TACKLING THE CAUSES OF WORKING-AGE ILL HEALTH

Improving the Quality of Work in Scotland

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Table of Contents

Executive Summary *2*

1. Introduction *4*

2. Background *7*

3. Causes of Workplace Ill Health *14*

4. Government and Workplace Action *18*

5. Conclusion *33*

Authors and Acknowledgements *34*

Executive Summary

- The UK Government has announced significant changes to the UK benefits system to address two main issues: the rising number of working-age people leaving the workforce due to ill health and a consequential increase in the social security bill. This paper considers the factors driving this policy, focusing on the causes rather than the symptoms. There is no evidence that cutting benefits will address the underlying causes of ill health, so we argue that governments should first focus on what is making the UK workforce ill.

- The UK has one of the highest reported rates of working-age people out of work due to ill health in Western Europe. It is the only major economy whose employment rate hasn't recovered since the pandemic. Scotland has a higher percentage of the population describing themselves as long-term unwell or disabled than the UK as a whole – 34% compared to 24% in the UK as a whole. The increase in ill health covers the youngest and oldest working-age people, although a recent increase in economically inactive younger adults indicates a longer-term concern.

- While the increase in ill-health is a concern, the proportion of British working people remains high by international standards. The UK is not an economy whose failure is that too few people work. The protective elements of work are undeniable, but only if good quality work is delivered. Britain's labour market already does a lousy job at finding opportunities for people who are deemed risky employees, such as those with health issues, often mental illness, and with patchy work histories.

- As some benefits are devolved, changes in UK benefits will impact the Scottish Government budget. A less punitive benefits ethos means the cost exceeds the block grant allocation. Due to the interaction between the different benefits, there is also a range of process issues to be agreed upon between the two governments by 2026. Benefit levels in the UK are not high by international standards—the UK spends less on welfare as a share of GDP than the average for developed nations. Cutting benefits may result in short-term savings in public finances, but there is little evidence that it will help people get back to work.

- We should focus on the causes of ill health, when almost one in four working-age people are classed as disabled, and mental ill health rates are rising, particularly among young people. Long NHS waiting lists don't help, but there is limited evidence that they are the driver of the increase in health-related benefits. There is also little evidence of an overdiagnosis of mental health conditions; in fact, surveys point to underdiagnoses. We do know that benefit cuts worsen mental health, and the NHS is struggling to treat patients at the current levels, particularly young people. This is storing up problems for the future, as children with serious mental health conditions are two-thirds more likely to have a limited ability to work in adulthood. We also have inadequate treatment pathways for sufferers of Long-Covid.

- The starting point for solutions has to be workplace ill health. The increasing state pension age means more people are working for longer and becoming sicker. Long hours, shift work and work-related stress all contribute to ill health, with half of all UK work-related ill health due to stress, anxiety or depression. Ultimately, a bad job can be worse for health than no job, and the UK has been slower to act than many European countries. Job-related ill health is costing UK businesses

up to £41 billion a year, with 1.77 million workers suffering due to poor job quality. Very few employers (as low as 3%) invest in the wider range of services that occupational health professionals can provide. For too many employers, the solution to ill health at work is increasingly punitive absence management systems and dismissal.

- This paper sets out a range of actions governments should take, including:

  - Meaningful support to help people get back to work, ditching the 'any job' approach.
  - Strengthening NHS mental health services with a focus on improving preventative services for children and young people. Create proper care pathways for long-Covid.
  - Changing the employment culture, enforcing employers' legal obligations under the Equality Act to support access to work, and mandating organisations to undertake proactive assessments of potential health risks.
  - Stronger employment rights, extending the duty of care for employers, subsidising the cost of long-term sickness absence, and incentivising vocational rehabilitation.
  - A fully funded and comprehensive Youth Guarantee to give all young people the best possible start to their working lives.
  - An integrated approach to working-age health, underpinned by including occupational health and vocational rehabilitation in mainstream health care, which no longer relies on inadequate private sector providers.
  - Repair the damage done by cuts to the Health and Safety Executive and the Employment Medical Advisory Service. Expand the trade union health and safety representatives' role in delivering safe and healthy work, including roving safety representatives and union enforcement notices.
  - Incorporate health and safety more explicitly in Fair Work principles and in Fair Work First, focusing on mental health risks. While the Scottish Government could do much more under existing powers, there is a strong case for devolving employment law, including health and safety, to Scotland.

- We conclude that there is an urgent need to promote healthy, sustainable work, arising from the steady stream of workers leaving the workplace due to insufficient protections and insecurity. Cutting benefits now will affect hundreds of thousands of people who are out of work for health reasons and do not have a viable alternative. Governments should focus on addressing the causes of ill health in the workplace and the broader health inequalities in society.

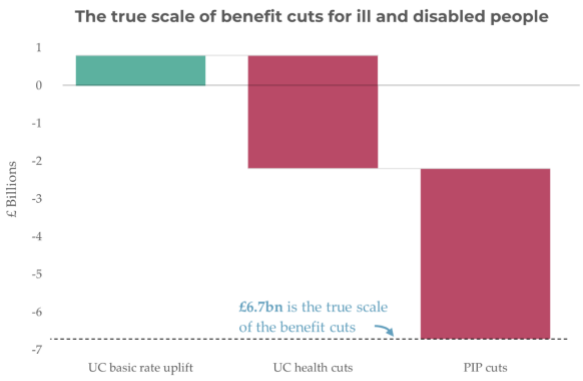
1. Introduction

The UK Government has announced significant changes to the UK benefits system to address two main issues. The rising number of working-age people leaving the workforce due to ill-health and a consequential increase in the social security bill.

The UK Government claims the new measures are designed to ensure a welfare system that is fit for purpose and available for future generations – opening up employment opportunities, boosting economic growth and tackling the spiralling benefits bill, while also ensuring those who cannot work get the support they need as part of the government's Plan for Change[1]. They include:

- Tightening the eligibility criteria for Personal Independence payments (PIP) from November 2026, resulting in reduced payments for many. It will become harder to qualify for the daily living component of PIP, which starts at £72.65 a week.
- The work capability assessment that determines who is eligible for incapacity benefits will be scrapped in 2028. People applying for health-related financial support and disability benefits will only face one assessment, based on the current PIP system.
- Incapacity benefits under universal credit will be frozen in cash terms for existing claimants at £97 per week from April next year - this means they will not be increased in line with inflation until 2029/30. The amount will be reduced to £50 per week in 2026/2027 for new claimants. Those under 22 will no longer be able to claim the incapacity benefit top-up to universal credit. Those with the most severe, life-long health conditions, who have no prospect of being able to work, will see their incomes protected through an additional premium, and the standard rate of universal credit will increase by £775 in 2029/30.
- Measures to incentivise work, including a 'support conversation', improvements to the Access to Work scheme, and ending automatic PIP assessments for those trying work.

The UK Government expects the measures to save nearly £5 billion in 2029 to 2030, leading to 250,000 people being pushed into poverty, including 50,000 children. However, others think the cuts could be almost £2 billion greater, with 100,000 additional people pushed into poverty[2]. The OBR is modelling that the cuts will mean 800k fewer people will receive the PIP daily living payment.



[1] UK Government, *Biggest shake up to welfare system in a generation to get Britain working*, (18 March, 2025), https://www.gov.uk/government/news/biggest-shake-up-to-welfare-system-in-a-generation-to-get-britain-working

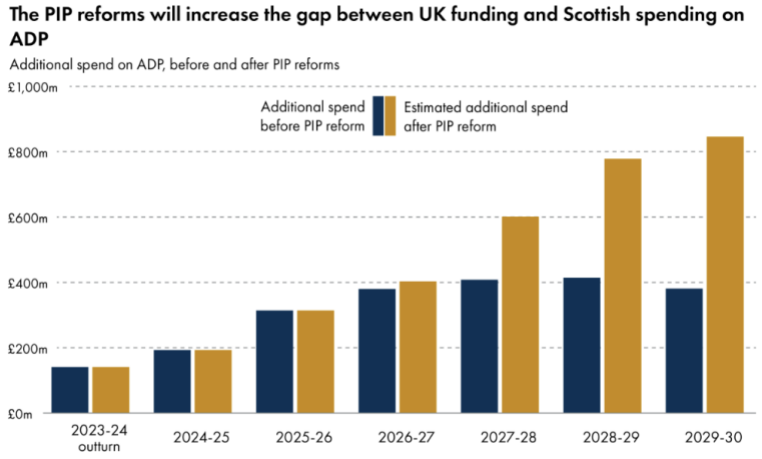
[2] NEF, *The true scale and impact of benefit cuts*, (31 March, 2025), https://neweconomics.org/2025/03/government-is-concealing-the-true-scale-of-benefit-cuts-for-ill-and-disabled-people

Disability benefits reforms: how many are affected and by how much?

Reforms	Number of people impacted	Economic impact (£ millions)	Average impact per person affected
PIP eligibility: claimants will need to score 4 points in one category	800,000	£3,677	£4,596
LCWRA: Will be frozen for all claimants	1,700,000	£890	£524
LCWRA: Claims from 26 April will receive £47 a week less	442,000	£1,080	£2,444
LCWRA: People losing PIP will lose the health element of UC	232,000	£580	£2,505
Total impact	2,942,000	£6,227	£2,117

This chart shows how the changes could impact individuals, primarily through PIP, with knock-on impacts on council services such as social care. While many will continue to qualify for PIP due to the extent of their care needs, each local authority will need to take a view on how to treat people who lose disability benefits in their charging policy[3].

In Scotland, some elements of support for disabled people and people with health conditions remain reserved (for example, the health element in UC), and some have been devolved to the Scottish Government (for example, PIP and DLA). This means Scottish ministers would have the choice of applying a similar scale of cuts or finding funds from other spending or taxes to fill that gap. The Fraser of Allander Institute estimated that for every £1bn reduction in UK government spending on PIP, there would be a £115m reduction in the block grant. The OBR forecasts that PIP spending in England and Wales will be £4.1bn lower in 2029-30, suggesting a total reduction of between £455 and £470m in 2029-30[4].



The UK Government has set out its proposals in a Green Paper, *Pathways to Work: Reforming Benefits and Support to Get Britain Working*[5]. This twelve-week consultation sets out the UK Government's case for changing the benefits system and how it believes it will make work pay. It also describes how they propose to reform employment support.

