

Work and Health

March 2018

Key findings

- Work is a key driver of health. Healthy work is not just the avoidance of harmful work practices, but the creation of positive wellbeing within workplaces and workforces.
- Healthy work means different things to different people
- Autonomy and job security are key principles of healthy work.
- We need to challenge the idea that there will always be some bad or unhealthy jobs.
- Employers need a greater understanding of the experiences of their workforces in order to develop effective strategies.
- People need to be more informed about healthy work in order to be able to talk constructively with their employers.
- Initiatives such as the Workplace Charter have some benefits, but need to be more ambitious about driving employers to make changes
- The Mayor should support networks of smaller businesses to work together to realise health benefits at a cross-organisational level.
- The Mayor has the opportunity to influence and to lead by example.

The London Assembly Health Committee held a conference in February 2018 to explore what healthy work looks like and how we can encourage it. We heard from several speakers, including Matthew Taylor, the author of the UK government's independent review into Employment Practices in the Modern Economy. And a wide range of stakeholders – from small business owners to trade union reps and national charities contributed ideas about how to reach those not benefitting from current efforts to improve workplace health. We also commissioned fresh research from Populus on Londoners' experiences of workplace health.

This report sets out what we heard from our speakers and stakeholders, as well as the results of our new research. The full survey data we use in this report can be found online [here](#).



Work and Health

March 2018

Why is healthy work important?

Work plays a key role in keeping people in good physical and mental health. Those out of work experience poorer physical and mental health, consult their GP more, and have higher death rates.¹ Returning to work after a period of unemployment is shown to improve the health status of all age groups.²

However, some working conditions have a negative impact on employees' health, which can lead to avoidable sickness absence, presenteeism and further damage to Londoners' health.

Unhealthy work costs us all. The average London firm of 250 employees loses £250,000 a year due to sickness absence.³ Physical illness is only partly responsible; in 2014/15 stress accounted for 35% of all work-related ill health cases and 43% of all working days lost to ill health.⁴ Presenteeism, the practice of showing up to work while sick, can also lead to productivity loss and further damage employees' health.⁵

London's workforce is diverse, and different groups can have very different experiences of employment. This means that devising a set of actions to develop healthier working practices, environments and cultures for all is challenging. The Mayor has identified the need to create supportive workplaces, where all employees can flourish, in his Health Inequalities strategy, specifically targeting employers within traditionally low paid sectors such as hospitality, retail and social care, to help tackle health inequalities. To begin to tackle this question, we

need to know more about the current situation, the barriers that exist for healthy working, and how these can be addressed.

What does healthy work look like?

Healthy work is not just the avoidance of harmful work practices, such as unpaid overtime or continually high-stress situations, but the creation of positive wellbeing.

“When we talk about work and health we shouldn't just talk about the harms caused by bad employment practices, but we should also talk about good quality work and the way in which work is part of our wellbeing”

Matthew Taylor, author of the Taylor Review *Employment Practices in the Modern Economy*

One of the most important factors is job security, which can bring a sense of safety and peace of mind. Of course, job security varies wildly, and can vary between two people doing the same job. For example, a minicab driver who is driving some extra hours to supplement another income will perceive that job security differently to a minicab driver who relies on the driving to live.

Work and Health

March 2018

Autonomy is also key to healthy work. A well-designed job in which you feel in control of your work day is a healthy one. Academic research shows that employees with higher autonomy in their work report positive effects on their overall well-being.⁶ Autonomy can mean lots of different things, including flexibility over the timing, location, pace and order of work.

Autonomy is not just applicable to white collar work. There is a widespread belief that healthy work interventions only work for certain

“We need to challenge the idea that there will always be crap jobs”

kinds of jobs and that some jobs, especially lower paid jobs, will always have poor working conditions. Those we spoke to agreed that this is a myth which needs to be challenged. The difficulty in making certain kinds of jobs healthier is not intrinsic to the job, but the work culture

surrounding it. Social care, for example, is a sector in the UK that is known for precarious and therefore often unhealthy work.⁷⁸ This does not have to be the case and we are starting to see different approaches within this sector already.⁹

Even between two people doing the same job in the same sector, there can be a huge variation in experiences of healthy work, dependent on factors such as a person’s age, physical ability, and how their work fits into a person’s individual circumstances - for example, whether they have dependent children or parents to support. Our survey looked at

how different people experienced work and their views on how work affected their health. We have highlighted some of these findings below. We would encourage employers and policy makers to focus not just on making a role healthy, but making it healthy *for the person in it*. This might be different depending on the needs and circumstances of that person.

