

Health, Work and Well-being: Baseline indicators report

December 2010



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Introduction

In March 2008, Dame Carol Black's review¹ of the health of Britain's working age population was published. The review recognised the beneficial impact that work can have on an individual's state of health and that work is generally good for both physical and mental health. The review set out a vision based on three principles:

- Prevention of illness and promotion of health and well-being;
- Early intervention for those who develop a health condition; and
- An improvement in the health of those out of work.

It identified the importance of healthy workplaces designed to protect and promote good health and the central role that such workplaces play in preventing illness arising in the first place.

The response² to Dame Carol Black's review, published in November 2008, identified seven key indicators and over twenty sub-indicators to develop baselines for and measure progress against. These indicators are:

1. knowledge and perceptions about the importance of work to health and health to work;
2. improving the promotion of health and well-being at work;
3. reducing the incidence of work-related ill-health and injuries and their causes;
4. reducing the proportion of people out of work due to ill-health;
5. improving the self-reported health status of the working age population;
6. the experience of working-age people in accessing appropriate and timely health service support; and
7. improving business productivity and performance.

These indicators are being measured through a combination of existing datasets and new research. This report sets out the available baseline data for each indicator and its publication will be followed by the publication of the full reports on the findings from the new research studies in 2011. Collection of evidence to cover sub-indicators not covered in this report is underway and it is intended that this report will be updated annually. Further details of the data sources used in this report can be found in the Annex.

When reading the report it is useful to bear in mind that there are nearly 5 million enterprises in GB of which over 99 per cent are small and medium enterprises.

¹ Dame Carol Black's Review of the health of Britain's working-age population <http://www.dwp.gov.uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf>

² Improving health and work: changing lives <http://www.dwp.gov.uk/docs/hwwb-improving-health-and-work-changing-lives.pdf>

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Although large enterprises account for less than 1 per cent of GB enterprises, they employ nearly 60 per cent of GB employees.^{3 4}

³ Throughout the report the classification of employers into small (2-49 employees), medium (50-249 employees) and large (250+) employees has been used

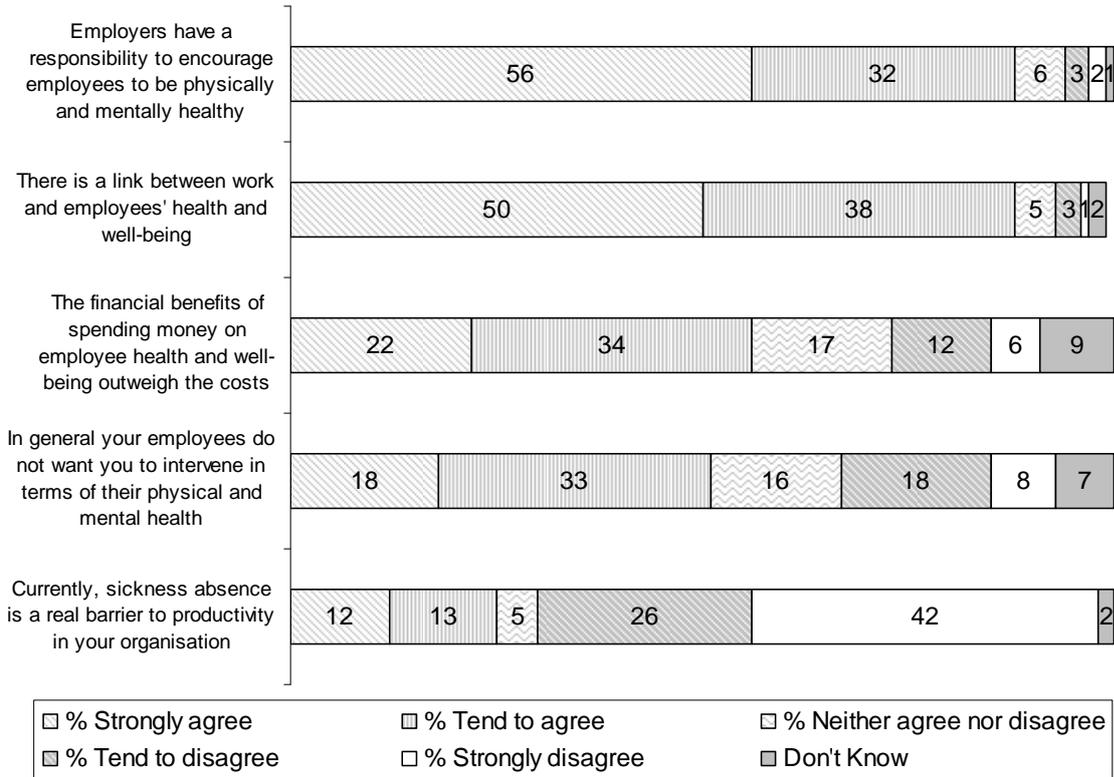
⁴ Source: BIS: Small and Medium Enterprise Statistics for the UK and Regions, October 2010

Indicator 1: Knowledge and perceptions about the importance of work to health and health to work

Employers

Amongst employers, research measured their attitudes towards the health and well-being of their employees and whether they feel it is part of their role to promote health and well-being.

Chart 1: Employers attitudes to health and well-being amongst their employees



Base: all respondents (unweighted: 2,250)
 Source: Health and well-being at work: A survey of employers

The majority of employers agreed that there is a link between work and the health and well-being of their employees and that they have a responsibility to encourage employees to be physically and mentally healthy (Chart 1). Employers were more cautious regarding return on investment in health and well-being, with just over half (56 per cent) agreeing that *the financial benefits of spending money on employee health and well-being outweigh the costs*.