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[3] Policy in Practice, *Disability benefits changes: the local impact revealed*, (April 2025), https://policyinpractice.co.uk/blog/new-analysis-how-disability-benefits-changes-will-affect-your-local-area/

[4] SPICe, *UK Spring statement 2025 – a world "changing before our eyes",* (26 March 2025), https://spice-spotlight.scot/2025/03/26/uk-spring-statement-2025-a-world-changing-before-our-eyes/

[5] UK Government, Pathways to Work: Reforming Benefits and Support to Get Britain Working, (March 2025), https://assets.publishing.service.gov.uk/media/67d84aa179f0d993dfb11f97/pathways-to-work.pdf

This paper considers the factors driving this policy, focusing on the causes rather than the symptoms. There is no evidence that cutting benefits will address the underlying causes of ill health, so we argue that governments should first focus on what is making the UK workforce ill. We will include recommendations that governments improve the quality of work to solve the challenges we face.

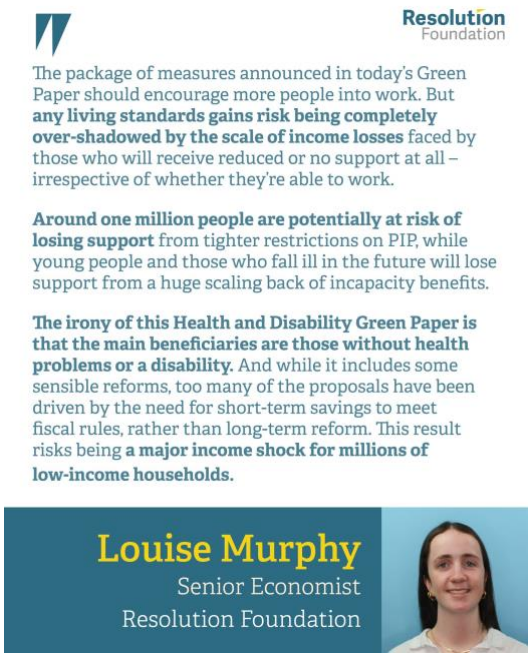
2. Background

Introduction

The UK Government highlights that since the pandemic, the number of working-age people receiving PIP has more than doubled from 15,300 to 35,100 a month. The number of young people (16-24) receiving PIP per month has also skyrocketed from 2,967 to 7,857 a month. Over the next five years, if no action is taken, the number of working-age people claiming PIP will increase from 2 million in 2021 to 4.3 million, costing £34.1 billion annually. This means the health and disability benefits bill is forecast to reach £70 billion a year by the end of the decade, or more than £1 billion a week. This is equivalent to more than a third of the NHS budget, and more than three times as much as is spent on policing and keeping communities safe.

The UK government announcement also highlighted that the UK has one of the highest reported rates of working-age people out of work due to ill health in Western Europe, and the UK is the only major economy whose employment rate hasn't recovered since the pandemic.

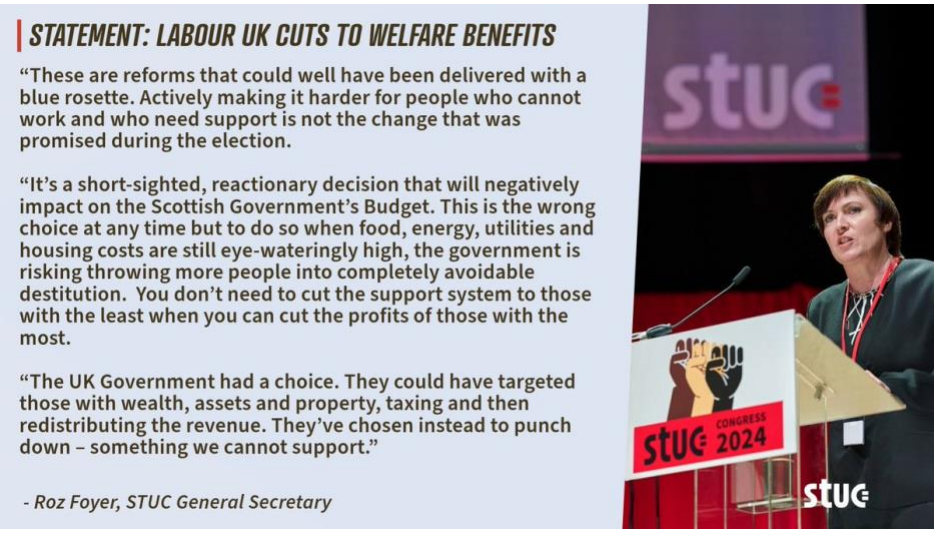
While the challenges are clear, the UK Government's solutions are contested[6]. The Resolution Foundation said the plan would see between 800,000 and 1.2 million people losing support between £4,200 and £6,300 a year by 2029-30. The Institute for Fiscal Studies warned that a further 600,000 people would lose £2,400 a year in universal credit payments because of plans to replace the work capability assessment with the much tighter assessment for PIPs. The Child Poverty Action Group (CPAG) warn that this is the biggest cut to sickness and disability benefits in a generation. It will push 50,000 children into poverty and reduce living standards for many more. A significant number of those affected are already living in poverty. The £5 billion cut by 2029/30 also masks the long-term impact of the changes. In 2029/30, most UC health element claimants will be 'exempted' from the full extent of the cuts. CPAG estimates that the long-term impact is an additional £5 billion cut, pushing 100,000 more children into poverty[7]. Campaigners warn the plan will exacerbate the country's mental health crisis and push more children into poverty.



[6] K. Stacy, Up to 1.2m disabled people will lose thousands in UK welfare overhaul, experts warn, (Guardian, 18 March 2025), https://www.theguardian.com/politics/2025/mar/18/britain-welfare-overhaul-disability-benefits-pip-liz-kendall

[7] CPAG, *CPAG's response to proposed changes to sickness and disability benefits*, (19 May 2025), https://cpag.org.uk/news/cpags-response-proposed-changes-sickness-and-disability-benefits

Others, including the STUC, focus on another driver of the benefit cuts, largely ignored in the announcement, the Chancellor's perceived need to make savings to achieve her fiscal rules. They point to other options for raising revenue, which Tax Justice Scotland is championing in Scotland.[8]

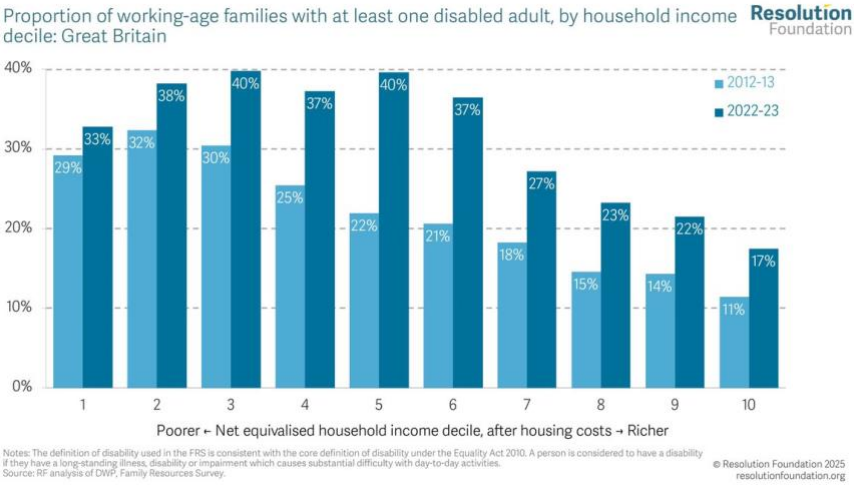


This response reflects a broader concern across the trade union movement. The leaders of five of Labour's affiliated trade unions have spoken out over the Spring Statement, including the three biggest unions sounding the alarm over welfare cutbacks[9].

Rising ill health

The available data points to rising ill health across the health spectrum, although the data has become ever less reliable, as fewer people respond to surveys. The IFS has found no consistent picture. "Some surveys suggest long-term ill health has grown, while others suggest it has remained unchanged. There is much clearer evidence on mental health conditions."[10]

As this chart from the Resolution Foundation highlights, ill-health and disability are rising rapidly across the Great Britain population.



[8] Tax Justice Scotland, https://taxjustice.scot

[9] T. Belger, *Spring Statement: Reeves under fire from Labour's three biggest unions*, (Labour List, 26 March 2025), https://labourlist.org/2025/03/spring-statement-2025-autumn-rachel-reeves-unions/?

[10] The Economist, Britain's worklessness disaster, (13 March 2025), https://www.economist.com/britain/2025/03/13/britains-worklessness-disaster

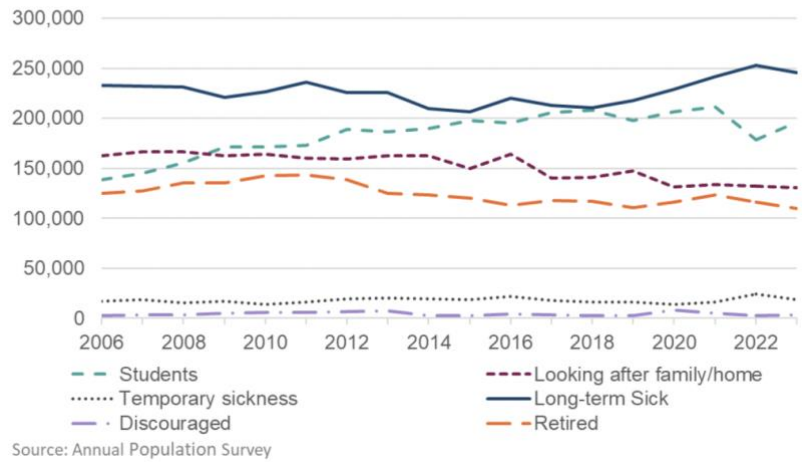
The IPPR cross-party commission highlighted a stark rise in people who are missing from the workplace due to long-term illness since 2020[11]. Their findings include:

- If trends continue, economic inactivity due to sickness could hit 4.3 million by the end of this Parliament, up from 2.8 million today. As of the end of 2023, an estimated 900,000 extra workers are missing from work.
- These 900,000 missing workers could mean an estimated £5bn in lost tax receipts in 2024, while better population health could save the NHS £18bn per year by the mid-2030s.
- Some occupations – including elementary occupations, and caring, leisure and service roles - have seen particularly high rates of workers becoming inactive due to sickness. The rate of inactivity due to sickness is highest among the working age populations of Northern Ireland, the North East and Wales.

While the IPPR Commission focused on England and Wales, the position in Scotland is similar[12]. Scotland has a higher percentage of the population describing themselves as long-term unwell or disabled than the UK as a whole. Although the data is a little dated, 34% of the Scottish population was classed as disabled, compared to 24% in the UK as a whole[13]. This may reflect a population that is ageing faster in Scotland.

