 2009].

11 Office for National Statistics (2009). Labour Market Statistics [Online]. Available from www.statistics.gov.uk/pdfdir/lmsuk0309.pdf [Accessed 8th October 2009].

12 Communities and Local Government (2009). *Stepping up to the challenge. The government's response to Tackling Worklessness: a review of the contribution and role of English local authorities and partnerships*. London: CLG.

13 Houghton S, Dove C and Wahhab I (2009). Tackling Worklessness: A review of the contribution and role of English local authorities and partnerships Final Report [Online]. Available from www.communities.gov.uk/publications/communities/tacklingworklessnessfinal [Accessed 12th August 2009].

14 Department for Work and Pensions and Department of Health (2008). *Working for a healthier tomorrow. Dame Carol Black's Review of the health of Britain's working age population*. London: TSO.

15 Department for Work and Pensions and Department of Health (2008). Improving health and work: changing lives. The Government's response to Dame Carol Black's Review of the health of Britain's working age population [Online]. Available from www.workingforhealth.gov.uk/documents/improving-health-and-work-changing-lives.pdf [Accessed 12th June 2009].

16 Department of Health (2009). New Horizons Towards a shared vision for mental health Consultation [Online]. Available from www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103175.pdf [Accessed 7th September 2009].

17 Department of Health (2008). *High Quality Care for All NHS Next Stage Review final report*. London: TSO.

18 Department for Work and Pensions (2008). *Raising expectations and increasing support: reforming welfare for the future*. London: TSO.

19 NHS North West (2009). The Workforce, Education Commissioning and Education and Learning Strategy. Enabling World Class Healthcare Services within the North West [Online]. Available from www.northwest.nhs.uk/document_uploads/Who_We_Are/Workforce_StrategyJuly2009.pdf [Accessed 16th October 2009].

20 NHS North West (2008). *Healthier Horizons for the North West. A new vision for health and healthcare in the North West*. Manchester: NHS North West.

21 Care Services Improvement Partnership (2008). Improving the Employment Rates of People Using Secondary Mental Health Services: A regional strategy for the North West [Online]. Available from www.northwest.csip.org.uk/silo/files/nwregionalstrategy finalmhemprates.pdf [Accessed 8th June 2009].

22 North West Employability Group (2007). North West Worklessness Investment Framework [Online]. Available from www.regeneris.co.uk/downloads/NW%20Worklessness.pdf [Accessed 19th August 2009].

23 University of Central Lancashire, Department of Health and Northwest Development Agency (2007). North West Workplace Health Strategy [Online]. Available from www.gonw.gov.uk/497468/docs/508516/NWRegionalWorkplaceStrategy.pdf [Accessed 3rd July 2009].

24 Northwest Development Agency (2006). *Regional Economic Strategy*. Warrington: Northwest Development Agency.

25 Bartley M, Ferrie J and Montgomery SM (2006). Chapter five: Health and labour market disadvantaged: unemployment, non-employment and job insecurity In Social Determinants of Health [Online]. Available from http://books.google.co.uk/books?hl=en&lr=&id=x23fpBPC3_gC&oi=fnd&pg=PA78&dq=economic+inactivity+and+health&ots=9ebgCmCgMd&sig=94nfgVHXdBs-RgP8st7PDtvHeR0#v=onepage&q=&f=false [Accessed 16th July 2009].

26 Reine M, Novo M and Hammarstrom A (2004). Does the association between ill health and unemployment differ between young people and adults? Results from a 14-year follow-up study with a focus on psychological health and smoking. *Public Health*, *118*, 337-345.

27 Gordo LR (2006). Effects of short- and long-term unemployment on health satisfaction: evidence from German data. *Applied Economics*, *38*(20), 2235-2350.

28 Layard R (2004). *Good Jobs and Bad Jobs. Centre for Economic Performance Occasional Paper No.19*. London: London School of Economics.

