

The history of Manston Airport is an interesting one and very much also part of the history of the Isle of Thanet.

We call it our airport because of its importance to the Islands prosperity and wellbeing. It was given to the RAF with covenants that its use was for the country. It was in effect our land given for the protection of us not just on the Isle of Thanet but for the South of England and further

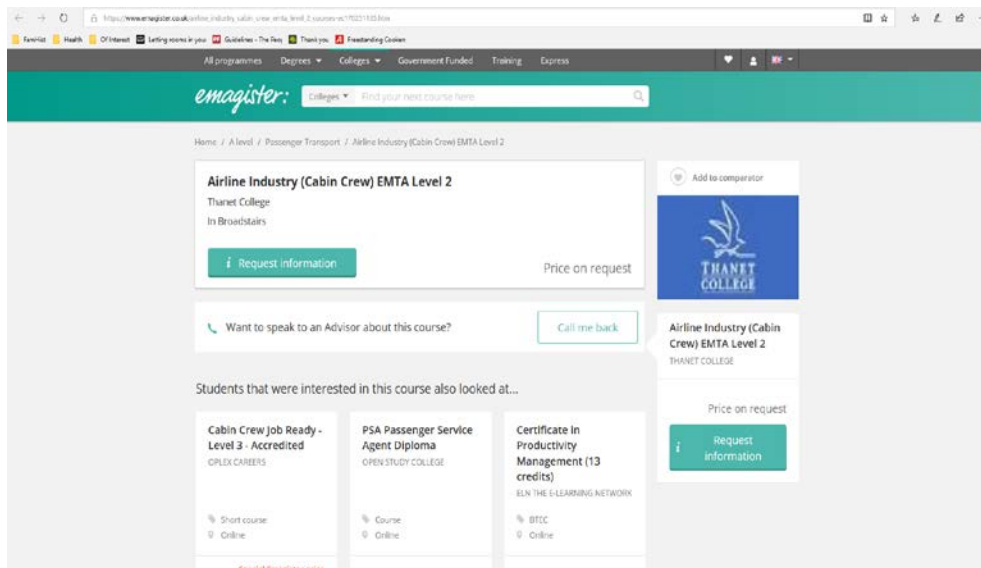
The fact that covenants were not passed over to private buyers but were supposedly lost is scandalous. These may be bits of paper but the sentiments have remained deep amongst the population and so we believe, we feel, we are that piece of land. The support that Manston Airport has amongst the population is immense and should not be minimalised as is a big plus when expanding the uses for Manston Airport.

Education and Training

One of the most important features that a successful airport can achieve are in the areas of Education and Training which have a deep effect on the health and wellbeing of the community. A busy successful fully operational airport brings with it the need for workers in all fields from the most technical and skilled jobs to the wider need for workers in a myriad of professions and occupations.

This then opens to more opportunities for Training and Education and developing more career prospects for the population living in Kent and further afield. When EUjet came to Manston starting operations in May 2003 it seemed to flourish. People were using the airport generating increased employment. Local people invested money in the airport purchasing shares in the company.

Thanet College (now East Kent College) put on several training courses primarily to service the needs of the increased successful routes that were leaving Manston Airport during the EU jet expansion. I was a lecturer in further education where courses to train airline cabin crew were running and saw at first hand the benefits that it brought to those who after training acquired well paid jobs close to home. The courses were always well attended and successful until EU jet went into administration. East Kent College previously known as Thanet College have always been on the front line for training and retraining for local businesses.



Screen shot of website showing the courses on offer at Thanet College

Pfizer's an American company put millions into expanding their chemical plant at Richborough, Sandwich. It employed at one time over 4000 employees and was highly successful. Pfizer's left the vast complex to centralise their organisation in Europe. Despite Enterprise Zone Status the complex after many years is still underused. It is an ideal environment for the development of top-class training in all fields of expertise. I would like to see this working with RSP's plans for Education and Training.

There is other accommodation on the Isle of Thanet to develop educational courses to adapt to the needs of the airport. The Christchurch University College built at Westwood in 2000 to enable a University presence on the Ise of Thanet, was unfortunately closed. This is a purpose-built facility for education with ample space for training. I am hopeful this building could be again used for the benefit of our young people to learn skilled occupations that would lead to employment.

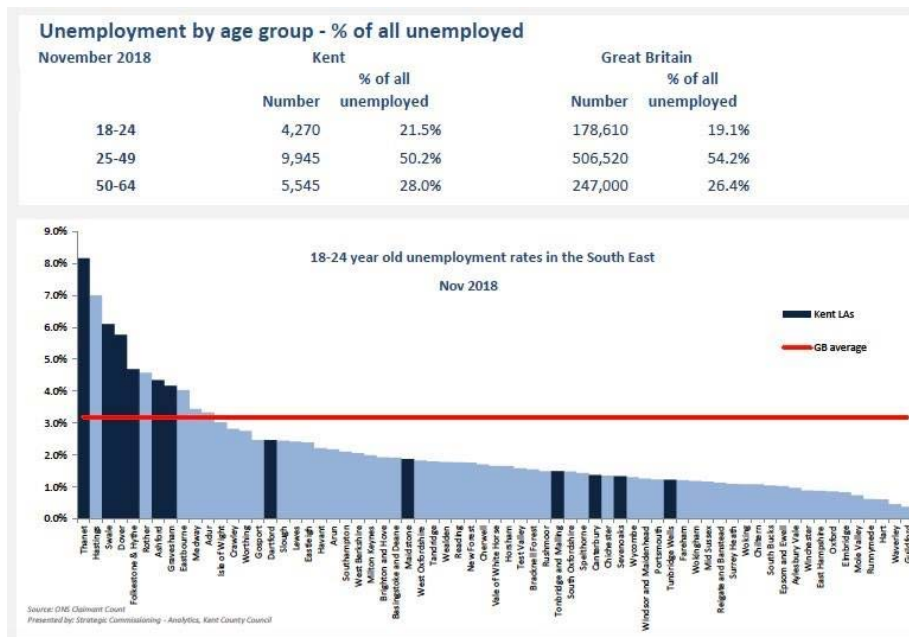
If RSP go ahead with the planned reinvention of Manston airport then so does employment which will increase, as will the need to expand the capabilities of the college and other training organisations. This can only benefit all as there is a need for more lecturers, trainers, service staff, crafts and technicians and so on. Airports generate employment in all areas of a community

There was always a flying school at Manston TG Aviation who has a scholarship program that is of benefit to aspiring young pilots. This could be expanded to carry on the expertise built up over many years to put more pilots in the air, and as aviation expands as it must to ease the congestion on the ground, then more pilots are required.

Education and training are the keystone to any business especially if a business is to improve and expand along the lines of international requirements. The world is getting smaller and our use of the skies and how we operate as a collective body will be important.

Employment is so important to any community. It enables prosperity to be shared to all who have a stake in their community.

This chart shows clearly how the Isle of Thanet fall behind in employment for young people.



Screenshot taken from attached document Unemployment in Kent

With an out of balance community some sections will never prosper and will move away to further career prospects despite their deep-felt feelings for their home towns. Often after making their way and gaining wealth they return to start up small businesses and are successful but have little growth to benefit the young unemployed.

I would like to see an excellence build in an Educational arena such as East Kent College have achieved in Catering where the onsite training is award winning. Linking with the airport and offshoot businesses associated to the air industry this excellence can be extended and benefit not only the Isle of Thanet but also much further afield. On the Isle of Thanet, we have a workforce and we have the institutions that can be expanded to fulfil all training needs to a high level of excellence. RSP have plans to develop just this and have forecasts for an increased employment base that can only benefit everyone.

Non-Technical Summary RSP.co.uk

1.1.15

In addition to helping meet air freight capacity requirements, an airport at Manston would bring significant economic benefit to the area. **Since the closure of the Pfizer plant near Sandwich in 2012 and Manston airport in 2014, east Kent has not been host to a significant high-tech employer. Reopening Manston is predicted to bring 4,000 direct and 30,000 indirect jobs to the local economy by 2038. To ensure the demand for skilled workers can be met locally, RSP is also working with local educational institutions to establish complementary education and training programmes.**

1.1.84 Socio-economic 1.1.84 Chapter 13 of the 2018 PEIR contains the socio-economic assessment. Thanet is the most easterly district in Kent. The economy in the area is based on the coastal towns and Canterbury. **The population has a relatively low proportion of those of working age and a relatively high proportion of elderly compared both to Kent and**

to England and Wales. In the future, there is a predicted aging of the population reflecting the aging of the 50-65s (the ‘post-war bulge’), outmigration of those of working age, and a falling birth rate.

1.1.85 In the latest statistics, Thanet remains the most deprived local authority in Kent and is in the top 10% of England’s most deprived authorities. Health statistics are also worse than average, and there is a smaller proportion of people in work. Thanet has 20% fewer managerial, administrative or professional households than the national average.