Since the pandemic, the rate of economic inactivity has been increasing. Between 2019 and 2022, the number of economically inactive people aged 16-64 in the UK increased by almost half a million, from 8.6 to 9.0 million (seasonally adjusted). The increase in ill health covers the youngest and oldest working-age people, although a recent increase in economically inactive younger adults indicates a longer-term concern.

Figure 1: Economic Inactivity by Reason, Scotland, 16-64



Source: Annual Population Survey

Data on economic inactivity should be used with caution, as this covers a range of factors. This includes individuals who have retired, who are in full-time education, who have caring responsibilities, as well as those who are experiencing long-term ill health or disability. However, it is the rise in ill health and disability that the UK Government claims to

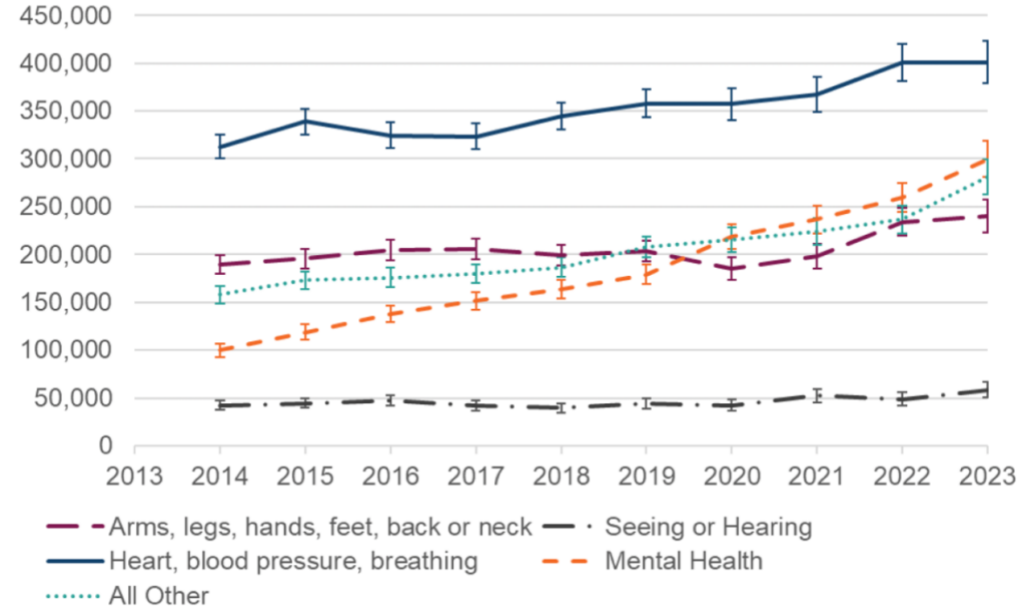
[11] IPPR, *Our Greatest Asset*, (Sept. 2024), https://www.ippr.org/articles/our-greatest-asset

[12] Scottish Government, *Economic inactivity in Scotland*, (Sept. 2024), https://www.gov.scot/publications/economic-inactivity-scotland-supporting-those-longer-term-health-conditions-disabilities-remain-economically-active/pages/9/

[13] Scottish Health Survey 2021, https://www.gov.scot/publications/scottish-health-survey-2021-volume-1-main-report/pages/6/

be addressing with these policy changes. In terms of specific health conditions, the most prevalent condition category for those in employment is heart, blood pressure or breathing difficulties. There has also been a rapid rise in people reporting mental health conditions, rising from 100,000 in 2014 to 300,000 in 2023.

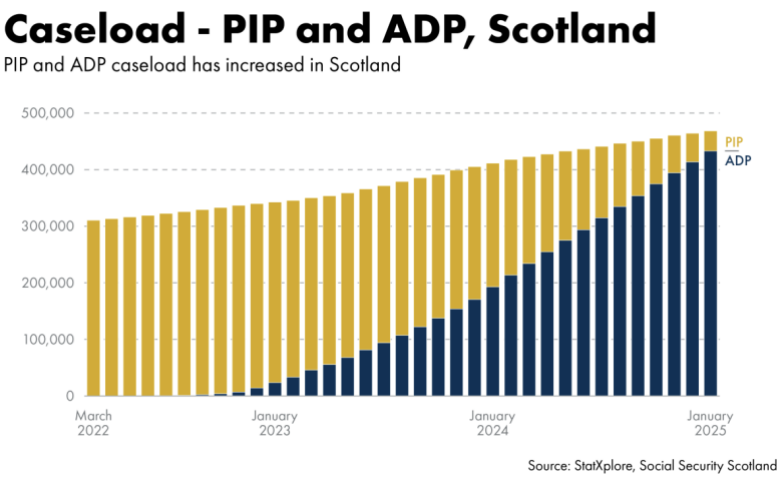
Figure 2. Health conditions of those in employment aged 16+



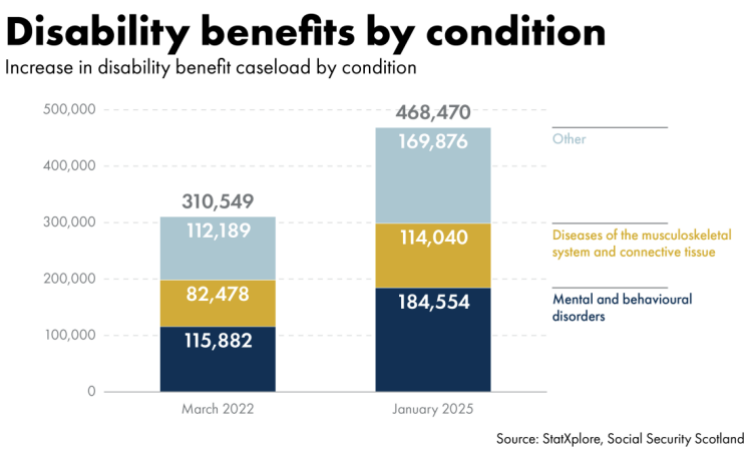
The UK Government is correct in highlighting that this trend puts the UK at odds with most other OECD countries – one-fifth of OECD economies still have a higher inactivity rate than pre-pandemic.
While the increase in ill-health is a concern, the proportion of British working people remains high by international standards. According to the OECD, in the third quarter of 2023, the UK ranked fifth in the world, with an employment rate of 74.9%, well ahead of the US, for example, and behind only Iceland, the Netherlands, Japan and Germany. The UK is not an economy whose failure is that too few people work.

Welfare Spending

Welfare spending in the UK is around £50 billion a year, predicted to rise to more than £75 billion by 2030. There are increasing numbers of people in Scotland in receipt of the main 'working age' disability benefit. Between March 2022 and January 2025, the number of people in Scotland claiming either PIP or ADP increased by 51% (from 310,545 to 468,470). The biggest category of workers claiming the benefit is in the 55-64 age group. Nearly 14% of the working age population in Scotland are on disability benefits, other than the element that comes within

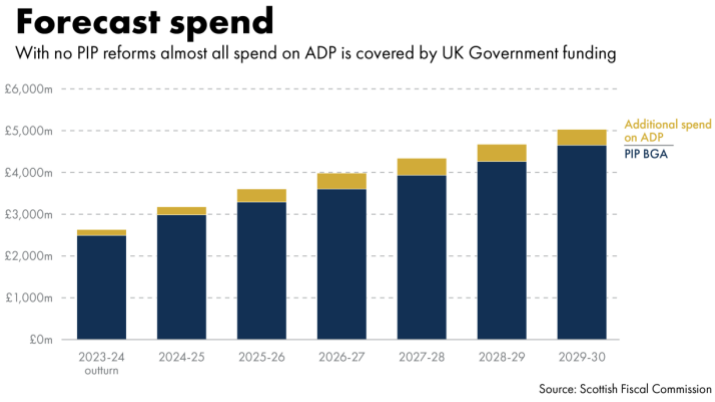


Universal Credit. In England and Wales, the share of working-age people on PIP is closer to 9%. The conditions causing claims have not changed significantly over recent years.



The UK government is expressing concern about the size of the bill, even attempting to make a "moral case" to ensure that people who can work are doing so. However, benefit reform can also have unforeseen consequences. For example, Personal Independence Payments (PIP), the current main disability benefits in England and Wales, were supposed to save £1.4bn per year when they were introduced. The latest figures show that they saved just £0.1 billion[14].

As some benefits are devolved, changes in UK benefits will impact the Scottish Government budget and may drive changes in Scotland as a consequence. PIP was devolved to the Scottish Parliament in 2020 and is being replaced over time by the Adult Disability Payment. As a devolved benefit, the Scottish Government receives funding that should meet the costs of a directly equivalent benefit in Scotland. The spending forecasts for ADP have had a high degree of uncertainty, because it is a new benefit and because it is difficult to assess what difference the ethos of Social Security Scotland will have [15]. However, only around 2% of people receiving Scotland's ADP cease to receive it after a review, but the checks done for PIP in England and Wales lead to 16% no longer qualifying. The Scottish Government is already choosing to spend considerably more than the UK government hands it to replace Britain-wide benefits. Adult Disability Payment costs the Scottish government £193m more than it receives, which is money from other spending. That is forecast to rise to £314m next financial year and £380m by 2029-30[16].



[14] R. Curtice, How should the Chancellor escape her headroom bind?, (Resolution Foundation, 14 March 2025), https://www.resolutionfoundation.org/comment/how-should-the-chancellor-escape-her-headroom-bind/

[15] SPICe, *Disability Benefit Reform – implications for Scotland*, (18 March 2025), https://spice-spotlight.scot/2025/03/18/disability-benefit-reform-implications-for-scotland/

[16] D. Fraser, *What does UK benefits overhaul mean for Scotland*?, (BBC, 18 March 2025), https://www.bbc.co.uk/news/articles/ckg8pdq1lqyo

The carers of those losing PIP will also lose entitlement to Carer's Allowance. The OBR does not give details, and the impact is difficult to predict, as not everyone on PIP has someone caring for them who gets Carer's Allowance. However, it will likely result in some reduction to the Block Grant Assessment for Carer's Allowance. If the Scottish Government continues with its current plans, it must make up any shortfall in the spending forecast for the Scottish version of Carer's Allowance, the Carer Support Payment[17].

There is also a process issue that needs to be agreed upon with the Scottish Government because if PIP becomes the gateway to the Universal Credit health element in England and Wales, will ADP take on this function in Scotland? As most UK Government changes will not start until 2026, there is time to agree on these issues. There is an independent review of ADP due to report to Scottish Ministers in July 2025. The remit includes reflecting on the first year of delivery, considering the qualifying criteria and looking at potential improvements to processes. However, the starting point is not about reducing spending.

