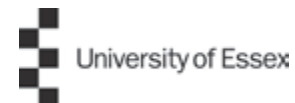




Insights

2022-23

Findings from the UK Household Longitudinal Study



About the Study

Understanding Society provides key evidence about life in the UK. It is the largest longitudinal study of its kind and provides crucial information for researchers and policymakers about the causes and consequences of change in people's lives.

Our participants come from every area of the UK, and the Study covers issues that affect all our lives, from relationships, education and employment to health, family resources and behaviour.



ALL AGES

We can see the experiences of the whole population over time.

WHOLE HOUSEHOLD

Relations between generations, couples and siblings can be explored.

CONTINUOUS DATA COLLECTION

We interview participants every year, so short- and long-term changes in people's lives can be investigated.

NATIONAL, REGIONAL AND LOCAL DATA

The Study includes all four countries of the UK, allowing researchers to compare the experiences of people in different places and policy contexts.

ETHNIC MINORITY BOOST

Sample sizes of ethnic minority groups allow their specific experiences to be investigated.

MULTI-TOPIC

We cover a range of social, economic and behavioural factors, relevant to many policymakers and researchers.

LINKED DATA

With consent, our data can be linked to administrative records from other sources, building a richer picture.

METHODOLOGICAL RESEARCH

Researchers get well-designed and harvested data supported by world-leading experimentation, development and testing.

BIOMARKERS AND GENETIC DATA

Biological data allow researchers to look at the relationship between social and economic circumstances and health.

Find out more about the Study online at

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 Understanding Society: UKHLS

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Foreword

SOCIAL CHALLENGES – HOW WELL IS POLICY WORKING?

Raj Patel | Associate Director of Policy | Understanding Society

This year's Insights looks at three major policy challenges: the cost of living crisis, the levelling-up agenda and how we can improve working life in ways that also generate a health dividend.

While data to examine the cost of living crisis are still being collected, new findings into economic insecurity and resilience, using long-term data from Understanding Society, are already relevant. Researchers have been examining questions such as the relationship between fuel poverty and financial stress, and how long-term housing affordability problems affect people's mental health.

Our data users have also been taking a close look at long-term disparities in health. We know that 'left behind' neighbourhoods have poorer health, but what are the health costs of poorer outcomes in England? Healthy life expectancy, rather than simply how long we live, is an important policy goal, so how are multimorbidities related to area-based deprivation?

The third theme in the report examines work and health. With a tight UK labour market, employers are increasingly having to seek more innovative ways to hang onto current staff and attract new workers.

Among other things, these findings drill into the links between work time, work intensity, work-life initiatives and (mental) health. What employers can do to improve workforce health is now becoming an economic necessity.

How we know if a policy is achieving its desired outcome, and for whom, is an important question, but only 8% of major government projects are evaluated, according to a National Audit Office report. Understanding Society's household panel design and multi-topic content can make an important contribution to evaluation. If you are interested in using the dataset for evaluating the impact of policies, you can find out more on our [website](#).

We hope you find these research summaries valuable. Our deep thanks go to all the people who help make the survey possible. Understanding Society has now released 12 waves of data, with the latest wave collected in 2020 and 2021. For many of our participants, this period will have been one of significant change, as lockdown restrictions were lifted and life started to get back to 'normal'. We are immensely grateful for their continued support for the Study, and the additional contribution they made to the Covid-19 Survey.

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Commentary

Helen Undy | Chief Executive | Money and Mental Health Policy Institute

WHAT IS A CRISIS – AND WHAT CAN WE DO?

What constitutes a ‘crisis’? How do we know when we tip from the level of financial hardship, inequality and distress that we’ve come to tolerate, into something we consider a crisis? It’s hard to pinpoint, but I think part of the answer lies in who is affected – and how visible those effects are.

Many people in the UK have lived through their own cost of living crisis for most of their lives. Before the crisis, people with mental health problems were already three and a half times more likely to be in problem debt than those without. Incomes were likely to be lower, work more precarious and low paid, and savings minimal.

The pandemic then exacerbated this. Many who went into 2020 financially secure found themselves with increased savings as a result of limited opportunities to go out, but people with mental health problems were among those hardest hit. They were three times more likely to have fallen into problem debt during the pandemic (15% compared to 4%) and more than twice as likely to have relied on borrowing to cover everyday spending such as food or heating (26% compared to 11%).

So the pandemic compounded existing inequalities, but wasn’t broadly seen as a ‘crisis’ in terms of household finances – perhaps because those worst affected were the same people who are always worse off, whose voices are less often heard.

The cost of living crisis arriving in 2022 suddenly changed that. Financial difficulty reached people who have never struggled before, and levels of hardship we’d previously accepted started to tip into a level we seem less able to accept. Across the whole population, one in five UK adults (21%) say they have felt unable to cope as a result of the squeeze on household finances, and over half (54%) reported feeling anxious as a result of high prices.

The crisis is drawing attention to experiences of financial difficulty that have previously been broadly overlooked, which is why articles like those in this section are so important. If we are genuinely determined to unpick the links between issues – like fuel poverty and financial difficulty, unaffordable housing and mental health, or benefit reductions and pensioner poverty – we must first dig into the research and make sure those experiences are fully understood. It’s essential that policy responses are then nuanced and well-targeted.

From the UK-wide energy price cap freeze, to specialist employment support for those of us with mental health problems, it’s vital that targeted interventions are delivered in tandem with population-wide action. This isn’t a uniform crisis for everyone, and a uniform policy response risks widening inequalities even further.

Fuel poverty and financial distress

Andrew Burlinson | University of East Anglia, **Monica Giulietti** | Loughborough University
Cherry Law | London School of Hygiene and Tropical Medicine, **Hui-Hsuan Liu** | Royal Veterinary College

Fuel poverty is considered a distinct form of poverty, not least because tackling it can be a ‘win-win-win’ for policymakers – by reducing hardship, improving mental and physical health, and making energy/carbon savings.

We know its prevalence varies in Great Britain, with approximately 10% of households considered fuel-poor in England, 12% in Wales, and 25% in Scotland. We also know that fuel poverty is bad for health – linked to higher rates of mortality, and greater risk of cardiovascular, inflammatory, and mental health conditions. We don’t yet know very much about its links with financial distress, though – and with incomes stagnant and energy prices rising, we need to understand this better.

THE DATA

We used data from Wave 10 of the Understanding Society main survey and from three waves of its COVID-19 Study to look at whether fuel poverty contributed to financial distress during the pandemic. We used three measures of financial distress – each of which is self-reported by Understanding Society participants:

- being behind on bills such as electricity, gas, and water rates
- finding the current financial situation ‘difficult’ or ‘very difficult’
- believing one’s financial situation will be worse ‘a year from now’.

On average, 5.4% of individuals were not up to date with all of their household bills, 7.5% found their current finances at least difficult, and 12.5% thought they would be financially worse off the following year. These figures, from Wave 10, were gathered between January 2018 and May 2020.



We also examined fuel poverty using energy expenditure and income information to calculate objective measures of fuel poverty and using self-reported information on warmth as a subjective measure:

- spending more than 10% of household income on energy bills
- high costs – spending more than the national median on energy in the last year
- low incomes – after deducting energy and housing costs from household income, does it fall below 60% of the national median household net income?
- can they afford to keep their house warm during winter?

FINDINGS

There is a clear link between the indicators of fuel poverty and measures of financial distress, in terms of being behind on bills, finding current finances difficult, or expecting finances to be worse in a year's time.

In order to establish whether financial distress was caused by external factors, we also took three variables into account: the marginal price per unit of gas and electricity, the fixed charge for supplying gas and/or electricity to the meter (which are independent of consumption), and the fixed-to-marginal ratio.

Our results reveal that increases in energy prices increase the likelihood of fuel poverty, and people who are fuel poor are much more likely to be behind on bills and to consider their financial situation difficult. Using the measure of spending more than 10% of household income on energy bills, for example, fuel poverty increases the probability of being behind on bills by 84.4 percentage points, on average (if all other factors remain the same). The probability of finding current finances at least difficult increases by 24.8 percentage points if fuel poor (again, if other factors stay the same).



Looking at the first three waves of the COVID-19 Study, the proportion of people who are fuel poor is similar to those in the pre-pandemic data. As with the main survey, we also found that fuel poverty influenced financial distress during the pandemic. In both cases, the objective measures of fuel poverty showed smaller effects than the subjective indicators.

One interesting finding is that fuel-poor people find managing their current finances more difficult than those who are not fuel poor, but are no more likely to think that their financial situation will be worse in future. This fits with scarcity theory, which says that those in poverty attend to the most pressing financial problems, with future needs considered to be far away.