1.1.86 In relevance to the proposed development, the Thanet Economic and Employment Assessment notes that key sectors within the business base include wholesale and retail and construction. There are also over 530 businesses within the tourism sector representing 11% of the business base. Thanet’s Draft Economic Growth Strategy identifies the ‘heritage, culture and visitor economy’ as a sector with growth potential, with the ambition to “rebuild our reputation as the UK’s favourite visitor destination. The Thanet Destination Management Plan highlights investment and promotion of the three towns and the beaches in particular (“Thanet’s strongest natural assets”).

1.1.87 The primary business driver for the proposed development is new demand in the air freight market and the additional potential to supply passenger services. The employment resulting from the proposed development from direct, indirect, induced effects is estimated to lead to 9,333 jobs by 2030 and 13,241 by 2038, of which the number of direct jobs (mainly on-site) is 3,011 in 2030 and 4,271 by 2038. Catalytic jobs are associated with more general growth and are inherently difficult to estimate but could add over 12,000 additional jobs by 2030 and over 17,000 by 2038, all contributing to increases in economic gross value added (GVA) and national GDP.

1.1.88 The demand for employment can be met from the local population, through reduced outbound commuting, lower unemployment and increased participation rates. A proportion of their expenditure will enter the local economy. Local businesses are also part of an existing well developed and historic local economy which can provide services to Manston.

All communities need to have a healthy employment ratio in employment and this I believe is another reason the Isle of Thanet has never been able to get a balanced prosperity outcome.

It cannot be minimalised how the effects of worthwhile full time and part time employment in skilled and semi-skilled work could have on the health and wellbeing of people living on the Isle of Thanet. We have always been cited as being a deprived area with poverty and lack of work. Educational training opportunities being highlighted as huge factors.


Health Impacts of Employment: A Review Published by the Institute of Public Health in Ireland looks at the benefits of employment to a community. Although an Irish study there is a lot in common with the Isle of Thanet situation.

Quotes taken from review 2. Employment and health page 5 & 6

The review looks at how -

‘Employment is one of the most important determinants of health. Having a job or an occupation is an important determinant of self-esteem. It provides a vital link between the individual and society and enables people to contribute to society and achieve personal fulfilment.’

It cites how unemployment can be detrimental to health.

- *‘Unemployment is a cause of premature mortality. Studies show that unemployed people with no previous illness were more likely to die at a younger age than the general population.’*
- *‘Long-term unemployment is associated with socio-economic deprivation. People in poverty die younger, have less healthy lifestyles and live in less healthy environments. The financial strain of unemployment also has direct health impacts, with people in debt being more prone to depression’*
- *‘The loss of ‘position’ or status and the loss of self-esteem are linked to depression. This can activate stress mechanisms that increase risk of diseases such as coronary heart disease.’*

Temporary and part time work is predominant on the Isle of Thanet. Because of the nature of seasonal needs for retail, building, and tourism sectors work will fluctuate.

Quotes taken from Physical and psychosocial work hazards pages 11 & 12

- *‘People in insecure jobs have a higher than normal exposure to both physical and psychosocial work hazards. They are less likely to receive the type of training that would enable them to deal with workplace demands and may be less capable of dealing with the stress of job strain. People on fixed term and temporary agency contracts report higher levels of fatigue, show less satisfaction with their working conditions, are more exposed to carrying heavy loads and working in painful positions and have less control over aspects of their working life. As the less skilled, manual workers tend to be most exposed to low paid, temporary or insecure jobs, their health is more adversely affected than more skilled workers.’*

My experience of working in education and training with the unemployed to improve communication and educational skills has shown me the importance on the health, confidence and wellbeing that worthwhile well-paid work can do to an individual, their family and the wider community. As stated in the **‘Is Work good for Your Health and Well- Being’ Executive Summary (document attached) page 3**

CONCLUSION

There is a strong evidence base showing that work is generally good for physical and mental health and well-being. Worklessness is associated with poorer physical and mental health and well-being. Work can be therapeutic and can reverse the adverse health effects of

unemployment. That is true for healthy people of working age, for many disabled people, for most people with common health problems and for social security beneficiaries. The provisos are that account must be taken of the nature and quality of work and its social context; jobs should be safe and accommodating. Overall, the beneficial effects of work outweigh the risks of work and are greater than the harmful effects of long-term unemployment or prolonged sickness absence. Work is generally good for health and well being

This document is attached

RSP has shown how jobs will be generated with forecasts up to 2038. The amount of varied jobs that could be generated is endless from Airside and all that entails. Cargo handling and the technical frameworks needed to ensure good practises. Services, retail and tourism development are all employment opportunities for the Isle of Thanet. The list is endless and can only improve the opportunities open to wider communities.

I submit this as my full representation to the DCO concerning my desire to see Manston Airport fully retained as a working and productive Airport where developing excellence in Education and Training would be of service to all UK airports and organisations. The increase in employment opportunities from the airport expansion and development can only benefit the communities on the Isle of Thanet as well as in Kent as Education and Training are vital in all areas of business and work.

Linda James

Cert Ed, BA, MA PG Diploma in IT, Research and Presentation Skills

Health Impacts of Employment a review



Prepared by
Cathal Doyle
Paul Kavanagh
Owen Metcalfe
Teresa Lavin

Institute of Public Health in Ireland
March 2005



THE INSTITUTE OF
PUBLIC HEALTH IN IRELAND

Health Impacts of Employment: A Review

Published by the Institute of Public Health in Ireland

© The Institute of Public Health in Ireland, 2005

Reproduction authorised for non-commercial purposes provided the source is acknowledged.

Prepared by Cathal Doyle, Paul Kavanagh, Owen Metcalfe and Teresa Lavin

ISBN 0-9542965-8-3

For further copies of this document please contact:

The Institute of Public Health in Ireland

5th Floor

Forestview

Bishop's Square

Purdy's Lane

Redmond's Hill

Belfast BT 8 7 ZX

Dublin 2

Tel: +353 1 478 6300

Tel: +44 2890 64 84 94

Fax: +353 1 478 6319

Fax: +44 2890 64 66 04

Email: info@publichealth.ie

contents

1.	Introduction	4
2.	Employment and health	5
3.	Unemployment and health	6
	3.1 Mortality	
	3.2 Unemployment and poverty	
	3.3 Unemployment as a stressful life event	
	3.4 Unemployment and lifestyle	
	3.5 Unemployment as a recurring event	
	3.6 Unemployment and health inequalities	
4.	Physical environment of work and health	8
	4.1 Control over the work environment	
	4.2 Intimidation in the workplace	
	4.3 Discrimination in the workplace	
5.	Psychosocial environment of work and health	9
6.	The flexible labour market and health	11
	6.1 Job insecurity	
	6.2 Physical and psychosocial work hazards	
	6.3 Part time work	
7.	Work/Life balance and health	13
	7.1 Working hours	
	7.2 The double workload - combining household and paid employment	
	7.3 Work/life balance for older workers	
8.	Conclusion and recommendations	16
9.	References	19

1. Introduction

The Institute of Public Health was set up to promote co-operation for public health between the North and South of Ireland. It is committed to increasing understanding of the wider determinants of health on the island. Factors like age, sex or genetic makeup are central, as are lifestyle decisions such as diet, exercise or smoking. But health is also largely influenced by our social and economic circumstances. Living and working conditions, educational advantages or disadvantages and social and community networks are all important determinants of health.

Life expectancy in the North and South of Ireland is below that of many of our European neighbours and there are severe health inequalities on the island. Poor people die younger and experience more illness throughout their lives than the rest of the population.

To improve health, it is important that decision makers in all policy areas consider the potential health impacts of what they do. But to do this, decision makers need to know precisely how their policy area might affect health. The Institute of Public Health produced this evidence briefing to shed light on the impact of employment policies on health. The sources are fully referenced to enable policy makers to read further where required.

The Institute has also produced a similar briefing on Transport. Both documents are available at www.publichealth.ie.

2. Employment and health

Employment is one of the most important determinants of health. Having a job or an occupation is an important determinant of self-esteem. It provides a vital link between the individual and society and enables people to contribute to society and achieve personal fulfilment. The World Health Organisation identifies a number of ways in which employment benefits mental health.¹ These include the provision of structured time, social contact and satisfaction arising from involvement in a collective effort. Therefore the loss of a job or the threat of losing a job is detrimental to health.² The type of job a person has and the working conditions he or she is exposed to will also affect health. It is also important to consider the impact that employment has on other aspects of people's lives that are important for health – for example, family life, social life and caring responsibilities for family members.

While this report concentrates on the impacts of employment on health, it is also important to mention the impacts of health on employment. A healthy workforce is a prerequisite for economic success and improvements in health will help to increase efficiency and productivity.

