Work and Health

Joint Strategic Needs Assessment (JSNA) Profile

September 2025

Supplementary Material

Nottingham City Council

Evidence (supplementary material)

Role of employers in providing 'good work'

Employers play a pivotal role in shaping the quality of work and its impact on health. Recently, emphasis has been placed on preventing and managing work-related ill health and disability-related absences and on providing 'good work', characterised by job satisfaction, reliable employment, supportive management, fair pay, opportunities for development, and work-life balance (Black, 2008; The Health Foundation, 2024a; Public Health England, 2019). According to the Taylor Review of Modern Working Practices (Taylor et al. 2017), there are 7 dimensions of job quality (see table 1). Although there isn't one universal definition, 'good work' is generally work that is healthy, safe, secure, and offers individuals control over how their work is done.

Table 1: Dimensions of job quality/Good Work recommended by the Measuring Job Quality Working Group (Balogh et al. 2025)

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

Poor quality work can be more detrimental to health than unemployment. Individuals transitioning from unemployment into low-quality jobs experience worse health outcomes than those who remained unemployed (Chandola and Zhang, 2018). In the context of mental health, good work can prevent new mental health problems and support those with existing conditions to thrive at work (Stevenson and Farmer, 2017).

Good work is not just about having an income and enough money. There are four ways in which the nature of work can adversely affect health (Institute of Health Equity and Public Health England , 2015):

1. Through adverse physical conditions of work (e.g. exposure to physical and chemical hazards, long hours, shift work)
2. Adverse psychosocial conditions of work (e.g. conflict, lack of autonomy, lack of control)
3. Poor pay or insufficient hours (income affects health through material, psychosocial and behavioural pathways)
4. Temporary work, insecurity (as a chronic stressor), and the risk of redundancy (anxiety or insecurity)
5. Job satisfaction and wellbeing

There is a dose-response relationship between quality of work and risk of health problems. The longer the time spent in low-quality work, the higher the risk of poor health. However job quality is generally stable, with those in good-quality work tending to stay in good-quality work, and half of those in low-quality work staying there too (The Health Foundation, 2020). This persistence contributes to health inequalities, particularly among those at the lower end of the social gradient where poor quality jobs are concentrated (Balogh et al. 2025).

Role of employers in providing 'good work' (cont.)

Despite this, only a third of employers are putting in upstream measures to prevent ill health, such as assessing workplace mental health risks and implementing adjustments to manage workload, work pace and role clarity (Astay et al. 2024). Recent and current UK Government interventions have done little to address the root causes of workers falling out of work in the first place – such as the underlying quality, security and flexibility of work, or the provision of health-related support on offer (Astay et al. 2024). The Employment Rights Bill may address some of these factors by abolishing exploitative zero-hour contracts, improving contractual security and enhancing access to flexible working and Statutory Sick Pay (Astay et al. 2024).

Local strategies should consider how to address inequalities by creating good jobs, rather than just any jobs. Demand-side interventions, which work to create good jobs, are essential to reduce levels of economic inactivity locally. However, supply-side interventions (increasing the total number of jobs) are also needed if everyone is to benefit (Elmore et al. 2025). Collaborative work between partners from across the private, public and third sector is essential for creating pathways to good jobs (Public Health England, 2019).

‘At risk’ employment types, susceptible to higher rates of economic inactivity due to ill health

While employment is generally beneficial to health, it can be harmful in some ways. Historically, especially prior to the introduction of health and safety regulations, agricultural and industrial industries had high rates of accidents and work-related injury. Physical risks are today linked to sedentary behaviour and screen use (The Health Foundation, 2020), with work-related stress and musculoskeletal (MSK) conditions now major causes of absence.

Poor quality work, characterised by low pay, insecurity, and high stress, can lead to adverse health outcomes. Certain job sectors and roles are disproportionately affected by health-related economic inactivity due to the nature of the work and the characteristics of the workforce. The types of health concerns reported also often reflect the nature of work (Figure 1).

