Women Work and Health

Analysis and recommendations from a roundtable discussion

Robin Vanner

University of Essex

Executive Summary

Even though on average women live longer than men, their health whilst in the workforce can often be poorer. Women in work at age 50 can on average only expect to be healthy and in work for 8.3 years, as opposed to 10.9 years for men. Running alongside this, women's reproductive health-needs represent an additional component of their employment at various stages of their working lives. Outside work, women still do a disproportionate amount of the caring and domestic tasks within the home. Therefore, even though women tend to work less employed hours than men, they typically work more hours in total once paid and non-paid tasks are accounted for.

Women also tend to work in poorer quality and less well-paid jobs, have less importance placed on their career within household decision making, and are more likely to drop-out of the workforce than men. The evidence suggests that women's mental health is at greater risk when doing shift work or working longer hours, with women's additional domestic responsibilities likely playing an important role in this.

Increasing levels of women and mothers in employment, combined with wider changes in parenting and employment practices also risk increasing the pressures on working mothers. Flexible working can allow some mothers to stay in employment but can also represent a loss of boundaries between work and home life, and therefore represent paradoxical dilemma, particularly for mothers. Evidence from pandemic research highlighting how much women and mothers in particular became the default carers within families and how their health risked being undermined. In addition to this, the trend for women to have children later in their lives, combined with a lack of a cap on life-time care costs available for elderly parents means that some mothers will see their careering responsibilities *increased, compressed and sandwiched* into their middle age and the onset of menopause. This might be compounded further for some mothers by the loss of support from present-day grandmothers who now retire at 66 rather than 60. These pressures risk undermining women's and mother's ability to maintain their health and stay within the workforce.

Employers can have an important role in supporting women to stay in employment and remain healthy and productive throughout their working age. Targeted adjustments are justified and needed to support women with their reproductive health needs. There is a need to refocus action away from individual-level wellbeing measure and towards more structural elements of the mind of roles women are recruited to and how they are line managed. Progress is particularly needed within the non-professional lower paid sectors where women disproportionately work, such as retail, hospitality, and care, where further governmental action might be justified to ensure minimum levels of protection and support.

Special care is needed to ensure that future non-health policies do not place disproportionate burdens on the lives and wellbeing of women, in addition to the existing strains that women tend to face. This can be achieved via policy Impact Assessments (IA) and Options Assessments (OA) of proposed government policies relating to childcare, retirement and employment policies.

What young women (ages of 18-24) do is changing, with fewer young women looking after family and a growing number experiencing mental health challenges. According to analysis by the Resolution Foundation of ONS and Labour Force Survey data, incapacity due to poor health is now diverting more 18-24 years old women away from the workforce than looking after family. The roundtable highlighted that tailored actions and research are needed with young women's mental health, with the scale and urgency needing to reflect the full lifetime costs of failing to support young people with their mental health, and the important role that employment can have in this process. Many of these young people are can often present challenging behaviours, which need to be viewed from a mental health perspective by those tasked with supporting them into education and employment. Specific policy recommendations developed within the roundtable included**:**

- Improving the tracking of young people most at risk of dropping out.
- Tailoring the benefits and support systems to recognise any step towards work as a positive among the hardest to reach young.
- Focus on the quality of the job for those at most at risk of poor mental health.
- Ensuring that work is geographically practical for young and women with children.

This briefing note summarises the discussion at the roundtable and reflects the Understanding Society team's interpretations of the event. Where research is referred to we have provided links to the orginal publication.

Contact: Robin Vanner (rv22380@essex.ac.uk) Policy and Partnership Unit, Understanding Society, Institute for Social and Economic Research, University of Essex, Wivenhoe Park, Colchester, Essex, CO4 3SQ, UK.