29 Department for Work and Pensions (2005). Understanding worklessness: A literature review. DWP Research Report No. 225 [Online]. Available from http://research.dwp.gov.uk/asd/asd5/rports2005-2006/rrep255.pdf [Accessed 7th July 2009].

30 Virtanen M, Koskinen S, Kivimäki M, Honkonen M, Vahtera J, Ahola K and Lönnqvist J (2008). Contribution of non-work and work-related risk factors to the association between income and mental disorders in a working population: the Health 2000 Study. *Occupational and Environmental Medicine 2008, 65*, 171-178.

31 Office for National Statistics (2009). *Work and worklessness among households 2009*. Statistical Bulletin 26 August 2009. London: ONS.

32 IDEA (2008). Worklessness Overview [Online]. Available from www.idea.gov.uk/idk/core/page.do?pageId=8148769&aspect=full#contents-1 [Accessed 19th September 2009].

33 HM Government (2009). Valuing Employment Now: Real jobs for people with learning disabilities [Online]. Available from www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_101454.pdf [Accessed 8th September 2009].

34 Care Quality Commission (2008). Community Mental Health Service Users Survey [Online]. Available from www.cqc.org.uk [Accessed 17th October 2009].

35 Local Government Association (2009). Growth in the unemployment to claimant ratio. July 2009 [Online]. Available from www.lga.gov.uk/lga/aio/2320650 [Accessed 1st September 2009].

36 NHS Confederation (2005). *IB Reform and the NHS*. London: TSO.

37 Department for Work and Pensions (2002). *Pathways to work: Helping people into employment. The government's response and action plan*. London: TSO.

38 Deacon L, Mason J and Harrison R (2008). Liverpool City Region Incapacity Benefit Profile [Online]. Available from www.nwph.net/nwpho/publications/Incapacity.pdf [Accessed 13th September 2009]

39 Care Services Improvement Partnership and West Midlands Development Centre (Unknown). *Presentation*. West Midlands: CSIP.

40 Friedli L (2009). *Mental health, resilience and inequalities*. Copenhagen: WHO.

41 Department for Work and Pensions (2009). *Pathways to Work: the experiences of longer term existing customers Findings from a survey of four to seven year incapacity benefits customers in the first seven pilot areas. DWP Research Report No. 586*. London: TSO.

42 Kemp PA and Davidson J (2007). *Routes onto Incapacity Benefit: Findings from a survey of recent claimants DWP Research Report No. 469*. London: TSO.

43 Kemp PA and Davidson J (2008). *Routes onto Incapacity Benefit: Findings from a follow-up survey of recent claimants. DWP Research Report No. 516*. London: TSO.

44 Anyaduke-Danes M and McVicar D (2008). Has the Boom in Incapacity Benefit Claimant Numbers Passed Its Peak? *Fiscal Studies*, *29*(4) 415-434.

45 Kemp PA, Sundén A and Bakker Tauritz B (2006). *Sick societies? Trends in disability benefits in post-industrial welfare states*. Switzerland: ISSA.

46 Bewley H, Dorsett R and Haile G (2007). The impact of Pathways to Work. DWP Research Report No. 435 [Online]. Available from http://research.dwp.gov.uk/asd/asd5/rports2007-2008/rrep435.pdf [Accessed 18th August 2009].

47 Dorsett R (2008). *Pathways to Work for new and repeat incapacity benefits claimants: evaluation synthesis report*. Department for Work and Pensions Research Report No. 525. London: HMSO.

48 Bailey R, Hales J, Hayllar O and Wood M (2007). *Pathways to Work: customer experience and outcomes. Findings from a survey of new and repeat incapacity benefits customers in the first seven pilot areas*. DWP Research Report No. 456. London: TSO.

49 Hudson M, Ray K, Vegeris S and Brooks S (2009). *People with mental health conditions and Pathways to Work. DWP Research Report No. 593*. London: TSO.

50 Warrener M, Graham J and Arthur S (2009). *A qualitative study of the customer views and experiences of the Condition Management Programme in Jobcentre Plus Pathways to Work. DWP Research Report No. 582*. London: TSO.