There was some evidence of an unwillingness to intervene: 51 per cent of employers agreed that *in general, their employees did not want them to intervene in terms of their physical and mental health*. Finally, only a quarter of respondents agreed that *sickness absence was a real barrier to productivity in their organisation*; the majority (68 per cent) disagreed that this was the case. Further analysis suggests that

responses to this question are related to reported level of sickness absence as organisations that strongly agreed with the statement lost a higher percentage of working time to absence compared with those that disagreed.

The size of an employer's workforce was largely unrelated to the employer's view about their responsibility to encourage their employees to be physically and mentally healthy and regarding the link between work and employees' well-being. However, there were differences by employer size in attitudes towards the financial benefits of spending money on employees' health and well-being. Agreement was notably stronger amongst larger employers: 70 per cent of large employers and 66 per cent of medium employers agreed with the statement compared with 56 per cent of small employers⁵.

Working age adults

New research with working age adults asked people about their attitudes towards paid work and whether it is good or bad for physical and mental health. The research then went on to ask respondents to consider a number of hypothetical situations and how they would behave.

⁵ Throughout the report the classification of employers into small (2-49 employees), medium (50-249 employees) and large (250+) employees has been used

Table 1: Attitudes of working age adults to health and work

Row percentages

	Very good for physical health	Good for physical health	Bad for physical health	Very bad for physical health	It depends (spontaneous only)	<i>Unweighted base</i>
Taking everything into account, do you think paid work is generally good or bad for physical health	24	60	5	0	10	2394
	Very good for mental health	Good for mental health	Bad for mental health	Very bad for mental health	It depends (spontaneous only)	
Taking everything into account, do you think paid work is generally good or bad for mental health	23	60	5	1	11	2386
	Very likely to go to work	Quite likely to go to work	Not very likely to go to work	Very unlikely to go to work	It depends (spontaneous only)	
Imagine you are in paid work and currently have a cold, would you be...	69	22	5	2	2	2394
	Very likely to go to work	Quite likely to go to work	Not very likely to go to work	Very unlikely to go to work	It depends (spontaneous only)	
Imagine you are in paid work, have long-term back pain and your back is particularly sore would you be...	27	35	26	8	5	2393
	Very likely to go to work	Quite likely to go to work	Not very likely to go to work	Very unlikely to go to work	It depends (spontaneous only)	
Imagine you are in paid work, have long-term depression and are feeling particularly down, would you be...	23	35	24	10	7	2365

Base: All respondents aged 16-64 excluding 'don't know' responses

Source: Attitudes to health and work amongst the working age population

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The findings show that the majority of working age adults recognise that work can have a positive impact on health: over eight in ten respondents felt that paid work was generally good or very good for both physical and mental health (Table 1).

Respondents were also asked how likely they would be to go to work if: they had a cold; they have long term back pain and their back is particularly sore; and, they have depression and are feeling particularly down. Compared with the pattern of responses to the question about whether people would go to work with a cold, the responses to the questions which asked respondents to imagine they had long-term back pain or long-term depression resulted in greater proportions reporting that they would be unlikely or very unlikely to go to work.

Younger adults (16-24 year olds) were less likely than other age groups to agree that work was very good for physical health or mental health. This age group also had the lowest proportions reporting that they would be *very likely to go to work* with a cold, back pain or depression. There were no significant differences by gender.

Indicator 2: Improving the promotion of health and well-being at work

This section looks at the promotion of health and well-being at work, including flexible working and measures to address stress, from both the perspective of the employer and employee.

Provision of health and well-being initiatives

Employees

Employees were shown a list of initiatives and benefits and asked to identify which their organisation had provided in the last 12 months, regardless of whether the initiatives or benefits were provided to all staff or just some or whether the respondent had used them. Chart 2 shows the initiatives and benefits in descending order of provision.

Chart 2: The provision of health and well-being initiatives at work (employee perspective)