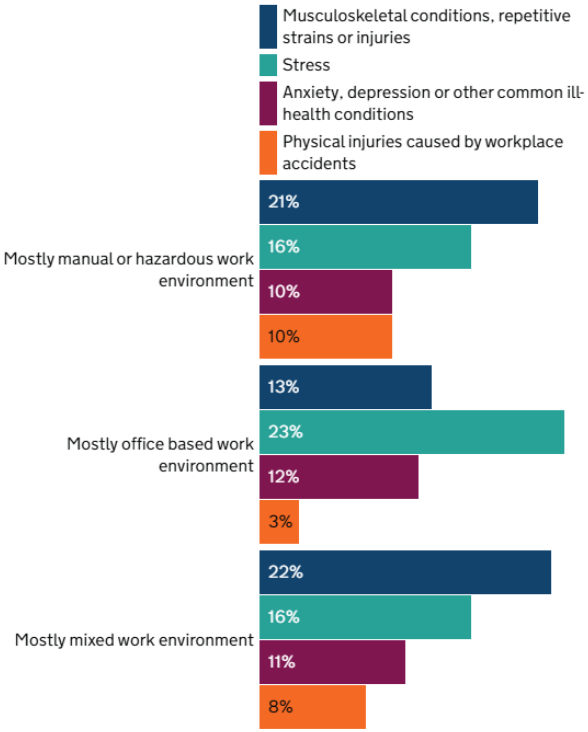
Physically demanding and manual jobs. Jobs relying on manual labour are harder to adapt when someone is experiencing a long-term health condition (The Society of Occupational Medicine, 2023). Geographical areas with large manufacturing sectors have the highest proportion of people economically inactive due to ill health (Elmore et al. 2025).

Low-paid, insecure and part-time work. Temporary work or insecurity can cause ongoing stress, and having low income affects whether people can buy the basic things they need to live well and stay healthy. (Institute of Health Equity and Public Health England, 2015). These roles often lack access to occupational health support, sick pay, or flexible working arrangements (Astay et al. 2024).

Social care and frontline roles. Health and social care is a sector with one of the highest in-work poverty rates (Public Health Scotland, 2025; Allen et al. 2025). 1 in 5 residential care workers live in poverty and 14.5% draw on Universal Credit (Allen et al. 2025). The high physical and emotional demand of these roles, long hours, short staffing, and poorly managed change have a detrimental effect on wellbeing. The care workforce is overrepresented by women and people from ethnic minority and migrant backgrounds (Allen et al. 2025), who are more likely to experience long-term sickness and have greater healthcare needs (The Society of Occupational Medicine, 2023).

Jobs with low flexibility or opportunity for remote work. A pivotal factor that can enable people to remain in work after a health setback is flexibility and control over key parts of their job (Astay et al. 2024). Workers with no flexibility at all are 1.7 times more likely to leave work after a negative health transition than workers with ‘any’ flexibility (Astay et al. 2024).

Figure 1: types of health concerns by nature of work (DWP, 2021)



Access/retention/flow of people in and out of work due to health conditions

Understanding the patterns in how people start, stay in or leave work is important for designing appropriate interventions and support.

Access to work

The majority of people who become inactive due to long-term ill health are already inactive for another reason (The Society of Occupational Medicine, 2023), suggesting that health is often one of several barriers. Additionally, individuals returning to work after long-term illness often face a skills and confidence gap, which limits further access to work (The Society of Occupational Medicine, 2023).

Transitions from disability benefits to employment are associated with improvements in mental and physical health, although the quality of work significantly affects these outcomes (Curnock et al. 2016). It can however be hard to determine the direction causality with poor health being both a determinant and consequence of employment transitions. (Chandola & Zhang, 2018).

Retention in work

Retention in work after the onset of a health condition is sensitive to the timing and nature of interventions. Only half of people who experience a health decline and leave work will return to employment within five years (Astay et al. 2024). However, for those who remain employed for two or more years after a period of poor health, the risk of dropping out is similar to that of healthy workers. It appears that early intervention (ideally within the first year) is critical to supporting recovery and maintaining employment after the onset of illness (Astay et al. 2024).

Workplace conditions are paramount for those who continue working despite health issues. Job dissatisfaction is more likely following the onset of a health problem, but supportive environments and reasonable adjustments can mitigate these effects (Salis et al. 2021).

Flow in and out of work

The flow in and out of work is dynamic and varies by condition. For example, individuals with MSK conditions show higher return-to-work rates when support is provided than those with mental health conditions who might face more complex barriers (Black, 2008). Recovery from poor health is associated with increased likelihood of employment, though this effect is less pronounced than the impact of poor health on job loss (Salis et al., 2021).

Recovery rates vary across demographic groups. There is greater likelihood and speed of recovery among certain groups including people from white ethnic backgrounds, employed people, those with children under the age of 16, and home owners (Salis et al. 2021). Approximately half of people recover from the onset of poor health within two years. Around a quarter of people experience persistent poor health even after six years (Astay et al., 2024).

Access/retention/flow of people in and out of work (cont.)

Extended periods of worklessness can exacerbate health issues. Overall evidence on the health consequences of the duration of unemployment is somewhat mixed with three possible models (Janlert et al. 2015):

1) Dose-response – the longer the unemployment, the greater the health consequences
2) Steady state – after a certain length of time, being unemployed doesn't make healthy any worse
3) Adaption – after a certain length of time, being unemployed will result in lower health consequences, with an adjustment to unemployment

The role of stigma in worsening health and employment outcomes

Historically, there was a belief that work should be avoided until full recovery, but this view has shifted as evidence has proved that meaningful employment can support recovery and improve wellbeing (Black, 2008). Despite this, stigma continues to be a major barrier to accessing support and maintaining employment for individuals with long-term health conditions and disabilities.