Policies designed to help us meet our net zero goals need to consider the implications for the fuel poor



CONCLUSIONS AND IMPLICATIONS

Fuel poverty is an important part of socioeconomic deprivation, and while many countries have policies in place to deal with it, many have also seen mixed results because the issue is so complex. Well-targeted and effective policy is even more important now, because many households lost income during the pandemic. Also, fuel poverty can have a long-term effect on health – because living conditions and financial stress affect anxiety, depression, and wellbeing.

Policies need to be assessed by taking financial distress into account, because alleviating it has health and wellbeing benefits for individuals and for society as a whole. The fuel poverty charity National Energy Action has called for reforms to protect households, energy suppliers and the economy from the “gathering storm” of utility debt.

Also, policies designed to help us meet our net zero goals need to consider the implications for the fuel poor. Ambitious environmental aims could exclude some sections of society from access to affordable fuel and appliances if the sustainable, energy-efficient technology they need is unaffordable – and that could make those aims unachievable.



CITATION:

Andrew Burlinson, Monica Giuliatti, Cherry Law and Hui-Hsuan Liu, Fuel poverty and financial distress, *Energy Economics*, October 2021: <https://doi.org/10.1016/j.eneco.2021.105464>

Pensioner poverty on the rise

Matt Barnes | City, University of London

Poverty in the overall population has been relatively stable since 2012, but poverty among pensioners has grown by five percentage points in the same period. The DWP estimates that 18% of pensioners currently live in poverty.

Previous research has shown that living in poverty is bad for older people – as it is for others – but we don't know much about how the experience of poverty changes in older age. Funded by the charity Independent Age, I set out to find out how many pensioners enter poverty, and how many escape – and what happens to those who remain in poverty over the long term.

THE DATA

I used nine waves of Understanding Society, covering 2010-19, and calculated people's household income by looking at:

- household size (equivalised income)
- social benefits (such as the State Pension)
- pension income (from occupational pensions)
- investment income
- earnings from employment
- private benefit income (such as maintenance, alimony, and payments from friendly societies)
- miscellaneous income (such as support from family members).



I compared 2017/18 and 2018/19 data to look at poverty transitions – people moving in or out of poverty – and observed patterns of persistent poverty (having a low income for three or four years of a four-year period) from 2010/11 to 2018/19.

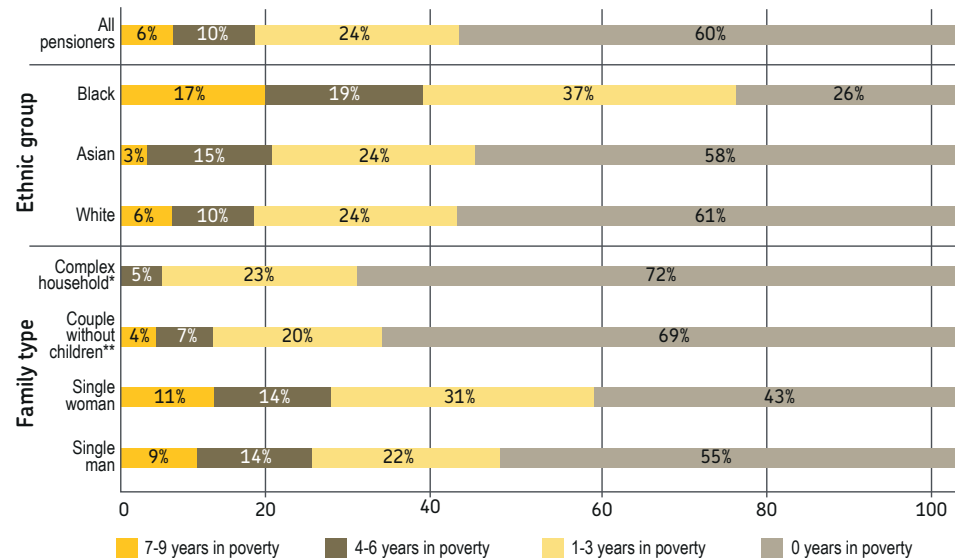
FINDINGS

My report for Independent Age, a charity which aims to help older people facing financial hardship to live well, showed that two in five older people (40%) spent at least a year in poverty between 2010 and 2019. One in ten (10%) spent four to six years in poverty, and as many as one in twenty (6%) pensioners spent more than seven years in poverty.

Pensioners who live alone were especially affected – with 11% of single women and 9% of single men spending seven or more years in poverty – as were those who didn't own their own homes. 19% of social renters and 25% of private renters experienced this length of time in poverty over the decade I studied. Black pensioners were also at higher risk. 60% of all pensioners experienced no years in poverty, but this was only true of 26% of Black pensioners (although this was a small sample size).



Number of years in poverty (from 2010/11 to 2018/19) by sociodemographic characteristic



Base: Individuals of pension age

Source: Understanding Society survey 2010/11-2018/19

Note: Poverty measured as below 60% median equivalised total net household income after housing costs

19% of social renters and 25% of private renters were in poverty for seven years or more, compared to 3% of those who owned their home, and 2% of those with a mortgage

Looking at transitions, 4% of pensioners enter poverty from one year to the next – with single women (6%), Asian pensioners (11%) and social and private renters (9%, 8%) at greater risk. About 5% of pensioners move out of poverty from one year to the next, with single women (7%) and Asian pensioners (11%) having a greater chance of this happening.

Overall, 11% of pensioners remained in poverty from one year to the next. Pensioners at increased risk of staying in poverty were:

- Single (women 19%, men 16%)
- Black (26%)
- Renters (social 28%, private 37%)

I also looked at the different components of household income that changed alongside a movement into or out of poverty, to see which the most important factors were. Of those who enter poverty, 61% experienced a reduction in social benefit income, 27% saw a reduction in private income, and 21% had their housing costs increased. The average decrease in social benefit income for a couple who enter poverty is £542 a month.

For those who exit poverty, 70% experienced an increase in their social benefits, 42% had an increase in private income, and around one in 10 either increased their labour income (10%) or saw their housing costs decrease (9%).

* Complex households include pensioners living with children or other family members (including across generations), two pensioners living together not as a couple and others not included in the other family type categories.

** Living in the household

CONCLUSIONS AND IMPLICATIONS

I found that nearly one in five pensioners live in poverty, a figure which has been rising in recent years – and one which I calculated before the cost of living crisis began in 2022. The evidence also suggests that pensioners who have experienced poverty continue to do so in older age – so the more we can understand about poverty transitions, the more likely we are to be able to protect pensioners from going into poverty and to help them escape.

Falls in social benefit income and increases in housing costs are the most important factors. Younger pensioners are more likely to work, and stopping work is another source of change in a pensioner's income. Benefits such as the State Pension are the main source of income for most pensioners, particularly those lower down in the income distribution.

Based on my findings and other research, Independent Age is calling for government action to increase the take-up of Pension Credit – a means-tested benefit for people of State Pension age who fall below an income threshold. Research conducted before the extreme rises in cost of living predicted that if everyone eligible received Pension Credit, 440,000 older people would be lifted out of poverty, and it would have reduced the number of people living in severe poverty by half at that time. Though costs have risen, and the money received by Pension Credit may not go as far as it did previously, it would still make a significant difference to many. Making sure eligible people receive Pension Credit would also reduce pressure on health and social care services, as higher incomes improve people's health.

Nearly one in five pensioners live in poverty, a figure which has been rising in recent years



CITATION:

Matt Barnes, Longer-term pensioner poverty and poverty transitions: A quantitative analysis of the Understanding Society survey (USoc), Independent Age, 12 January 2022: <https://www.independentage.org/longer-term-pensioner-poverty-and-poverty-transitions-a-quantitative-analysis-of-understanding>

Unaffordable housing and mental health

Kate Dotsikas | Inserm and Sorbonne University
David Osborn, Kate Walters, Jennifer Dykxhoorn | UCL

Unaffordable housing is a global problem, particularly since the 2008 financial crisis, and some of Europe's highest unaffordability rates can be found in the UK. For some, housing has become a financial investment, pricing many out of the market, and rent has risen faster than income. At the same time, income growth has slowed, and the number of social homes in the UK has fallen by about 1.5 million since 1980.

Research has linked housing affordability problems to poor mental health, but few studies have used longitudinal data since the 2008 crash. We wanted to see who was being affected over a decade, and how housing affordability influences mental health.

THE DATA

We used Waves 1-10 of Understanding Society, covering 2009-2020, using answers to the general health questionnaire (GHQ) as a measure of mental health. We calculated the percentage of household income spent on housing costs in each wave, and categorised those spending more than 30% as facing affordability problems. We also took sex, age and ethnicity into account. The GHQ gives us a mental health score for each participant, and we modelled trajectories of housing affordability before examining the relationship between the trajectories and GHQ score.