Case Study: Buurtzorg – Social Care in the Netherlands

In the Netherlands the Buurtzorg model – meaning “neighbourhood care” – creates teams of up to 12 nurses who are given the freedom to visit patients as they see fit, as long as they adhere to the one rule of spending 61 per cent of their time in direct contact with the people they support.

The model is extremely popular with the nursing teams because of the freedom to manage their own workloads, and the lack of intense monitoring more commonly associated with the UK model of social care. KPMG found that whilst the actual nursing care was more expensive *per hour*, it was of higher quality and *halved* the amount of care needed.

The model is starting to be adopted in the UK. In London, Guys and St Thomas’s is trialling the model as well in Tower Hamlets.

What does healthy work look like for disabled people?

Disability is still too often a barrier to work. Less than 50 per cent of disabled people are in employment, compared to almost 80 per cent of non-disabled people.¹⁰ Disabled people report frustration at being turned down for jobs because of assumptions about their ability to take on roles. This can damage self-esteem and increase anxiety.¹¹

“Access is not just a ramp”

Employers often assume that it will be expensive to adapt a job role for a person with a disability, but this is not the case. We heard that only four per cent of all adaptations made for disabled persons at work had any cost implication at all. And of these, the average claim is only for £200.¹² Equally, access and support for disabled employees should be a proactive process, not reactive. Some employers only ever consider adaptations when a disabled person turns up for an interview. But the absence of a disability friendly workplace may discourage applications in the first place.

The burden of education falls heavily on the disabled employee. A disabled employee should not have to know their employee rights and explain them, but should be able to expect that their employer knows them and is already pro-actively incorporating them into clear, transparent policies.

Like many other disadvantaged groups, peer networks can be helpful. Peer networks can provide a safe environment, and help confidence at work. They can provide a useful safe place to express thoughts and feelings, which can be especially important in workplaces where disabled employees do not feel comfortable coming to management.

Recommendation

The Mayor should ask Business Improvement Districts to encourage local disability peer networks that cover more than one organisation.

The key suggestion from our speaker Esi Hardy – Managing Director of Celebrating Disability – was that disabled professionals need someone to go to. This does not necessarily have to be within the workplace. This idea of a work and health champion is one that came up more than once during our discussions on the topic of work and health.

In London, the Work and Health programme has now been devolved to four sub-regions, and this represents an opportunity. Devolution of funding and powers could allow a fresh look at how we support disabled people into, and to keep, meaningful work. The Mayor must include disabled people in the design of the work and health programme at the outset.

Work and Health

March 2018

What does healthy work look like for lower paid workers?

Our survey found that the health support available to those in lower paid jobs was much worse than that accessed by the higher paid. Below are just a few of the disparities we found:

Only 40% of low paid employees feel their employer would support them if they had to take time off for a mental illness, compared to 59% of higher paid employees.

Low paid employees are much more fearful of how their employer will view any health issues.

Only 4 per cent of the lowest paid employees (earning less than £11,500) with a health condition have tried talking to their manager about it, compared to 22 per cent of the highest paid employees (over £41,000).

High paying employers are significantly more likely to provide access to health support.

For example, 40 per cent of the highest paying employers provide regular health checks, compared to just 16 per cent of the lowest paying employers.

Our survey findings indicate that the approach to encouraging healthy work may need to be different for low paid jobs. Low paid jobs are often in smaller workplaces, sometimes in very different circumstances to an office job. Large employers have HR departments and clearly defined workplace policies and procedures– the main way that larger employers manage workplace health. It can be much harder for SMEs to support their employees' health and wellbeing if they lack the budget or expertise needed.

Currently we simply don't know enough about work and health in certain sectors – such as retail or hospitality. Most research done on health and work has focussed either on the office environment or on the physical side of workplace health in low paid environments, such as health and safety regulations. Research into experiences in lower paid sectors, such as retail or hospitality, is lacking. Filling this gap may provide useful insights that could be shared with other lower paid sectors.

Recommendation

The Mayor should commission research on healthy work in a lower-paid sector with a view to applying the findings to improve working health in other lower paid sectors.

Work and Health

March 2018

What does healthy work look like for flexible workers?