For individuals with disabilities, stigma and lack of understanding from others can make it difficult to decide whether to disclose their condition. Disclosure is often necessary to access support, but it can also lead to disbelief or limited career progression (Kelly & Mutebi, 2023).

There are four areas by which health-related stigma can affect employment outcomes for people with long term health conditions, particularly with mental illness (Brouwers, 2020):

1) Employers and line managers hold negative attitudes towards people with mental illness, decreasing their chances of being hired
2) Disclosure (or non-disclosure) leads to job loss
3) Anticipated discrimination, self-stigma and the 'Why Try' effect leading to low motivation
4) Stigma as a barrier to seeking healthcare, which can lead to worsening health outcomes

Health-related stigma from co-workers and managers hinders people with disabilities. This stigma can manifest as discrimination or lack of support and is often rooted in a lack of knowledge about disability and workplace adjustments (van Beukering et al. 2021). Other consequences of such stigma include social exclusion, lack of recognition, and low pay (the 'disability-pay gap'). Stigma is not confined to the workplace. Healthcare professionals may focus more on a person's deficits than their abilities, which can result in a lack of encouragement to work (van Beukering et al., 2021).

Additional research from Crohn's and Colitis UK (2018) found that long-term health conditions are often viewed as less valid reasons for absence compared to short-term illnesses like the flu. Over half of people with long-term conditions feel they must downplay their health at work for fear of being treated differently.

To combat stigma, employers should recognise the value and potential of disabled people and those with chronic health conditions, understanding that most of whom require little or no extra support to perform well in the right role (Black, 2008). Interventions to reduce stigma should focus on changing attitudes both within and outside the workplace (van Beukering et al. 2021).

1) Young working age adults (aged 16-34)

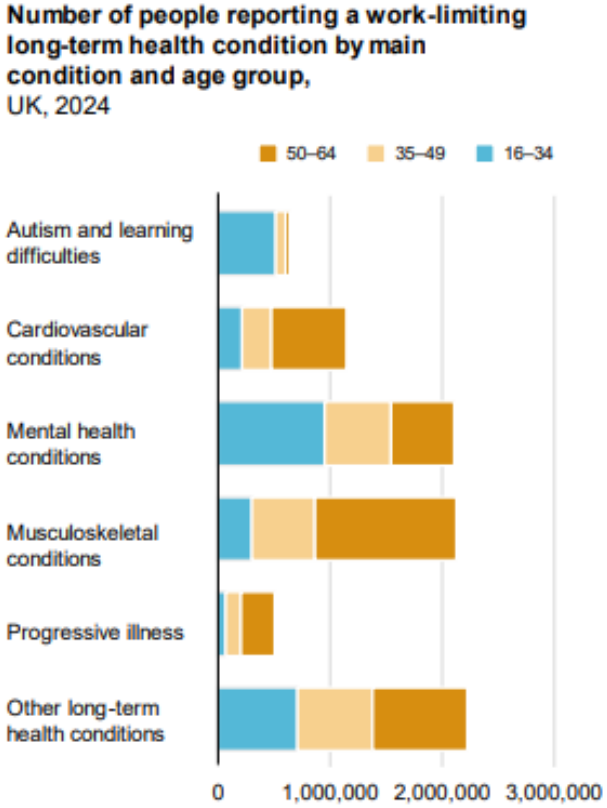
Mental Health

Young people aged 16-34 with mental health conditions are five times more likely to be economically inactive compared to others in their age group (figure 2; Keep Britain Working Review, 2025). The number of workers aged 16 to 34 who report that their mental health limits the type or amount of work they can do has increased more than four-fold over the past decade, and mental health is now the leading work limiting health condition among those aged 44 and younger (Get Britain Working White Paper, 2024). This highlights the scale of disadvantage faced by younger cohorts navigating the labour market with mental health conditions.

Workplaces are not always equipped to support young people to thrive once they have made the transition to the labour market. 46% of young people who have a mental health condition do not disclose this to their employer and 3 in 10 have left or plan to leave their job as a result of its impact on mental health. 7% reported that their mental health condition started after they joined work (Orlando, 2023), indicating that work itself can be a risk factor for poor mental health. While younger people are generally more resilient to physical health setbacks, the opposite appears to be true for mental health. Recovery from mental health conditions is generally slower among younger age groups, suggesting that early-life mental health issues may have more enduring effects (Salis et al. 2021).