We should also be clear that the benefits in the UK are not high according to international standards. The National Institute for Economic and Social Research has highlighted that the UK spends less on welfare as a share of GDP than the average for developed nations[18]. Regarding the so-called replacement rate, which is what any unemployed person receives as a proportion of earnings from employment, only the unemployed in Australia and the US receive less. As the Joseph Rowntree Foundation has shown, standard universal credit does not cover the costs of basics and essentials for families or single people. We also have 8.1 million people in working households in relative poverty, up 1.8 million since 2010. 3.2 million of these people are children, up 1.1 million since 2010[19]. The right to social security is enshrined in several international agreements on human rights. However, the UK's system, even before the disability benefits cuts, falls way below these standards.[20]

Cutting benefits may result in short-term savings in public finances, but there is little evidence that it will help people get back to work. The best evidence available suggests that making it more challenging to claim social security and placing even more strenuous work-search requirements on claimants will very likely push people with poor health (particularly mental ill health) further away from the labour market. As Patrick and Reeves argue, 'Indeed, there is a real possibility that government are trying to solve the wrong problem. They are focusing on those who are out of work when it is increasingly clear that one big reason people with disabilities are not in employment is because work environments have

[17] SPICe, Disability benefit reforms: implications for the Scottish Budget, (26 March 2025), https://spice-spotlight.scot/2025/03/26/update-disability-benefit-reforms-implications-for-the-scottish-budget/

[18] NIESR, *UK Living Standards Review 2025*, (12 March 2025), https://niesr.ac.uk/publications/uk-living-standards-review-2025?type=report#:~:text=The%20UK%20has%20some%20of,per%20cent%20of%20average%20wages).

[19] TUC, *3.2 million children in poverty in working households - TUC response to poverty figures*, (27 March 2025), https://www.tuc.org.uk/news/32-million-children-poverty-working-households-tuc-response-poverty-figures

[20] K. Casla, *The UK's social security system falls way below international human rights standards*, (The Conversation, 25 April 2025), https://theconversation.com/the-uks-social-security-system-falls-way-below-international-human-rights-standards-new-report-254528

fewer roles they can fill.'[21] The UK government says it's cutting benefits to encourage people to work. However, the DWP & OBR haven't yet been able to forecast any impact on employment outcomes.
Mental distress is almost invariably bound up in other challenging circumstances that also pose barriers to work – issues such as homelessness, violence and abuse, caring commitments, lone parenthood, poverty, involvement with the criminal justice system, and the obstacles caused by inflexible employers and insecure work. This makes some experts question if the system's narrow focus on health as a barrier to work is part of the problem. In other words, we can't understand their capacity for work or support their steps back into employment unless we pay attention to all the factors limiting their work opportunities.[22]

The focus of the UK and Scottish governments on the importance of work is valid. There is good evidence that work offers protective health benefits[23]. These protective elements of work make it significant to support the health and well-being of those who experience chronic illness and disability while promoting and sustaining a healthy economy. However, these protective elements of work require 'good' employment, and there is a potential for work to be detrimental to health if good quality work is not delivered. Britain's labour market already does a lousy job at finding opportunities for people who are deemed risky employees, such as those with health issues, often mental illness, and with patchy work histories.

[21] R. Patrick & A. Reeves, Cuts and caps to benefits have always harmed people, not helped them into work, (LSE, 14 March 2025), https://blogs.lse.ac.uk/politicsandpolicy/cuts-and-caps-to-benefits-have-always-harmed-people-not-helped-them-into-work/

[22] A. Irvine, *The UK has a lot of people out of work because of mental illness – but listening to those affected reveals that's rarely the whole story*, (The Conversation, 28 March 2025), https://theconversation.com/the-uk-has-a-lot-of-people-out-of-work-because-of-mental-illness-but-listening-to-those-affected-reveals-thats-rarely-the-whole-story-252891?

[23] Marmot Review, https://www.parliament.uk/globalassets/documents/fair-society-healthy-lives-full-report.pdf

3. Causes of Workplace Ill Health

As highlighted above, the overall picture is stark. More working-age people have a diagnosed major health problem than ever before, and numbers are due to rise by 500,000 by 2030. Improvements in life expectancy have stalled, and regional differences in health are growing. Almost one in four working-age people are classed as disabled, a diverse and growing minority. Meanwhile, mental ill health rates are rising, particularly among young people.

Healthcare

NHS waiting lists do not help, with more than 700,000 people on an NHS Scotland waiting list for a procedure. However, a study by the Office for Budget Responsibility found that most people on them were working or past retirement age, and that even halving the lists would get only 25,000 of the long-term sick back to work.

The IFS has studied the relationship between NHS waits and health-related benefit claims in England. This study compares local changes in NHS waiting lists and waiting times with local changes in the number of claims for disability and incapacity benefits by working-age adults. They concluded 'that we cannot conclusively and definitively rule out a relationship between the two, our findings strongly indicate that increases in NHS waiting times and waiting lists for pre-planned hospital treatment and some mental health treatment have not been a major factor behind the large increase in the number of working-age adults claiming health-related benefits.'[24]

However, a new study by Professor Roger Prudon found that a one-month delay in the start of mental health treatment resulted in 2% of patients losing their jobs. A one-month reduction could help as many as 80,000 people get access to treatment annually, which would save more than €300m (£253m) in unemployment-related costs every year. 'Applying this calculation to the UK – based solely on population size – it could generate approximate savings of £1bn per year.'[25]

The UK Health Secretary has suggested that there is an overdiagnosis of mental health conditions. In an interview, he said:
'Here's the other thing: mental wellbeing, illness, it's a spectrum and I think definitely there's an overdiagnosis, but there's too many people being written off and, to your point about treatment, too many people who just aren't getting the support they need. So if you can get that support to people much earlier, then you can help people to either stay in work or get back to work.'

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[24] IFS, *The relationship between NHS waiting lists and health-related benefit claims*, (May 2025), https://ifs.org.uk/publications/relationship-between-nhs-waiting-lists-and-health-related-benefit-claims?mc_cid=00c6e0fb34&mc_eid=aebfe072fa

[25] R. Partington, *Cutting mental health waiting times 'could save UK £1bn a year'*, (Guardian, 21 May 2025), https://www.theguardian.com/business/2025/may/21/cutting-mental-health-waiting-times-could-save-uk-1bn-a-year

Mental health charities agree that not enough people are getting support. However, as the charity Mind puts it, 'We must also be extremely careful with the language around mental health diagnoses, which risks creating a climate of stigmatising people's real experiences and undermining the opinions of medical professionals.'[26]

Studies have also shown that mental health is often undiagnosed rather than overdiagnosed. A UK national survey of psychiatric symptoms found that a third of people whose psychological symptoms were severe enough to merit a diagnosis did not have a diagnosis. The UK Longitudinal Household Study grouped people according to whether they do or do not have a psychiatric diagnosis and whether they do or do not have psychological symptoms severe enough to merit a diagnosis. The study found 12 times as many people in the 'undiagnosed distress' category (with severe symptoms but no diagnosis) than the overdiagnosed category. These factors are all higher in groups suffering from inequalities. Even those critical of a tendency to over-medicalise various human problems recognise poor work as a problem. 'Much of today's employment is poorly paid, insecure, boring, exploitative and pressurising. It shouldn't surprise us that some people find it hard to endure. We need to improve working conditions for everyone, but we also need to support people who find these conditions especially challenging, without having to label them as sick.'[27]

As recently highlighted in the British Medical Journal, past benefit cuts led to worsening mental health issues. This included an increase of 290,000 people with mental health problems and an estimated 600 suicides.

term health conditions—by raising the eligibility threshold. The Fraser of Allander Institute, an independent economic research centre, estimates that saving £1bn a year could mean about 250 000 fewer people receiving PIP.[24] Existing evidence suggests this is unlikely to increase employment rates.[25] [26] Previous governments have sought to restrict eligibility to, and levels of, these benefits. Most notably, just over one million existing recipients had their eligibility re-assessed between 2010 and 2013, with benefits removed if the assessor thought they were fit for work. This led to an increase in 290 000 people with mental health problems, increased antidepressant prescribing, and an estimated 600 suicides.[27] [28] It did not increase employment, but rather shifted people, particularly those with mental health problems, onto unemployment benefits, many of whom later moved back onto disability benefits.

Research by the Institute for Public Policy Research (IPPR) found that children in Great Britain with serious mental health conditions are two-thirds more likely to have a limited ability to work in adulthood. 'Successive governments have failed to face up to the long-term consequences of poor

[26] E. Sinmaz, Experts criticise Streeting for saying mental health problems overdiagnosed, (Guardian, 16 March 2025), https://www.theguardian.com/society/2025/mar/16/experts-criticise-streeting-saying-mental-health-problems-overdiagnosed

[27] J. Moncreiff & S. McPherson, Are mental health conditions overdiagnosed in the UK? Two experts go head to head, (The Conversation, 19 March 2025), https://theconversation.com/are-mental-health-conditions-overdiagnosed-in-the-uk-two-experts-go-head-to-head-252535

child health. If this government is serious about building a preventative state, it must act decisively to improve the prospects of our children and young people.'[28]

At least 2 million people in England and Scotland alone are affected to some degree by Long Covid, each with a mix of debilitating symptoms, from breathlessness to brain fog to multi-organ damage. The full impact of Long-Covid in the UK remains unclear, and governments need to do more to assess and treat this condition. In 2022, the last official Covid protections were removed, including the end of most free testing. By 2024, the vaccine was severely restricted to only a tiny proportion of the public. That's even though studies show that if a person has been fully vaccinated and is up to date with their boosters, their risk of long Covid is much lower. A study in the Lancet in 2021 found that 22% of respondents with long Covid were too sick to be in employment, and 45% were on reduced hours[29]. However, given that the UK saw similarly high infection rates during the pandemic as other countries that are now not experiencing the same economic inactivity rates, Long Covid itself is probably not a key driver of the current issues, although the failure to address it may be a contributing factor.

Workplace Factors

The state pension age is set to rise to 67 by 2028 and potentially to 71 by 2050. This means more people working for longer and becoming sicker.