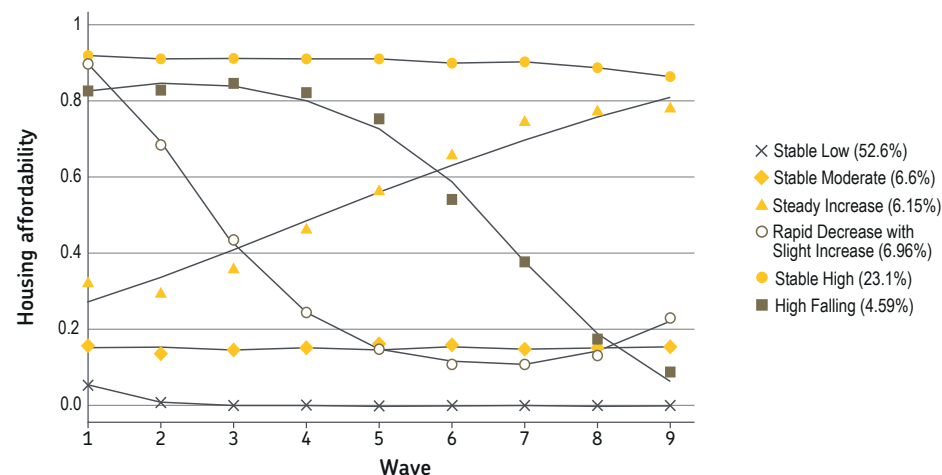


FINDINGS

To begin with, we found six main housing affordability trajectories:

- stable low – who made up more than half the sample, and who had a consistently low probability of facing unaffordable housing
- stable moderate – a slightly higher chance of spending more than 30% of household income on housing costs
- steady increase – those whose housing affordability worsened across the nine waves
- rapid decrease with slight increase – whose housing costs started high, quickly fell, and showed signs of increasing again at Wave 8
- stable high – the second largest group at 23.1% of the sample, with a consistent high probability of affordability problems
- high falling – four years of affordability problems, falling to a moderate level after Wave 4.

Trajectories of housing affordability



All the groups were roughly equally split in terms of gender, although there were slightly more women in the 'steady increase' group. The age split was interesting, but perhaps not surprising: the 'stable low' group had the oldest participants, and the highest proportion of White British/Irish participants. The 'stable high' group was the youngest, and also the group with the most participants with a household income below the sample median.

Compared to those in the 'stable low' group, the other five trajectories were associated with significantly worse mental health by Wave 10. People who faced successive time points with a high probability of affordability problems were more likely to experience worse mental health, especially the 'stable high' group and the 'high falling' group. The smallest association was seen in the 'stable moderate' group.

We adjusted the statistical models for age, sex, and which country of the UK they lived in, to see whether these characteristics could explain the differences, but the link between affordability and mental health remained for each group, although the effect sizes were smaller.



We also adjusted for median household income, and again the effects were smaller, but there was still a link between affordability and mental health for all apart from the 'rapid decrease with slight increase' group. The effect size reduced the most for the 'stable high' group. This has the largest proportion of low-income participants, and it may be that housing affordability doesn't affect their mental health over and above the financial stress they already feel.

Our results show a need for mental health support for people who have problems affording their housing



CONCLUSIONS AND IMPLICATIONS

Our results reflect the reduction in access to stable and affordable housing for 'generation rent'. According to the Office for National Statistics, an increasing number of people in their mid-30s to mid-40s live in the private rental sector, the most expensive for housing costs. Future research should consider the potentially different mental health effects of housing affordability for sub-groups such as the young and ethnic minorities.

As far as we know, this was the first study to examine trajectories of housing affordability problems and mental health. We found a link between the burden of housing costs and worse mental health – strongest in the 'high falling' group compared to the 'stable low' group. In other words, there was a long-term effect – a history of housing affordability problems has a sustained mental health impact, even if the problems are (or appear to be) in the past.

Our results show a need for mental health support for people who have problems affording their housing – and that support needs to include those who have had affordability problems in the past. They may still be experiencing distress.



CITATION:

Kate Dotsikas, David Osborn, Kate Walters and Jennifer Dykxhoorn, Trajectories of housing affordability and mental health problems: a population-based cohort study, *Social Psychiatry and Psychiatric Epidemiology*, June 2022: <https://doi.org/10.1007/s00127-022-02314-x>
Kate Dotsikas was at UCL when this research was carried out

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TACKLING LONG-TERM INEQUALITIES

Earlier this year, the UK Government set out its [goal](#) “to tackle the stark disparities in health outcomes across the UK, ensuring people have the opportunity to live long, healthy lives wherever they live.”

As members of the All-Party Parliamentary Group for 'left behind' neighbourhoods we know how important this ambition is for addressing the long-term inequalities faced by those in our most deprived communities.

Launched in 2020, our APPG advocates for the [225 neighbourhoods](#) across England – and the 2.4 million residents who live in them – identified as 'left behind'. These wards fall not only within the most deprived 10% of areas on the Index of Multiple Deprivation but also face high levels of community need. They lack the social infrastructure – places and spaces to meet, community groups and organisations, and transport and digital connectivity – essential for a thriving civic life. This double disadvantage leads to poorer outcomes in 'left behind' neighbourhoods – often multigenerational – across a range of indicators when compared to other equally deprived areas.

This can be seen most clearly in regard to people's health. Worryingly, our APPG report with the Northern Health Science Alliance using Understanding Society data (see p.26) found that health outcomes in 'left behind' areas are among the worst in England, with growing disparities between them and the rest of the country. Residents in these

neighbourhoods work longer hours than the national average while living shorter lives with more years in ill health.

Separate [research](#) conducted for the APPG by Oxford Consultants for Social Inclusion found that these areas saw fewer mutual aid groups set up during the early months of the COVID-19 pandemic, while also attracting less charitable grant funding to enable the community to respond and rebuild.

Over the course of our evidence sessions and ongoing inquiry into levelling up, the APPG has sought to understand what works in tackling deprivation at the neighbourhood level – with the rebuilding of strong, locally-led community networks and institutions emerging as a key element.

With the appropriate funding and support, there is significant potential for people in 'left behind' areas to rebuild their social infrastructure and to engage in partnership working to deliver successful solutions to local challenges. This is why members of the APPG have advocated for proposals such as a Community Wealth Fund, which would deliver long-term funding for areas that need it most. Seemingly small-scale resident-led initiatives such as a youth mental health campaign, funding for a community health champion or a free signposting or social prescribing service can have an outsized impact on the health and wellbeing of the broader community.

It is essential that we support people living in 'left behind' neighbourhoods to take the lead in their local area – building confidence, capacity and resilience to tackle inequalities over the long term.

Does outside space have to be green?

William Holy-Hasted, Brendan Burchell | University of Cambridge

Public space in towns and cities is known to be linked to wellbeing, but most of the research looks at green spaces, such as parks, or 'blue' spaces, such as an urban stream or canal. What about 'hard' spaces: town squares, playgrounds, skate parks, and pedestrianised areas? Is hard-surfaced outside space linked to subjective wellbeing?

THE DATA

We studied London to answer this question, because it's the only UK city for which detailed data are available on hard-surfaced public space. We used Wave 6 of Understanding Society, the most recent year available in which participants were asked about neighbourhood attitudes such as how safe their local area feels, and linked these data to the electoral ward people lived in. We matched these wards to data on open spaces from Greenspace Information for Greater London (GiGL).

The GiGL data had information on over 12,000 spaces in London, including 1,600 with hard surfaces, and over 5,600 green spaces, including parks, green corridors, and community gardens. Of the 625 wards in London, 219 had no hard-surfaced public space, compared to just 14 with no green space.

We measured wellbeing using answers to the Short Form 12 Mental Component Summary (SF-12), a self-report measure assessing participants' quality of life (and compared them to results using the General Health Questionnaire, GHQ-12, which were very similar).



FINDINGS

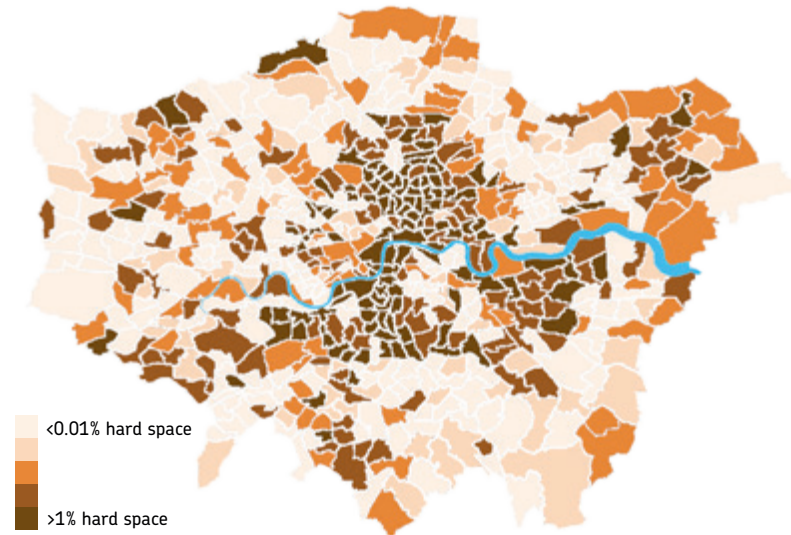
One of the first things to note is that different types of outside space are largely separate from each other, with green spaces mostly outside the centre of London, and hard spaces more common in the centre.