1. The Roundtable

This briefing paper is based on an in-person roundtable event held by Understanding Society and the King's Global Institute for Women's Leadership, hosted and funded by the British Academy on 16 July 2024. The event explored how work and women's health interact and the challenges of extending healthy working lives. The event brought together stakeholders from across academia, policy, health organisations, employer bodies and women's groups to explore these issues in depth in a roundtable format. Each person had the opportunity to share their understanding from their particular perspective, for each of the three-topic areas proposed by the Policy and Partnerships Unit at Understanding Society. These topics included:

- Topic one - Working conditions, careers and women's health.
- Topic two- Women's reproductive health at work.
- Topic three - Falling out of the labour market.

2. Why Understanding Society hosted the roundtable

As a UK household based multi-topic longitudinal study, which also collects biomarker data, Understanding Society is a key source of data and evidence to explore this multi-dimensional challenge – particularly in the context of improving economic performance, tackling gender-based labour market inequalities and sharing caring responsibilities within households.

A 2022 review of Understanding Society's library of existing publications on the subject of '*health and work'* highlighted a worryingly large amount of analysis that identified women's health as an issue for UK workplaces, with mental health a particular challenge. While the reasons for the differences in men's and women's health is not fully clear, it seemed unlikely that the differences are entirely due to biology or different working condition, and that the pressures on women who work in the UK today will have been playing a significant part in this gender health gap. A report by The Mckinsey Health Institute estimated that while around 56% of the gender health gap stems from biological factors and health conditions that affect women disproportionately or differently, the rest is due to other determinants.

3. The challenge

Analysis by the Health Foundation reveals that 3.7 million working-age people are in work with a health condition that is 'work-limiting' – up from 2.3 million a decade ago, placing a growing burden on employers to manage an unhealthy workforce. Despite the positive gains over the years in women's workforce participation, and improvements to support for health and wellbeing issues at work, the sickness absence rate is higher for women in most age groups compared to men. The Centre for Economics and Business

Research (Cebr) estimates that the impact on the UK economy of female sick days is a gross added value yearly loss of approximately £20.2 Billion.

Attempts to understand the gender health gap is far from straightforward. As women live longer than men, they tend to spend more of their lives in poorer health. The same report also found that women are also more likely to experience common mental health conditions than men with prevalence increasing among women but not men. Young women in particular were identified as a high-risk group, with over a quarter (26%) experiencing a common mental disorder – such as anxiety or depression – compared to 9.1% of young men. Crucially from an employment perspective, Parker *et al* found that, from the age of 50, men can expect to be healthy and in work for longer than women – 10.9 years compared to 8.3 years (pre-pandemic analysis). Alongside this, the House of Lords report: *'Women's health outcomes: Is there a gender gap?'* presented evidence of a gap in the health care women receive.

Such gaps in women's health relative to men's reduces women's ability to be present and/or productive in the workforce, at home and in the community, whilst also reducing women's earning potential. According to global analysis by McKinsey Health Institute and the McKinsey Global Institute in 2017, narrowing the overall gender health gap can improve not only the lives of millions of women but also boost global GDP by an estimated $1trillion. They estimate that, as more than half of the gender health gap occurs during women's working years, a focus on this age group would account for around 80% of the potential to boost GDP.

4. Existing policy action

There are a number of existing policy initiatives; both leading up to this roundtable and anticipated policy reforms that the roundtable seeks to inform. These include:

- The 2022 Women's Health Strategy for England set out a 6-point plan. The strategy largely focused on improving the provision of health services to women and the research needed to achieve this. Point 5 of the plan included: *Greater understanding of how women's health affects their experience in the workplace – normalising conversations on taboo topics, such as periods and the menopause, to ensure women can remain productive and be supported in the workplace and highlighting the many examples of good practice by employers*.
- The plan as introduced by the previous government in the April 2024 budget to *introduce 30 hours free childcare for children over the age of nine months, alongside boosts to subsidised childcare for parents on Universal Credit*.
- The Employment Rights Bill, as introduced in the 2024 King's Speech, in which the new Government committed to making work pay and introduce a *new deal for working people* to ban exploitative practices and enhance employment rights.
- Also in the 2024 King's Speech, the new Government committed *improve the National Health Service … and seek to reduce the waiting times, focus on*

prevention and improve mental health provision for young people. It will ensure mental health is given the same attention and focus as physical health.