51 Improvement and Development Agency (2008). Kickstart [Online]. Available from www.idea.gov.uk/idk/core/page.do?pageId=8055203&aspect=full [Accessed 14th September 2009].

52 Improvement and Development Agency (2008). Pre- and post-school childcare: solving the problem [Online]. Available from www.idea.gov.uk/idk/core/page.do?pageId=8152103&aspect=full [Accessed 14th September 2009].

53 Sutton L, Cebulla A, Heaver C and Smith N (2004). Drug and alcohol use as barriers to employment: A review of the literature [Online]. Available from http://research.dwp.gov.uk/asd/asd5/working_age/wa2004/w193a_rep.pdf [Accessed 1st August 2009].

54 Department for Innovation, Universities and Skills and Department for Work and Pensions (2009). *Work Skills strategy: Unlocking Talent*. London: TSO.

55 Chartered Institute of Personnel and Development and KMPG (2006). Labour Market Outlook Quarterly Survey Report [Online]. Available from www.cipd.co.uk/NR/rdonlyres/2EF73C38-3BCA-4D6F-BF75-7E3F5D9BAFC9/0/labmktout0506.pdf [Accessed 8th September 2009].

56 Frost R, Aggett L, Grove B and Lockett H (2007). Mindful Employer Resource list [Online]. Available from www.mindfulemployer.net/Mindful%20Employment%20Practice%20Resource%20List%20(updated%20August%2007).pdf [Accessed 9th August 2009].

57 Seebohm P and Grove B (2006). Leading by Example Making the NHS an exemplar employer of people with mental health problems [Online]. Available from http://83.137.212.42/sitearchive/DRC/pdf/Leading_by_Example.pdf [Accessed 7th August 2009].

58 Coleman N, Seeds K and Edwards G (2007). DWP Employers Survey. DWP Research Report No. 419 [Online]. Available from http://research.dwp.gov.uk/asd/asd5/rports2007-2008/rrep419.pdf [Accessed 8th September 2009].

59 Research Team West Midlands Observatory (2009). *Regional Employers' experience of employing those who have been workless: Literature Review June 2009*. Birmingham: West Midlands Observatory.

60 Sainsbury R, Irvine A, Aston J, Wilson S, Williams C and Sinclair A (2008). *Mental health and employment. DWP Research Report No. 513*. York: Social Policy Research Unit and the Institute for Employment Studies.

61 Working Links (2008). Breaking down barriers. Working Links research Commissioned with Populous [Online]. Available from www.workinglinks.co.uk/working_links/publications.aspx [Accessed 9th August 2009].

62 Seebohm P and Scott J (2004). Addressing disincentives to work associated with the welfare benefits system in the UK and abroad [Online]. Available from http://resources.socialfirms.co.uk/files/resources/Addressing%20disincentives%20to%20work.pdf [Accessed 18th September 2009].

63 Katungi D, Neal E and Barbour A (2006). *People in low-paid informal work. Findings Informing Change*. York: Joseph Rowntree Foundation.

64 Beatty C, Botterill K, Fothergill S, and Powell R (2008). *Knowsley's Incapacity Claimants (part of a national study of IB claimants)*. Sheffield: Economic and Social Research Council [ESRC]).

65 Parliament (2009). Access to Work Prepared April 2009 [Online]. Available from www.publications.parliament.uk/pa/cm200809/cmselect/cmworpen/158/15807.htm [Accessed 20th August 2009].

66 Green AE and Hasluck C (2009). Action to Reduce Worklessness: What Works? *Local Economy, 24*(1), 28-37.

67 Meadows P (2008). Local initiatives to help workless people find and keep paid work [Online]. Available from www.jrf.org.uk/publications/local-initiatives-help-workless-people-find-and-keep-paid-work [Accessed 18th September 2009].