Employment precarity compounds these issues. The number of young people on zero-hour contracts has more than doubled in the past decade, and those in insecure work are twice as likely to experience ill health by the age of 25 (Kelly and Whitworth, 2024). In particular, those working in part-time jobs, in sectors with traditionally fewer markers of 'good work' (e.g. hospitality, retail), and in lower-earning jobs report having worse experiences of mental health at work (Orlando, 2023). These early experiences can have long-term consequences for health, pay, and career progression, especially given the recurring and variable impacts of mental health conditions (Atwell et al. 2023). A prolonged period of unemployment or economic inactivity at an early age can make it harder to find a job in the future (Get Britain Working White Paper, 2024).

Figure 2: Keep Britain Working Review (2025)

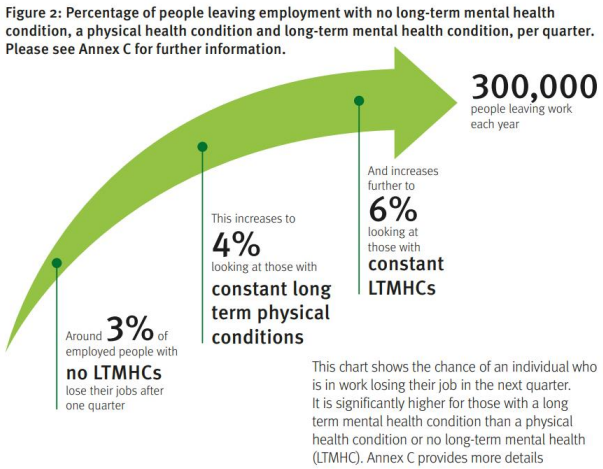


Mental Health (cont.)

Young people with both poor mental health and low qualifications face the most disadvantaged when looking for work (Get Britain Working White Paper, 2024). Those with lower-level qualifications consistently report the highest rates of mental health conditions, and 75% of young people with a primary mental health condition and no qualifications say their condition limits their ability to work (Vriend, Rocks and Finch, 2025). They also tend to earn less, with average hourly pay at just 79% of that earned by workers without mental health conditions (Vriend, Rocks & Finch, 2025).

Younger employees expect more support from their employers and are more likely to make use of tools and resources to support their mental health. They are more likely to move jobs or consider a job move if they don't receive the support that they need (Hampson et al. 2022). The Keep Britain Working review (2025) suggests stronger mental health support at work, including flexible work arrangements and job security measures, could help younger cohorts to stay in work.

Figure 4: reasons for leaving employment by health condition (Stevenson and Farmer, 2017)



Neurodiversity

Neurodiversity encompasses a range of conditions such as autism spectrum disorders (ASD), attention deficit and hyperactivity disorder (ADHD), dyslexia, dyspraxia, and Tourette syndrome. Many of these conditions co-occur or overlap. It is estimated that over 15% of the UK population is neurodivergent. Despite growing awareness, neurodivergent young adults continue to face significant barriers in both employment and health.

Young adults who are neurodivergent face considerable challenges in securing and sustaining employment, with lower employment rates compared to their neurotypical peers. They are less likely to enrol in or complete higher education, less likely to obtain stable and well-paid jobs, and more likely to experience poor mental health and limited social support (Crompton, 2023). These factors relating to poor quality work and unemployment contribute to health inequalities within this group, for reasons discussed already. Barriers to employment are multifaceted, involving individual factors like cognitive ability, qualifications, and social skills, as well as environmental factors which are in the power of employers to change, such as lack of understanding and support for neurodivergent individuals needs and talent (Vigna, 2023).

Neurodiversity (cont.)

Workplace environments and neurotypical expectations often fail to accommodate the needs of neurodivergent young adults (Crompton, 2023). Recruitment processes, particularly traditional interviews, can be a source of anxiety and may not fairly assess the strengths of neurodivergent individuals (Buckland, 2024). Sensory overload, rigid expectations, and inflexible working conditions further contribute to stress and lower workplace wellbeing (Branicki et al., 2024). These factors also hinder career progression, leaving many neurodivergent individuals underemployed or excluded from meaningful work.

Despite these challenges, inclusive employment practices can significantly improve outcomes. When employers create supportive and flexible work environments, neurodivergent young people report increased self-esteem, greater job satisfaction, and reduced social isolation (Vigna, 2023). However, systemic issues such as long waiting lists for diagnosis and support, including access-to-work support (Buckland. 2024), continue to act as additional barriers to neurodivergent individuals seeking support and reasonable adjustments

Neurodivergence is often underreported. Advances in awareness in recent years have led to higher rates of diagnosis in younger neurodivergent people, and it is predicted that the proportion of the workforce diagnosed with neurodivergence will more than treble in the next 20 years (Branicki et al. 2024). There is a clear opportunity to improve outcomes through inclusive practices and a shift in workplace culture, which will benefit not only individuals but also contribute to a more diverse, innovative, and resilient workforce.