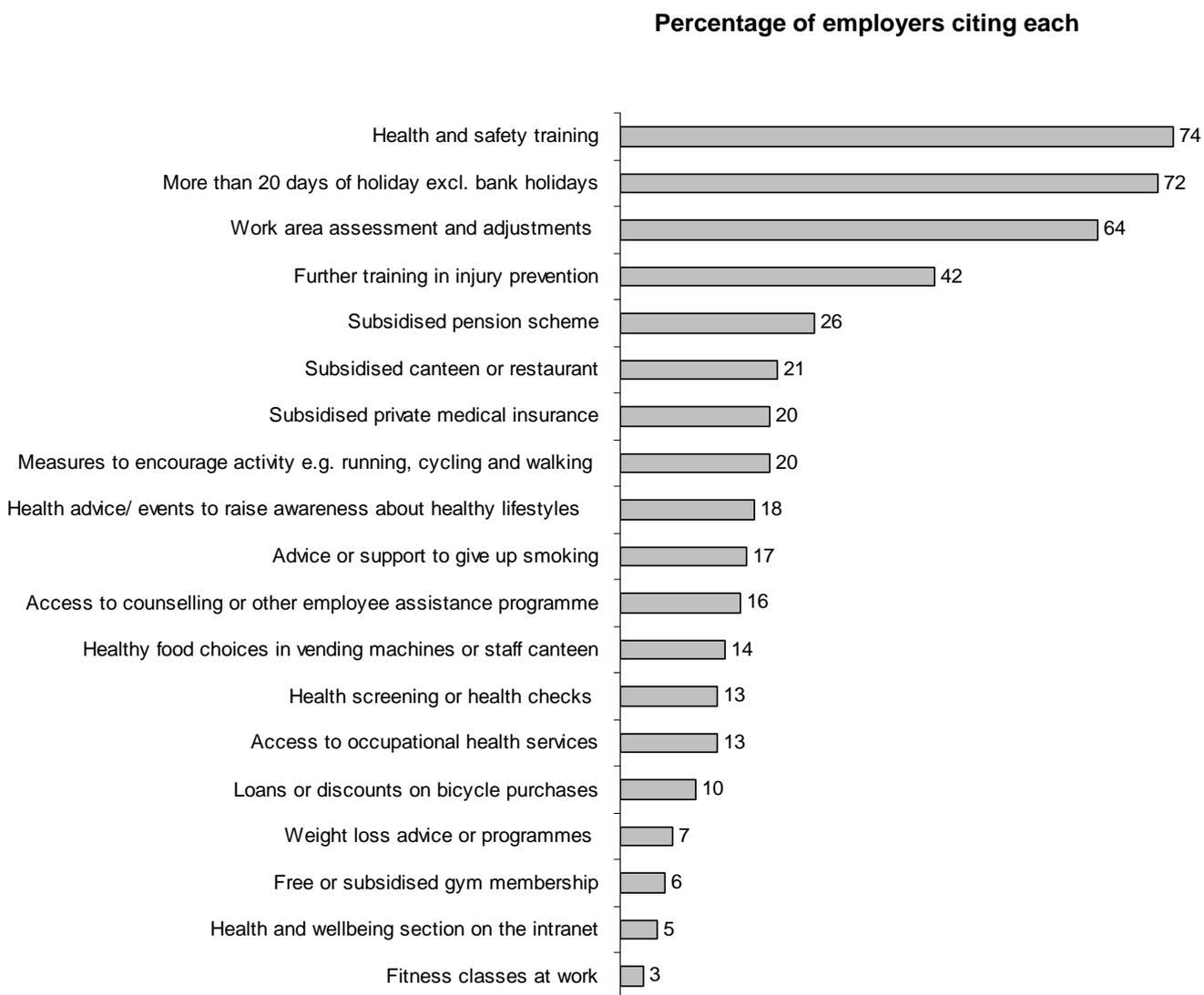


Base: all respondents (unweighted base: 2,019)
 Source: Health and well-being at work: A survey of employees

Employers

A similar list of initiatives and benefits was shown to employers who were asked to identify which benefits their organisation had provided in the last 12 months, irrespective of whether these were made available to some of, or the entire workforce. Chart 3 shows the initiatives and benefits in descending order of provision.

Chart 3: The provision of health and well-being initiatives at work (employer perspective)



Base: all respondents (unweighted: 2,250)

Source: Health and well-being at work: A survey of employers

Size of organisation was related to provision of initiatives: employees working for medium and large organisations were more likely to mention almost all benefits and initiatives than those working for small organisations. Likewise there was a graded relationship between employers' size and their likelihood of reporting provision of employee health and well-being initiatives. For almost all initiatives and benefits,

large employers were most likely to report provision, followed by medium employers with small employers least likely to be providing health and well-being benefits and initiatives.

Employment sector was also associated with the provision of initiatives and benefits. Public sector employees were more likely to mention almost all initiatives and benefits than private sector employees. However, this is linked to employer size: public sector workers were more likely than private sector workers to work in organisations with 250+ employees. The same pattern was found in the employer survey where initiatives were more likely to be cited by employers in the public sector than the private sector. Organisations with a recognised trade union were also more likely to offer health and well-being benefits but these findings are linked: public sector organisations tended to be larger than private sector organisations and trade union presence is a feature of large / public sector organisations. The notable exception to this was *subsidised private medical insurance* which was more likely to be reported in the private sector than the public sector.

One notable difference between charts 2 and 3 is that 38 per cent of employees reported that their employer provided access to occupational health services whereas only 13 per cent of employers reported providing access to occupational health. The reason for the difference is that access to occupational health services is much more likely to be provided by large employers who employ a significant proportion of the GB workforce but only make up a small proportion of the GB employer population.

Stress management

Stress is increasingly being cited as a cause of ill-health in the workplace by employers and employees⁶ so new research looked at what is being done to tackle stress and reduce its impact on health.

Employees

Employees were asked about stress management support or advice in three different ways: firstly, whether stress management support or advice for employees and / or managers was available in their organisation, 32 per cent of employees reported that it was (Table 2).

Employees were also asked to what extent they agree or disagreed that their line manager or supervisor has talked to them about avoiding stress at work: 35 per cent agreed with the statement, 18 per cent gave a neutral response and 49 per cent disagreed. Finally, those employees who reported that they were line managers were asked 'have you ever received information, help or advice on how to manage stress amongst the employees you manage?' More than half (54 per cent) reported that they had not.

⁶ Improving health and work: changing lives <http://www.dwp.gov.uk/docs/hwwwb-improving-health-and-work-changing-lives.pdf>

Table 2: Stress management at work as reported by employees

Row percentages

	Yes	No	Don't know	<i>unweighted base</i>		
Is stress management support or advice for employees and / or managers available in your organisation?	32	68	0	2019		
(line managers only) Have you received information, help or advice on how to manage stress amongst the employees you manage?	45	54	1	811		
To what extent do you agree or disagree that your line manager has talked to you about avoiding stress at work?	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	
	13	22	18	24	25	1919

Source: Health and well-being at work: A survey of employees

Employers

Employers were also asked whether they provided stress management support or advice for employees and / or managers. Overall, 17 per cent of organisations provided stress management support or advice but this varied by organisational characteristics (table 3). Large employers were four time more likely to provide stress management (64 per cent) than those in small organisations (15 per cent). Public sector organisations and those with a trade union presence were also more likely to provide stress management support and advice.