The numbers of people who are self-employed or working zero-hour contracts has grown significantly. In the last ten years self-employment in London has risen by 38 per cent while traditional employee jobs only increased by 18 per cent.¹³ The number of zero-hour contract employees has also risen by over 20,000 to 117,000 – 2.5 per cent of London’s working population.¹⁴

“[Technology] is depersonalising the working relationship... you are no longer dismissed, but your account deactivated.”

The TUC also told us that groups already disadvantaged – such as women, ethnic minorities and disabled people – are more likely to be in flexible work. The ONS agree – at least with regards to gender. 3.4 per cent of the female workforce are on zero-hour contracts, compared with 2.2 per cent of the male workforce.¹⁵

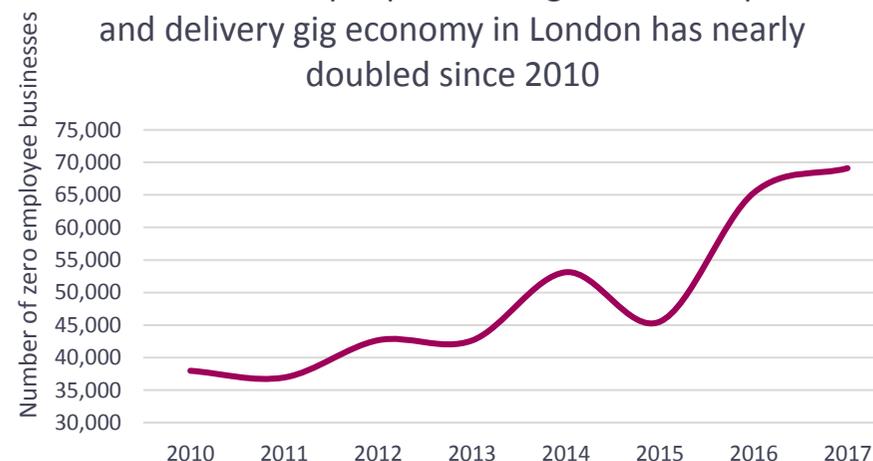
The issue for flexible workers lies in the protections they lack that permanent employees enjoy. According to the Institute of Occupational Health, two thirds of gig economy workers are working without sick pay.¹⁶ Two fifths of those on zero-hour contracts are not eligible for holiday pay.¹⁷

Flexible work leaves workers particularly vulnerable to bad working practices. An insecure job position does not inspire the confidence necessary for employees to directly challenge unhealthy work practices,

The gig economy

The gig economy is a sector that is rapidly growing in London.

The number of people working in the transport and delivery gig economy in London has nearly doubled since 2010



Companies like Uber and Deliveroo epitomise the new sector. According to data from the Department for Business, Energy and Industrial Strategy, since 2010, the number of people working in the transport and delivery gig economy has grown by 82 per cent.¹⁸

What does healthy work look like for older people?

Key findings from survey:

- Only 13 per cent of those aged 55-64 think that their employer provides sufficient workplace support, compared to 44 per cent of those aged 18-24.
- Only a quarter of those aged 45-65 think that their employer would support time off for a physical or mental health condition.

Older workers are a significant part of the London workforce. Over 900,000 Londoners aged 50-64 are in work, an employment rate of 71 per cent.¹⁹

Our survey found some large disparities between health at work for older employees and health at work for younger employees. The 55-64 age bracket had some of the lowest positive responses to statements such as “my employer regularly discusses my health at work with me” or “my employer cares about my mental health”. This surprised us because typically we associate workplace insecurity and exploitative practices with younger workers.

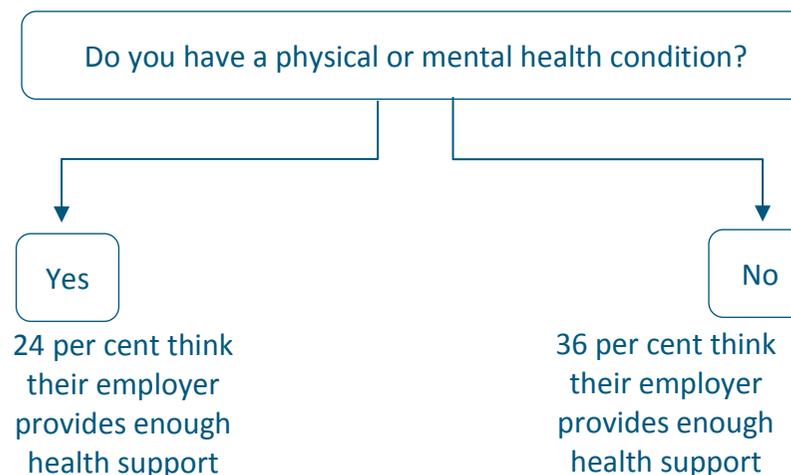
We don’t know yet why this is the case. We think that this is an area ripe for further research and for greater emphasis within the Healthy Workplace Charter.