2) Working age adults age 35-49

Long-term health conditions

Workers with multiple health conditions are especially vulnerable to the risk of early workforce exit. Those with three or more conditions are 5.6 times more likely to leave work than those without a health condition or disability (figure 7; Astay et al. 2024).

Mental health conditions frequently co-occur with chronic illnesses. In fact, **1 in 4 individuals** with a long-term mental health condition also live with **four or more additional health conditions** (Stevenson & Farmer, 2017). This clustering of conditions, referred to as multimorbidity, is one of the strongest predictors of economic inactivity due to ill health, increasing the likelihood by **2.8 to 5.3 times** (figure 6; Keep Britain Working, 2025).

The most common primary conditions among those who are economically inactive due to long-term sickness are mental health, MSK conditions, and cardiovascular disease. Many of the conditions that are keeping people out of work are preventable, driven by factors such as smoking, poor diet, and physical inactivity. Notably, more than 1 in 3 heart attacks treated in hospital occur in people of working age, and 1 in 4 people who have a stroke are working age (Get Britain Working, 2024).

In 2023, 81% of people who were economically inactive due to long-term sickness reported having more than one health condition, and 35% reported having five or more (Get Britain Working, 2024). This reflects increasingly complex and interlinked health needs that are keeping people out of work. Between 2019 and 2023, there was a **42% increase** in people reporting five or more conditions, and a **40% rise** in individuals reporting depression or anxiety, mostly as a secondary condition to other health issues (Lelli et al. 2023). In 2023, over 70% of those economically inactive due to a main health condition that was musculoskeletal in nature, reported that they had other MSK conditions (figure 5; Lelli et al. 2023).

The impact of multimorbid conditions on health is cumulative and disproportionately affects those on lower incomes. People in the lowest income brackets are four times more likely to have multiple long-term health conditions (Health and Social Care Services Research, 2023), exacerbating health inequalities and limiting access to stable employment.

Figure 5: combinations of health conditions for people aged 16-64 years and economically inactive because of long-term sickness, UK. January to March 2023 (Lelli et al. 2023)

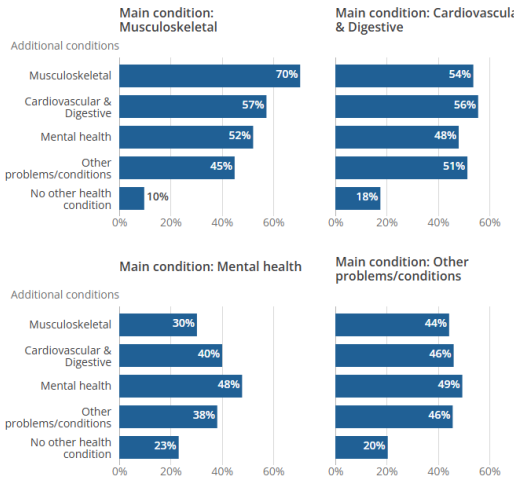


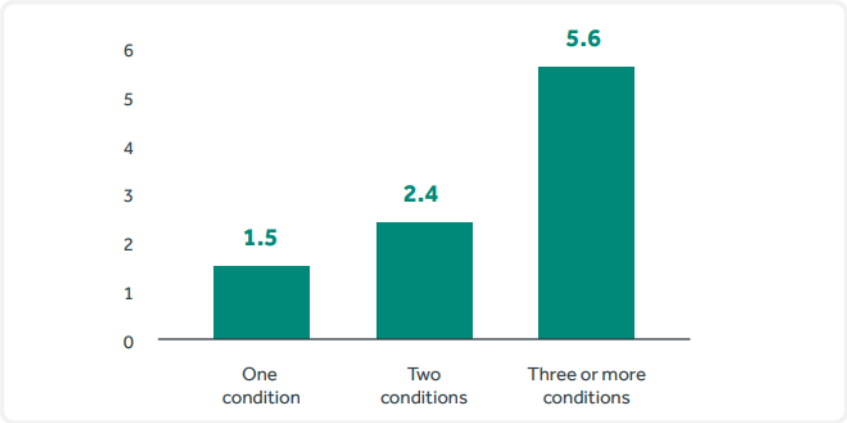
Figure 6: likelihood of inactive – sick compared to all age groups (Keep Britain Working Review, 2025)

Likelihood of inactive – sick compared to all age groups:

≥5.0x ≥ 3.0–4.9x ≥ 2.0–2.9x ≥ 1.5–1.9x

Characteristic type	Characteristic	Young workers (16–34 years old)	Middle-aged workers (35–49 years old)	Older workers (50–64 years old)
Health	Has a **mental health condition**	4.7x	4.2x	3.2x
	Has a **physical condition**	1.5x	2.1x	1.6x
	Has **2 or more health conditions**	5.3x	4.7x	2.8x
	Has a **disability**	4.4x	4.2x	2.9x
Education	Highest qualification is **GSCE or lower**	1.9x	2.6x	1.6x
Employment	Last **left job 2 or more years ago**	6.5x	7.8x	3.7x

Figure 7: likelihood of leaving employment (relative risk; Astay et al. 2024)



Menopause

Women over the age of fifty represent a growing percentage of the labour market workforce (Twamley et al. 2025), but many face greater healthcare needs (The Society of Occupational Medicine, 2023) that negatively affect their economic activity and wellbeing. Menopause, in particular, has been shown to impact productivity and employment outcomes. Symptoms such as fatigue, cognitive changes, and mood disturbances can lead to increased sickness absence, reduced working hours, or early retirement (Government Office for Science, 2024). These effects are not necessarily due to symptoms themselves, but also from how women are treated by others in the workplace during the menopause transition (Government Office for Science, 2024). Indicative evidence suggests that the negative effects of menopause on productivity are concentrated in women with lower incomes and level of education (Government Office for Science, 2024).

Despite the number of women of menopause age who are active in the workforce, many women feel reluctant to seek support due to stigma or fears of being perceived as less capable (Twamley et al. 2025). Many women feel unsupported, and employer-led initiatives such as flexible working, access to healthcare, and awareness training, can mitigate negative outcomes and foster more inclusive workplaces (Twamley et al. 2025). The recent policy proposals in the Employment Rights Bill advocate for large employers to produce Menopause Action Plans, which outline how they will support employees through menopause.

3) Working age adults age 50-66

Caring responsibilities

Workers in their 50s and 60s increasingly face a 'double burden' of balancing employment and caregiving responsibilities, causing strain that affects both work participation and health outcomes. Individuals in this age group are often caring both for aging parents, who are living longer but with more complex health needs, and for children (see figure 8). As the population ages, people in their 50s and 60s are increasingly likely to have living parents who require care.

Women are disproportionately affected, with almost one in four female workers having informal caring responsibilities compared to one in eight men (Storey et al. 2019). Women are also more likely to be juggling multiple caring roles, which might include people outside of their close family. As a result, many women reduce their working hours or shift to part-time roles, which tend to be lower paid and offer less pension security. Men on the other hand, are more likely to experience social isolation upon leaving work to provide care, as their social networks are often more closely tied to the workplace (Storey et al. 2019). Feelings of isolation can exacerbate mental health challenges, particularly in the absence of support.

The growing demand for informal care, driven by an ageing population, coincides with the need for older adults to remain in the workforce longer to secure financial stability. However, the ability to extend working lives is contingent on access to good quality, flexible work that accommodates caregiving responsibilities (Storey et al., 2018). Without this flexibility, caregivers often face what has been termed the 'caring penalty', a reduction in income, job security, and overall wellbeing (see figure 9). Access to flexible working that enables older workers to remain in the workforce whilst they manage health conditions and other responsibilities such as caring, are essential (Keep Britain Working Review, 2025). Caring responsibilities are physically and emotionally demanding, and those combining work and care often do so at a personal cost.

Figure 8: working arrangements of employees with caring responsibilities (Hampson et al. 2022)

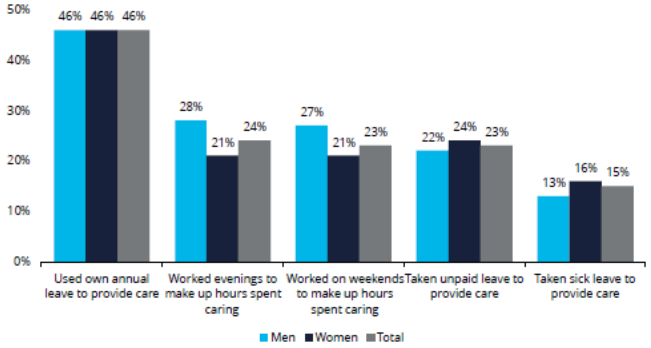
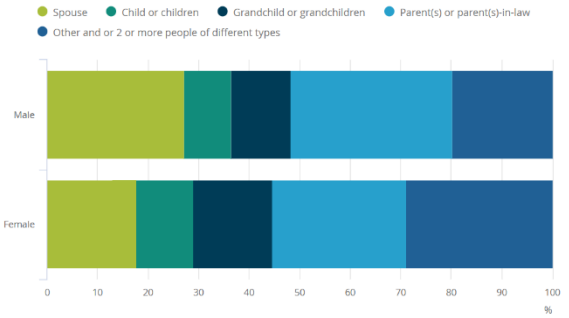


Figure 9: who carers provide care for, ages 52-69 years, 2016 to 2017 (Storey et al. 2019)



The COVID-19 pandemic increased complexity of caregiving, and those with caring responsibilities reported slower recovery in mental health than those without (Hampson et al. 2022). There is a need to explore how both caregivers and those they support navigate the social care system, as this could unlock opportunities to reduce economic inactivity and improve wellbeing (Get Britain Working White Paper, 2024).