Table 3: Stress management support or advice by organisation size, type of organisation and trade union presence

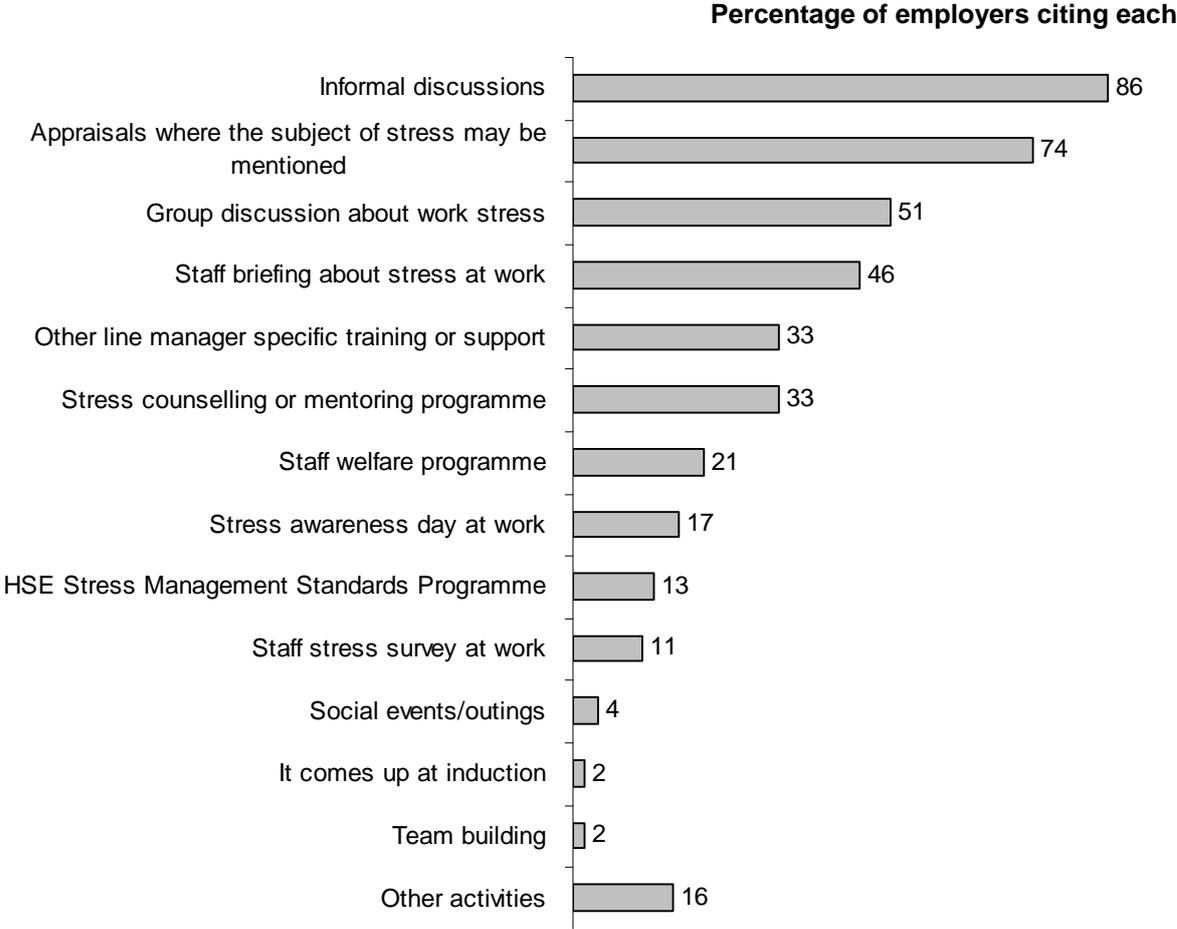
Column percentages

		Size of Organisation			Type of organisation		Trade Union	
		Small	Medium	Large	Public	Private	Yes	No
Base: all respondents	Total							
<i>Unweighted base</i>	2,250	1,122	555	568	226	611	483	1,747
	%	%	%	%	%	%	%	%
Yes	17	15	38	64	32	14	26	16
No	83	85	62	36	68	86	74	84

Base: 2,250 (unweighted)
 Source: Health and well-being at work: A survey of employers

To gain an understanding of the types of activities organisations were using to manage stress in the workplace, employers were asked which, if any, of a list of ten activities they had put in place during the past 12 months. Chart 4 summarises the findings, and shows that the most common measure was *informal discussions*, mentioned by 86 per cent of those that had provided stress management support. *Appraisals where the subject of stress was mentioned* were cited by three-quarters of this group (74 per cent), followed by *group discussions* (51 per cent).

Chart 4: Stress management activities during the past 12 months



Base: all who provide stress management advice or support (unweighted: 793)
 Source: Health and well-being at work: A survey of employers

Attendance management

Keeping people with health conditions in work wherever possible is a key policy objective because of the links between working and long-term health outcomes. To further understand the extent to which employers are taking steps to retain employees with health conditions in work, new research asked employees who had reported more than five days of continuous sick leave whether their organisation had used any measures to help them back to work.

Employees

Just under half (48 per cent) of employees who had a period of 5 days continuous sickness absence in the previous 12 months reported that their employer had taken steps to help them back to work (Table 4). Mostly commonly mentioned were being allowed to work reduced hours or fewer days (mentioned by 20 per cent), being given access to occupational health services (19 per cent) or having workloads reduced (19 per cent).