68 London Development Agency (Unknown). What Works with Tackling Worklessness? [Online]. Available from www.lda.gov.uk/upload/pdf/what_works_with_tackling_worklessness.pdf [Accessed 9th August 2009].

69 Freud D (2007). Reducing Dependency, Increasing Opportunity options for the future of welfare to work. An independent report to the DWP [Online]. Available from www.dwp.gov.uk/docs/wr-c-c-f.pdf [Accessed 7th August 2009].

70 Hasluk C and Green AE (2007). What works for whom? A review of evidence and meta-analysis for the Department for Work and Pensions. DWP Research Report No. 407 [Online]. Available from http://research.dwp.gov.uk/asd/asd5/rports2007-2008/rrep407.pdf [Accessed 7th August 2009].

71 Stafford B (2007). *New Deal for Disabled People: Third synthesis report – key findings from the evaluation. DWP Research Report No. 430*. London: TSO.

72 Sainsbury Centre for Mental Health (2008). *Evening Out the Odds*. London: SCMH.

73 Sainsbury Centre for Mental Health (2009). Evidence-based Supported Employment [Online]. Available from www.scmh.org.uk/employment/supported_employment.aspx [Accessed 1st September 2009].

74 Health Development Agency (2004). NHS as a good corporate citizen. HDA Briefing number 11 June 2004 [Online]. Available from www.nice.org.uk/niceMedia/documents/CHB11-employment-15-7.pdf [Accessed 1st August 2009].

75 NHS Employers (2009). *Local Employment Partnerships: creating opportunities to unlock talent*. London: NHS Employers.

76 WIRED (2009). NHS apprenticeships to boost jobs for young people [Online]. Available from www.wired-gov.net/wg/wg-news-1.nsf/0/ECD194DAABC31CE7802576000551843?OpenDocument [Accessed 8th September 2009].

77 Learning and Skills Council (2009). The benefits of completing an apprenticeship [Online]. Available from http://readingroom.lsc.gov.uk/lsc/National/294468_-_Benefits_of_completing_an_apprenticeship.pdf [Accessed 8th August 2009].

78 Institute for Volunteering Research (Unknown). Volunteering and Mental Health [Online]. Available from www.ivr.org.uk/research bulletins/bulletins/volunteering-for-mental-health.htm [Accessed 7th August 2009].

79 Chartered Institute of Personnel and Development (2008) Staff retention ignored despite £4,700 cost of replacing an employee [Online]. Available from www.personneltoday.com/articles/2008/07/09/46659/staff-retention-ignored-despite-4700-cost-of-replacing-an.html [Accessed 19th October 2009].

80 Sainsbury Centre for Mental Health (2009). Delivering Job Retention Services. A knowledge and skills set for employment advisory services located in primary care settings [Online]. Available from www.scmh.org.uk/pdfs/delivering_job_retention_services.pdf [Accessed 6th October 2009].

Glossary

APS	Annual Population Survey
ATW	Access to Work
BASE	British Association of Supported Employment
BME	Black and Minority Ethnic
CAMHS	Child and Adolescent Mental Health Services
CESI	Centre for Economic and Social Inclusion
CLG	Communities and Local Government
CMP	Condition Management Programme
CSIP	Care Services Improvement Partnership
DCSF	Department for Children, Schools and Families
DH	Department of Health
DLA	Disability Living Allowance
DWP	Department for Work and Pensions
ESA	Employment Support Allowance
EAP	Employer Assistance Programme
FND	Flexible New Deal
IAPT	Improving Access to Psychological Therapies
IB	Incapacity Benefit
ILO	International Labour Organization
IPS	Individual Placement and Support
IS	Income Support
JCP	Jobcentre Plus
JRF	Joseph Rowntree Foundation
JSA	Jobseeker's Allowance
JSNA	Joint Strategic Needs Assessment
LAA	Local Area Agreement
LEP	Local Employment Partnership
LFS	Labour Force Survey
LSOA	Lower super output area
MH	Mental Health
NDDP	New Deal for Disabled People
NI	National Indicator