- The new Government's Back to Work Plan which includes (1) A new national jobs and career service to help get more people into work, and on in their work. (2) New work, health and skills plans for the economically inactive, led by Mayors and local areas. (3) A youth guarantee for all young people aged 18 to 21.

5. A note on terminology

Much, but not all, of the evidence referred to in this paper was produced by researchers using Understanding Society data. The Understanding Society survey collects data based on the sex as reported by participants. The evidence papers generated from Understanding Society largely referenced women in their research, as did the roundtable discussion, and the much of the other evidence sources used to produce this briefing paper. Occasionally the terms women and female may have been used interchangeably, especially in the discussions. This distinction, for example, is illustrated from parts of the Briefing:

- **Part one** (*Women's reproductive health and their work)* relies on evidence that refers to women, but the group of interest could include all those who have female bodies.
- **Parts two & three** (*how women's work and home life can in combination impact their health* & and *how women can fall-out of the workforce)* both refer to the gender roles of women.

Part one

Women's reproductive health and their work

Research suggests that companies are better at providing support for general health issues than women-specific health issues. Awareness of health issues experienced by women remains poor. According to the Chartered Institute for Personnel Development (CIPD), issues such as fertility challenges and menstruation, despite being a normal part of life, are often hidden in the workplace and shrouded in silence. The results of a 2023 survey of 10,000 women by Beneden Health found that:

- 42% of women have heard derogatory comments about a female employee's health in the workplace, often around them taking time off work, being difficult to work with and not being able to do their role.
- As many as 42% of women would feel uncomfortable talking to their manager about their health issues.
- Almost three-quarters of female employees (70%) believe that having to manage periods at work makes their lives more difficult in the workplace, while 64% report the same for the menopause, 62% for when pregnant and 48% believe that having to hide a pregnancy at work makes their lives more difficult.

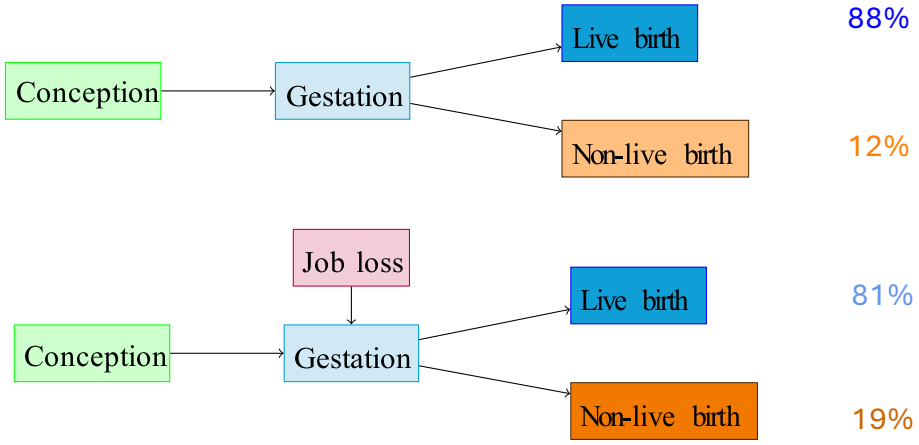
Pregnancy loss and work

Pregnancy represents the most significant divergence between the health needs of men and women in employment, and loss of pregnancy risks being a hidden and under supported event for women in work.

The rate of pregnancy miscarriage (i.e. up to the 24th gestational week) can vary from about 11% to 20% of detected pregnancy. Far fewer pregnancies (about 3 in 1000) end in more serious stillbirths, which is the loss of a pregnancy from the 24th week of gestation to up to birth. Job security can be an important factor in the rate of live birth outcomes from detected pregnancies.

Analysis of Understanding Society data has linked job loss with an increased risk of miscarriage and stillbirth, with 7% fewer pregnancies resulting in livebirths in cases where the woman or her partner lose their jobs.