Green public space



Looking at simple correlations, green space was positively linked to wellbeing, and hard space had a negative effect – possibly because hard spaces are also associated with wards with high levels of unemployment, while the reverse is true for green space. This suggests that there tends to be more green space in more affluent areas, while hard space is more common in more deprived neighbourhoods.

Hard-surfaced public space



Using Ordinary Least Squares regression to look at the relationship between different variables, we found that green space is positively associated with wellbeing, but hard space showed no significant relationship. However, when we included the perceived safety of a neighbourhood, things changed significantly. Green space is good for wellbeing regardless of the safety of the neighbourhood, but hard space is good for wellbeing in wards in which people feel safe, and it lowers wellbeing in areas where they don't.

We also looked at housing tenure to compare the results for homeowners, private renters and social renters. For homeowners, green space was still positively associated with wellbeing, but hard space had no effect either way – possibly because of a smaller sample size, or it may be that this group is more alike socioeconomically, and that other variables therefore have less effect on their wellbeing. Private renters didn't show any links between outside space and wellbeing, but for social renters, the safety of the neighbourhood was significant: hard-surfaced public space has a greater positive association in wards that feel safe, but a greater negative association in unsafe wards.

Policymakers should think about both hard space and green space when planning, and bear in mind that each type of outside space may have different effects on wellbeing



CONCLUSIONS AND IMPLICATIONS

Green space's link to wellbeing is relatively straightforward: parks and other such places allow people to exercise outside, enjoy the natural environment, or just have some peace and quiet. For hard spaces, though, it's more complicated.

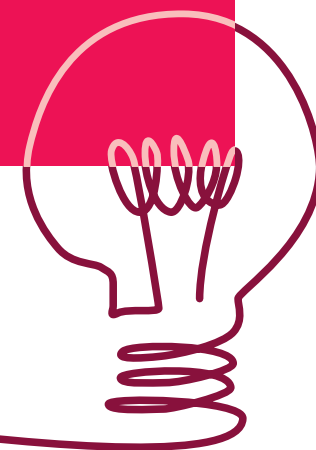
Green spaces (on average 5.69 hectares) tend to be larger than hard ones (average 0.65ha), so people can spread out more, while hard spaces encourage people to congregate and interact. If the area feels safe, people can come together happily, but if unsafe, a civic space could become a site of antisocial or criminal activity, or a place where people fear harassment.

The results suggest that social housing residents, like other vulnerable groups, are sensitive to antisocial behaviour. The social capital created in safe wards is especially valuable for low-income groups, who are less likely to have other kinds of capital. It may also be that hard space tends to be concentrated in deprived areas, and is therefore more visited by people on low incomes.

Using one wave of Understanding Society, it was difficult to determine causation. It may be that people with greater wellbeing tend to live in areas with more public space, but the findings on social renters, who do not get to choose explicitly where they live, suggest that public space improves wellbeing.

Policymakers should think about both hard space and green space when planning, and bear in mind that each type of outside space may have different effects on wellbeing, and that they need to take an area's characteristics and needs into account.

Local authorities should aim to create green spaces in all neighbourhoods, and build hard spaces in safe areas. Providing hard space should be done hand-in-hand with other interventions to address the socioeconomic factors which make areas unsafe.



CITATION:

William Holy-Hasted and Brendan Burchell, Does public space have to be green to improve well-being? An analysis of public space across Greater London and its association to subjective well-being, *Cities*, June 2022: <https://doi.org/10.1016/j.cities.2022.103569>

Health inequalities in 'left-behind' neighbourhoods

Luke Munford | University of Manchester, **Lily Mott and Hannah Davies** | Northern Health Science Alliance
Vic McGowan and Clare Bambra | Newcastle University

We have long known that the health of people living in deprived areas is worse than the national average. But how big is the gap? Is it narrowing or growing over time? How do health inequalities affect economic performance?

To investigate these questions, we were commissioned by the All-Party Parliamentary Group for 'left behind' neighbourhoods to investigate health outcomes and economic outcomes in these neighbourhoods.

The report was a collaboration between the APPG and the Northern Health Science Alliance, a health research partnership between NHS trusts, universities and academic health science networks in northern England. We examined health outcomes and inequalities in the 225 left-behind neighbourhoods and the rest of England, and the long-term effects on individuals and the economy.

THE DATA

We defined 'left behind' neighbourhoods as the most deprived 10 per cent of areas according to the Index of Multiple Deprivation (IMD) and the 10 per cent of areas of greatest need in the Community Needs Index (CNI, a measure of how an area performs in terms of social infrastructure, developed by Oxford Consultants for Social Inclusion). We also looked at what we called "other deprived areas" – those which rank in the most deprived 10 per cent in the 2019 IMD, but not in the 10 per cent of areas of highest need according to the CNI. The 225 neighbourhoods we identified were typically found in post-industrial areas in the midlands and north of England, as well as coastal areas in the south east.



As part of the work, we assessed the impact of the Covid pandemic on mental health, using data from Understanding Society's COVID-19 Study, which ran from April 2020 to September 2021, asking questions on various aspects of life, including mental health (measured with the General Health Questionnaire).

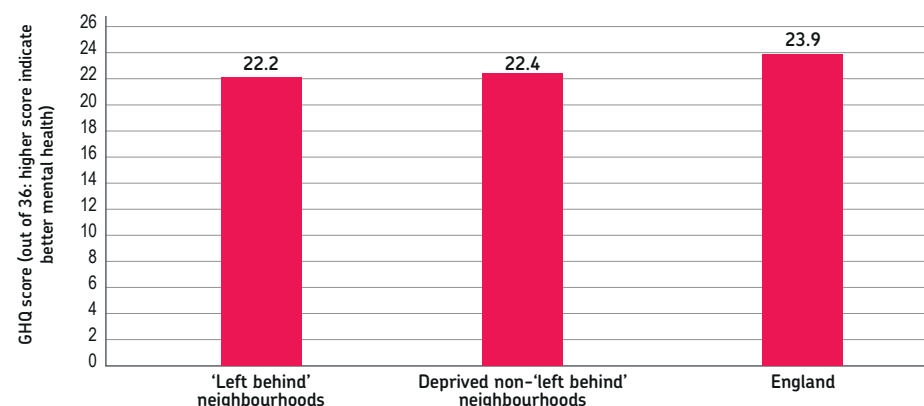
Households in Understanding Society can be geo-coded to their Lower Layer Super Output Area, which have an average population of around 1,500 people, allowing us to match households to their electoral ward, and thus identify people living in 'left behind' neighbourhoods.

FINDINGS

In the first wave of the pandemic (April to May 2020), the average GHQ score in 'left behind' neighbourhoods was 22.2 (out of 36), lower than the average of 23.9 in the rest of England. The score in other deprived areas was 22.4. 'Left behind' neighbourhoods also experienced, on average, a larger decline in mental health than the rest of England: a reduction of 1.5, compared to a reduction of 1.1 in the rest of England and of 1.3 in other deprived areas.

This showed us that the health of 'left behind' neighbourhoods is considerably worse than in the rest of England. This was true before the start of the COVID-19 pandemic and has been exacerbated since March 2020. The inequalities in health that exist between 'left behind' neighbourhoods and the rest of England have been growing over time, not narrowing.

Average General Health Questionnaire (GHQ) scores in April and May 2020



Average change in General Health Questionnaire (GHQ) scores: 2019 to April and May 2020



Other sections of the report, using different data, show that people living in 'left behind' neighbourhoods were 46% more likely to die from COVID-19 than those in the rest of England, and that in 'left behind' neighbourhoods, men live 3.7 years fewer than average and women 3 years fewer. In addition, people in these neighbourhoods can expect to live 7.5 fewer years in good health than their counterparts in the rest of England. The authors suggest that tackling the health inequalities facing local authorities with 'left behind' neighbourhoods and bringing them up to England's average could add an extra £29.8bn to the country's economy each year.

These areas need consistent financial support for 10-15 years to build local social infrastructure, because areas with high levels of social cohesion and capital have better health



CONCLUSIONS AND IMPLICATIONS

The NHTA and APPG conclude in their report that previous public health initiatives which have reduced health inequalities have been discontinued, and the absence of a strategic approach to this policy area has seen outcomes in the most deprived and 'left behind' areas of the country worsen further. Long-term ring-fenced funding is needed, and a hyper-local focus that prioritises the 'left behind' areas with the worst health outcomes. Targeted health inequalities programmes could draw on existing initiatives such as Healthy New Towns.