References

The Health Foundation. 2020 [cited 2025 Aug 15]. What the quality of work means for our health. Available from: https://www.health.org.uk/reports-and-analysis/briefings/what-the-quality-of-work-means-for-our-health

Allen L, Vriend M, Naz A, Finch D, Alderwick H. Poverty, pay and the case for change in social care. 2025 [cited 2025 Aug 18]. Available from: https://www.health.org.uk/sites/default/files/upload/publications/2025/Poverty%20pay%20and%20the%20case%20for%20change%20in%20social%20care_FINAL-July.pdf

Astay A, Florisson R, Williams G. Stemming the tide: healthier jobs to tackle economic inactivity . 2024 [cited 2025 Aug 15]. Available from: https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/lums/work-foundation/WF_Stemmingthetide-Healthierjobstotackleeconomicinactivity.pdf

Atwell S, Vriend M, Rocks C, Finch D, Farrington-Douglas J. The Health Foundation. 2023 [cited 2025 Aug 15]. What we know about the UK's working-age health challenge. Available from: https://www.health.org.uk/reports-and-analysis/analysis/what-we-know-about-the-uk-s-working-age-health-challenge

Balogh R, Dix G, Harris J, Toro C, Warhurst C. The case for creating healthy jobs: A review of the evidence. 2025.

Black, C. Working for a healthier tomorrow: work and health in Britain. 2008. [cited 2025 Aug 15]. Available from: Working for a healthier tomorrow: work and health in Britain - GOV.UK

Branicki LJ, Brammer S, Brosnan M, Lazaro AG, Lattanzio S, Newnes L. Factors shaping the employment outcomes of neurodivergent and neurotypical people: Exploring the role of flexible and homeworking practices. Human Resource Management. 2024 Nov 1;63(6):1001–23.

Brouwers EPM. Social stigma is an underestimated contributing factor to unemployment in people with mental illness or mental health issues: Position paper and future directions. Vol. 8, BMC Psychology. BioMed Central Ltd.; 2020.

Buckland. The Buckland Review of Autism Employment: Report and Recommendations [Internet]. 2024 [cited 2025 Aug 20]. Available from: https://www.gov.uk/government/publications/the-buckland-review-of-autism-employment-report-and-recommendations/the-buckland-review-of-autism-employment-report-and-recommendations

Chandola T, Zhang N. Re-employment, job quality, health and allostatic load biomarkers: Prospective evidence from the UK Household Longitudinal Study. International Journal of Epidemiology. 2018 Feb 1;47(1):47–57.

Crohn's and Colitis UK. The Great British cover up: workers fear stigma over invisible health conditions. 2018 [cited 2025 Aug 17]. Available from: https://crohnsandcolitis.org.uk/news-stories/news-items/the-great-british-cover-up-workers-fear-stigma-over-invisible-health-conditions

Crompton R. Supporting neurodivergent young people during the transition to adulthood. 2023 [cited 2025 Aug 19]. Available from: https://edpsy.org.uk/blog/2023/supporting-neurodivergent-young-people-during-the-transition-to-adulthood-a-case-study/#:~:text=Outcomes,challenge%20for%20these%20young%20people.

Curnock E, Leyland AH, Popham F. The impact on health of employment and welfare transitions for those receiving out-of-work disability benefits in the UK. Social Science and Medicine. 2016 Aug 1;162:1–10.

Department for Work and Pensions. Sickness absence and health in the workplace: understanding employer behaviour and practice [Internet]. 2021 [cited 2025 Aug 17]. Available from: https://www.gov.uk/government/publications/sickness-absence-and-health-in-the-workplace-understanding-employer-behaviour-and-practice/sickness-absence-and-health-in-the-workplace-understanding-employer-behaviour-and-practice-report

Department for Work and Pensions, HM Treasury, Department for Education. Get Britain Working White Paper. 2024 [cited 2025 Aug 15]. Available from: https://www.gov.uk/government/publications/get-britain-working-white-paper/get-britain-working-white-paper

Elmore J, Nermond O, Clayton N, Vaid L. An exploration of local variations in health and job outcomes across the UK. 2025 [cited 2025 Aug 15].