Pregnancy outcomes where either women or her partner losses their job



Possible reasons as proposed by the author include:

- Biological – associated with stress, emotional – related to changes in behaviours such as eating a drinking differently; and
- Economic – associated with reduced resources available for health care.

Where pregnancy loss does occur, women in the UK cannot qualify for maternity leave or pay if the miscarriage happens before the 24th week of pregnancy, with many women obliged by to take a sick leave. This could be significant, as 60% of bereaved employees are off work for between one and six months following their bereavement. CIPD survey data highlights how the level of support provided by employers varies:

- 37% of organisations have a formal policy to support employees.
- 25% of bereaved employees receive paid compassionate or other special leave from their employer besides statutory entitlements (e.g. sick pay).
- With 20% of them receive no support from their employer.

In response to a survey of 1,000 employed women for Benenden Health, 42% of women identified pregnancy loss leave and 31% pregnancy loss policies as the most important things that an employer can do to support women's health in the workplace.

Menopause and the workplace

The UK's workforce is rapidly aging, with a third of the workforce being over 50. There is also a growing issue with retention, which is especially high among the over 50s, with health being cited as the reason for dropping out of the workforce for around 20% in this age group according to ONS data. A 2017 government report on the menopause found that "menopausal women are the fastest growing workforce demographic". Researchers used longitudinal data from the English Longitudinal Study of Aging to track

employment trajectories of women with early and surgical menopause and found that surgical menopause, compared to natural menopause, is associated with an increased risk of labour market exit, particularly for women aged 45 or older at the time of surgery. This was thought to be due to higher comorbidities and increased age-related precarity. Hormone therapy (i.e. HRT) use appears to mitigate the risk of labour market exit for women with both early and surgical menopause.

Many employers will want to review and adapt their working environments and conditions to better support colleagues experiencing menopause and perimenopause to thrive and stay in the workforce. According to the Financial Times (Jan 2024), "While employers in Britain and elsewhere spend billions of pounds each year on wellness interventions focused on individual staff, growing evidence suggests that the most significant influencers are structural factors related to autonomy, sense of purpose, pay, working conditions, and supportive management". Indeed, survey results of employers using a range of common individual-level well-being interventions - including resilience training, mindfulness and well-being apps – suggest that "these interventions are not providing additional or appropriate resources in response to job demands".

There are signs that a generational change is occurring in relation to understanding and openness around menopause but there remains some way to go to operationalise this within the workplace. But there remain significant barriers to a better system including issues of privacy and confidentiality and underdeveloped best practice within employers.

A survey for AXA Health suggests that the situation varies. The survey found that:

- 60% of women stated that they do feel comfortable discussing women's health issues in the workplace.
- 55% of women stated that issues relating to women's health are discussed occasionally or frequently in their workplace.
- 43% of women stated that support for women's health in the workplace has improved over the course of their careers.
- 13.4% of women reported at least one adverse work outcome due to menopause symptoms and 10.8% reported taking sick days in the preceding 12 months.
- Overall, the results suggest that women felt that their workplaces have been more supportive towards general health issues than women specific issues over the course of their careers.

How to support women with their health issues in the workplace

Participants at the roundtable in general felt that workplaces are set up for men rather than women. It was explored whether more women in senior positions might better support women, their work and their health, but generally, the roundtable felt that more fundamental changes are needed and that the problems are societal, not individual.

Action in this area needs to be done in partnership between employers and the state. The IPPR's Commission on Health and Prosperity offers a useful high-level analysis of how the present 'employment regime' is not fully supporting health among many working age people, and how a transformed regime might look.

Figure. IPPR's positive and negative scenarios for the future of work

Source: IPPR: Our greatest asset: Final report of the Commission on Health and Prosperity

Action by employers needs to be developed with the recognition that:

- Many women fear discrimination when they seek support and adjustments to their working arrangements.
- Many will not know their rights in terms of reasonable adjustments.
- Many women feel uncomfortable with the requirement to share private health information with employers that is not required of men in the same way.
- Any workplace health support needs to be authentic, not just a tick box exercise.
- Line managers often don't possess the skills or life experiences to support women with their health issues without training and guidance.
- Much of the current qualitative evidence is based on white collar office work/white women's experience but much of the poor practice and discrimination exist in low paid work and 'blue collar sectors.