These areas also need to see consistent financial support for 10-15 years to build local social infrastructure, because areas with high levels of social cohesion and social capital have better mortality rates, general health, mental health and health behaviours. This could be achieved through mechanisms such as the Community Wealth Fund, which would give local residents the means to develop services and facilities that best meet their needs.

Safeguarding community public health budgets would make sure that action to relieve acute NHS backlogs does not undermine efforts to tackle the root causes of ill health. Finally, government and local authorities should prioritise investment in new Family Hubs in 'left behind' neighbourhoods to help improve wellbeing and local life chances. Existing services can be redesigned to respond to specific local challenges, and initiatives prioritised that increase the level of control local people have over their circumstances.



CITATION:

Luke Munford, Lily Mott, Hannah Davies, Vic McGowan, and Clare Bamba, Overcoming health inequalities in 'left behind' neighbourhoods, Northern Health Science Alliance and the All-Party Parliamentary Group for 'left behind' neighbourhoods, January 2022: <https://www.thenhsa.co.uk/app/uploads/2022/01/Overcoming-Health-Inequalities-Final.pdf>

Multimorbidity and deprived areas

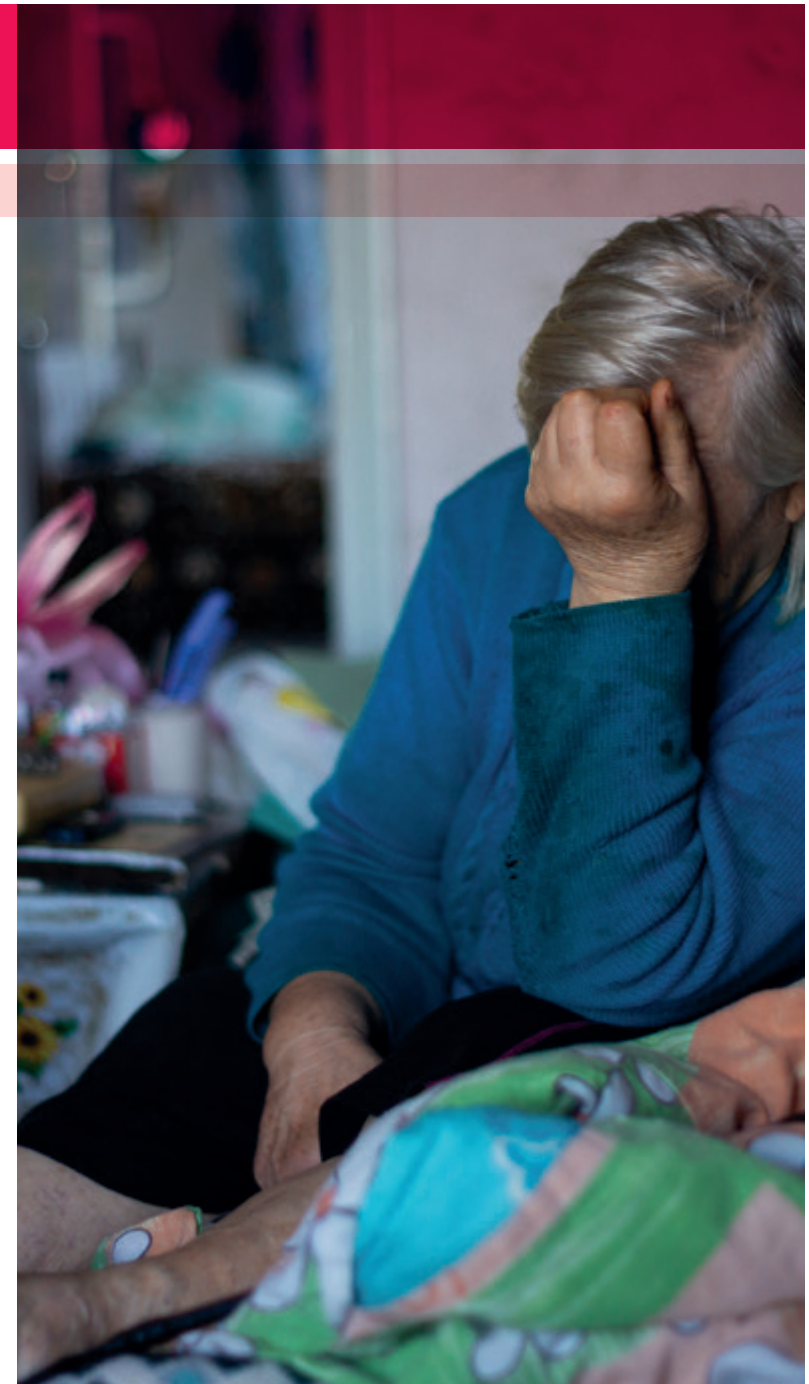
Meena Kumari | University of Essex, Gundi Knies | Johann Heinrich Von Thünen Institute

Research suggests that living with more than one long-term medical condition – known as multimorbidity – is linked to social deprivation, but we don't yet know enough to say exactly what causes the link. We wanted to find out more, and to see if the link is stronger for physical or mental health conditions, and whether it varies in relation to different aspects of deprivation.

Area level social deprivation is calculated using a number of measures of the area including income or employment. Health is also sometimes included in these measures of deprivation, but it isn't always clear that this has been accounted for in the published research. Our research aimed to examine these separate measures to disentangle these relationships so we understand them better.

THE DATA

We used Wave 10 of Understanding Society, and looked at over 24,500 people for whom we had full information on any chronic health conditions they had, on their socio-demographic status, and on the characteristics of their neighbourhood. We gave them a multimorbidity score based on how many conditions they had, out of a total of 36 for women and 35 for men. These were divided into 28 physical conditions for women, 27 for men, and eight mental health conditions. Because some conditions tend to occur together, we also created another score based on how many conditions people had when those conditions were placed in nine groups.



To measure mental health, we used answers people gave interviewers about their health, and the answers they gave to the GHQ-12 questionnaire. This widely used method for measuring common mental health disorders is in a section of the survey which participants self-complete, avoiding any stigma or embarrassment they may feel answering such questions face-to-face.

We also used the Index of Multiple Deprivation from 2019, which considers area level deprivation in seven domains: income; employment; education, skills and training; health and disability; crime; barriers to housing and services; and living environment.

Physical multimorbidity is a problem,
especially in deprived areas, and
especially for older people

FINDINGS

We found that 24% of people over 16 in the UK were affected by multimorbidity – 76% had one chronic health condition or none. 18% of the population (75% of people with multimorbidity) have multiple physical conditions, while 1% have only mental health conditions, and 5% have a mixture of the two.

When we put the health conditions into nine groups, our findings were similar: 79% were not multi-morbid, 13% had two conditions, and 8% had three or more.

Overall, we found that multimorbidity was linked to deprivation, but only for physical health conditions. Older people have higher rates of physical multimorbidity (from middle age onwards, but especially after 70), but multimorbidity only involving mental health conditions was more prevalent in younger people (aged 16–39).

Multimorbidity was highest among White British people compared to other ethnic groups. There was no general association with occupation, but multimorbidity rates were higher in people who were not working.

Also, multimorbidity rates are higher in city centres than in suburban areas or wealthier neighbourhoods.

Multimorbidity is more prevalent in lower income groups and those with low employment levels, but this may be down to reverse causation, because people in poor health tend to retire earlier or to work less. Multimorbidity can also affect employment levels because a partner or family member caring for a sufferer may also not be able to work as much as they otherwise would.

We did not find a link between neighbourhood deprivation and multimorbidity which only involved mental health conditions, which was surprising, but there may be a number of reasons for this. Although previous research has shown a link, this earlier work used medical records data, while ours was based on self-reported survey data.

The figures may also be complicated by the fact that people who were interviewed online were more likely to report mental health conditions, and those interviewed in person less likely – and younger people are more likely to be online.

The lack of a link between levels of deprivation and mental health conditions may also be explained in two ways. Previous research has shown that people in more advantaged areas may be more concerned about revealing sensitive information about mental health conditions, because they hold more negative views about mental illness. By contrast, a lack of mental health services and under-diagnosing may play a role in more deprived neighbourhoods.



CONCLUSIONS AND IMPLICATIONS

Physical multimorbidity is a problem, especially in deprived areas, and especially for older people. This represents a challenge that policymakers need to tackle and not only in the short term. Looking further ahead, as populations age, this physical multimorbidity will continue.

Also, mental multimorbidity, which may yet be undiagnosed, and is growing among younger people anyway, could become a public health priority in the future.