Government Office for Science. Menopause and workplace productivity. 2024 [cited 2025 Aug 18]. Available from: https://www.gov.uk/government/publications/menopause-and-workplace-productivity/menopause-and-workplace-productivity#existing-research-on-individual-healthcare-interventions-for-menopause-and-productivity-outcomes

Hampson E, Polner A, Assal V, Abrahams N. Mental health and employers The case for investment - pandemic and beyond. 2022.

Health and Social Care Services Research. Multiple long-term conditions (multimorbidity) and inequality - addressing the challenge: insights from research. 2023 [cited 2025 Aug 20]. Available from: https://evidence.nihr.ac.uk/collection/multiple-long-term-conditions-multimorbidity-and-inequality-addressing-the-challenge-insights-from-research/

Janlert U, Winefield AH, Hammarström A. Length of unemployment and health-related outcomes: A life-course analysis. European Journal of Public Health. 2015 Aug 1;25(4):662–7.

Kelly M, Whitworth A. What is happening to young people's mental health? 2024 [cited 2025 Aug 19]. Available from: https://www.health.org.uk/features-and-opinion/blogs/what-is-happening-to-young-people-s-mental-health#:~:text=Record%20numbers%20of%20young%20people,to%20take%20on%20adult%20responsibilities.

Kelly R, Mutebi N. POSTnote 689 Invisible Disabilities in Education and Employment. 2023.

Lelii M, O'Brien L, Hancock L. Rising ill-health and economic inactivity because of long-term sickness, UK: 2019 to 2023. 2023 [cited 2025 Aug 20]. Available from: https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/economicinactivity/articles/risingillhealthandeconomicinactivitybecauseoflongtermsicknessuk/2019to2023#combinations-of-health-conditions

Mayfield C. Keep Britain Working Review. 2025 [cited 2025 Aug 20]. Available from: https://www.gov.uk/government/publications/keep-britain-working-review-discovery/keep-britain-working-review-discovery#

Orlando C. Young People's Mental Health in the Workplace. 2023 [cited 2025 Aug 18]. Available from: https://www.employment-studies.co.uk/system/files/resources/files/Young_Peoples_Mental_Health_Report_final.pdf

Public Health England, Institute of Health Equity. Promoting good quality jobs to reduce health inequalities. 2015. Available from: www.facebook.com/PublicHealthEngland

Public Health England. Health matters: health and work. 2019 [cited 2025 Aug 15]. Available from: https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work

Public Health Scotland. Employment and health. 2025 [cited 2025 Aug 15]. Available from: https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/economy-and-poverty/employment-and-health/why-employment-matters-for-health/#:~:text=Good%20employment%20is%20a%20building,meeting%20social%20and%20psychological%20needs.

Salis S, Speckesser S, Samek L, Bivand P. A study of work and health transitions: analysis of Understanding Society. 2021 [cited 2025 Aug 18]. Available from: https://www.gov.uk/government/publications/a-study-of-work-and-health-transitions-analysis-of-understanding-society/a-study-of-work-and-health-transitions-analysis-of-understanding-society#the-authors

Stevenson D, Farmer P. Thriving at Work: a review of mental health and employers. 2017.

Storey A, Coombs N, Leib S. Living longer: caring in later working life. 2019 [cited 2025 Aug 18]. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2019-03-15#:~:text=We%20showed%20in%20a%20previous,whether%20caring%20or%20not1.

Storey A, Coombs N, Leib S. Living longer: Fitting it all in - working, caring and health in later life. 2018 [cited 2025 Aug 18]. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/fittingitallinworkingcaringandhealthinlaterlife

Taylor M. Good work: the Taylor review of modern working practices. 2017.

The Health Foundation. What builds good health? 2024 [cited 2025 Aug 15]. Available from: https://www.health.org.uk/features-and-opinion/features/what-builds-good-health?utm_source=twitter&utm_medium=organic_social&utm_campaign=what_builds_good_health

The Society of Occupational Medicine. Understanding recent trends in ill health-driven fallout from the UK job market. 2023 [cited 2025 Aug 15]. Available from: https://www.som.org.uk/sites/som.org.uk/files/SOM_Deep_Dive_Research-compressed.pdf

Twamley K, Briedis I, Phillips T. Menopause in the Workplace Literature Review. 2025.

van Beukering IE, Smits SJC, Janssens KME, Bogaers RI, Joosen MCW, Bakker M, et al. In What Ways Does Health Related Stigma Affect Sustainable Employment and Well-Being at Work? A Systematic Review. Vol. 32, Journal of Occupational Rehabilitation. Springer; 2022. p. 365–79.

Vigna E, Meek A, Beyer S. Supported employment for neurodivergent young people: pathways to employment, job coaching input, and implications for practice. 2023.

Vriend M, Rocks C, Finch D. Mental health trends among working-age people. 2025.