Actions to support women with their reproductive health in the workplace

Actions for employers:

- **There is a need to refocus action.** The evidence supports a refocusing away from individual-level well-being interventions (such as resilience training, mindfulness and well-being apps) and towards more structural factors related to autonomy, sense of purpose, pay, working conditions, and supportive management.
- **Action needs to be joined-up within organisations.** The Work Wellbeing Playbook guide finds that there is no magic formula, and all interventions have their limitations, but many companies start to affect positive change when they combine multiple interventions (*organisational-level interventions, group-level interventions and individual-level interventions)* across multiple drivers of employee wellbeing.
- **Targeted adjustments are needed to support women with their health in the workplace.** Research conducted by the TUC (Trades Union Congress) identified several workplaces factors and actions that could support women experiencing the menopause. These included:
    - Appropriate gender sensitive risk assessments
    - Better access to drinking water
    - Improved access to toilet/washing facilities
    - Control of temperature/light/ventilation
    - Adjustments to uniforms and personal protective equipment (PPE), working time and flexibility when breaks can be taken.
    - More sensitive sickness and HR policies for employees going through the (peri)menopause.
    - Lack of awareness and authentic sensitivity of the menopause amongst line managers and employees.

Actions for government:

The following are adapted from AXA Health's new Call to Action and are consistent with the discussion of the roundtable. The Call to Action calls on the new Government to:

- Commit to funding the Women's Health Strategy until 2032.
- Encourage and support companies with over 250 employers to implement menstruation, menopause and fertility action plans.
- Provide best practice guidance to SMEs to create inclusive workplaces.

Part two

How women's work and home life can in combination impact their health

Flexible working can be a mixed blessing for women's wellbeing

Managing work-life balance is a critical component of maintaining long term health and wellbeing. Flexible working has become a core way for many employers to offer this in recent years. However, as women are often the default home keepers and carers within households, flexible working arrangements risk failing to generate the health and productivity benefits for some women. This was shown in the Understanding Society COVID survey data, when women disproportionally increased their hours spent on unpaid tasks during the pandemic.

This can leave women – and mothers and carers in particular – with having to juggle these additional work and home responsibilities, with the challenge being starker for single-parent households. The outcome will too often lead women to compromise on their health and wellbeing in the hope of doing-it-all; but too often doing so whilst being employed in jobs that offers fewer opportunities for progression thereby further undermining their ability to remain healthy and progress in their career. Evidence Box one presents the paradoxical dilemma faced by women when working flexibly.

Evidence Box one - The flexible working paradox for women

Professor Heejung Chung, of Sociology and Social Policy at Kings College London presented her work to the roundtable on the paradoxical challenges that many women face with flexible working arrangements.

Flexible working can offer many potential benefits to both employees and employers, and women. Flexible working can save of the time spent commuting and support people to combine work with family demands. Furthermore, flexible workers report being generally happier with their working conditions, leading to fewer problems with regards to sickness, absenteeism and retention, and report higher work life balance satisfaction. Flexible workers can also be more productive according to worker's manager's survey and objective measures of productivity.

In a paper published in 2018, Professor Chung used Understanding Society data to explore how flexible working offers women, and mothers and those with care responsibilities in particular to stay in employment and not reduce working hours, stay in employment when they might not otherwise, and maintain better employment trajectories than they might otherwise.

Flexible working however also risks representing a paradoxical dilemma for many women and their careers. The evidence in general suggests that flexible working can lead to workers working harder and longer, more likely to think about work when not at work, have work encroach over private sphere, and have higher work-family conflict. Professor Chung proposes several possible reasons for this intensification of flexible workers including:

- Imposed intensification whereby the structures within jobs impose additional work on flexible and parttime workers, such as part time worker ending up doing full time workload.
- Social exchange theory whereby workers reciprocate for the perceived 'gift' of flexibility working by working harder.
- Enabled intensification, whereby flexible working arrangements enables some workers to work harder, and to the degree that employees 'self-exploit', flexible working enables workers to meet their excessive workload demands and fulfil an 'ideal worker image'.
- Flexibility stigma intensification whereby biased perceptions of flexible workers as not as committed, motivated or productive pushes individuals to digital presenteeism and working harder and longer.