3. Unemployment and health

In 2003 unemployment rates in the North and South were, respectively, 4.7% and 5.2%, a total of 126,000 people. Unemployment hits the most disadvantaged sections of society the hardest and this contributes to health inequalities.

3.1 Mortality

Unemployment is a cause of premature mortality.³ Studies show that unemployed people with no previous illness were more likely to die at a younger age than the general population.⁴ For example, one study showed that unemployed people with no previous illness were 37% more likely to die over the following 10 years than the general population.⁴

3.2 Unemployment and poverty

Long-term unemployment is associated with socio-economic deprivation. People in poverty die younger, have less healthy lifestyles and live in less healthy environments.³ The financial strain of unemployment also has direct health impacts, with people in debt being more prone to depression.⁵

3.3 Unemployment as a stressful life event

The loss of structured time, social contact and status have negative effects on health. Unemployed people have lower levels of psychological well being ranging from symptoms of depression and anxiety to self-harm and suicide. The loss of 'position' or status and the loss of self-esteem are linked to depression. This can activate stress mechanisms that increase risk of diseases such as coronary heart disease.⁶

3.4 Unemployment and lifestyle

People who are unemployed are more likely to smoke and to drink to excess (although there is disagreement as to whether this behaviour or the loss of a job comes first).⁵ A spell of unemployment may have knock on effects that increase stress and affect mental health such as loss of home and relationship breakdown.

3.5 Unemployment as a recurring event

A person who is unemployed once runs a greater risk of being unemployed again. This may lead to chronic job insecurity, a higher than normal exposure to poor quality jobs and a lack of control over working life, all of which have health

implications (detailed below).⁵ This will particularly affect older or middle-aged workers. People from lower socio-economic groups are also more likely to move in and out of employment. Many are unable to find work subsequent to recession or industrial structural change and have a tendency to drop out of the workforce. Some who do return to the workforce may do so at a lower occupational status or level of seniority and on lower wages.

3.6 Unemployment and health inequalities

The health impacts identified above will fall disproportionately on some vulnerable sections of society.

People with disabilities in Ireland are more likely to be unemployed than other sections of the population. The 2002 census in the South shows that 23% of those with a long lasting health problem or disability are at work, compared to 53.1% for the total population.⁷ Exclusion is particularly acute for people with poor mental health.

A large proportion of older unemployed people will be suffering illness or disability even before a job loss. The stress of unemployment may exacerbate this, making it even more difficult to regain access to the labour market. In addition, negative attitudes of employers towards older workers in general, (see Section 5.3) will impede re-entry to the workforce and place older people at greater risk of poor health.

Women are under-represented in the labour force in Ireland.⁸ In the South, the female participation rate for the first quarter of 2003 was 48.9%, compared to 70.4% for men. This gap increases considerably in the older age groups.⁹ In the North, the rate in 2001 was 60.5% compared to 70% for men.

Other groups facing high levels of exclusion from the labour market are Travellers and migrants. For example, in a study on the health of asylum seekers in the South, 89% of respondents reported “not being allowed to work” and 76% reported “loneliness and boredom” as sources of post-migratory stress.¹⁰ Over half of the participants suffered from anxiety and 47% suffered from depression.

4. Physical environment of work and health

Exposure to physical hazards in the workplace and conditions such as musculo-skeletal disorders and fatigue are on the increase in Europe. The potential dangers to health include high-level noise, physically repetitive work, carrying of heavy loads and working in painful positions.¹¹

The pace of work that an individual is exposed to has potential health impacts. A survey showed 1 in 4 European workers work at a high speed all or almost all of the time and that health problems such as backache, muscular pain, stress and fatigue, are higher among this group than for people who work at a normal pace.¹¹

Older workers are particularly vulnerable in this regard, with 70% of workers aged between 45 and 54 years attributing the back problems they suffer to work.¹²

Workplace accidents and diseases play a role in the development of disability or chronic illness. For example, in the South, work-related accidents and diseases are the main reasons for impairments and disabilities for people aged 45 to 54.¹³ The reduction of physical hazards will make a valuable contribution to improving the health of the population and ensuring a healthier workforce.

The number of accidents in the workplace in Ireland in recent years has been reduced following interventions by the Health and Safety Authority in the South and the Health and Safety Executive in the North. However, the number of women injured in the workplace in the South has risen by 50% since 1998. The HSA attribute this increase to the “significant increase in the number of women in the workplace together with a possible increase in the number of women in riskier industries.¹⁴ The majority of workplace fatalities occur in construction and the agricultural, hunting and forestry sectors.¹⁵

5. Psychosocial environment of work and health

According to the World Health Organisation psychological risks to health such as stress, “accumulate during life and increase the chances of poor mental health and premature death”.¹ Employment may play a large role in inducing stress and this is manifested by feelings of irritability, general tiredness and exhaustion, difficulty sleeping and depression.¹⁶ A survey on stress in the South of Ireland shows that having too much work, having responsibility for others at work and the physical working environment are important causes of stress.¹⁷

5.1 Control over the work environment

The greater the level of control over the work environment, the better someone's health is likely to be. However, levels of autonomy are unequally distributed, with more skilled workers having more control.¹¹ Working conditions that place a high psychological demand but give limited scope to control those conditions pose a health threat.¹⁸ A study of civil servants in the U.K. showed that men and women with low job control were nearly twice as likely to report coronary heart disease than other workers.¹⁹

People in ‘high-strain’ jobs who have good coping skills and opportunities within the workplace to deal with stress are more likely to remain healthy.^{20,21} Increasing the capacity of individuals to cope through training or other methods will have health benefits. This is particularly important for older workers, who receive less training than younger workers.¹²

5.2 Intimidation in the workplace

Different forms of intimidation in the workplace such as bullying and sexual harassment can cause psychological stress and may have an impact on mental and physical health. In the South, a survey showed that 7% of people experienced bullying in a six month period and that the rate among women was 1.8 times higher than among men.²² With over 3% of women reporting experience of sexual harassment in the workplace in Europe compared with less than 1% of men, health impacts will fall disproportionately on women.¹¹

5.3 Discrimination in the workplace

Discrimination within the workplace and discrimination that excludes people from employment both have negative impacts on health. Narrower occupational opportunities and limited career advancement may also be pathways to low work control and stress.

Women who work earn less than men. Women in Europe earn 84% of the average gross hourly wage of men.²³ This gender pay gap is a pathway to poverty and ill-health for women and their dependents, particularly in single parent households. Women are more frequently employed in the service sector and on a part-time basis and are under-represented at a management level.⁹

The stigma attached to people with disabilities in the workplace (in particular those with mental health disabilities) creates social isolation, which can undermine health. Also, many people have negative preconceptions about the ability of people with disabilities to be productive in the workplace and this can lower advancement opportunities and self-esteem.

The experience of racism is a feature of work life for migrants which will negatively affect their mental health and wellbeing.^{10,24,25,26} Also, Travellers who hide their ethnic identity to secure and retain employment describe the process as “very stressful and emotionally draining”.²⁷ Negative attitudes to Travellers means they may experience poorer job security. Research on Travellers’ experience of mainstream employment also shows that their work status was frequently downgraded on discovery of their ethnic status.²⁷

For migrants who find work, concerns over their legal status and right to remain in the country produces job insecurity. “Deskilling” due to a failure to recognise qualifications and experience can have negative effects on self-esteem and mental health. It may also lead migrant workers into ‘unhealthy’ jobs with poor physical working conditions, low job control and poor support from superiors and peers. Migrants tend to be concentrated in unskilled and semi-skilled occupations.²⁸ Low pay and enforced overtime are also common.

6. The flexible labour market and health

Labour market flexibility is an increasingly common feature in employment nationally and internationally. In Europe 'flexible' employment (defined as part-time working, working with a temporary contract or self-employment) increased by 15% between 1985 and 1995.²⁹ Flexibility can have either positive or negative impacts on health, depending on the circumstances. Where flexibility is freely chosen as a means of improving work/life balance the impacts are likely to be positive. Where it is non-voluntary or 'imposed' by labour market conditions, the health impacts are more likely to be negative.