CITATION:

Gundi Knies and Meena Kumari, Multimorbidity is associated with the income, education, employment and health domains of area-level deprivation in adult residents in the UK, *Scientific Reports*, May 2022: <https://doi.org/10.1038/s41598-022-11310-9>

Why do people believe in meritocracy?

Katy Morris | University of Lausanne

Felix Bühlmann, Nicolas Sommet, Leen Vandecasteele | Swiss Centre of Expertise in Life Course Research

A puzzle has emerged amid rising inequality: why do people profess high levels of belief in meritocracy – the idea that people advance on the basis of their own merits – even as income gains are increasingly concentrated at the top?

In light of contradictory theories and evidence from the United States, we used Understanding Society data and data from the English Atlas of Inequality to assess the relationship between local income inequality and meritocratic beliefs in England.

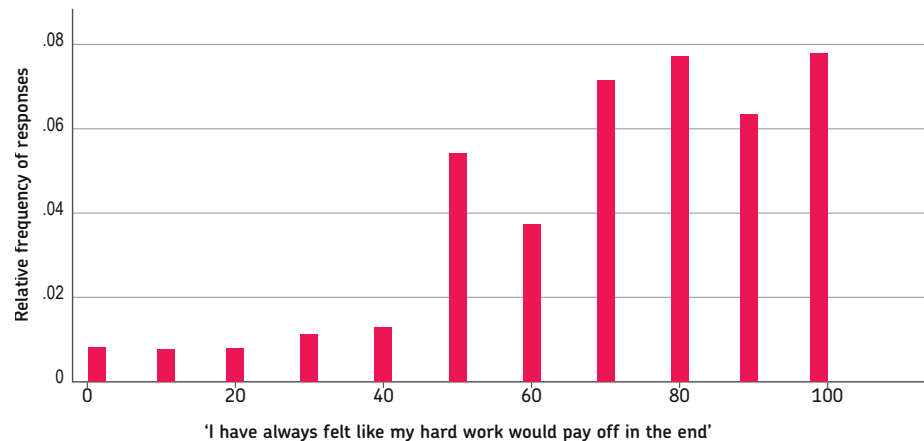
We addressed two research questions. First, how do local contexts shape individual belief in the meritocratic ideal: that hard work is the route to financial security and success? Second, does the effect of local income inequality depend on individual financial circumstances?

THE DATA

We measured meritocratic beliefs using responses to a question in Wave 5 of Understanding Society, where participants were asked how much they agreed or disagreed with the statement “I have always felt like my hard work would pay off in the end”. The graph below shows that meritocratic beliefs were notably high across the sample as a whole: on a scale of 0 to 100, the most common response was 100 or strongly agree.



Meritocratic beliefs among UKHLS sample where 100 = strongly agree



We measured local income inequality at the local authority district (LAD) level using the Gini coefficient, a metric which ranges from 0 to 1, where 0 would indicate that income is equally shared among all residents of an area and 1 that all income is held by a single person or household. Since Gini coefficients can be skewed by the presence of a very small number of very wealthy people, we also check our results with a second measure, which is a simple ratio of the 80th percentile of net household income in each LAD divided by the 20th percentile.

On both measures, Kensington and Chelsea emerged as the most unequal place in Britain while Boston in Lincolnshire was the most equal.

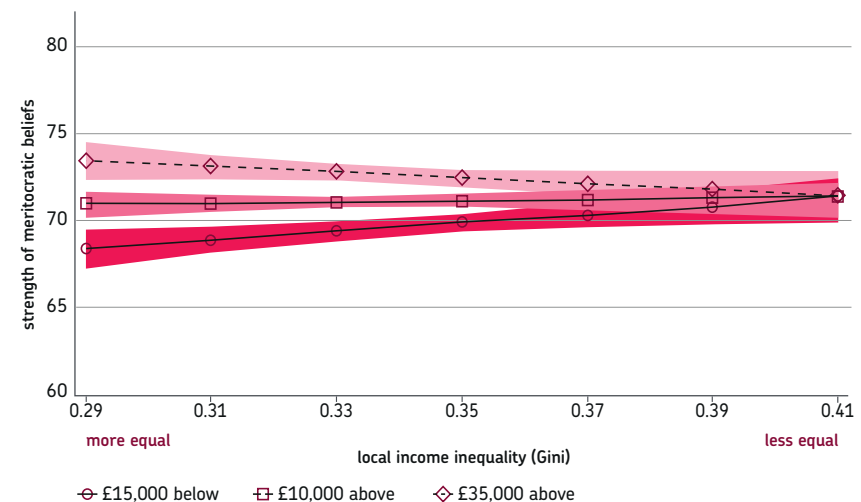
We also matched people's location data to administrative data from a range of sources, including the UK Labour Force Survey, the English Atlas of Inequality, and experimental household income statistics from the Office for National Statistics for the 2015–16 tax year. We ended up with a sample of over 24,900 people in 315 LADs in England.

FINDINGS

We found the positive relationship between country-level income inequality and meritocratic beliefs identified in previous research did not translate below country level: there was no meaningful relationship between the level of local income inequality and meritocratic beliefs in England across the sample as a whole.

However, we also found that higher levels of inequality were associated with stronger meritocratic beliefs among low-income respondents. Respondents with household incomes of £10,000 were five points (on a 100 point scale) more likely to believe their hard work will pay off if they lived in very unequal places like Kensington and Chelsea, rather than more equal places, irrespective of how we measured local income inequality.

Predicted meritocratic beliefs by household income and level of inequality



Why do low income respondents in more unequal areas tend to express stronger meritocratic beliefs? We explored this issue by undertaking additional analysis of the relationship between local income inequality and income satisfaction. Rather surprisingly, we found that low income respondents living in unequal places were also notably more satisfied with their own (low) income than similar respondents in more equal areas.

On this basis, we proposed a system justification theory explanation of our findings. System justification theory maintains that people have an inherent need to see the status quo as good and fair, irrespective of whether the status quo is personally beneficial.

For low-income respondents, who regularly see and interact with people who are much richer than they are, we argue that meritocratic ideology serves a dual purpose. Though it legitimates their current position at the bottom of the economic hierarchy, it also holds out the promise that advancement is still possible.

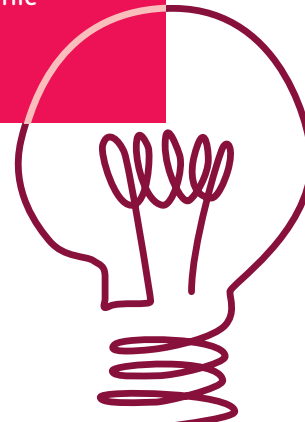
People's resilience potentially contributes to the economic order that produced the vulnerabilities they face



CONCLUSIONS AND IMPLICATIONS

These findings tell us something about how income inequality affects both individuals and society as a whole. Firstly, our findings reduce cause for concern about the psychological effects of high local income inequality on the most economically vulnerable members of society: it seems that belief in meritocracy can serve as an important tool of resilience for low-income individuals who regularly come into contact with others much better off than they are.

At the same time, our research also suggests there is little prospect of demand for systemic economic change emerging from what might have been considered the most likely places. In other words, the paradox of local inequality is that people's resilience potentially contributes to the justification and maintenance of the economic order that produced the economic vulnerabilities they face.



CITATION:

Katy Morris, Felix Bühlmann, Nicolas Sommet and Leen Vandecasteele, The paradox of local inequality: Meritocratic beliefs in unequal localities, *British Journal of Sociology*, March 2022: <https://doi.org/10.1111/1468-4446.12930>

Improving work and health

Are work-family initiatives good for mental health?

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FOCUS ON 'GOOD WORK' MUST STAY IN CHALLENGING TIMES

It is perhaps no surprise that interest in the 'good work' agenda has waned among policymakers in the UK government over the last three years.

Political upheaval, the cost of living crisis, pending public spending cuts and the urgent need to boost UK productivity and growth have all meant policymakers' interest in improving job quality has faded.

Many of the suggested changes to public policy emanating from the Taylor Review of Modern Working Practices have not progressed, while the Employment Bill and the measures it contained to improve job quality appear to have been indefinitely shelved.

However, while it's perhaps understandable that the big issues highlighted above dominate attention, it is short-sighted to lose a focus on good work, which arguably is even more important during times of economic stress and hardship.

This point is reinforced by research using Understanding Society which suggests that working conditions can play an important role in supporting workers' mental health.

Workers who experienced better working conditions in the early 2010s show sizable improvements in anxiety, self-confidence, concentration and social dysfunction. The analysis suggests that people management practices that can provide job latitude and discretion, flexibility over work

schedules and manageable work intensity are likely to support positive mental health in the workplace.

Of course, improving employees' health and wellbeing should be a priority in its own right for policymakers and employers. However, the research also highlights that physical and mental health both affect productivity.