Table 4: Measures to help employees with five or more days of continuous absence back to work

Measures	%
Employer did not take any steps	52
Working reduced hours or days	20
Providing access to occupational health services	19
Reducing workload	19
A meeting at home or work to discuss extra support	15
Independent counselling, advice or information	9
Reduced responsibilities	9

Base: all employees reporting more than 5 days continuous sickness absence (237 unweighted)
 Source: Health and well-being at work: A survey of employees

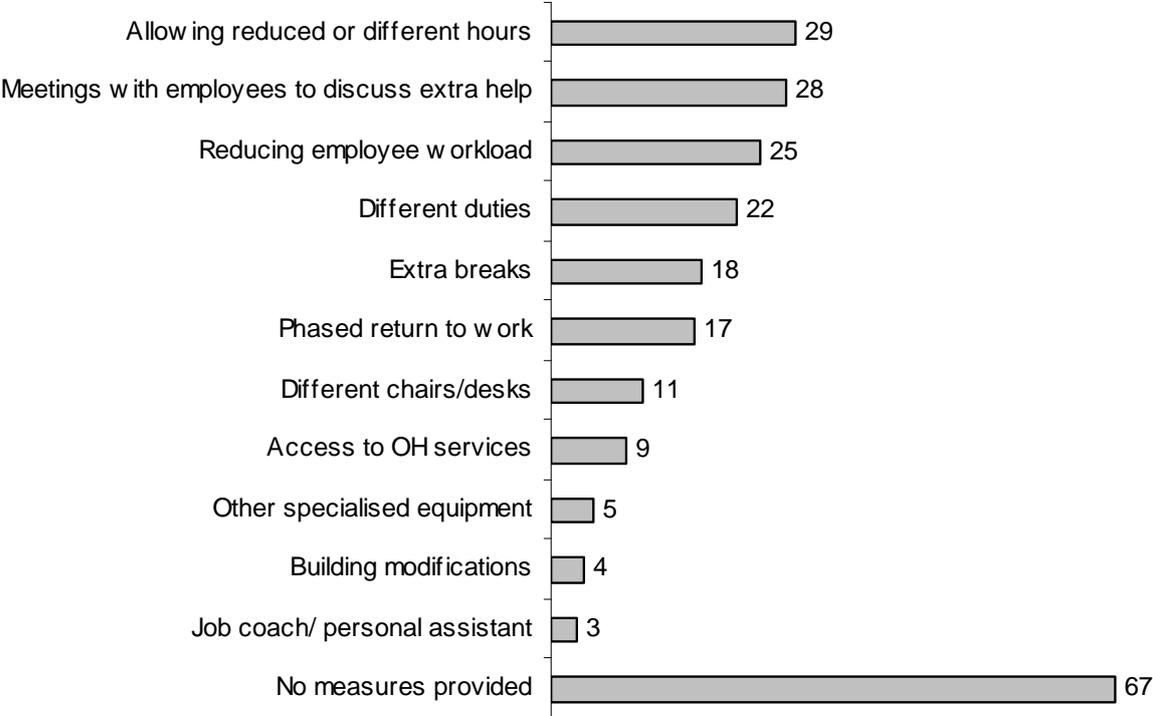
Employers

Employers were asked about the actions they had taken in the previous 12 months to keep employees with health problems in work or facilitate their return to work. A third of employers (33 per cent) reported having taken at least one action and these were most likely to be large organisations (96 per cent of large organisations compared with 79 per cent of medium organisations and 30 per cent of small organisations) (Chart 6).

The measures most commonly used by employers to keep employees with health problems in work or help them return to work were: allowing employees to work reduced or different hours (29 per cent) and meetings to discuss extra help employees might need to return or stay in work (28 per cent).

Chart 5: Measures used in the last 12 months by employers to help keep employees with health problems in work or facilitate their return to work

percentage of employers citing each



Base: all respondents (unweighted: 2,250)
 Source: Health and well-being at work: A survey of employers

Flexible working

Flexible working allows people with family or other caring commitments to balance work and other responsibilities and is generally viewed as a positive working practice. For the purposes of the research with employers and employees, flexible working was defined as covering a range of practices including flexi-time, working from home, job sharing, and the ability to change hours, work condensed hours or change working patterns.

Employees

Amongst employees, almost six in ten (57 per cent) reported that their organisation offered flexible working. Those employees working for public sector organisations, very large organisations (500+) and organisations in which there was a trade union presence were more likely to report the availability of flexible working options. However, as mentioned previously, public sector organisations tend to be larger and to have recognised trade unions.

Employers

Research with employers found that six in ten (61 per cent) reported that their organisation offered flexible working practices to their staff and, as in the employee research, this was more likely to be the case amongst large organisations (table 5).

Table 5: Provision of flexible working practices by size of organisation

Column percentages

Base: All respondents	Total	Small	Medium	Large
<i>Unweighted base</i>	2,250	1,122	555	568
	%	%	%	%
Yes	61	61	73	89
No	38	39	27	11

Base: 2,250 (unweighted)
 Source: Health and well-being at work: A survey of employers

Indicator 3: Reducing the incidence of work-related ill-health and injuries and their causes

It is intended that the health, work and well-being agenda and individual initiatives will lead to a reduction in the number of people reporting illness or injury they believed to be caused or made worse by work.

Data provided by the Health and Safety Executive (HSE) based on the Labour Force Survey (LFS) showed that in 2008/09, there were **1,860 incidents per 100,000 workers** (1.9%), where the self-reported illness was caused or made worse by work in the previous 12 months.

Women are more likely than men to report an illness or injury caused or made worse by work. As age increases, individuals are more likely to report an illness or injury caused or made worse by work, with the 45-54 age group most likely to report this.