Recommendation

The Mayor should ensure that his review of the Healthy Workplace Charter explores the reasons for poor health outcomes at work for the 55-64 age bracket.

What do employers know about the health of their workers?

Our survey found that Londoners are overly optimistic about the health support offered by their employers.



Work and Health

March 2018

It is important that employers not only seek employees' opinions about work and health, but demonstrate that the conversation is bringing about change. Many organisations survey the workforce about healthy working. Fewer bring about targeted change.

What are the challenges for small businesses?

It can be difficult to understand workplace health in smaller organisations. Large organisations have the manpower and budgetary flexibility necessary to survey employees and produce finding packs and action plans. Smaller employers often say that they cannot afford to do the same.

Getting it right for those working in the gig economy or for a SME is crucial because this is the majority of working Londoners. 53 per cent of all working Londoners work for an employer with 250 or fewer employees.²⁰ Understanding workplace health need not be costly however, and it can be simpler at smaller workplaces. A small workplace has fewer employees. It can therefore be easier to informally find out what workplace health is like among your team – a full survey isn't necessary when your team size is in the tens rather than the hundreds.

In some situations, it will simply not be practical to have a dedicated health champion at work. Many of those we spoke to suggested roving health at work representatives. Public Health England have recently appointed a London-specific Health at Work Champion. We urge the

Mayor to explore the possibility of roving representatives with this champion.

Recommendation

The Mayor should explore the possibility of roving health and work champions with Public Health England.

We also think that there is more scope for networks that span multiple organisations. We envisage a London where smaller businesses join together and bigger businesses share their learning – a local community of healthy work. We ask the Mayor to task BIDs with making this a reality.

Recommendation

The Mayor should encourage BIDs to form local business community networks that share ways of healthy working.

What role do employees play in their own health?

Those we spoke to agreed that the employer needs to create an environment that encourages conversation about workplace health. If employers initiate the conversation then staff may feel more comfortable raising issues that affect their health at work. Where this environment exists, employees then have a responsibility to engage with the conversation.

Case Study: Royal Free Facilities Team

At the Royal Free, the hospital has set up a peer network for its facilities team.

This is one of the teams that has been hardest to reach in terms of workplace health. More than half of the employees in the facilities team are on the two lowest pay bandings and the health at work outcomes are significantly worse – 70 per cent of referrals to occupational health were for facilities employees and the long-term sickness rate was five times that of other Allied Health Professionals such as paramedics or radiographers.

The Royal Free did some baseline work with the facilities team and listened to what their concerns about work and health were. This highlighted low awareness of existing services, high work stress and an interest in financial health, group activities and fitness.

The hospital then ran a series of events and classes based on what the employees asked for. Employees said they were not aware of health services on offer – the hospital ran a health fair showcasing workplace health support. Employees said they had high levels of stress – the hospital ran social walks around the local area. Employees wanted more help with their finances – the hospital arranged a financial workshop with HSBC. Employees wanted group activities and the hospital ran cooking classes and a climb up Mount Snowdon.

The feedback from employees was very positive about this initiative and many reported that that they felt more valued at work and felt more confident speak to other staff members at the Trust.

Many of the activities that the Royal Free ran did not incur substantial extra financial costs. Holding an internal workplace fair or simply going for a walk as a group require some staff time to organise, but are otherwise free activities. Cooking classes or holding a dance for Christmas are not expensive costs.

When offered, employees did attend the activities offered. It helped that the hospital properly engaged with employees beforehand, and by offering workplace health activities it showed that the employer was trying to create a positive, healthy workplace environment. Over 250 staff attended the Royal Free's workplace health fair and 50 went on monthly weekend walks.

Employees need to be informed about healthy work in the first place and this should start at a young age. Our survey found that younger workers find it particularly difficult to access workplace health support. Only nine per cent of those aged 18-24 we surveyed had spoken to a manager in the last six months about a health condition and the 18-24 age bracket was the most likely to talk to friends and family instead of anyone at work. There is a need to engage and educate younger workers to ask the right questions and to recognise what healthy and unhealthy work looks like. This could become part of the Healthy Schools London programme, so that Healthy Schools produce employees who know what a Healthy Workplace is.