6.1 Job insecurity

Low job security is frequently associated with flexibility and this has significant adverse effects on self-reported psychological and physical health outcomes.¹³ Health deteriorates when people are anticipating job loss.³⁰ A study of British civil servants showed those who experienced job insecurity reported a significant worsening of self-rated health compared with those who experienced continuing job security. Women who experienced reduced job security reported an increase in long standing illness. Women also showed a larger elevation in blood pressure associated with reduced job security, marking them at risk for cardiovascular disease.³¹

Older workers are particularly vulnerable to the negative health impacts of job insecurity. A Finnish study on the health impacts of downsizing among local government employees showed older workers were more likely to suffer long periods of sick leave than younger employees.³² Sickness absence is a recognised measure of ill health and is an effective predictor of future mortality.³³

6.2 Physical and psychosocial work hazards

People in insecure jobs have a higher than normal exposure to both physical and psychosocial work hazards.¹⁶ Temporary workers are more exposed to poor working conditions such as vibrations, loud noise and hazardous products and are more likely to carry out repetitive work and work to tighter deadlines than permanent workers. They are less likely to receive the type of training that would enable them to deal with workplace demands and may be less capable of dealing with the stress of job strain.¹¹ People on fixed term and temporary agency contracts report higher levels of fatigue, show less satisfaction with their working

conditions, are more exposed to carrying heavy loads and working in painful positions and have less control over aspects of their working life. As the less skilled, manual workers tend to be most exposed to low paid, temporary or insecure jobs, their health is more adversely affected than more skilled workers.¹¹

6.3 Part-time work

Where part-time work is freely chosen and enables a satisfactory work/life balance, it is likely to have a positive health impact. However, where part-time working is due to limited occupational choices, particularly for women, the danger of negative health impacts increases. This may have negative health impacts associated with low income and share some of the characteristics of psychological stress associated with unemployment.

7. Work/Life balance and health

Employment largely dictates the patterns of our lives and these life patterns in turn have an impact on the health of individuals and families. Finding an appropriate work/life balance is important for promoting health. Work/life balance can be defined as “not automatically about working less but about having control and flexibility over when, where and how to work.”¹¹ The balance between work and the rest of our lives is partly determined by developments in the labour market, such as working hours and irregular work patterns, and partly by wider developments such as commuting and changes in family life. To promote health, all of these dimensions need to be addressed.

7.1 Working hours

Long working hours can impact on health negatively. A European survey shows men in the South of Ireland work an average of 44.7 hours per week, the highest in the European Union, which has an average for men of 41.6 hours.¹¹ Researchers say that there is “sufficient evidence to raise concerns about the risks to health and safety of long working hours”.³⁴ One refers to links between long working hours and cardiovascular disease, diabetes, poor self-reported health and fatigue.³⁵ Japanese and South Korean studies demonstrate negative effects of regular overtime on the cardiovascular system.^{36,37}

7.2 The double workload - combining household and paid employment

Women continue to have a disproportionate work burden at home and a more active participation in the home and family. European statistics on this “double workload” show a very sharp gender inequality in caring for children and in household tasks (e.g. with 86% of women compared to 25% of men being the main contributors in this area).³⁸ They illustrate the strain which female workers bear in combining dual roles in the household and in paid employment. For example, in Sweden, women undergoing a ‘double exposure’ to job strain and greater domestic responsibility suffered negative health impacts.³⁸

This gender imbalance may have a number of impacts on health. It may prevent women from gaining employment and therefore expose women to the negative health impacts of unemployment. For women on low incomes, the prohibitive cost of childcare may negate the health and monetary benefits of employment.

For the increasing numbers of women entering or planning to enter the workforce in Ireland, the double workload may be damaging to health. Initiatives that promote harmonisation of these dual roles, such as more flexible working arrangements and improved access to childcare facilities, may help to promote health.^{39,40}

Women provide valuable unpaid care to children, the elderly and others.⁴¹ As more women enter the workforce, the health of the recipients of care needs to be protected by the provision of quality, alternative affordable caring facilities and an appropriate work/life balance for carers joining the workplace.

7.3 Work/life balance for older workers

The European Employment Strategy aims to increase the participation of older people in the workforce in coming years. People will be encouraged to retire later and many who have retired may return to the workforce. There are a number of potential health impacts that need to be considered. Older people need time to attend to their health needs, such as taking medication, preparing nutritious meals or performing regular exercise. Common ailments such as diabetes require a strong commitment to lifestyle changes. Ongoing or increased work commitments can reduce the time older people have to care both for themselves and for dependents. Employment policies that consider an appropriate work/life balance for older workers would be beneficial to health and would help to prolong people's working life.

Many older people leave the workplace to care for a dependent.⁴² Others may be engaged in the care of extended family such as grandchildren. The wider health impacts of a potential reduction in the caring capacity of older people needs to be evaluated by decision makers.

7.4 Night work and shift work

Shift work and night work are now common in Ireland. In the South, 20% of people work at least 1 night per month and over 200,000 people do shift work.⁴³ Over half of these worked shifts because there was no similar job with regular hours available. Negative health impacts of shift work include "poorer daytime sleep, reduced night time alertness and performance and an increased accident rate compared to those on day shift". This can lead to health problems such as

chronic sleep disorder, increased incidence of cardiovascular disease and an increase in late-onset diabetes.^{44,35} One researcher states that the “inherent conflict between the interest of the worker and the enterprise over unsocial hours can be mitigated by improvements in working conditions and by advice to the worker on coping strategies”.³⁵

7.5 Commuting

The changing patterns of travel to work in Ireland, North and South, may be damaging to health. In the South in 2002, 55% of all workers drove to work, up from 46% in 1996.⁴³ In the North the figure in 2001 was 56%. The percentages using public transport, cycling and car sharing have fallen. Workers travelled on average 9.8 miles to work in 2002, up from 6.7 miles in 1996 and more than 13% of car journeys to work were a mile or less. A European comparison in 2000 showed that 17.1% of the Irish workforce spent between 1 and 2 hours travelling from home to work and back, the second highest in the EU.¹¹

This will have a number of negative health impacts on individuals, including reduced physical exercise and added stress due to travelling longer distances and increased traffic jams. Increased commuting also has wider health implications for society through increased air pollution, accidents, noise and other factors. Flexible working arrangements that reduce commuting could therefore be beneficial to health.

Teleworking

Teleworking is often designed to enable a better work/life balance. Where teleworking enables an improved work/life balance or enables access to the labour market where it did not exist before, the health impacts are likely to be positive. However, some of the potential negative health impacts of teleworking include inferior ergonomic arrangements outside of the workplace and working in isolation without the benefit of teamwork and consultation.⁴⁵

8. Conclusion and recommendations

Being employed is better for health than being unemployed. As this document shows, the material wellbeing and sense of purpose that a job provides are beneficial to health. However, the document also shows that some types of work are healthier than others. Stressful working conditions, bullying, harassment and low pay are all detrimental to health. The disruption of work/life balance through long or irregular working hours and stressful commuting is also unhealthy.

This document shows the variety of ways that employment can affect health and shows that a holistic and comprehensive approach is required by decision makers who are committed to promoting the health of the workforce. It also suggests that there is much opportunity to improve health both through government policy and through action in the workplace by employers. A healthier workforce will also pay economic dividends in terms of reduced absenteeism and increased productivity.

It is beyond the scope of this briefing to analyse the wide range of employment policies currently being pursued in Ireland, both North and South. Neither is it the intention to provide detailed recommendations on policy or to consider all the elements of relevance to a health-promoting workplace. However, based on the evidence covered in this report, the following actions are likely to promote health.

8.1 Actions in the workplace

- give employees more variety in tasks to mitigate potential damage to health of repetitive tasks
- build coping skills through training and education for individuals to deal with job strain
- introduce mechanisms to enable good ongoing two-way communication between employers and employees to allay anxiety and stress
- prevent workplace bullying.

8.2 People with disabilities, employment and health

Much of the exclusion of people with disabilities from the labour market is a result of negative societal attitudes. Awareness raising to tackle misconceptions about the productive capabilities of people with disabilities would help to overcome these attitudinal barriers.

8.3 Older workers, employment and health

To help combat the relatively severe health impacts of unemployment, older workers unemployed for a period (e.g. six months or more) should be provided with a programme of advice and assistance with employment and training options. To help ensure continued participation rates of older people in the workforce (as recommended by the European Employment Strategy) in a way that would protect health, the following could be pursued:

- improve access to training opportunities for older people in the workplace to enable them to cope better with workplace demands
- develop a strategy to encourage more gradual retirement for older people who would prefer to continue working.

8.4 Women, employment and health

In anticipation of increased female participation in the labour market as targeted by the European Employment Strategy, comprehensive research in both the North and the South of Ireland should be undertaken on those aspects of women's work most likely to impact on health. These areas include:

- male-female wage differentiation
- incidence and nature of part-time working
- harassment and bullying
- reasons for narrower occupational opportunities and limited career advancement towards professional and managerial positions.

To combat potential negative health impacts on women due to the pressure of combining dual roles in the household and in paid employment the following actions could be pursued:

- support initiatives to promote work/life balance that address harmonisation of these dual roles
- advocate for the provision of adequate low cost or subsidised childcare places for women moving into low-income jobs.

8.5 Travellers

A comprehensive study to measure and actions to address the following issues:

- unemployment and related poverty
- lack of access to education and training
- risk of physical hazards and discrimination in the workplace.