Source: Labour Force Survey, 2008/09, 16-64 year olds

Indicator 4: Reducing the proportion of people out of work due to ill-health

The Government's response to the Black Review identified that it was crucial to support people to return to appropriate employment when they moved out of work because of ill-health and to enable employers to recruit and retain people with disabilities and health conditions. To monitor progress in this area, the following indicators will be measured and reported on:

Proportion of people who left their last job due to ill-health

In April to June 2010, of the people who left their last job within the previous 12 months, **11.2 per cent** reported that it was due to ill-health.

Source: Labour Force Survey, 2010, 16-64 year olds

Reducing the gap between the employment rate for those with a limiting long-term health condition and the overall employment rate

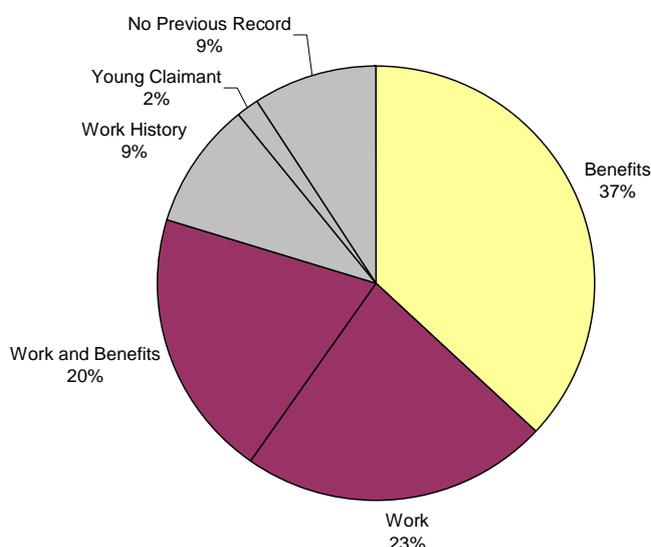
The gap in employment rates (not seasonally adjusted) between those with a limiting long-term health condition and the total population was **21.1 per cent** in the quarter January to March 2010. The employment rate for all people (aged 16 to 64 years old) in Great Britain for the same quarter was 70.1%, and the employment rate for people with a limiting long-term health condition was 49.0%.

Source: Labour Force Survey, 2010, 16-64 year olds

Reduction in the proportion of people who move onto working age IB/ESA from employment

We do not have a direct measure for this indicator, however there is some contextual data available:

1. There were around 27.5 million people in employment in Great Britain, aged between 16 and 64, in the year ending February 2010.
2. Over this same period, 681,000 working age people flowed onto IB/ESA. The origins of these customers are shown below⁷:
3. 43% of customers had been in work in the 91 days before flowing onto ESA⁸.



Immediate origin of work (work in last 91 days)
 Immediate origin of benefits (benefits in last 91 days)
 Immediate origin unknown

Source: DWP admin data and HMRC data, 1 Mar 2009 to 28 Feb 2010, aged 16-SPA Labour Force Survey, average number in employment between Mar 2009 and Feb 2010, 16-64 year olds

⁷ These proportions use tax record information from HMRC. This data does not capture those who are self-employed, nor does it include some people earning under the lower earnings limit. An immediate origin is allocated if we have evidence of work or benefits in the 91 days before the claim takes place.

⁸ Of the customers whose origins are known, 53% had worked in the last 91 days.

Indicator 5: Improving the self-reported health status of the working age population

The Government's response to the Black Review stressed the importance of monitoring the health status of the working-age population because this provides an important insight into how people feel about their own health. Table 6 shows these data analysed by age, gender and NS-SEC⁹.

⁹ National Statistics Socio-economic Classification (NS-SEC) is an occupationally based classification but has rules to provide coverage of the whole adult population. The information required to create the NS-SEC is occupation coded to the unit groups (OUG) of the Standard Occupational Classification 2000 (SOC 2000) and details of employment status (whether an employer, self-employed or employee; whether a supervisor, manager etc).

Table 6: Self reported general health

Row percentages

Health in General	Very good	Good	Fair	Bad	Very Bad
	38	41	16	4	1
By Employment Status					
In Employment – Employee	48	42	9	1	0
In Employment – Self Employed	45	43	11	1	0
ILO Unemployed	33	45	18	4	1
Economically Inactive	22	36	29	10	3
By NS-SEC (five class version)					
Managerial and professional occs	46	40	11	2	1
Intermediate occupations	38	42	16	4	1
Small employers and own account workers	34	43	17	4	1
Lower supervisory and technical occupations	31	43	17	6	2
Semi-routine occupations	31	39	21	7	1
Never worked and long term unemployed	26	38	26	8	2
Not classified	54	38	7	1	0
By Gender					
Male	39	41	15	4	1
Female	38	40	16	4	1
By Age Group					
16-24	53	40	7	1	0
25-34	52	40	6	1	0
35-44	49	39	10	2	1
45-54	37	44	14	4	1
55-64	32	42	20	6	1

Source: General Lifestyle Survey (GLF) Survey 2008, all 16-64 year olds who gave a response to the general health question. General health questions asked by proxy were excluded from the analysis, so as to stay in line with the GLF overview report which does not include such responses.

Those in work report better health than those who are unemployed or economically inactive. Of those in work, those in managerial/professional occupations report better

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general health than workers in lower supervisory or technical occupations or semi-routine occupations. There are no significant differences by gender and as, would be expected, as age increases respondents are increasingly likely to report 'fair' and 'bad' health. A large proportion (64 per cent) of the economically inactive are aged 45-64, a group who are more likely to report poorer general health.