Long hours, shift work and work-related stress all contribute to ill health. In 2023-24, half of all UK work-related ill health was due to stress, anxiety or depression. Ultimately, a bad job can be worse for health than no job. The UK has been slower to act on factors like workloads, long hours, a lack of autonomy and support at work and workplace harassment. Workplace stress now kills three times the number of people as physical accidents across Europe, according to new research published by the ETUC.[30]

Job-related ill health is costing UK businesses up to £41 billion a year, with 1.77 million workers suffering due to poor job quality. Businesses lose an estimated 50 working days per employee annually, and 9.5 million people are economically inactive. A study from the University of Warwick highlights how improving job design could enhance worker health, boost productivity, and reduce strain on the public purse. It highlights how job insecurity, low pay, long hours, high job strain and workplace bullying contribute to poor health outcomes for employees. Conversely, job security, fair pay, autonomy, social support and a healthy work-life balance are linked to better well-being. 'If the UK Government wants to reduce public spending on health and welfare, it needs to think seriously

[28] A. Gandon & J. O'Halloran, Fixing the foundations: The case for investing in children's health, (IPPR, 19 May 2025), https://www.ippr.org/articles/fixing-the-foundations

[29] F. Ryan, *Long Covid is the pandemic's dark shadow. Why does no one in power in Britain want to talk about it?* (Guardian, 17 March 2025), https://www.theguardian.com/commentisfree/2025/mar/17/long-covid-pandemic-britain-power-lockdown-disease

[30] ETUC, *Workplace stress epidemic killing 10,000 people a year*, (28 April 2025), https://etuc.org/en/pressrelease/workplace-stress-epidemic-killing-10000-people-year

about preventive actions to address ill-health created by work. If we want to reduce health and welfare costs, we need to improve job quality. The evidence suggests that good jobs provide good health.'[31]

The new Employment Rights Bill is an essential step in the right direction. For example, a study found that people in insecure work, such as temporary or zero-hours contracts, become workless at higher rates when their health deteriorates[32]. The 'Get Britain Working' White Paper focuses on boosting support and work incentives for those who have fallen into economic inactivity. However, this review reports that in autumn 2025, just cutting benefits will not stem the flow of those leaving work due to ill health in the first place.

These problems are not unique to the UK. Other countries are grappling with similar issues but have been quicker to respond, including with high-quality occupational health systems and specific legislation around work-related "psychosocial risks". In the Netherlands, employers carry the financial burden of statutory sick pay for up to 104 weeks. This has motivated them to help people return to work by adapting their jobs. In Australia, employers must implement return-to-work programmes assisted by regional coordinators[33]. In the UK, it has largely been left to employers to decide the types of jobs and protections they offer. Martin and Leka also surveyed UK business leaders and found:
'That while 64% recognise the economic impact of poor employee health, only 48% offer flexible working arrangements. And just 37% provide occupational health services. They acknowledged several workplace factors that exacerbate problems, such as excessive workloads (75%), long working hours (73%) and a lack of breaks (74%). However, implementation of preventive measures is low. Only 36% assess mental health risks, and 37% adjust workloads to ensure they are manageable.'
This all points to the need to address the causes of ill health in the workplace.

[31] Warwick Institute for Employment Research, *Poor job quality costs UK economy billions*, (24 March 2025), https://warwick.ac.uk/fac/soc/ier/rewage/news-archive/?newsItem=8ac672c495c651770195c7b9fb5f043d

[32] Work Foundation, *No Progress? Tackling long-term insecure work*, (Sept. 2024), https://www.lancaster.ac.uk/work-foundation/publications/no-progress

[33] A. Martin & S. Leka, Welfare cuts won't succeed without healthier jobs, (The Conversation, 7 March, 2025), https://theconversation.com/welfare-cuts-wont-succeed-without-healthier-jobs-251556

4. Government and Workplace Action

Introduction

Ipsos polling suggests the public wants to see a plan to address Britain's spiralling welfare costs that is solution-focused, rather than merely punitive. When asked what the government should prioritise to address the fact that 1.4 million of working age are not working, the number one solution offered was 'providing support to retrain people for jobs that are in demand (43%). 39% want the government to 'work with employers to create more flexible roles, e.g. part-time/hybrid working. 36% want tailored support for people with health conditions and disabilities to enter work'. Just 29% wanted the benefits of people not looking for work, such as those with health conditions, reduced. 2024 Labour voters hold more sympathetic views to the public overall[34].

The UK Mayfield review will look at how employers can be helped to retain and hire disabled people. He will publish his "discovery" document, about why employers struggle to keep in employment those who start to feel unwell, especially those suffering from mental ill-health. Mayfield will make his recommendations in the Autumn, and the UK Government claims this will match their response to the Green Paper consultation.

Support to help people into work

The UK Government sets out how they propose to offer additional support, including;

- Specialist one-to-one support – this will build on evidence from recent pilot schemes, which has shown that for some people, offering regular in-depth personalised appointments with a consistent advisor can help people who are ready to move towards or into work.
- More intensive longer-term work, health and skills support for those who are ready – building on evidence from programmes like the Work and Health Programme, Work Choice, Individual Placement and support for those with severe mental illness or substance dependency, and evidence from successful skills training.
- Periodic engagement for people not yet ready for more work-focused engagement. Content and frequency will vary depending on individual need, and if and when ready, we will signpost or refer onto other support.

An increased level of personalised engagement is welcome, so long as it comes with meaningful support measures. In the past, this approach has typically been little more than a tick-box exercise backed up by sanctions. Sanctions remain as an option in the Green Paper. The spectre of welfare conditionality and the threat of sanctions if someone is unable to fulfil work-related activities will always be a block on engaging those who might be able to work, given the appropriate time and support. The new "support conversation" must allow people to talk about their health and non-health constraints and the full range of support they need to move into appropriate work. There are positive

[34] K. Pedley, 'The public doesn't think welfare works – but they are more compassionate than sometimes believed', (Labour List, 17 March 2025), https://labourlist.org/2025/03/ipsos-welfare-reforms-labour-keir-starmer-liz-kendall/?

indications that the UK Government will ditch the 'any job' approach of the previous administration[35]. However, at present there are still shortcomings, as this user says:

'When Access to Work works well it's glorious! It helps level an uneven playing field and is something we should all be proud of. It gives working disabled people like me a fighting chance and means we don't cost more to employ than our non-disabled peers. But it hasn't been working well, and it's become incredibly slow, with a backlog of 60,000 working disabled people waiting. At the same time, minister after minister trots out lines about 'getting disabled people into work' as a way of justifying cuts to disability benefits. All this while cutting the very support we need.'[36]

The fit of a particular workplace and job with a person's unique life circumstances makes the difference as to whether work is feasible, fulfilling and sustainable.

The UK government is particularly concerned about the rising number of young people who are not in education, employment, or training (NEET). There is compelling evidence that those participating in the voluntary employment programme before the pandemic experienced increased employment rates by 11 and 12 percentage points[37]. We also know that even short entry-level training for very low-skilled unemployed young people can significantly improve employment rates by five percentage points. However, we still need to tackle the root causes of high rates in the UK. Youth transitions need to be better managed by all agencies of government, especially for those who have mental health challenges. There also needs to be better jobs available for young people who become disillusioned with the education system. Growing the economy will go some way to help, but some support needs to start even earlier. Young people who do not perform well in school have few educational or employment options – this is the real tragedy of lost generations.

The TUC strongly supports the government's broader plans to Make Work Pay, along with the ambitions of the Get Britain Working White Paper to boost employment rates. However, they are concerned that as the Pathways to Work package stands, it will not support the government's ambitions to enable more disabled people to remain in work, or move from worklessness into employment. Rather, the risk is that large numbers of disabled people remain out of work and in poverty.'[38]

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[35] J. Elgot, *Jobcentres will no longer force people into 'any job' available, minister says*, (Guardian, 29 May 2025), https://www.theguardian.com/society/2025/may/29/jobcentres-alison-mcgovern-employment-support-policy

[36] Touretteshero, *A career ending decision*, (23 May 2025), https://www.touretteshero.com/2025/05/23/a-career-ending-decision/

[37] P. Urwin, *Britain has almost 1 million young people not in work or education – here's what evidence shows can change that,* (The Conversation, 20 March 2025), https://theconversation.com/britain-has-almost-1-million-young-people-not-in-work-or-education-heres-what-evidence-shows-can-change-that-252222

[38] TUC, *TUC submission to Work and Pensions Committee inquiry- Getting Britain Working*, (May 2025), https://www.tuc.org.uk/research-analysis/reports/tuc-submission-work-and-pensions-committee-inquiry-getting-britain

Working with Employers

Chapter 4 in the Green Paper outlines the UK Government's proposals for supporting employers and making work accessible. They recognise the need 'to galvanise a cultural shift to ensure that accessibility and workplace adjustments are fully embedded into recruitment and retention practices', and that 'Changes in employer practice are an important part of enabling more disabled people and people with health conditions to be able to work and to thrive in employment.'

The Green paper focuses on reforming the Access to Work scheme. This currently reaches only 1% of the working disabled population. They also recognise that many employers are unaware (or more likely ignore) of their legal obligations under the Equality Act. This is probably the weakest section of the Green paper, with very few measures to change the employment culture in the UK. While strengthening employment rights in the Employment Rights Bill and reforming Statutory Sick Pay is a significant contribution, very few specific proposals are likely to move employers to change their practices.

In contrast, the Work Foundation's Stemming the Tide recommendations point to a more radical set of measures, including[39];

- Ensure the Employment Rights Bill enshrines secure and flexible working from day one of employment
- Revise the Health and Safety at Work Act 1974 to reflect current modern workforce challenges, including psychosocial risks and mental health issues, and enhance enforcement of mental health risk assessments and preventive measures
- Lead a strategic transformation of occupational health services focused on improved and extended coverage for all workers, with mandatory provision by large employers
- Establish a UK-wide network of one-stop workforce health hubs, offering funded SME services and integrated with public health initiatives
- Strengthen and increase Statutory Sick Pay (SSP) to promote retention and enable a phased return to work
- Examine the practicalities of extending the duty of care for employers, subsidising the cost of long-term sickness absence, and incentivising vocational rehabilitation.