8.6 Migrant workers

A comprehensive study to measure and actions to address the following issues:

- “deskilling” and its negative effects on self-esteem and mental health
- poor physical working conditions
- discrimination in the workplace and experience of racism
- low job control
- low pay.

8.7 Commuting

Address commuting times and healthier routes to work such as cycling, walking and public transport by providing:

- health promotion and financial incentives to both employees and employers to increase cycling and walking to work. This should concentrate particularly on the large percentage of workers who drive short distances to work.
- targets and incentives to reduce commuting and improve work/life balance through teleworking and other flexible working arrangements.

8.8 Data collection on employment and health

There is a scarcity of data showing direct impacts of employment on health in Ireland, North and South. Questions on employment that would enable measurement of such impacts could be included in national surveys (such as SLAN in the South and Health and Social Well-being survey in the North). Similarly, questions on health could be included in national labour force surveys.

9. References

- 1 World Health Organisation. Mental Health. Available at: <http://www.who.int/mentalhealth/en>.
- 2 Marmot M, Wilkinson R, editors. The solid facts. 2nd ed. Geneva: World Health Organisation; 2003.
- 3 Marmot M, Wilkinson R, editors. Social determinants of health. Oxford: Oxford University Press; 1999.
- 4 Mathers D, Schofield D. The health consequences of unemployment: The evidence. Med J Aust 1998. Available from: <http://www.mja.com.au41>.
- 5 Bartley M. Unemployment and ill health: Understanding the relationship. J Epidemiol Community Health 1994;48:333-7.
- 6 Marmot M. Self esteem and health. Br Med J 2003;327:574-5.
- 7 Central Statistics Office. Census 2002 – Principal socio-economic results. Available at: <http://www.cso.ie>.
- 8 Eurostat and European Commission Directorate for Employment and Social Affairs. Social Situation in the European Union 2002. Luxembourg: Office for the Official Publications of the European Communities; 2002.
- 9 Central Statistics Office. Quarterly National Household Survey - First Quarter 2003. Available at: <http://www.cso.ie/publications/labour/qnhs.pdf>.
- 10 Fanning B, Loyal S, Staunton C. Asylum Seekers and the Right to Work in Ireland. Dublin: Irish Refugee Council; 2003.
- 11 Third European Survey on Working Conditions. European Foundation for the Improvement of Living and Working Conditions. Luxembourg: Office for the Official Publications of the European Communities; 2000. Available at: <http://www.eurofound.eu.int/publications/files/EF0121EN.pdf>.
- 12 Molinie A. Age and Working Conditions in the European Union. European Foundation for the Improvement of Living and Working Conditions. Luxembourg: Office for the Official Publications of the European Communities. Available at: <http://www.eurofound.eu.int/publications>.
- 13 Grammenos S. Illness, Disability and Social Inclusion. European Foundation for the Improvement of Living and Working Conditions. Luxembourg: Office for the Official Publications of the European Communities; 2000. Available at: <http://www.eurofound.eu.int/publications>.

- 14 Health and Safety Authority. Available at: <http://www.hsa.ie>. Accessed Mar 21 2004.
- 15 Health and Safety Authority. Annual Report 2002. Available at: <http://www.hsa.ie>.
- 16 Precarious Employment and Working Conditions in the EU. European Foundation for the Improvement of Living and Working Conditions. Luxembourg: Office for the Official Publications of the European Communities; 1998. Available at: <http://www.eurofound.eu.int/publications>.
- 17 Irish Marketing Surveys. Do You Feel Stressed? A Survey of the General Public. Dublin: Mental Health Association of Ireland; 2001.
- 18 Mausner-Dorsch H, Eaton W. Psychosocial work, Environment and depression: Epidemiologic assessment of the Demand-Control Model. *Am J Public Health* 2000;90(11):1765-70.
- 19 Bosma H, Marmot M, Hemingway H, Nicholson A, Brunner E, Stansfeld S. Low Job Control and Risk of Coronary Heart Disease in Whitehall II (Prospective Cohort) Study, *Br Med J* 1997; 314:558.
- 20 Platt S, Pavis S, Akram G. Changing labour market conditions and health: A systematic literature review 1993-98. New approaches to improve the health of a changing workforce. European Foundation for the Improvement of Living and Working Conditions. Luxembourg: Office for the Official Publications of the European Communities; 1998. Available at: <http://www.eurofound.eu.int/publications>.
- 21 Malinauskiene V, Theorell T, Grazuleviciene, Malinauskas R, Azaraviciene A. Low job control and myocardial infarction risk in the occupational categories of Kaunas men. *J Epidemiol Community Health* 2004:131-135.
- 22 Health and Safety Authority. Launch of landmark report on bullying in the workplace 2001 (Press release). Available at: <http://www.hsa.ie>.
- 23 Combat Poverty Agency. Towards equality for women: Targeted actions to tackle poverty. Dublin: Combat Poverty Agency; 2002.
- 24 Egley M, Garavan K, Condon M, Kelly M, Holland K, Staines A. Asylum in Ireland: A Public Health Perspective. Dublin. Irish Refugee Council; 1999. Available at: <http://phm.ucd.ie/publications/Asylum.pdf>.
- 25 Conroy P, Brennan A. Migrant Workers and their Experiences, Dublin: Equality Authority; 2002. Available at: <http://www.equality.ie/>

- 26 Wren K, Boyle B. Migration and work-related health in Europe: A pilot study 2002. Available at: http://ebib.arbetslivsinstitutet.se/saltsa/2002/wrl2002_01.pdf.
- 27 Murphy P. Job vacancies...Vacant jobs: Traveller inclusion in the mainstream labour market. Dublin: Pavee Point: 2001.
- 28 Ruhs M. Emerging trends and patterns in the immigration and employment of non-EU nationals in Ireland: What the Data Reveal (Working paper). Dublin: The Policy Institute at Trinity College; 2003.
- 29 A new organisation of time over working life. European Foundation for the Improvement of Living and Working Conditions. Luxembourg: Office for the Official Publications of the European Communities; 2003. Available at: <http://www.eurofound.eu.int/publications>.
- 30 Virtanen P, Vahtera J, Kivimaki M, Pentti J, Ferrie J. Employment security and health. *J Epidemiol Community* 2002; 56:569-574.
- 31 Ferrie J, Shipley M, Stansfeld S, Marmot M. Effects of chronic job insecurity and change in job security on self reported health, minor psychiatric morbidity, physiological measures, and health related behaviours in British civil servants: Whitehall II study. *J Epidemiol Community Health* 2002; 56:450-454.
- 32 Vahtera J, Kivimaki M, Pentti J. Effect of organisational downsizing on health of employees. *Lancet* 1997;350:1124-28.
- 33 Kivimaki M, Head J, Ferrie J, Shipley M, Vahtera J, Marmot M. II Prospective Cohort Study. *Br Med J* 2003; 327:364-370.
- 34 Spurgeon A, Harrington JM, Cooper CL. Health and safety problems associated with long working hours. *Occup Environ Med* 1997;6: 367-375.
- 35 Van Der Hulst M. Long workhours and health. *Scandinavian Journal of Work and Environmental Health* 2003;3:167-169.
- 36 Hoshuyama T. Overwork and its effects: Current status and future approach. *Sangyo Eiseigaku Zasshi* 2003;5:187-193.
- 37 Park J, Kim Y, Cho Y, Chung H, Iwasaki K, Oka T et al. *Industrial Health* 2001;3, 244-249.
- 38 Krantz G, Ostergren P. Double exposure: The combined impact of domestic responsibilities and job strain on common symptoms in employed Swedish women. *Eur J Public Health* 2001;11:413-419.

- 39 Murphy M. A women's model for social welfare reform. Dublin: National Women's Council of Ireland; 2000. Available at: <http://www.nwci.ie/documents/swr.doc>.
- 40 Alleviating labour shortages; Report No. 19. Dublin: The National Economic and Social Forum; 2000. Available at: <http://www.nesf.ie/!NESFLAB.PDF>.
- 41 Quarterly National Household Survey, Childcare - Fourth Quarter 2002. Dublin: Central Statistics Office; 2003. Available at: <http://www.cso.ie>.
- 42 Labour participation rates of over 55s in Ireland: A study for the expert group on future skills, needs and the national competitiveness council public and corporate economic consultants. Dublin: Forfás; 2001. Available at: http://www.forfas.ie/futureskills/reports/over_55s/over_55s.pdf.
- 43 Quarterly National Household Survey Ireland: Travel to Work 1st Quarter 2000, Length and Pattern of Working Time: 2nd Quarter 2001, Module on Teleworking: 3rd Quarter 2002. Dublin; Central Statistics Office; 2000-2002. Available at: <http://www.cso.ie>.
- 44 Rajaratnam S, Arendt J. Health in a 24 hour society. *Lancet* 2001;358:999.
- 45 The social implications of teleworking. European Foundation for the Improvement of Living and Working Conditions. Dublin: EFILWC; 1998.