Work and Health

March 2018

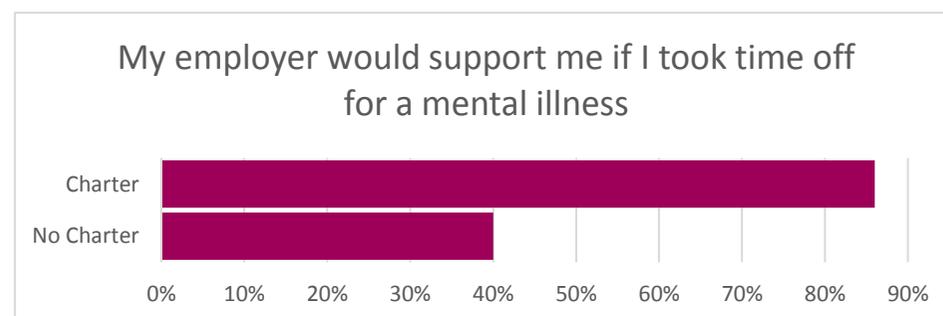
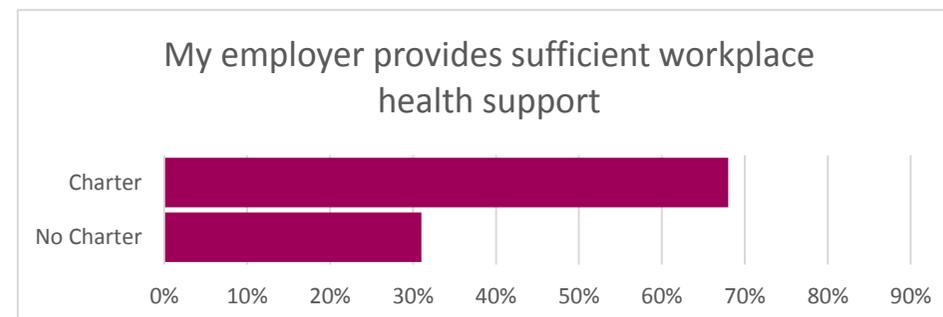
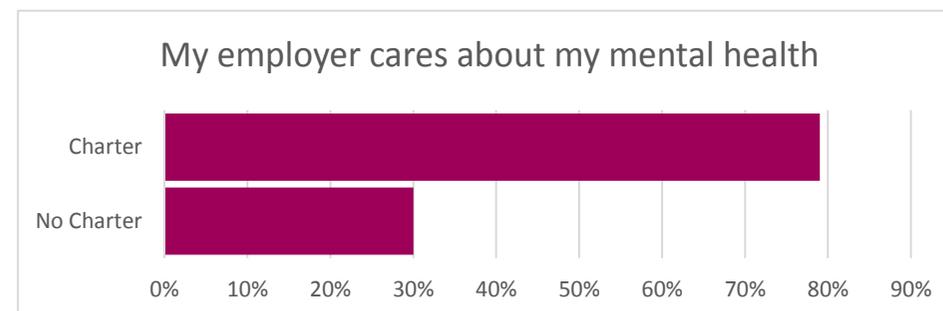
Recommendation

The Mayor should update the Healthy Schools London programme to help young people recognise healthy and unhealthy work, in order to better equip the workforce of tomorrow to challenge unhealthy work practices.

How can we make the Healthy Workplace Charter work for all?

In London we have the Healthy Workplace Charter. The Charter is a self-assessment framework that recognises and rewards employers for investing in workplace health and wellbeing. 195 organisations in London have been accredited, covering more than 319,000 employees.²¹

Our survey found strong evidence that people working for employers signed up to the Charter do feel that they care more about their health and wellbeing. We acknowledge that this does not necessarily mean that the Charter is the reason that these workplaces are performing well and providing healthy work. Here are just three of our findings:



While the Charter is associated with a higher estimation of workplace wellbeing, it seems to mostly work for a certain kind of employer. This employer is office based and likely to be a public-sector body. There are more public sector and third sector organisations signed up to the Charter than private sector organisations. Only twenty retail companies are signed up in comparison to over a hundred professional services firms.²²

We are also concerned that the standards promoted by the Workplace Charter are unambitious. Some of the actions that employers can take that were described as fundamental by the speakers at the conference we held – such as empowering employees to work in an independent way - are only covered by the upper end of the Charter – at the Excellence level. There are only 22 organisations in the whole of London at the Excellence level.²³

The Charter is still a positive force, but we need it to be a positive force for all. The Mayor has started to recognise this. We welcome the Mayor's decision to review the Charter and try to increase engagement from employers in low paid sectors.²⁴ We hope to see the Charter move to a more inclusive footing soon.