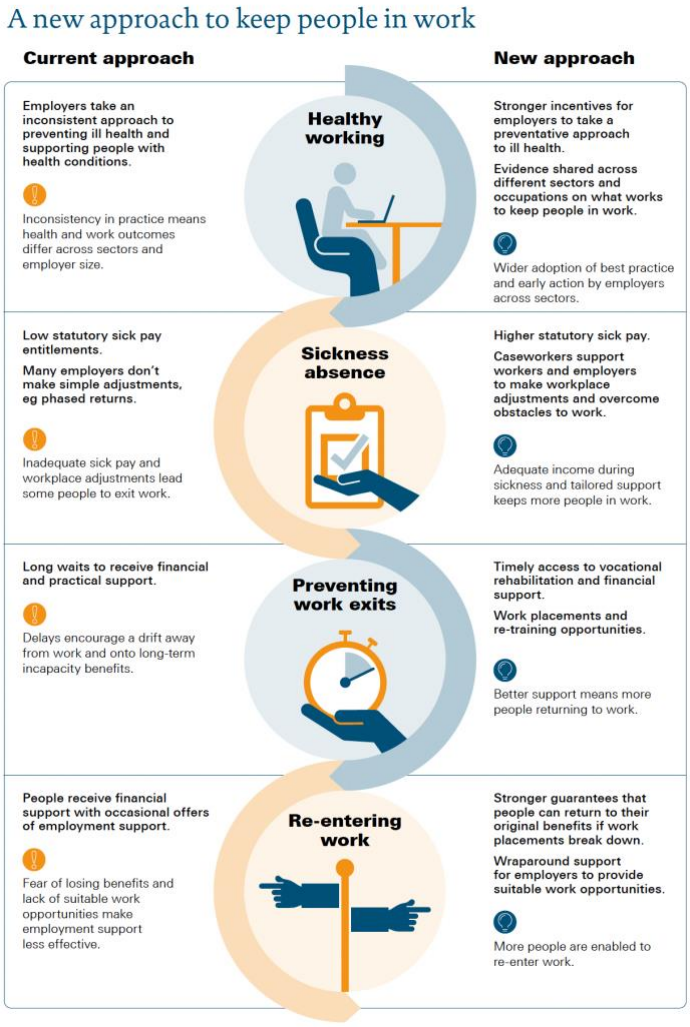
The key point is acknowledging that employment models, environments, and employer decisions are critical determinants of population health and that proactive action can minimise the risks.

The Commission on Healthier Working Lives has recently reported. They point out that how we think about work and design the world around us needs to be rethought. They have identified seven key changes necessary to build a more coordinated and effective system[40]. These recommendations

[39] Work Foundation, Stemming the tide: Healthier jobs to tackle economic inactivity, (December 2024), https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/lums/work-foundation/WF_Stemmingthetide-Healthierjobstotackleeconomicinactivity.pdf

[40] Health Foundation, *Action for Healthier Working Lives*, (March 2025), https://www.health.org.uk/reports-and-analysis/reports/action-for-healthier-working-lives

prioritise early intervention – helping people stay in work where possible and creating clearer pathways back into employment for people who are temporarily absent.



In Scotland, the Healthy Working Lives initiative (part of Public Health Scotland) provides some support to employers in improving their practices [41]. This includes help with managing health and safety, risk assessment and training. However, this has very modest resources and is primarily a health promotion initiative.

The Lothian Occupational Health Project was a practical scheme, supported by the NHS, employers and trade unions, that put occupational health advisors in five primary care sites[42]. It was an excellent example of how a broad base of support can be achieved to address work-related health issues. However, there was only limited short-term funding, which meant it was not rolled out more widely like so many other initiatives. Interestingly, the Healthier Working Lives report recommends a very similar scheme.

The University of Warwick study findings point to four areas for policy considerations and future research to help create more healthy jobs.

1. If the UK Government is serious about wanting to shift to preventive healthcare, then greater attention needs to be paid to the interaction between jobs and population health. The link between jobs and health needs to become a commonplace consideration at sector and workplace level.
2. Creating change is likely to require statutory regulation which mandates organisations to undertake proactive assessment of some potential health risks. Our analysis suggests inclusion of terms of employment, not just working practices, as well as consideration of the short- and longer-term health impacts of both.

[41] Healthy Working Lives, https://healthyworkinglives.scot

[42] Lothian Occupational Health Project, https://www.enwhp.org/resources/toolip/doc/2018/04/30/the-lothian-occupational-health-project.pdf

3. A mechanism for identifying, monitoring and enforcing minimum standards for each of the dimensions would be advantageous. These minimum standards might pertain to job quality generally or to health particularly. The Fair Work Agency might then monitor and enforce these standards.
4. It is to employers' advantage to have healthier employees. Beyond a regulatory framework, information, guidance and support for employers from, for instance, the HSE and Acas, could be targeted at ensuring compliance within minimum standards and promotion of best practice.[43]

The TUC's response to the welfare reforms highlights the importance of training and good jobs. Paul Nowak said, 'The best way to support young people at the start of their careers is genuine opportunities to earn or learn. But young people have been let down by years of Tory failure. Apprenticeship starts have fallen through the floor while waiting lists for mental health services have rocketed. It is crucial that a fully funded and comprehensive Youth Guarantee is put in place to give all young people the best possible start to their working lives. Wherever they live, every young person should have access to high-quality training, decent work and proper healthcare.'[44]

Too many workers are retired when suffering from conditions such as dementia. More people are extending their working lives beyond traditional retirement ages, and many more are being diagnosed with dementia. Around 9% of the world's 55 million people with dementia are under 65, with around 370,000 new cases of young-onset dementia annually. Digital technologies could offer ways to help people with dementia enjoy positive working lives, just as they help workers who don't have dementia. For example, a generative AI tool could quickly transform documents into dementia-friendly formats. Integrating these tools into email and writing applications could make a lot of work far more accessible to people with dementia[45].

Occupational Health Services

An essential element of health at work, largely ignored in this debate, is occupational health services. For most employers, this function is simply part of their sickness management system, designed to manage a quick return to work or dismissal on capacity grounds. Very few employers invest in the wider range of services that occupational health professionals can provide. The lack of comprehensive occupational health services is down to weak government in both Holyrood and Westminster compounded by either failing to grasp the fact investment in occupational health will not only provide

[43] ReWage, *The case for creating healthy jobs: A review of the evidence*, (March 2025), https://warwick.ac.uk/fac/soc/ier/rewage/news-archive/the_case_for_creating_healthy_jobs_a_review_of_the_evidence_evidence_paper_050325.pdf

[44] TUC, *Welfare reforms must sit alongside more good jobs and improved support*, (20 March 2025), https://www.tuc.org.uk/news/welfare-reforms-must-sit-alongside-more-good-jobs-and-improved-support-tuc

[45] J. Fletcher & O. Brown, *People with dementia could stay in the workplace longer – with the right tech*, (The Conversation, 2 April 2025), https://theconversation.com/people-with-dementia-could-stay-in-the-workplace-longer-with-the-right-tech-253370

substantial economic benefits, but it is also the right thing to do if our publicly funded health provision is to be seen to providing holistic health services.
The most often used figure for workers in the UK having access to occupational health services is 45%. Scottish Hazards believes this is nonsense and points to a study by the HSE in 2002[46]. In that study, two definitions of what constitutes occupational health provision were used:
- a broad definition where occupational health provision focused on hazard identification risk management, provision of information, and
- a stringent definition consisting of all the components in the broad definition with the addition of activity modification, training on health-related issues, measuring workplace hazards and monitoring trends in health.

The Institute of Occupational Medicine (IOM), which carried out the research, concluded that if the broad definition is applied, then 45% of workers in Britain had access to occupational health interventions at that level. However, using the more stringent definition, where it would be expected that vocational rehabilitation and job retention would be present, accessibility fell to 3.3%. So why do we continue to peddle this 45% accessibility figure when, arguably, accessibility may be even worse than in 2002?

On the formation of the NHS in 1948, few people would have thought that nearly 80 years later, an omission in the original legislation would leave so many workers disenfranchised from an increasingly important area of health provision, occupational health. The reasoning behind this decision perhaps fitted with the thinking of the time, occupational health interventions mainly benefited the employer, so it was not appropriate that these services should be included in the package of publicly funded health services funded by the taxpayer.

It was to take over 50 years for this position to be challenged, long after the decline of our heavy industrial and manufacturing economy had disappeared, to be replaced by an economy driven by smaller non-unionised businesses. This decline drove the move from in-house occupational health services to what we now have, free market provision, where private sector occupational health providers queue up to participate in tenders for secure valuable public sector contracts.

In 2008, 60 years after the formation of the NHS, Dame Carol Black's review of the Health of Britain's Working Age Population recommended change. The author made the case for an integrated approach to working-age health, underpinned by including occupational health and vocational rehabilitation in mainstream health care. Her review into the health of Britain's working age population, *Working for a healthier tomorrow*[47] , perhaps, for the first time, identified the consequences of the original decision not to publicly fund occupational health.

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[46] *Survey and Use of Occupational Health Support*, Contract Research Report 445/2002 [ARCHIVED CONTENT] CRR 445/2002 Survey of use of occupational health support (nationalarchives.gov.uk)

[47] *Working for a healthier tomorrow* - Review of the health of Britain's working age population, (2008), https://assets.publishing.service.gov.uk/media/5a7c55bee5274a1b0042313c/hwwb-working-for-a-healthier-tomorrow.pdf

The Confederation of British Industry seemed to have remained strangely silent during this review, perhaps an indication that they, like trade unions, had witnessed the decline in occupational health provision being driven by their members but saw no need for change at the expense of their members. Their allies, the Association of British Insurers, are quoted in the report, they said;

'In many cases, employers do not have clarity around the types of interventions and practices which will assist in keeping employees at work. Standardisation and accreditation of healthcare providers' service skills, together with regulation of service costs, can reduce this uncertainty.'

The only reason employers might not have clarity on reasonable and effective occupational health interventions would be that they are not providing any level of occupational health provision. Where they do, they are not procuring the right services.

Scottish Hazards believe private sector delivery of occupational health, where employers decide who gets access to their occupational health services, for what reason and when, has led to occupational health being seen as a sanction. In addition, workers are only too aware that employers pay the bill, which is often seen as neither independent nor impartial, leading to further mistrust.

The crisis in occupational health is not new, and the following comments from the STUC, SOM and the RCN highlighted in Dame Carol Black's Report all suggested that occupational health and the industry created by ill health at work needed a radical review.

'The current occupational health regime where most occupational health provision is provided by the private sector does not deliver for workers.' (Scottish Trades Union Congress)

'A major obstacle to the provision of effective occupational health services for all is the historical exclusion of occupational health from the remit of the NHS.' (Society of Occupational Medicine)

'Referral to OH is often regarded by staff as a punishment, this image needs to be changed and a more positive and enabling one created. This requires a more enlightened vision of the role of OH by management.' (Royal College of Nursing)

Sadly, no such review took place, and the recommendation that occupational health should be mainstreamed into the NHS in England and Wales went ignored.

There is no statutory obligation placed on employers to provide occupational health services, a position that needs to be addressed. In 2023, the Sunak Government consulted on occupational health provision[48]. This consultation identified where countries had statutory provisions, and then, not surprisingly, accessibility rates rose considerably. Needless to say, the deregulatory Sunak Government made no move to introduce legislation, instead opting for a voluntary standard on occupational health provision. This consultation had followed an announcement in the spring

[48] *Occupational Health: Working Better*, https://www.gov.uk/government/consultations/occupational-health-working-better/occupational-health-working-better

statement of a £2 billion investment in occupational health and tackling economic inactivity. However, the money appears to be spent on DWP projects, not increasing occupational health provision.