Indicator 6: Improving access to appropriate and timely health service support

The Government's response committed to monitor people's experiences of receiving appropriate and timely healthcare. This will be measured by monitoring the following indicators over time:

For England

- The proportion of people (of those who tried) who were able to see a doctor fairly quickly: **63 per cent**
- The proportion of people (of those who tried) who were able to book ahead for an appointment with a doctor in the past six months: **68 per cent**

Source: English GP Patient Survey July 09-June 10, responses from all 18-64 year olds

For Scotland

- The proportion of people (of those who tried) who were able to see a doctor or nurse face-to-face within two working days (48 hours): **66 per cent**
- The proportion of people (of those who tried) who were able to book an appointment in advance: **75 per cent**

Source: Scottish GP Patient Experience Survey 2009/10, responses from all 16-64 year olds

For Wales

Similar questions were asked in the Living in Wales Survey. However, this is soon to be replaced by a new National Survey for Wales which will use different methodologies and therefore a baseline measure cannot be included in this report.

Indicator 7: Improving business productivity and performance

To explore the wider impact of the Health, Work and Well-Being (HWWB) agenda on business productivity and performance, analysis was carried out to look at the proportion of working time lost to sickness and injury. Analysis of the Labour Force Survey found that the proportion of time lost to sickness and injury for the year to end June 2010 was 2.5 per cent¹⁰.

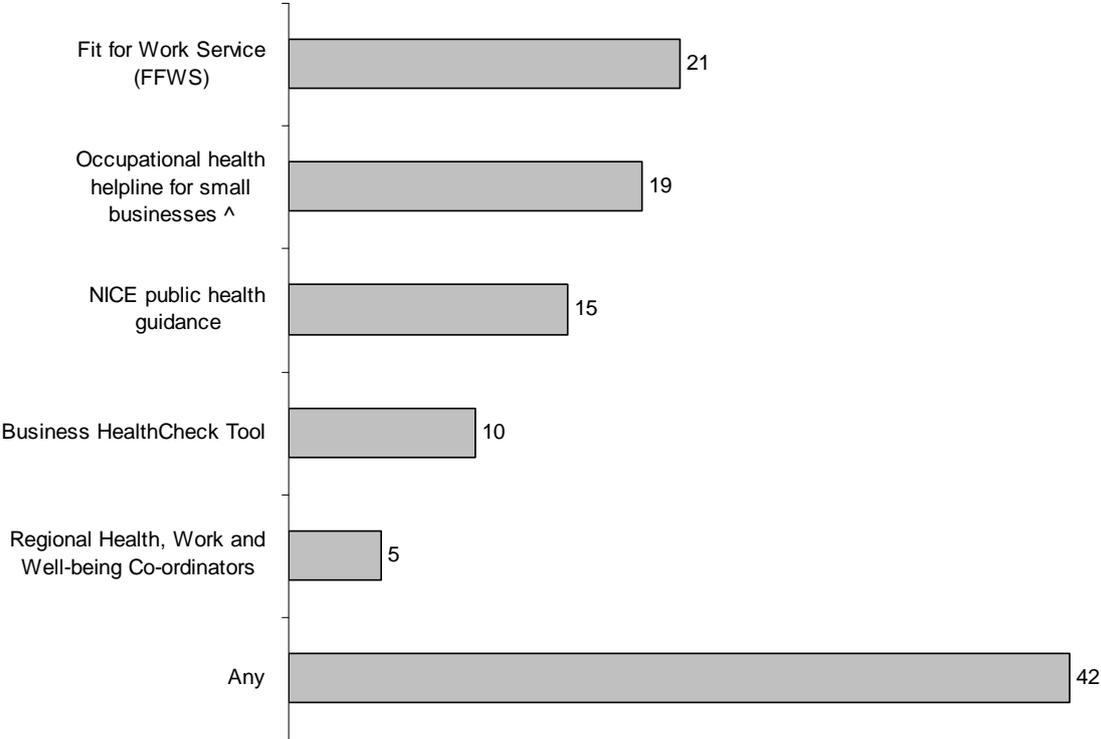
New research with employers explored whether they had systems in place to monitor sickness absence and awareness of HWWB initiatives. Research with employers found almost eight in ten organisations (79 per cent) had some sort of system in place to record sickness absence. However, there was significant variation by organisation size with small organisations (78 per cent) being much less likely than medium and large (98 per cent) organisations to have a system in place.

The Government's response to the Black review set out a number of new initiatives and the final measure included in this report is employers' awareness of initiatives designed to help employers to improve the health and well-being of their employees. The initiatives asked about in the employer survey were:

- Regional Health, Work and Well-being Coordinators;
- The Business Health Check Tool (since re-named the Workplace Well-being Tool);
- Occupational Health helpline for small businesses (only employers with 50 or fewer employees were asked about this initiative);
- The Fit for Work Service; and
- NICE public health guidance.

¹⁰ Source: Labour Force Survey, July 2009 to June 2010, 16-64 year olds

Chart 6: Employers awareness of Government health and well-being initiatives
% employers



Base: all respondents (unweighted: 2,250); ^ this initiative was only explored amongst organisations with 50 or fewer employees but results are shown on a total sample level.
Source: Health and well-being at work: A survey of employers

Chart 6 shows that just over four in ten employers (42 per cent) had heard of one or more of the initiatives. Awareness levels were highest for the Fit for Work Service (21 per cent) and lowest for Regional Health, Work and Well-being Co-ordinators (5 per cent).