IS WORK GOOD FOR YOUR HEALTH AND WELL-BEING?

Gordon Waddell, A Kim Burton



IS WORK GOOD FOR YOUR HEALTH AND WELL-BEING?

Executive Summary

Gordon Waddell, CBE DSc MD FRCS

Centre for Psychosocial and Disability Research, Cardiff University, UK

A Kim Burton, PhD DO EurErg

Centre for Health and Social Care Research, University of Huddersfield, UK

The authors were commissioned by the Department for Work and Pensions to conduct this independent review of the scientific evidence. The authors are solely responsible for the scientific content and the views expressed which do not necessarily represent the official views of the Department for Work and Pensions, HM Government or The Stationery Office.



Published by TSO (The Stationery Office) and available from:

Online www.tsoshop.co.uk

Mail, Telephone, Fax & E-mail

TSO

PO Box 29, Norwich, NR3 1GN

Telephone orders/General enquiries: 0870 600 5522

Fax orders: 0870 600 5533

E-mail: customer.services@tso.co.uk

Textphone 0870 240 3701

TSO Shops

123 Kingsway, London, WC2B 6PQ

020 7242 6393 Fax 020 7242 6394

68-69 Bull Street, Birmingham B4 6AD

0121 236 9696 Fax 0121 236 9699

9-21 Princess Street, Manchester M60 8AS

0161 834 7201 Fax 0161 833 0634

16 Arthur Street, Belfast BT1 4GD

028 9023 8451 Fax 028 9023 5401

18-19 High Street, Cardiff CF10 1PT

029 2039 5548 Fax 029 2038 4347

71 Lothian Road, Edinburgh EH3 9AZ

0870 606 5566 Fax 0870 606 5588

TSO Accredited Agents

(see Yellow Pages)

and through good booksellers

© Gordon Waddell and Kim Burton 2006

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without the permission of the publisher.

Copyright in the typographical arrangement and design is vested in The Stationery Office Limited.

Applications for reproduction should be made in writing to The Stationery Office Limited, St Crispins, Duke Street, Norwich NR3 1PD.

The information contained in this publication is believed to be correct at the time of manufacture. Whilst care has been taken to ensure that the information is accurate, the publisher can accept no responsibility for any errors or omissions or for changes to the details given.

Kim Burton and Gordon Waddell have asserted their moral rights under the Copyright, Designs and Patents Act 1988, to be identified as the authors of this work.

A CIP catalogue record for this book is available from the British Library.

A Library of Congress CIP catalogue record has been applied for.

First published 2006

ISBN 0 11 703694 3

13 digit ISBN 978 0 11 703694 9

Printed in the United Kingdom by The Stationery Office

Acknowledgements

We are grateful to Keith Palmer and Christopher Prinz for their careful review of the final draft of the report.

We thank the following colleagues for their helpful ideas and comments, and for pointing us to useful material during the course of the project: Kristina Alexanderson, Robert Barth, Jo Bowen, Peter Donceel, Hege Eriksen, Simon Francis, David Fryer, Bob Grove, Bill Gunnyeon, Elizabeth Gyngell, Bob Hassett, Camilla Ihlebaek, Nick Kendall, Rachel Lee, Chris Main, Fehmidah Munir, Trang Nguyen, Nick Niven-Jenkins, David Randolph, Justine Schneider, David Snashall, Holger Ursin, Keith Wiley, Nerys Williams, and Peter Wright.

Finally, we thank Debbie McStrafick for archiving the data and providing administrative support.

Executive summary

BACKGROUND

Increasing employment and supporting people into work are key elements of the UK Government's public health and welfare reform agendas. There are economic, social and moral arguments that work is the most effective way to improve the well-being of individuals, their families and their communities. There is also growing awareness that (long-term) worklessness is harmful to physical and mental health, so the corollary might be assumed – that work is beneficial for health. However, that does not necessarily follow.

This review collates and evaluates the evidence on the question 'Is work good for your health and well-being?' This forms part of the evidence base for the *Health, Work and Well-Being Strategy* published in October 2005.

METHODS

This review approached the question from various directions and incorporated an enormous range of scientific evidence, of differing type and quality, from a variety of disciplines, methodologies, and literatures. It a) evaluated the scientific evidence on the relationship between work, health and well-being; and b) to do that, it also had to make sense of the complex set of issues around work and health. This required a combination of a) a 'best evidence synthesis' that offered the flexibility to tackle heterogeneous evidence and complex sociomedical issues, and b) a rigorous methodology for rating the strength of the scientific evidence.

The review focused on adults of working age and the common health problems that account for two-thirds of sickness absence and long-term incapacity (i.e. mild/moderate mental health, musculoskeletal and cardio-respiratory conditions).

FINDINGS

Work: The generally accepted theoretical framework about work and well-being is based on extensive background evidence:

- Employment is generally the most important means of obtaining adequate economic resources, which are essential for material well-being and full participation in today's society;
- Work meets important psychosocial needs in societies where employment is the norm;
- Work is central to individual identity, social roles and social status;
- Employment and socio-economic status are the main drivers of social gradients in physical and mental health and mortality;
- Various physical and psychosocial aspects of work can also be hazards and pose a risk to health.

Unemployment: Conversely, there is a strong association between worklessness and poor health. This may be partly a health selection effect, but it is also to a large extent cause and effect. There is strong evidence that unemployment is generally harmful to health, including:

- higher mortality;
- poorer general health, long-standing illness, limiting longstanding illness;
- poorer mental health, psychological distress, minor psychological/psychiatric morbidity;
- higher medical consultation, medication consumption and hospital admission rates.

Re-employment: There is strong evidence that re-employment leads to improved self-esteem, improved general and mental health, and reduced psychological distress and minor psychiatric morbidity. The magnitude of this improvement is more or less comparable to the adverse effects of job loss.

Work for sick and disabled people: There is a broad consensus across multiple disciplines, disability groups, employers, unions, insurers and all political parties, based on extensive clinical experience and on principles of fairness and social justice. When their health condition permits, sick and disabled people (particularly those with 'common health problems') should be encouraged and supported to remain in or to (re)-enter work as soon as possible because it:

- is therapeutic;
- helps to promote recovery and rehabilitation;

- leads to better health outcomes;
- minimises the harmful physical, mental and social effects of long-term sickness absence;
- reduces the risk of long-term incapacity;
- promotes full participation in society, independence and human rights;
- reduces poverty;
- improves quality of life and well-being.

Health after moving off social security benefits: Claimants who move off benefits and (re)-enter work generally experience improvements in income, socio-economic status, mental and general health, and well-being. Those who move off benefits but do not enter work are more likely to report deterioration in health and well-being.

Provisos: Although the balance of the evidence is that work is generally good for health and well-being, for most people, there are three major provisos:

1. These findings are about average or group effects and should apply to most people to a greater or lesser extent; however, a minority of people may experience contrary health effects from work(lessness);
2. Beneficial health effects depend on the nature and quality of work (though there is insufficient evidence to define the physical and psychosocial characteristics of jobs and workplaces that are ‘good’ for health);
3. The social context must be taken into account, particularly social gradients in health and regional deprivation.

CONCLUSION

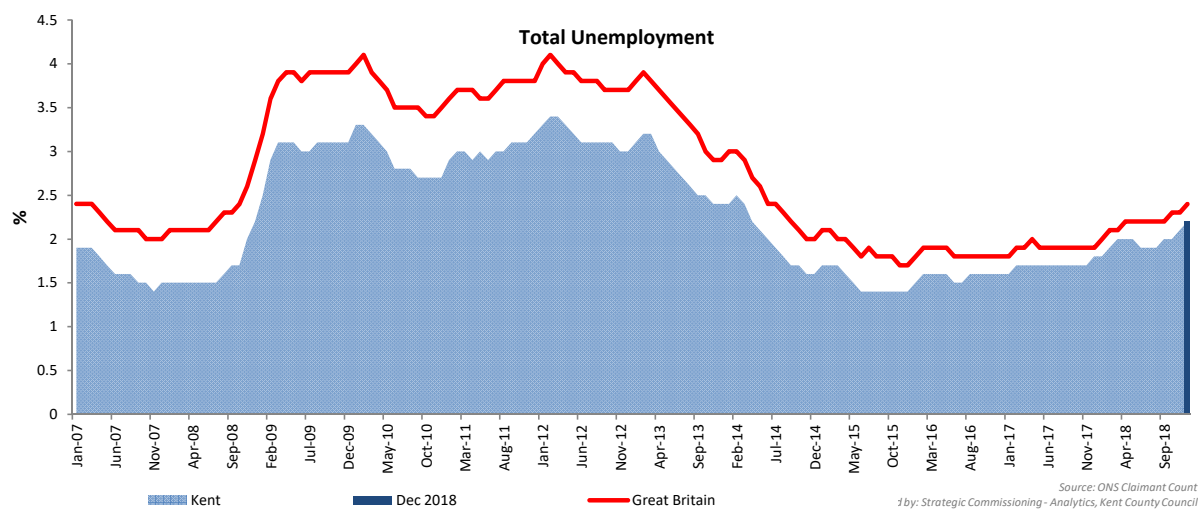
There is a strong evidence base showing that work is generally good for physical and mental health and well-being. Worklessness is associated with poorer physical and mental health and well-being. Work can be therapeutic and can reverse the adverse health effects of unemployment. That is true for healthy people of working age, for many disabled people, for most people with common health problems and for social security beneficiaries. The provisos are that account must be taken of the nature and quality of work and its social

context; jobs should be safe and accommodating. Overall, the beneficial effects of work outweigh the risks of work, and are greater than the harmful effects of long-term unemployment or prolonged sickness absence. Work is generally good for health and well-being.