It found that physical and mental health significantly predict the probability of dysfunctional presenteeism – where going to work in poor health has a detrimental effect on productivity. Poor mental health has a particularly large effect, leading to a 12 percentage point increase in presenteeism. Having a physical health issue that affects your daily life also increases the incidence of presenteeism by a factor of seven percentage points.

In terms of the working practices that can prevent dysfunctional presenteeism, the analysis suggests that part-time work and job autonomy can help support people with poor mental health to remain productive.

Taken together, the new evidence highlights why understanding and promoting the adoption of people management practices that can support employee health and wellbeing should remain an absolute priority for policymakers. The health, resilience and productivity of the UK workforce has arguably never been more important given the multiple challenges facing workers, businesses and the UK economy.

Are work-family initiatives good for mental health?

Lambert Zixin Li | Stanford University, Senhu Wang | National University of Singapore

We know that work stress and work-family conflict have been linked to mood disorders, including anxiety, depression and even suicidal thoughts. Many organisations now have work-family initiatives such as flexible working, remote working and reduced hours in place to promote their employees' mental health.

Research has shown that these measures work at an organisational level – that is, employees at companies which adopt these practices have better mental health – but there has been little research on whether work-family initiatives improve a national workforce's mental health. Different organisations have different policies, and they're applied differently in each workplace, so we wanted to explore whether they improve employee mental health at the national level, and if flexible and remote working are better for mental health than reduced hours.

Also, while some organisations may offer such initiatives, employees may worry that actually using them may harm their career, so we also wanted to explore whether mental health can be improved by these schemes simply being available, regardless of whether people actually use them. We also wanted to know if mental health benefits differed by gender, given that men and women have different roles in paid and unpaid work, and some careers are still dominated by one gender or another.



THE DATA

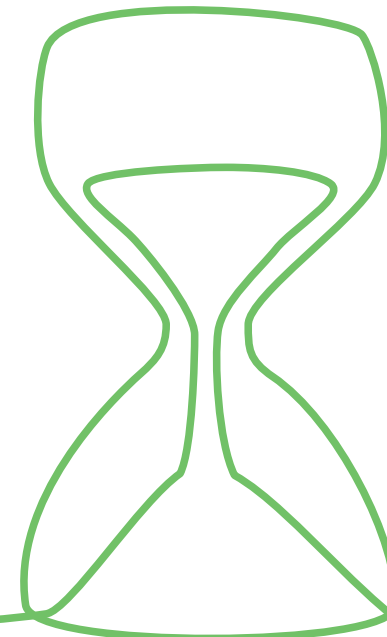
We used Waves 2, 4, 6, 8 and 10 of Understanding Society, looking at over 34,000 participants aged 18-65, and giving them a mental health score based on their answers to the 12-item General Health Questionnaire. The Study also asks respondents if their employers offer any type of work-family initiatives, including compressed hours, flexible hours and working from home. If so, the questionnaire then asks if they are currently using each of them. We coded the answers to these subsequent questions into three categories: not available, available but not used, and available and used.

Understanding Society also asks participants about job satisfaction and leisure time satisfaction. In each case, people are asked how satisfied they are with this area of their lives on a seven-point scale from completely satisfied to completely dissatisfied. We took into account age, marital status, whether the household had any children, whether the participants had any long-term physical or mental health condition, and household income.

FINDINGS

We found that availability or use of all three types of work-family initiatives (reduced hours, flexible schedule, and home-working) improved working men's and women's mental health at the national level. Women who have taken advantage of work-family policies, and those who have them available but haven't used them, have significantly better mental health than women who don't have the option to take them up.

For men, the availability of these initiatives can significantly improve their mental health, but actually using them doesn't. In both cases, though, having work-family initiatives doesn't predict what someone's mental health will be like in two years' time – suggesting that the effects of these workplace policies are short-lived.



When we compared different types of work-family initiatives, whether available or used, we found that all three can significantly improve working women's mental health. The effect was largest for the ability to work at home, smaller but still large for a flexible schedule, and smallest for reduced hours policies.

When we examined job satisfaction and leisure time satisfaction, we found that the availability of work-family initiatives improved mental health through increased job satisfaction, and that the use of such policies improved mental health through increased leisure time satisfaction.

Work intensity, physical environment,
and working time quality are more
important than the number of
hours worked



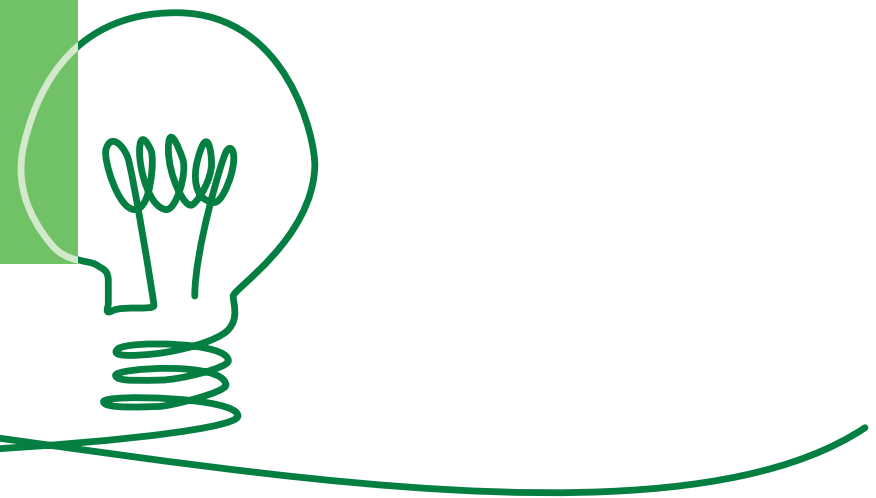
CONCLUSIONS AND IMPLICATIONS

Our finding of overall mental health improvements from the availability of work-family initiatives supports previous research at the organisational level. It also chimes with earlier research using Understanding Society's biomarker data, which found lower allostatic load among those with flexible arrangements compared to those without.

It was interesting that flexible working and home-working showed stronger links with better mental health than other policies, because this fits with job quality theory, which suggests that quality is more important than job quantity for mental health. In other words, elements of a job such as work intensity, physical environment, and working time quality are more important than the number of hours worked.

The gender differences suggest that men who take advantage of work-family policies – because they are not conforming with the cultural norm of masculinity – suffer a 'flexibility stigma' in their career, which could undo the mental health benefits of using the initiatives.

In terms of policy, we have shown that these initiatives can be good for mental health, so governments should incentivise businesses to offer them, reducing work-family conflict and preventing mood disorders. Our findings show employers that promoting employee mental health does not always entail a loss of work hours.



CITATION:

Lambert Zixin Li and Senhu Wang, Do work-family initiatives improve employee mental health? Longitudinal evidence from a nationally representative cohort, *Journal of Affective Disorders*, January 2022: <https://doi.org/10.1016/j.jad.2021.10.112>

Dysfunctional presenteeism, health and work performance

Mark L Bryan, Andrew M. Bryce, Jennifer Roberts | University of Sheffield

Poor health is bad for individuals, employers and the economy. Health problems cause people to spend less time at work and also make them less productive while working.

Being at work while unwell, or presenteeism, is widespread – recent estimates from the UK suggest that 1.5 days of work are lost due to presenteeism for every one day that is lost due to absenteeism. Other research on the UK workforce suggests that the equivalent of 35 days per person, per year are lost due to presenteeism. Clearly, many of us in the UK feel compelled to work while suffering from poor health – why is this, and what makes presenteeism more likely?

Measuring presenteeism is difficult. Objective measures of work performance tend to be job specific, so cannot be applied across all occupations. Presenteeism can be captured by subjective measures, where employees rate their own productivity, but these measures are not commonly available in large scale national data sets. Also, there are times when presenteeism can be beneficial. Going back to work when recovering from poor health can aid recovery and help people get back to full capacity at work.

Health is the most important driver of dysfunctional presenteeism in the UK



THE DATA

To get a rounded picture of dysfunctional presenteeism – where going to work in poor health has a detrimental effect on productivity – we used Understanding Society. Unlike other studies in this area, this dataset allowed us to look at a nationally representative sample and adopt a longitudinal framework to help establish causal relationships.

We explored a range of health effects across a range of characteristics and investigated whether certain working conditions protect workers from presenteeism.

We used data from Waves 2, 4, 6 and 8 of Understanding Society, focusing on employed people aged 21–55. We used their responses to the Short Form 12 Health Survey focusing on how health has affected work in the past four weeks. We used five out of the 12 questions, looking specifically at how physical health limits the amount and type of work they can do, to what extent mental health meant they accomplished less or worked less carefully, and the extent to which pain interfered with work. For all questions, the respondent was asked to consider the past four weeks and could give one of five possible responses.