To address the challenges of reducing economic inactivity in a compassionate and transparent manner, it is important to ensure that both the danger of people falling out of work through ill-health and providing safe and healthy employment for those returning to work after a period of absence or worklessness are addressed. The key to success will depend on both groups having access to quality job retention and vocational rehabilitation services. There is very little evidence that employers have these at the top of their shopping list of occupational health services. The piecemeal approach to securing occupational health provision without statutory obligation on either accessibility or quality has put employers in charge of the occupational health agenda.

The UK Government, the Scottish Government, and the Welsh Assembly should engage with trade unions, the hazards movement, employers, occupational health professionals, and other stakeholders to create a long-term vision for occupational health services in the future. In Scandinavia, world-leading occupational health services took decades to develop, and their occupational health and safety system relies on social partnership. With the Labour Government continuing the Tories' deregulatory, business-friendly, workers less so, agenda, the Scandinavian model would never gain support in the UK.

We have an occupational health crisis in Scotland and are not alone. Fewer people are entering the profession, and more are reaching retirement age. There is only one part time training course for occupational nurses, hosted at University of West of Scotland and we should not forget that most occupational nurses self- funded their training. Lanarkshire Health Board run training for occupational physicians and the University of Glasgow's Healthy Working Lives Group provide courses for both under and post graduate students as well as a number of opportunities for continual professional development.

With so little known about occupational health training and career opportunities,
it is little wonder there is an occupational health crisis, one that is not equipped to deal with, and support the economically inactive or those at risk of falling out of work.

Health and Safety at Work Act

The Health and Safety at Work Act (HASAWA) reached its 70th anniversary in 2024, and, earlier this year, the Health and Safety Executive reached the same milestone. The question to be considered is whether the legislation or the enforcement body is still fit for purpose. In 1974, 651 workers had lost their lives as a result of fatal injuries at work, and 336,722 suffered non-fatal injuries[49]. Comparison figures for 2023/24 are 138 fatal and 61,633 non-fatal, respectively.

Lord Robens, whose commission designed the HSAWA, proposed a health and safety system where employers are responsible for risks and workers who encounter those risks collaborate to manage health and safety, with oversight from a more detached regulator. There would be one single

[49] RIDHIST - Reported fatal and non-fatal injuries in Great Britain from 1974 (.xlsx)

regulator, the HSE. Before that, nine different workplace safety regulators had enforced nine separate sets of regulations.

The HSAWA is enabling legislation, where goals are set, and it is then up to employers to put arrangements in place to achieve the regulators' expectations.
The Robens' review recommended a move from the paternalistic approach of regulation and supervision by the state to a system of self-regulation and self-help.

- At the heart of the new system were two new concepts for health and safety in Great Britain: Tripartism, where workers and employers' representatives, as well as the state, would work together at every level of the health and safety system, and
- Autonomy, the Health and Safety Executive would be autonomous from the state.

It is wrong to suggest that the significant reduction witnessed in fatal and major injuries since 1974 has been solely down to the Act; the introduction of the legislation coincided with the demise of heavy industry in Great Britain, the very industries responsible for the majority of the deaths and major injuries. Additionally, the introduction in 1977 of the Safety Representatives and Safety Committee Regulations provided the foundation for trade unions to recruit and train highly skilled trade union safety reps with functions and powers designed to make trade unionised workplaces safer and healthier.

It is also important to consider the impact our membership of the European Union has had on our health and safety at work through the transposition of EU Directives into domestic legislation.
The most significant example is the 'six-pack' regulations

- Management of Health and Safety at Work Regulations 1999
- Manual Handling Operations Regulations
- Display Screen Equipment Regulations
- Workplace (Health, Safety and Welfare Regulation)
- Provision and Use of Work Equipment Regulations
- Personal Protective Equipment Regulations

The above regulations, along with Approved Codes of Practice and HSE guidance, provided all the information employers required to meet their legal obligations in these areas. Therefore, it is incorrect to say that the HSAWA 1974 has stood the test of time; in the same way, it cannot take credit for reducing fatal and major injuries. Many external factors have contributed to the health and safety system we have today, and, particularly in recent years, not all have been positive.

It was announced on 14 April that Sarah Newton, former MP and Minister in the DWP, had been reappointed to the position of Chair of the HSE Board. Scottish Hazards responded that it was astounding that a Labour Secretary of State reappoints a Chair who had previously been a Conservative minister in the sponsoring department of the HSE, the DWP, which were wreaking havoc on our health and safety system. Sarah Newton is now in a position to adversely influence any reforms of health and safety the UK Government may plan, if any. Another blow for tripartism in health and safety.

Health and Safety – under attack

Before the 2010 election, David Cameron had committed to taming the 'health and safety monster'. In December 2009, he told an audience at an event organised by right-wing think tank Policy Exchange that he would address the 'over the top' health and safety system**.**

Sadly, after the election, he immediately set to work to deliver this commitment by commissioning three reviews: Common Sense, Common Safety (2010)[50], Good Health and Safety is Good for Everyone (March 2011)[51] and Reclaiming Health and Safety for All (November 2011)[52]. Three reviews of our health and safety system within 18 months, all driven by myths and ideological opposition to workers' rights and denying injured workers and their families just compensation for injuries sustained at work. At the heart of all three of these reviews was an ideological opposition by the coalition government of 2010 to protecting workers health and safety. What each of these reviews did has reshaped our health and safety system in so many ways, and not for the better.

Lord Young's review introduced the concept of low-risk workplaces. He identified shops, schools, and offices and suggested that these workplaces should no longer be subject to health and safety enforcement. He went on to examine the 'compensation culture', identifying that it was more of a perception than a reality. Shortly after his report was published, he was to lose his job for claiming Britons had never had it so good during the recession when UK Government policies were having a devastating impact on the health, well-being and financial security of working-class people.

The second review, *Good Health and Safety is Good for Everyone* was to provide the main thrust of their ideological attack. Scottish Hazards believes this signalled the end of the HSE as an autonomous regulator. The HSE were instructed to reduce inspections by a third (11,000), with local authorities expected to reduce their proactive inspections, also by a third or 65,000 visits per annum.

The government identified lower-risk workplaces where the HSE could no longer carry out proactive inspections. These areas included low-risk manufacturing (e.g., textiles, clothing, footwear, light engineering, electrical engineering), the transport sector (e.g., air, road haulage, and docks), local authority-administered education provision, electricity generation, and postal and courier services. The impact on Local Authority workplaces was even more severe, many of the workplaces enforced by environmental health departments fell into the definition of low-risk workplaces created by Lord Young and repeated in the coalition's review. When considered with austerity attacks on local authorities, and particularly on environmental health departments, countless numbers of workers would never expect to witness a proactive workplace inspection throughout their working lives.

Section 12 (3) of the HSAWA 1974 states the Secretary of State may not under subsection (2) give any directions with regard to the enforcement of the relevant statutory provisions, or the enforcement of

[50] UK Government, *Common Sense, Common Safety*, https://assets.publishing.service.gov.uk/media/5a7976fb40f0b63d72fc60c7/402906_CommonSense_acc.pdf

[51] UK Government, *Good Health and Safety, Good for Everyone*, https://assets.publishing.service.gov.uk/media/5a748a2eed915d0e8bf191e8/good-health-and-safety.pdf

[52] UK Government, *Reclaiming health and safety for all*, https://assets.publishing.service.gov.uk/media/5a78d8e0ed915d0422065cec/lofstedt-report.pdf

the building enactments, in any particular case. The extent to which the actions of the Secretaries of State of the 2010 coalition Government and the subsequent Conservative Government may have exceeded these powers has never been investigated. What is certain is that their ideologically driven business-friendly policies have decimated our health and safety system, and nowhere is this more evident than in the HSE.

HSE Cuts, Cuts and More Cuts.

The threat to the health and safety system Robens developed was apparent in the lead up to the May 2010 election when the Tory/Lib Dem coalition Government came to power. Attacks on the autonomy of the HSE and tripartism were matched with an immediate slashing of the DWP grant to the HSE, from £ 239 million in 2009/10 to £ 212 million the following year. However, things were about to get a whole lot worse. In 2022/23, the HSE were to lose a further £43.5 million grant funding from the DWP to £170 million. Within two years of the coalition coming to power, David Cameron's government had slashed the HSE's funding by 29%.

HSE DWP Grant Funding (000's)		
2009/10	2014/15	2019/20
£239,430	£141,054	£121,343

By the time the Government had been in power for 10 years, the HSE budget had been cut by 49%. It is hard to think of any other NDPB impacted to this extent by ideological attacks, intent on peddling their own myth that health and safety was a burden. As one might expect, most of the pain inflicted on the HSE fell on the workforce. The latest figures may suggest a turnaround in the HSE's fortunes, with the 2022/23 accounts showing a DWP payment of £165.8 million. However, the HSE assumed responsibility for building regulations in England in 2022. The Building Safety Regulator's strategic plan 2023/24 does not provide information on financial resources provided to the HSE, although the accounts mention the HSE receiving substantial funding from the Department for Levelling Up, Housing and Communities to set up and run building safety regulation for England. The cost of this work has not been disclosed, but it must be borne in mind that it is carried out by the UK-wide health and safety regulator and will only benefit England.

HSE Headcount 2009/10 to 2023/24					
	2009/10	**2014/15**	**2019/20**	**2022/23**	**2023/24**
Frontline Staff Of which the following are inspectors	1464 **(1342)**	1047 **(981)**	1059	1004	976
Inspectors working in functions other than inspection	153	70			
Other professional or specialist staff	1425	1111	1019	1396	289
Other staff (of which agency)	660 (118)	375 (0)	270 (28)	280 (105)	257 (50)
Total Staff Numbers	3702	2575	2371	2785	2742

It is unknown how many existing HSE staff now work in building regulation, but there is a concern that some very experienced HSE staff may have been transferred to this work. HSE staffing figures over the same period suggest the organisation is not best placed to lose experienced staff without further damage to the enforcement of our workplace health and safety legislation.

In the ten years to 31 March 2020, the number of HSE frontline staff had been cut by 28%, and by 2023, total job losses amongst this group of staff totalled 460, a 31% reduction from 2010. In the first five years, inspector numbers alone had fallen by 25% until HSE management decided the public should no longer have that information. They now only publish the numbers of frontline staff. In 2004, the HSE employed 1619 inspectors; twenty years later, they have 976, a reduction of 40%. The group of staff labelled as other professional and specialist staff also suffered cuts of 28%, but in the three years to 31 March 2023, 382 other professional or specialist staff had been recruited into the HSE. It is not clear from the accounts what these roles are, building inspectors, perhaps. The biggest cuts fell on other staff, support workers in lower grades, with 380 (60%) job losses in 10 years, with a net increase of 10 added jobs between 2020 and 2023. A net reduction in posts of 58% in 14 years.