Further forms of work intensification identified relate to the home environment, whereby distractions from homeworking are often greater for women than men, and mothers in particular. Mothers are more likely than fathers to work in communal spaces, thereby disproportionately increasing the pressure and opportunity for women to 'juggle' housework and childcare alongside their work. The evidence on this suggests that this is more likely to come from the sacrificing personal and leisure time, rather than work time, but either way, it risks impacting on the health, well-being and career paths of mothers. Overall, Chung concludes that flexible working does not necessarily lead to lower stress for mothers.

The health and wellbeing outcomes from flexible working policies within households

The findings from an Understanding Society Fellowship by Dr Baowen Xue were presented at the roundtable. Her analysis of Understanding Society data seeks to understand the impact of the 2014 policy that allows all employees to request flexible working arrangements after 26 weeks' employment with households. Xue's analysis included controls for possible other factors being the cause of the outcomes, found that the policy led to:

- A slight increased uptake of flexible work among women, but not men.
- The number housework hours increase for men and women who took-up flexible working, but more so for women who were in partnerships.
- In terms of wellbeing, flexible working led to decreased psychological distress and improved mental health functioning for both men and women but was not associated with improvements in life satisfaction or satisfaction with leisure time.

Women's health and shift work

Shift working has been shown to be bad for health. In their report Healthy industry, prosperous economy (p.28), the IPPR reported on the growing evidence that night shift work increases the risk of mental health issues, such as depression, sleep issues, depressed mood and anxiety, substance use, impairments in cognition, lower quality of life, and even suicidal ideation. The International Agency for Research on Cancer has deemed it to be a carcinogen. This is concerning in the context that the ONS has reported that the number of female night shift workers was increasing as of 2022.

The Understanding Society evidence suggests that women in particular respond badly to shift work. Discussion at the roundtable suggests that these differences are largely driven by the additional pressures that women face within the home, rather than intrinsic biological differences. Either way, these pressures on women's health risk being intrenched where women's careers are deprioritised within family decision making. The findings from Understanding society data are set out in Evidence Box two.

Evidence Box two – Shiftwork and women's health

- Women who work more than 55 hours a week report higher levels of psychological distress than men.
- Women who work longer hours and weekends reported greater indicators of distress than both women who work less intensely and men working in the same conditions.
- Women who work most or all weekends also report a marked increase on distress and likelihood of sleeping less than 7 hours a night. There was however great variation in these outcomes, particularly for those women working more than 55 hours a week, suggesting that working intensity impacts some women more strongly than others.

Source: Long work hours, weekend working and depressive symptoms in men and women: findings from a UK

The social changes that are intensifying pressures on women

There is a trend towards many women delaying when they start a family, meaning that both parents and grandparents are older at the crucial time when children are young and need intensive childcare. This means that grandparents will be less able to offer support and more likely to need support themselves. In addition to this, the equalisation of the state pension age for women from sixty to sixty-six at present means that those grandmothers who remain healthy and in the workplace, are less likely to be available to

provide support with childcare in their sixties. This risk leaving mothers less supported or as 'sandwich careers' in mid-life, at an age when previously their careers might have benefited from the greater time available after children become more independent.

Growing rates of dementia among the elderly also risk heighten the pressures on women. This will likely be increased by the recent reversals to the introduction of the life-time cap on social care costs, which will increase the incentive to provide care within families to avoid the loss of family wealth. This will likely put further pressure on the health of women, as providing care to adults has been linked with poor health for young women (<45 years) and can lead to in term of increased BMI.