Further analysis found awareness of some initiatives was correlated with employer size; large employers had higher levels of awareness of all initiatives (apart from the occupational health helpline for small businesses). There were also differences by sector with public sector employers being more likely to have heard of the Fit for Work Service (48 per cent compared with 19 per cent) and the NICE public health guidance (29 per cent compared with 13 per cent).

Annex: Data sources

Health and well-being at work: A survey of employers

This survey was jointly commissioned by the Cross-Government Health, Work and Well-being strategy unit (HWWB) and Department for Work and Pensions (DWP) and was carried out by GfK NOP. The survey interviewed a stratified random sample of employers at head office level in Great Britain drawn from the Inter-departmental Business Register (IDBR). The sample was structured so that medium employers (50-249 employees) and large employers (250+ employees) were represented in sufficient numbers to allow robust analysis by size of organisation and the sample covered public, private and third sector employers.

The survey was conducted by telephone between 24 February and 20 May 2010. Interviews averaged 20 minutes in length and 2,250 employers with 2 or more employees were interviewed.

Health and well-being at work: A survey of employees

This survey was jointly commissioned by HWWB and the Health and Safety Executive (HSE) and was carried out by GfK NOP between October and December 2009. The survey used a clustered two-stage probability sample design, sampled addresses were screened for eligibility and where there was more than one adult eligible for interview, one person was selected at random. The interviews, averaging 35 minutes in length, were carried out in employees' homes. In total 2,019 interviews were achieved and the survey data are representative of paid employees in GB aged 16+.

Attitudes to health and work amongst working age adults

To gather data on attitudes to health and work amongst the working age population, HWWB funded the inclusion of a module of questions on the Office for National Statistics (ONS) 'Opinions' omnibus survey. Questions were drafted and cognitively tested to ensure they were covering the attitudes of interest and were included in the survey from November 2009 to February 2010 to provide a sample of 2,409. The survey is a multipurpose social survey which can provide quick and reliable information about topics of immediate interest. Government organisations, academic institutions and charities can commission a module on the Opinions survey. The survey has a monthly cycle and topics covered have included public attitudes to road congestion, smoking, drinking, human rights and contraception.

Labour Force Survey

The Labour Force Survey (LFS) is a quarterly sample survey of households living at private addresses in Great Britain. Its purpose is to provide information on the UK labour market that can then be used to develop, manage, evaluate and report on labour market policies. The questionnaire design, sample selection, and interviewing

are carried out by the Social and Vital Statistics Division of the Office for National Statistics (ONS) on behalf of the Statistical Outputs Group of the ONS. ONS publishes full UK LFS results. However, the fieldwork is carried out separately; by ONS for GB, and by the Central Survey Unit of the Department of Finance and Personnel in Northern Ireland on behalf of the Department of Trade and Investment (DETINI).

The survey seeks information on respondents' personal circumstances and their labour market status during a specific reference period, normally a period of one week or four weeks (depending on the topic) immediately prior to the interview. The LFS is carried out under a European Union Directive and uses internationally agreed concepts and definitions. It is the source of the internationally comparable (International Labour Organisation) measure known as 'ILO unemployment'.

General Lifestyle Survey

The General Lifestyle Survey (GLF), formerly known as the General Household Survey (GHS), is a multi-purpose continuous survey carried out by the ONS collecting information on a range of topics from people living in private households in Great Britain. The survey has run continuously since 1971, except for breaks in 1997/8 (when the survey was reviewed) and 1999/2000 when the survey was re-developed.

Fieldwork for the GHS was previously conducted on a financial year basis, with interviewing taking place continuously throughout the year. However, in 2005 the survey period reverted to a calendar year in line with European Requirements and the whole of the annual sample was dealt with in the nine months April to December 2005. From 2006 onwards, the survey has run from January to December. It consists of a household questionnaire, to be answered by the Household Reference Person, and an individual questionnaire to be completed by all adults aged 16 and over resident in the responding household. Demographic and health information is also collected about children in the household.

The information is used by Government departments and other organisations for planning, policy and monitoring purposes, and to present a picture of households, families and people in Great Britain.

Scottish GP patient experience survey

The Scottish GP Patient Experience Survey is a large postal survey sent to a random sample of people who were registered as GP patients in Scotland. It is carried out by The Scottish Government. The survey asks patients about their experience of accessing their GP Practice, making an appointment, visiting reception, seeing either a nurse and/or doctor at the surgery, receiving prescribed medicine and care provided overall by the practice. The data presented within this report come from the 2009/10 survey responses given by 16-64 year olds.

English GP patient survey

The GP Patient Survey is part of the Government's commitment to make the NHS more responsive to patients' needs. The survey asks patients about a range of issues, such as how easy or difficult it is for patients to make an appointment at their surgery, satisfaction with opening hours, the quality of care received from their GP and practice nurses, amongst other things. The survey is part of the Department of Health's commitment to make the NHS more responsive to patients' needs, and will give them a better picture of people's experiences of their local NHS services. Ipsos MORI, an independent survey agency, is administering the survey on behalf of the Department of Health.

The survey randomly selects a different 1.4 million patients every quarter from adult patients registered with a GP in England. The data presented come from the survey which ran July 09 to June 10. Responses are for 18-64 year olds

DWP and HMRC admin data

Anonymised P45 data from HMRC is used to find which ESA claimants were in some kind of work in the 91 days before flowing onto ESA. Benefit record information from the National Benefits Database is combined with 100% on-flow datasets to find which ESA claimants were claiming benefits in the 91 days before flowing on to ESA (both of these datasets are also anonymised). Of the datasets used, the on-flow datasets were based on the year to February 28 2010, National Benefits Database contained all benefit spells to 30 April 2010 and the P45 dataset contained P45 spells to 31 August 2010.