We also constructed variables for physical health and mental health. For the former, we used the question in the main survey where people report whether they are experiencing difficulties in daily life due to poor physical health. We measured mental health using the General Health Questionnaire – a clinically validated tool for assessing mental wellbeing in the general population.

FINDINGS

We found that both physical and mental health significantly predict the probability of dysfunctional presenteeism. Having a physical health issue that affects your daily life increases the incidence of presenteeism by seven percentage points. Poor mental health has an even larger effect, with the onset of clinically poor mental health leading to a 12 percentage point increase in presenteeism. These are large effects, as only nine percent of workers in the UK exhibit dysfunctional presenteeism in any given month. Dysfunctional presenteeism is experienced by about a third of people with at least one physical impairment, and over a quarter of people with poor mental health. Women are more likely to experience dysfunctional presenteeism than men, and it is also more common among older workers and single people without children.



Is dysfunctional presenteeism determined by more than health? Our research suggests that the work environment plays a part, but the effect is much smaller than the impact of poor health itself. A key factor is perceived job security, which leads to less presenteeism. Surprisingly, this analysis showed that the marginal effect of physical health on presenteeism is stronger among those who have access to informal flexible working (eight percentage points) than those who do not have this access (six points).

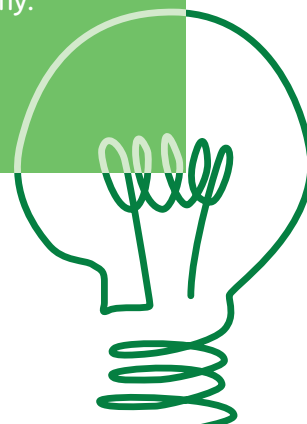
When we looked at the development of poor mental health, we found that the effect on dysfunctional presenteeism when suffering from mental health issues was much stronger for full-time workers, compared to part-time, and for people who have more limited autonomy over their job tasks. This suggests that part-time work and autonomy may be helpful for people experiencing the onset of poor mental health in helping them maintain productivity.

Policies aimed at improving people's physical and mental health should reduce dysfunctional presenteeism for everyone, and deliver benefits to productivity and the economy



CONCLUSIONS AND IMPLICATIONS

Health is the most important driver of dysfunctional presenteeism in the UK workforce. On average, developing any physical health problem is estimated to lead to a doubling in the probability of reduced productivity, from seven to 14 percent. Moving from good to poor mental health has an even larger impact, predicting a rise in dysfunctional presenteeism from six to 18 percent. We found these effects to be consistent across all demographic groups, job types and working arrangements, suggesting that policies aimed at improving people's physical and mental health should reduce dysfunctional presenteeism for everyone, and deliver benefits to productivity and to the economy.



CITATION:

Mark Bryan, Andrew Bryce and Jennifer Roberts, Dysfunctional presenteeism: Effects of physical and mental health on work performance. *The Manchester School*, April 2022: <https://doi.org/10.1111/manc.12402>

The impact of working conditions on mental health

Michelle Belloni | University of Torino, **Ludovico Carrino** | King's College London;
Elena Meschi | University of Milano Bicocca

Many studies show that poor working conditions and workplace stress can lead to worse psychological wellbeing – in the form of anxiety and depression. The role of job quality in promoting better health has become the focus of policymakers in the UK and the wider EU, with initiatives targeting ‘more and better jobs’.

But it can be difficult to find evidence for a causal link between employment and psychological wellbeing because, for example, depression may limit people’s freedom to choose specific work, or they may change jobs because they become unwell.

At the time of our research, the UK was ranked fifth among EU countries for the number of current depressive symptoms unwell individuals report – 3.8 per person, compared to an EU average of 2.7. The UK is also in the top countries for skill use and discretion in the workplace, but also high in terms of the intensity of work. In general, UK workers appear to be experiencing more stress at work, and more depressive symptoms.

THE DATA

Our research uses seven waves of data from Understanding Society. We measured mental health using the General Health Questionnaire (GHQ) index and linked the detailed occupations reported in the Study to several indicators of working conditions measured in the European Working Conditions Survey for the UK and Ireland. We considered working conditions such as the physical environment, work intensity, working time quality, skills and discretion, and job prospects.



The large sample size of male and female workers in Understanding Society allowed us to focus on workers who remain in the same type of job throughout the study period. This allows us to identify the effect of working conditions on mental health by looking at changes in job quality over time, rather than workers who change occupation.

We rescaled the GHQ scores to range between 0 and 100 so we could measure the percentage point effects of our chosen variables on mental distress.

FINDINGS

When we looked at GHQ responses, it was clear that women in employment have a higher probability of being at risk of mental health problems than men, and that women are more likely to have common mental health problems than men. The GHQ responses suggest that these gender differences are because women have, on average, higher levels of confidence loss, anxiety and depression compared to men. In terms of working conditions, men tend to have jobs characterised by poorer physical environments, higher intensity of work, and worse working time quality – but they tend to score higher on skills and discretion.

Our results show that improvements to working conditions have a beneficial impact on depressive symptoms – particularly for women in the workplace

For women at work, we found that on average, improvements in job characteristics such as skills and discretion and, to a lesser extent, working time arrangements lead to sizeable improvements in psychological wellbeing. Work skills and discretion appear to matter most: one standard deviation increase in skills and discretion leads to a score of mental health problems which is lower by 2.84 points – that is the equivalent to the boost in mental health from a 1.8% increase in household income. The risk of mental health problems is reduced by 7.8 percentage points if skill and discretion in the workplace improve. We did not find that changes in working conditions affected men's psychological wellbeing.

We also found evidence that the effects of job characteristics vary by age. Although workers of all ages benefit from improvements in skills and discretion, younger workers are more sensitive to job latitude (for example, choosing the order of the tasks they do) and training, while older workers benefit from a higher cognitive dimension to their work – being able to choose tasks that are more complex, and applying their own ideas at work. Older workers' risk of depression is also affected by changes in the physical work environment and working time arrangements, with more difficult working conditions affecting anxiety levels and confidence.

Finally, our analysis showed that improvements in job control and job demand are especially beneficial for workers in occupations where there is a combination of high psychological demands and/or low job control.

CONCLUSIONS AND IMPLICATIONS

We believe these findings have important implications for policymakers. Improving the quality of work could address and prevent mental health issues for workers. In the UK, some groups have been particularly affected by changes in the labour market – the change in the state pension age has increased the number of older workers, while younger workers have been affected by the rise of the gig economy and precarious employment. Workplace interventions aimed at improving decision latitude, training, work schedules and career prospects can improve the mental health of both younger and older workers. Better support for workers in high-strain occupations, particularly women, through improvements in control over tasks, working time and the physical work environment can significantly reduce the risk of depression and could increase the social benefits of policies that promote longer working.



CITATION:

Michele Belloni, Ludovico Carrino, Elena Meschi, The impact of working conditions on mental health: Novel evidence from the UK, *Labour Economics*, June 2022, <https://doi.org/10.1016/j.labeco.2022.102176>

Afterword

WORK WITH UNDERSTANDING SOCIETY

Every year, we ask each member of thousands of the same households across the UK about different aspects of their lives.

The data we build up allow researchers in academia, government departments, the third sector and other organisations to understand how people live. More importantly, they can show us how life in the UK is changing and what stays the same over many years – even decades.

That makes Understanding Society a rich resource for shaping policy and practice. We can help your organisation or industry use longitudinal data and the evidence from research. We can look at the feasibility of linking up data, connect you with academic experts, or help you think about policy issues and social change.

Policy evaluation

Our data have helped to assess how Covid lockdowns changed people's activity levels, and how raising the legal age of buying tobacco reduced the numbers of teenagers taking up smoking – and reduced inequality.

Understanding Society can also be used to compare different nations of the UK, to see how different policies work. The charge for single-use plastic bags in shops was introduced in Wales before anywhere else in the UK, for example, allowing researchers to test its effects there against behaviour in England and Scotland, which hadn't yet brought in the charge.

The longitudinal nature of the data allows researchers to compare before and after. The under-occupancy penalty – the reduction in housing benefit for some recipients, which became known as the

'bedroom tax' – was assessed with data from at least three years either side of the policy being introduced.

Events, roundtables and 'data dives'

We also bring together people with common interests but different knowledge and expertise to discuss economic and social issues, through panel discussions, roundtables and conferences. We also run regular data dives to help new and established users explore what the Study can do – and run training courses to introduce people to data analysis and build on their skills.

Our topics

Our study covers:

- biomarkers, genetics and epigenetics
- COVID-19
- education
- employment
- ethnicity and immigration
- family and households, including pregnancy and early childhood
- health and wellbeing
- money and finances
- politics and social attitudes
- transport and the environment

...and we have a youth questionnaire documenting the experiences of 10-15-year-olds.

To discuss ideas for collaboration and working in partnership, [contact us](#) today.

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