Recommendation

The Mayor must set out how the Healthy Workplace Charter, or elements of it, can be expanded to a far greater number of employers, particularly SMEs.

What else can the Mayor do?

Healthy work is a major part of the Mayor's draft Health Inequalities Strategy. The Strategy makes it clear that the Mayor's main tool for promoting healthy work is the Healthy Workplace Charter, although he also calls for:

- Mental health first aid training
- Wider use of the London Living Wage
- Using the Charter to encourage family friendly practices such as supporting breastfeeding
- A Good Work Standard
- A citywide movement for mental health (Thrive LDN)

Good Work Standard

The Mayor is developing the Good Work Standard, an accreditation scheme for employers. This follows on from other accreditation schemes at the GLA such as Healthy Schools London or Healthy Early Years London. The Good Work Standard is a set of goals that promote fairness at work. Employers who sign up commit to pay the London Living Wage and ensure that "everyone in their workforce has excellent working conditions".²⁵ Employers who sign up are also encouraged to reach further goals such as embedding diversity and inclusion in the workforce and promoting a flexible work culture.

Work and Health

March 2018

This is very similar to the Healthy Workplace Charter. We acknowledge that the Good Work Standard is still in consultation. However, the two core commitments of the Standard as it currently stands are to pay the London Living Wage and to avoid exploitative working conditions – and both of these are already covered within the Healthy Workplace Charter.²⁶

Recommendation

The Mayor must clarify how the Good Work Standard differs from the Healthy Workplace Charter.

Some unhealthy work practices are linked to “accidental managers”. Accidental managers are highly skilled workers who are given the responsibility of management because of their strong performance, often without training for the shift in focus from delivering to managing. Accidental managers are particularly prevalent in the UK and the Chartered Management Institute estimate that four in five managers are accidental managers.²⁷ Accidental managers need training to become effective, and in particular this training needs to emphasise healthy management.

Recommendation

The Mayor should push for greater management training that emphasises healthy workplace management as part of the Good Work Standard.

Voluntary accreditation schemes have their difficulties. The Mayor says that “being a good employer makes good business sense” because of the reputational boost and higher morale.²⁸ While this is true, as it currently stands it is not clear how the Good Work Standard will get buy-in from organisations that are not already healthy employers. This is the same barrier that the Healthy Workplace Charter suffers from. The Mayor’s call for evidence recognises this difficulty, and may include different tiers or levels of achievement depending on the type and size of employer.

Recommendation

The Mayor must clarify how the Good Work Standard will ensure buy-in from traditionally hard-to-reach employers.

We think that the Mayor must start using the economic power he wields to encourage better working practices across London. The GLA and its functional bodies spend billions of pounds every year across London. The Mayor should encourage healthy work through procurement practice across the GLA group and try to only procure services or goods from healthy employers. We acknowledge that doing this through only procuring with Good Work Standard or Healthy Workplace Charter employers would be problematic, as SMEs are currently under-represented in these schemes. We want the Mayor to continue with SME-friendly procurement, but we want that procurement to be friendly to SMEs that are also *healthy workplaces*.

Work and Health

March 2018

Recommendation

The Mayor should set out how he will use his procurement powers across the GLA family to encourage good work practices.

What else needs to happen?

Employees too often feel they don't have a voice at work. Our survey found that work channels for discussing workplace health are used far less than non-work channels. People are more than twice as likely to talk to their GP, or to their family and friends, than they are to approach a manager. Work channels are even less used by the lowest paid employees.

Only 2 per cent of the lowest paid employees have spoken to a manager about workplace

"We've got to make it easier for people to have voice, so they can raise concerns ... workers don't have channels at work that enable them to raise these issues"

A voice at work is traditionally associated with a trade union, but these are rare in London. One guest told us that if you are working in the private sector in London and are under 35 your likelihood of being in a trade union is just one in forty.