Over the years, the HSE have lost 100's of experienced and dedicated workers. Many inspectors could have earned far more working as health and safety consultants or in industry. The loss of experience extends to other staff, those who supported frontline workers and who are no longer there to do so. Fewer support staff have resulted in more workers being removed from frontline activity for administrative purposes, such as progressing prosecutions.

Scottish Hazards believes pro-active enforcement is the key to accident prevention, but that activity does not have to be carried out by warranted enforcement officers. The UK recognises the proactive work that trade union health and safety reps do day in, day out to prevent accidents and establish the highest standards of health and safety management in their workplaces. Still, successive Governments and the HSE have always fought back against other methods of health and safety interventions, such as roving safety representatives and allowing union health and safety representatives to issue provisional/union improvement notices.

Roving safety reps in agriculture and the Workers Safety Advisor Pilot in Scotland's third sector are two such initiatives. In the 1990s, the TGWU piloted a roving safety representatives' scheme in agriculture in the UK, taking the trade union safety effect into non-unionised workplaces. The pilot evaluated favourably, but in the same way as many other innovative occupational health and safety initiatives, it was consigned to history. In 2004, the HSE funded the Workers' Safety Adviser Challenge Fund, with many trade union-backed projects receiving funding. One such project, managed by the STUC, supported third sector organisations, helping them establish health and safety management systems and, crucially, ensuring their workforce was fully involved in the process.

The UK Government should also provide reps with the power to issue union improvement notices, sometimes known as union improvement notices. These are used extensively in other countries, particularly in Australia, and reps issue notices to employers in breach of health and safety regulations and a timescale to address their concerns and the consequences of not doing so. The HSE has firmly

opposed introducing these notices in the past, but any objection now would be hypocritical given their retreat from proactive enforcement in most workplace and business sectors.

The initiatives outlined above fit entirely with the thoughts of the Robens Review about putting workers at the heart of health and safety decision making along with their employers. Since 1974, we have also witnessed de-unionisation of the UK workforce, often, as is the case in the last 14 years, for no other reason than an ideological opposition to workers having a strong independent voice to protect their financial, physical and psychological security.

In the lead-up to the election, Keir Starmer committed to reviewing health and safety legislation. We cannot help but feel this is going to disappoint because, up until now, they have been missing the point. It is our health and safety system that needs to be reviewed.

In 2022, the Labour Party published its Employment Rights Green Paper, *A new deal for working people*[53], a document acknowledging the harm done by the previous Tory government to the HSE due to their ideological attacks on the organisation. In the paper, they outlined the consequences of these attacks, health and safety enforcement budgets cut by 50% and workplaces likely to have a proactive inspection once every 250 years and set out a vision for a Single Enforcement Body (SEB) to enforce all workers' rights. The Labour Party committed to providing adequate resources to the SEB to allow workplaces to be inspected proactively and allow for investigation of anonymous complaints. The Green Paper recognised the role trade union health and safety representatives play in delivering safe and healthy work for their members, committing to explore and utilise this expertise to maintain healthy and safe workplaces for all.

Sadly, nearly a year into the Labour Government's term, any Green Paper-related health and safety commitments appear to have been forgotten or abandoned. In a dramatic U-turn, the Prime Minister is making commitments that potentially conflict with the vision outlined in 2022. On 13 March, Prime Minister Sir Keir Starmer made a pronouncement to business leaders, saying, 'We've created a watchdog state, completely out of whack with the priorities of British people'. Scottish Hazards believes this indicates more attacks on health and safety protections may be coming. All regulators have been asked by the Prime Minister to identify five measurable commitments or changes they could implement within 12 months, 'within a tolerable risk'. The Executive of the HSE is refusing to provide information to Hazards Magazine[54] about the commitments and changes they have put forward to help the Prime Minister make our regulatory system pro-growth and pro-investment, arguing it is not in the public interest to do so. Protecting health and safety regulations is most definitely in the public interest, and if HSE leadership cannot understand this simple fact, then they are in the wrong job.

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[53] UK government, *Employment-Rights-Green-Paper*, PP. 11-12, https://labour.org.uk/wp-content/uploads/2022/09/Employment-Rights-Green-Paper.pdf

[54] *Your safety is a policy problem that needs to be buried, says HSE,* (Hazards magazine), https://www.hazards.org/deadlybusiness/watchdogstate.htm

A modern day Robens is required to establish if our enforcement body is fit for purpose, what needs to be done to revitalise health and safety (unashamedly stealing the name of a previous HSE strategy), how do we bring EMAS back and with a bigger role in improving the UKs occupational health and how do we ensure autonomy is returned to the HSE and never placed under threat again.

Employment Medical Advisory Service – ever-decreasing circles

Part II of the HSAWA 1974 outlines the statutory functions of the Employment Medical Advisory Service and arrangements for maintaining it.

EMAS had pre-dated the Act by two years, but Robens had taken the position that it should sit within the new regulatory body on its inception in January 1975. It was anticipated that there would be clear links between EMAS staff and NHS counterparts. Robens said at the time that he could not envisage EMAS developing in isolation from the mainstream NHS. He added that his commission would like to see more emphasis on occupational medicine in the training of doctors.

At the outset, it was envisaged that EMAS would employ 120 doctors with additional nurses and support staff.[55] In 1990, there were 65 doctors and 21 nurses working in EMAS, with more occupational medicine specialists working in EMAS Employment Rehabilitation Centres. By 2004, EMAS was reduced to a service consisting of 15 doctors and 27 nurses for the whole of the United Kingdom. Between 1990 and 2004, EMAS was decimated in what appears to have been a retrenchment by the HSE to focus on workplace safety as opposed to health. Ironically, this was at a time when union representatives were beginning to see a shift from physical injuries, such as musculoskeletal disorders, being the main occupational health concern to work-related stress resulting in poor mental health as the main health concern keeping people off work.

In 2025, the position regarding EMAS is unclear; they are mentioned on a webpage[56] , and individuals are asked to submit queries in writing to their nearest HSE office. This appears to be how the organisation works now: flood the website with information and let workers find the solution themselves.

As the UK Government embarks on another attempt to support the economically inactive into work or stop others from falling out of work, the need for workers and employers alike to access occupational health and safety advice has never been greater.

Fair Work and Devolution

The Scottish Government has determined that Scotland will become a Fair Work Nation by 2025. To this end, it established the Fair Work Convention in 2015, which, in turn, authored the Fair Work Framework consisting of five aspirational dimensions: voice, security, respect, opportunity and fulfilment. Scottish Government policy aims to progress along these dimensions by various voluntary means and by using devolved levers such as procurement and grant conditions. Employment law is reserved to Westminster.

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[55] Regulating Health and Safety at Work: An Agenda for Change? Phil James and David Walters, Institute of Employment Rights, December 2005, P64

[56] HSE Offices, https://www.hse.gov.uk/contact/maps/index.htm

In the Jimmy Reid Foundation paper, *Assessing Fair Work in Scotland*, we argued that health and safety gets limited attention in the Fair Work initiative, even though any work that endangers workers' health, safety, well-being and financial security cannot be fulfilling[57]. Sadly, for too many employers, the solution to ill health at work is increasingly punitive absence management systems. Mental health costs Scotland around £11bn a year. Around half of all working days lost due to ill health relate to work-related stress, costing Scottish employers £2bn per year. We recommended,

'15. Incorporate health and safety more explicitly in Fair Work principles and in Fair Work First, focusing on mental health risks. The government could do more to highlight the positive impact of an effective collective trade union employee voice in Scotland on health, safety, and the economy. Engage Public Health Scotland and press for an NHS-led national occupational health scheme as advocated by Scottish Hazards.'

While the Scottish Government could do much more under existing powers, we agree that there is a strong case for devolving employment law, including health and safety, to Scotland. In the Jimmy Reid Foundation paper, Devolving Employment Legislation[58], we explain:

'Scottish Hazards has set out a detailed case for devolution of occupational health and safety regulation and enforcement, as they did in a submission to the Smith Commission. They highlight that the level of work-related fatalities and major injuries in Scotland has been consistently higher than that of Great Britain as a whole. A conservative estimate of work-related deaths in Scotland is 2000 per year, when workplace disease is added to fatal accidents. It is often argued that this reflects a higher proportion of workers in hazardous sectors, but even if true, this reinforces the case for a different approach in Scotland. The link with devolved powers is highlighted in a paper entitled "The Scottish Safety Anomaly", which says, 'Scotland has a Minister of Health, with a broad portfolio of authority. Paradoxically, the Minister's brief for the health of Scotland's population should stop at the factory gate and office door – precisely where the majority of the working population spends most of its waking hours.'

[57] D. Watson, *Assessing Fair Work in Scotland*, (Reid Foundation, August 2023), https://reidfoundation.scot/2023/08/assessing-fair-work-in-scotland/

[58] D. Watson, *Devolving Employment Legislation* (Reid Foundation, March 2024), https://reidfoundation.scot/2024/02/devolving-employment-legislation/

5. Conclusion

This paper highlights the urgent need to promote healthy, sustainable work, addressing the ongoing departure of workers from the workplace due to inadequate protections and job insecurity. It is essential to develop living and working conditions that can be maintained throughout one's lifetime, which necessitates a cohesive employment and welfare system that enables individuals to take necessary breaks, particularly for health-related and caregiving responsibilities.

Governments in Scotland and the UK have some limited measures planned; however, it is questionable whether these are sufficiently radical and, in any case, they will require time to implement. Cutting benefits now will impact hundreds of thousands of individuals who are out of work due to health issues and lack a viable alternative. With an increasing population of older workers and escalating health challenges, urgent action is needed from both governments and employers to ensure quality employment. Governments should concentrate on addressing the root causes of ill-health in the workplace and the broader health inequalities present in society.

Authors and Acknowledgements

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Ian Tasker is the Director of Scottish Hazards, having been involved with the organisation since 2001. Prior to his appointment as an advice worker in 2017, he worked for 16 years for the Scottish Trades Union Congress, taking forward their health and safety policy with the Scottish and United Kingdom Governments, as well as engagement with external stakeholders.

During his time at the STUC, along with Thompsons Solicitors, he supported families of those who lost loved ones in the ICL Stockline tragedy in their campaign to secure a public inquiry into the circumstances of their loved ones' deaths.

Prior to joining the STUC, he spent four years representing Banking Insurance and Finance Union members in the Clydesdale Bank, where he developed his interest in occupational health and safety.

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A graduate in Scots Law from the University of Strathclyde, he has written many publications and has been a government advisor on public service reform, health and energy policy. He is the author of a range of Jimmy Reid Foundation papers.

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