Unemployment in Kent

Last updated: 22 Jan 2019

Using information from the Office for National Statistics Claimant Count this bulletin looks at the total number of people claiming either Jobseekers Allowance or Universal Credit **principally for the reason of being unemployed**. It also looks at the age profile of claimants, in particular at youth unemployment which is defined as those aged 18 to 24.



Source: ONS Claimant Count
 1 by: Strategic Commissioning - Analytics, Kent County Council

	Dec 2018		Change since Nov 2018		Change since Dec 2017	
Unemployment	Number	% Rate	Number	%	Number	%
Kent	20,400	2.2%	550	2.8%	3,875	23.4%
Great Britain	956,745	2.4%	19,485	2.1%	184,150	23.8%

	Dec 2018		Change since Nov 2018		Change since Dec 2017	
	Number	% Rate	Number	%	Number	%
Ashford	1,710	2.2%	70	4.3%	410	31.5%
Canterbury	1,850	1.8%	140	8.2%	495	36.5%
Dartford	930	1.4%	70	8.1%	165	21.6%
Dover	2,405	3.5%	70	3.0%	470	24.3%
Folkestone & Hythe	1,885	2.9%	65	3.6%	445	30.9%
Gravesham	1,595	2.4%	15	0.9%	260	19.5%
Maidstone	1,180	1.1%	0	0.0%	-30	-2.5%
Sevenoaks	575	0.8%	60	11.7%	45	8.5%
Swale	2,780	3.1%	5	0.2%	805	40.8%
Thanet	4,275	5.2%	65	1.5%	965	29.2%
Tonbridge and Malling	660	0.8%	5	0.8%	-90	-12.0%
Tunbridge Wells	555	0.8%	-15	-2.6%	-65	-10.5%
Medway	4,145	2.3%	230	5.9%	880	27.0%
Kent	20,400	2.2%	550	2.8%	3,875	23.4%

Kent unemployment headlines December 2018

The unemployment rate in Kent is 2.2%. This is below the rate for Great Britain (2.4%).

20,400 people were claiming unemployment benefits in Kent. This has increased since last month.

Thanet has the highest unemployment rate at 5.2%. Sevenoaks has the lowest unemployment rate at 0.8%.

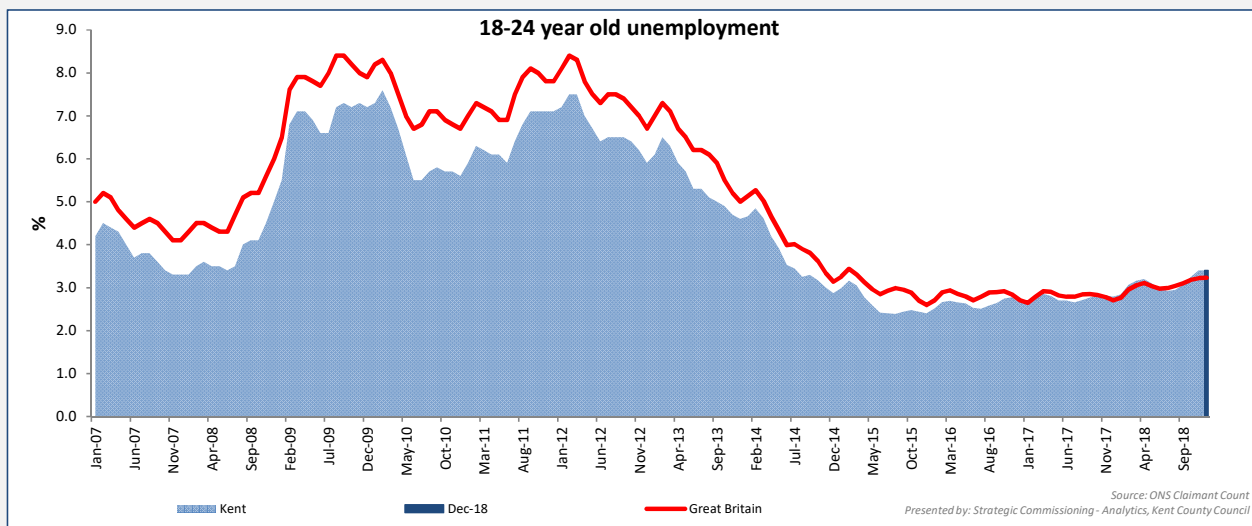
The 18-24 year old unemployment rate in Kent is 3.4%. They account for 21.1% of all unemployed people in the area

Thanet has the highest 18-24 year old unemployment rate in the South East at 8%.

Unemployment by age group

Kent	Dec 2018		Change since Nov 2018		Change since Dec 2017	
	Number	%	Number	%	Number	%
18-24	4,305	3.4%	5	0.1%	780	22.1%
25-49	10,335	2.1%	380	3.8%	2,150	26.3%
50-64	5,705	1.9%	165	3.0%	920	19.2%

December 2018	Number			Rate		
	18-24	25-49	50-64	18-24	25-49	50-64
Ashford	395	835	470	4.4%	2.1%	1.9%
Canterbury	410	925	510	1.5%	2.0%	1.8%
Dartford	200	515	210	2.6%	1.3%	1.1%
Dover	500	1200	695	5.9%	3.7%	2.8%
Folkestone & Hythe	375	915	595	4.9%	2.8%	2.6%
Gravesham	320	825	445	4.0%	2.3%	2.3%
Maidstone	210	625	340	1.8%	1.1%	1.1%
Sevenoaks	110	280	180	1.5%	0.8%	0.7%
Swale	705	1340	730	6.1%	2.9%	2.5%
Thanet	860	2275	1140	8.0%	5.7%	4.1%
Tonbridge and Malling	130	315	215	1.4%	0.8%	0.9%
Tunbridge Wells	90	290	170	1.2%	0.8%	0.7%
Kent	4305	10335	5705	3.4%	2.1%	1.9%
Medway	885	2195	1055	3.6%	2.3%	2.1%