Representation at work is also something for the employer to consider. In Germany, all companies (with some minor exceptions) are legally

required to become members of their relevant Chamber or trade association.²⁹ This means that Chambers bring together small shopkeepers as well as the type of large companies that tend to be members of trade associations in the UK. There is a lot of good practice about healthy work across London but it is isolated. Trade associations provide a place for this good practice to come together.

Recommendation

The Mayor should encourage business membership of trade associations via his work through the London Economic Action Partnership and the London Business Advisory Board.

About the Health Committee



The Health Committee reviews health and wellbeing across London, with a particular focus on public health issues and reviewing progress of the Mayor's Health Inequalities Strategy.

Contact

For media enquiries about this report, please contact:

Sam Casserly, External Relations Officer

Samuel.Casserly@london.gov.uk

020 7983 5769

For general queries about the committee, please contact:

Lucy Brant, Scrutiny Manager

Lucy.Brant@london.gov.uk

020 7983 5727

For further information about the work of the Environment Committee, and to see our current investigations, visit [our website](#).

About the London Assembly

The London Assembly holds the Mayor and Mayoral advisers to account by publicly examining policies and programmes through committee meetings, plenary sessions, site visits and investigations.

As well as examining the Mayor's actions and decisions, Assembly Members act as champions for Londoners by investigating issues that are important to the capital.

Assembly investigations are carried out by cross-party committees which cover vital areas like transport, policing, housing and planning, the economy, health and the environment. The Assembly can press for changes to national, Mayoral or local policy.

Endnotes

¹ Royal College of Psychiatrists, [What Work Gives Us](#) and Department for Work and Pensions, [Is Work Good for Your Health and Well-being?](#)

² Royal College of Psychiatrists, [What Work Gives Us](#)

³ GLA Economics: Business Case for employee health and well-being 2012, p.5

⁴ British Heart Foundation, [Health at Work - Economic evidence report for workplace health](#), page 11

⁵ Institute for Employment Studies, [Presenteeism: A review of current thinking](#), p.1

⁶ Work and Occupations academic journal, [Autonomy in Paid Work and Employee Subjective Well-Being](#), 5 March 2017

⁷ Guardian, [A day in the life of a care worker: 23 house calls in 12 hours for £64.80](#), 17 November 2016

⁸ Institute of Employment Rights, [8 Good Reasons Why Adult Social Care Needs Sectoral Collective Bargaining](#), October 2017

⁹ Guardian, [Buurtzorg: the Dutch model of neighbourhood care that is going global](#), 9 May 2017

¹⁰ DWP and DHSC, [Work, health and disability green paper: improving lives](#)

¹¹ British Society for Mental health and Deafness submission

¹² Evidence given by Esi Hardy, Managing Director of Celebrating Disability

¹³ London Datastore, [Workforce Jobs](#), comparison from September 2007 to September 2017

¹⁴ Office for National Statistics, [Labour Force Survey: Zero-hours contracts data tables](#)

¹⁵ Office for National Statistics, [Labour Force Survey: Zero-hours contracts data tables](#)

¹⁶ Institute of Occupational Health, [Survey of gig workers' health and wellbeing brings call for employer-worker care pledge](#), 20 November 2017

¹⁷ Evidence given by Hannah Reed, Senior Employment Rights Officer, TUC

¹⁸ Department for Business, Energy and Industrial Strategy, [Business Population Estimates](#)

¹⁹ GLA, [Employment rates by gender and age or disability](#)

²⁰ Department for Business, Energy and Industrial Strategy, [Business Population Estimates](#)

²¹ Greater London Authority, [Healthy Workplace Charter](#)

²² Healthy Workplace Charter data provided by the GLA Health Team

²³ Healthy Workplace Charter data provided by the GLA Health Team

²⁴ GLA, [Assistant Director Decision 2181 – London Healthy Workplace Charter](#), 19 December 2017

²⁵ Mayor of London, [Good Work Standard: Call for Evidence](#)

²⁶ Greater London Authority, [Healthy Workplace Charter Self-Assessment Framework](#), Excellence Level para 1.6 stipulates London Living Wage and Equality requirements through Commitment level para 1.4

²⁷ Chartered Management Institute, [How accidental managers are draining productivity](#), 20 September 2017

²⁸ Mayor of London, [Good Work Standard: Call for Evidence](#)

²⁹ DIHK, [Chambers of Commerce and Industry](#)