NWDA	North West Development Agency
NWPHO	North West Public Health Observatory
ONS	Office for National Statistics
PCT	Primary Care Trust
PTW	Pathways to Work
PW	Permitted Work
PSA	Public Service Agreement
SCMH	Sainsbury Centre for Mental Health
SDA	Severe Disablement Allowance
UCLAN	University of Central Lancashire
WNF	Working in Neighbourhoods Fund
WPLS	Work and Pensions Longitudinal Study

APPENDIX

Definitions and data sources

Children who live in poverty

A relative rather than absolute measure that refers to households with children with parents who have an income of less than 60% of British median income.

Economically inactive

Those who are out of work but do not meet the criteria for being unemployed because they are either not looking for work or are not available to start; for example, people who are retired, the long-term sick, disabled people and students.

Employment Support Allowance (ESA)

Replaced Incapacity Benefit and Income Support payments on the grounds of incapacity for new claims from October 2008. Benefit claimant figures shown in this report do not include claimants for ESA, since this new data source could be subject to inconsistencies. Benefit claimant figures in this report could potentially be higher if ESA was included in the area totals. Provisional ESA data for November 2008 and February 2009 is available at: http://research.dwp.gov.uk/asd/esa.asp

Incapacity Benefit (IB)/Severe Disablement Allowance (SDA)

A weekly payment for people under State Pension age who became incapable of working due to an illness or disability that started before 27th October 2008.

Claimants of SDA included individuals who had been unable to work for at least 28 weeks in a row because of an illness or disability but did not satisfy the contribution conditions for IB. It has not been possible to make a new claim for SDA since April 2001.The benefit is maintained for existing claimants only.

All IB/SDA data included in this report is taken from the DWP Longitudinal Study 100% sample (see www.nomisweb.co.uk). It is considered very reliable as it is not subject to any sampling error.

In-flow/Off-flow

Claimants going onto (in-flow) or coming off (off-flow) a particular benefit.

International Labour Organization (ILO) unemployment

People who are without a job, want a job, have actively sought work in the last four weeks and are available to start work in the next two weeks; or are out of work but have found a job and are waiting to start working in the next two weeks: www.statistics.gov.uk/downloads/theme_labour/unemployment.pdf

Jobseeker's Allowance (JSA)

The main benefit for people of working age who are out of work or who work less than 16 hours per week on average. To qualify claimants must be available for and actively seeking work, aged between 18 years and State Pension age and working less than 16 hours per week on average. Jobseeker's Allowance is not normally paid to 16 or 17 year olds, except in special cases. There are two types of JSA (contribution-based and income-based):
www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/Employedorlookingforwork/DG_10018757

Joint Strategic Needs Assessment (JSNA)

The process by which public sector partners review the health and wellbeing needs of a population, identify where best to invest resources, and set commissioning priorities around the delivery of health, wellbeing and social care services: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097

Local Area Agreement (LAA)

Three year agreements, which are set between central government, local authorities and their partners to improve the quality of life for people living in local areas through channeling public resources towards local priority areas, alongside national outcomes and targets. Each LAA is negotiated with the Government Office for the region, before being agreed and signed off by the Secretary of State: www.idea.gov.uk/idk/core/page.do?pageId=8680349

Long-term unemployed

Based upon the ILO definition and refers to those persons who have been unemployed for a period greater than 12 months: www.statistics.gov.uk/articles/labour_market_trends/unemp_in_brief.pdf

Population figures

Population denominators in this report have been taken from the Office for National Statistics single year of age population groups for 2004 to 2007 and have been matched to the corresponding years of data. An exception to this is data for 2008 and 2009 (years for which there are currently no population estimates are available). In these instances, 2007 population figures have been used.

Working age population

Males aged 16 to 64 years and females aged 16 to 59 years. Total population figures have been derived by summing together the male (16-64) and female (16-59) populations.

Worklessness

Unemployed individuals as well as the inactive population who are eligible to claim benefits and individuals who are working informally.

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