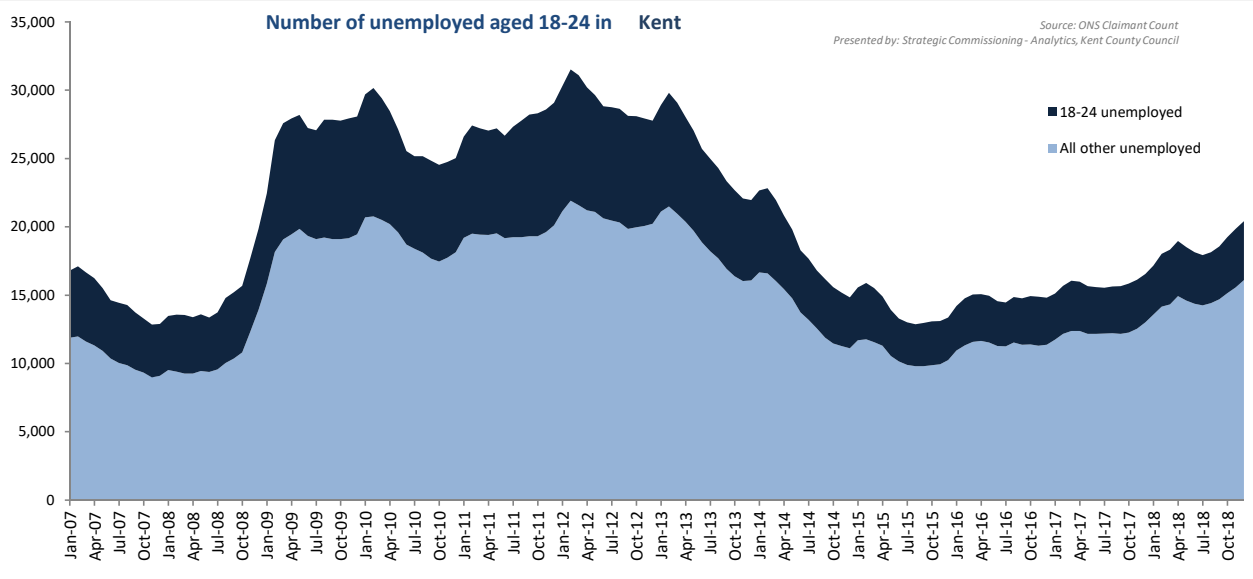
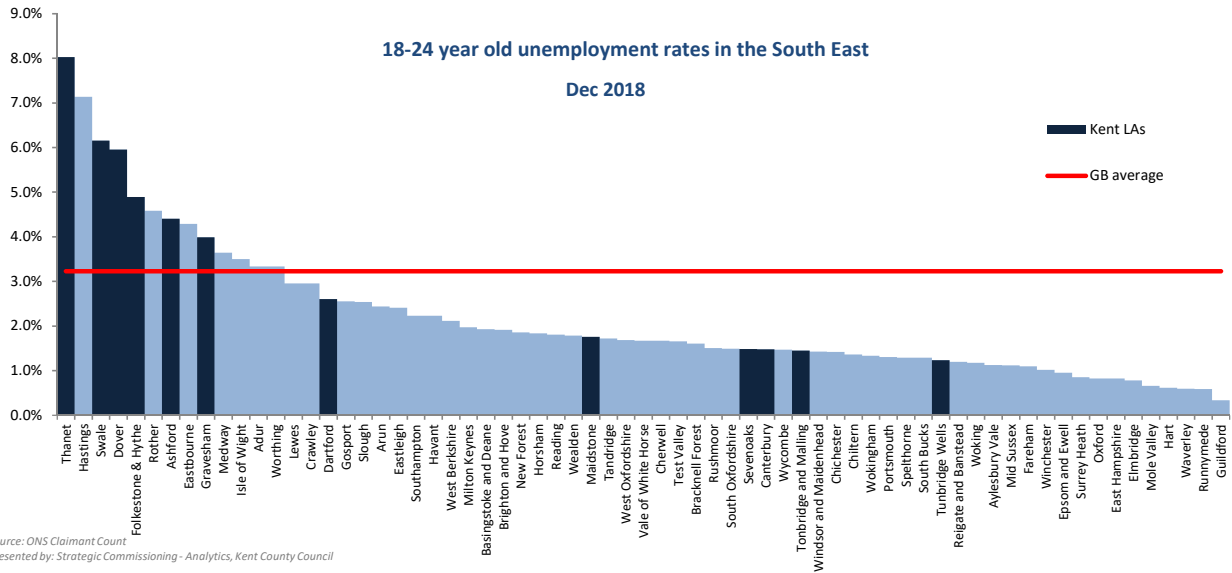


18-24 Unemployment	Kent		Change since Nov 2018		Change since Dec 2017	
	Number	Rate	Number	%	Number	%
Kent	4,305	3.4%	5	0.1%	780	22.1%
Great Britain	180,715	3.2%	385	0.2%	29,135	19.2%

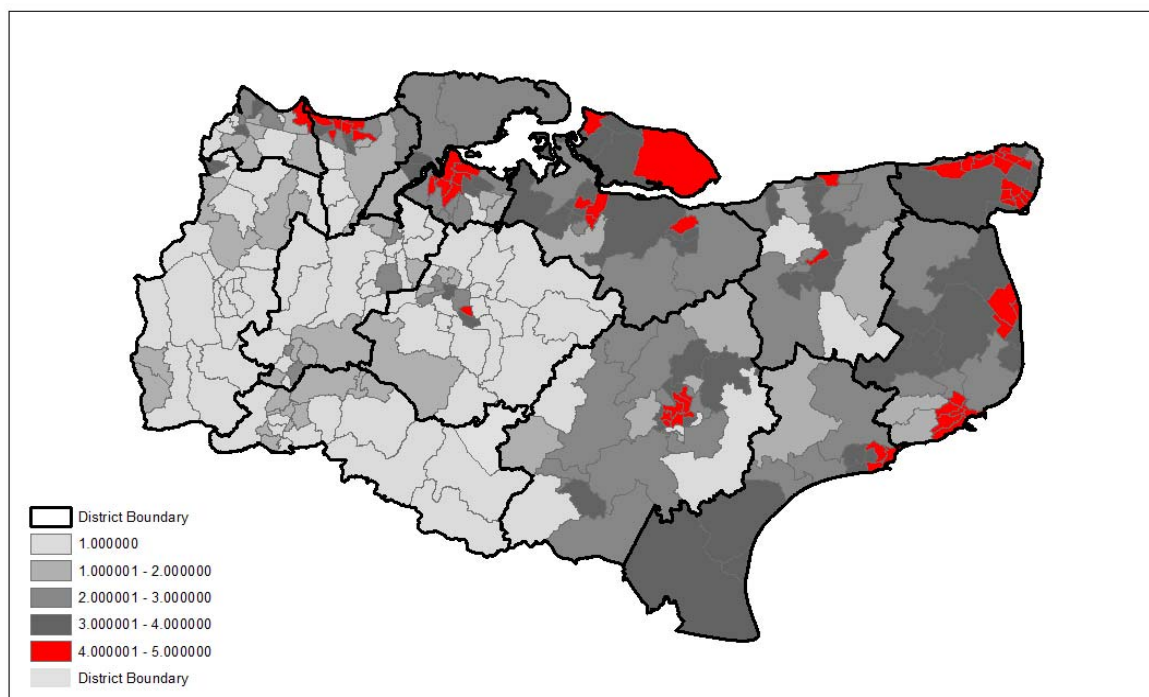
Unemployment by age group - % of all unemployed

December 2018

	Kent		Great Britain	
	Number	% of all unemployed	Number	% of all unemployed
18-24	4,305	21.1%	180,715	18.9%
25-49	10,335	50.7%	519,815	54.3%
50-64	5,705	28.0%	253,250	26.5%



Ward unemployment rates December 2018



Source: NOMIS Claimant Count
This map is produced by Strategic Commissioning - Analytics, Kent County Council
© Crown Copyright and database right 2019, Ordnance Survey 100019238



This workbook looks at the total number of people claiming either Jobseekers Allowance or Universal Credit principally for the reason of being unemployed. It also looks at the age profile of claimants, in particular at youth unemployment which is defined as those aged 18 to 24.

This workbook uses information from a dataset called The Claimant Count by Sex and Age. This experimental series counts the number of people claiming Jobseeker's Allowance plus those who claim Universal Credit who are out of work. The dataset currently includes some out of work claimants of Universal Credit who are not required to look for work; for example, due to illness or disability. Therefore this dataset is considered experimental and the results should be interpreted with caution.

Unemployment rates are calculated using the Office for National Statistics Mid-year Population Estimates 2001-2017. The resident working age population is defined as all males and females aged 16-64. These denominators will be updated annually with the ONS mid-year population estimates.

Data back to December 2014 were revised by ONS on 18th October 2017. This bulletin contains these revisions and therefore supersedes any previously released data.

Introduction of Universal Credit

Since 2013 the roll out of Universal Credit has progressed across across the UK. Universal Credit will replace a number of means-tested benefits including the means-tested element of Jobseeker's Allowance (JSA).

From April 2015 Universal Credit started to be rolled out within Kent. It is now available in all Jobcentre areas in Kent & Medway. Initially it was only available to single claimants without a partner and without child dependents however in 2017 the full roll out of Universal Credit to all claimant types began. The following table shows the planned roll out within Kent districts.

As announced in June 2018 the government will start to migrate existing claimants of the benefits that are being replaced to Universal Credit early in 2019. It hopes to migrate all existing benefit claimants to Universal Credit by March 2023.

Date of roll

out	Job Centre Plus Office	District Served
May-17	Dover	Dover
Jul-17	Margate	Thanet
Jul-17	Ramsgate	Thanet
Dec-17	Sheerness	Swale
Dec-17	Sittingbourne	Swale
Feb-18	Gravesend	Gravesham
Feb-18	Gravesend	Sevenoaks (part)
Feb-18	Folkestone	Folkestone & Hythe
Feb-18	Chatham	Medway
Mar-18	Ashford	Ashford
Apr-18	Canterbury	Canterbury
Apr-18	Hernebay	Canterbury
Apr-18	Whitstable	Canterbury
May-18	Dartford	Dartford
May-18	Dartford	Sevenoaks (part)
Aug-18	Maidstone	Maidstone
Aug-18	Tonbridge	Tonbridge & Malling
Aug-18	Tonbridge	Tunbridge Wells

For more information on Universal Credit: <https://www.gov.uk/universal-credit>

Produced by:

Strategic Commissioning - Analytics,
Strategic & Corporate Services,
Kent County Council

Tel: 03000 417444