Actions by government that can support women with their work, health and work

- **Recognise the additional pressures that many women face within families,** such as disproportionate domestic and caring responsibilities. While this remains the case, policies such as the equalisation of the age of retirement and the lack of cap on social care costs represent a threat to the health of older women who need to juggle work and caring responsibility.
- **Further develop policies that support women in employment.** These include flexible working conditions, maternity leave protections and 'use it or lose it' paternity leave.
- **Assess future non-health policies for the risk of imposing further burdens on the lives and wellbeing of women,** in addition to the existing disproportionate strains that women tend to face. This can be achieved via policy Impact Assessments (IA) and Options Assessments (OA) of proposed government policies relating to childcare, retirement and employment policies.

Part three

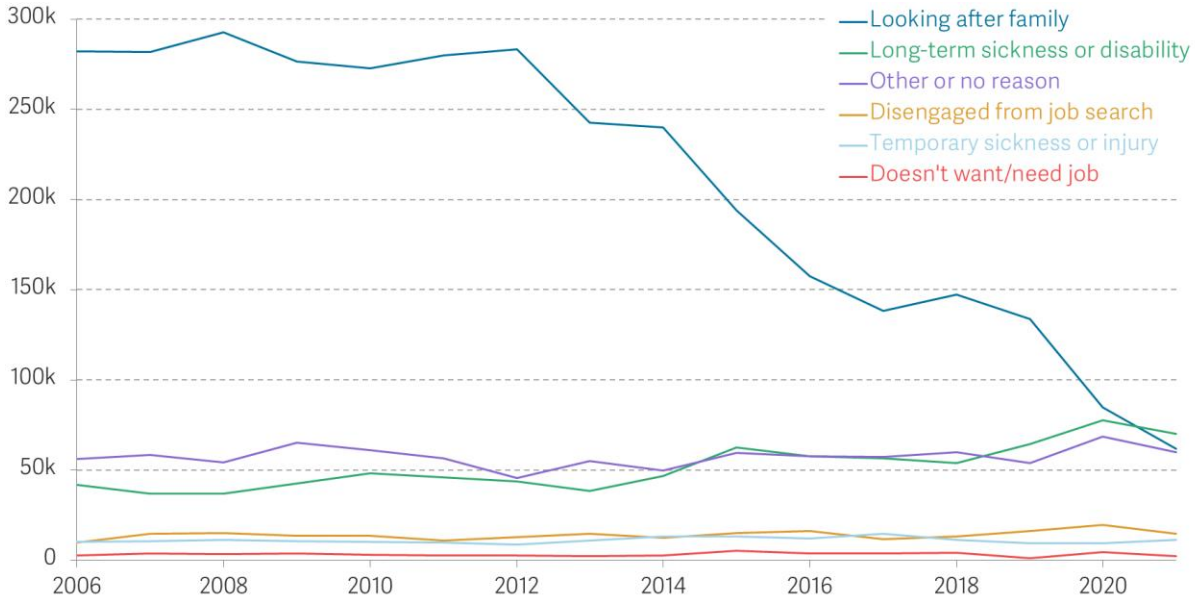
Women's health and leaving the workforce

Good quality work is known to offer most people health benefits. Those who are diverted away from the workforce are also diverted away from access to the financial and psychosocial benefits of employment including time structure, increased social networks and contact, increased sense of purpose, mastery, autonomy, status and identity.

Women and economic inactivity due to long-term sickness

Louise Murphy from the Resolution Foundation presented her analysis of ONS data on the long-term trends in how women are engaging in work and the links between ill health, work and the benefits system. She reported that the female employment rate is close to a record high at 71.6% in 2024, rising steadily from 66% in 2012. However, the past decade has seen a rising number of all working age people (all those from 16 to 64) who are out of work due to long-term sickness and now stands at about 2.8 million and now long-term sickness has overtaken family/home care as the most common reason for economic inactivity. The Figure bellow shows a dramatic shift away from 'Looking after family' being the primary reason cited for economically inactive is especially pronounced among 18-24-year-old women, declining from about 270,000 in 2006 to about 70,000 by 2021 and is supposed by 'Long-term sickness or disability'.

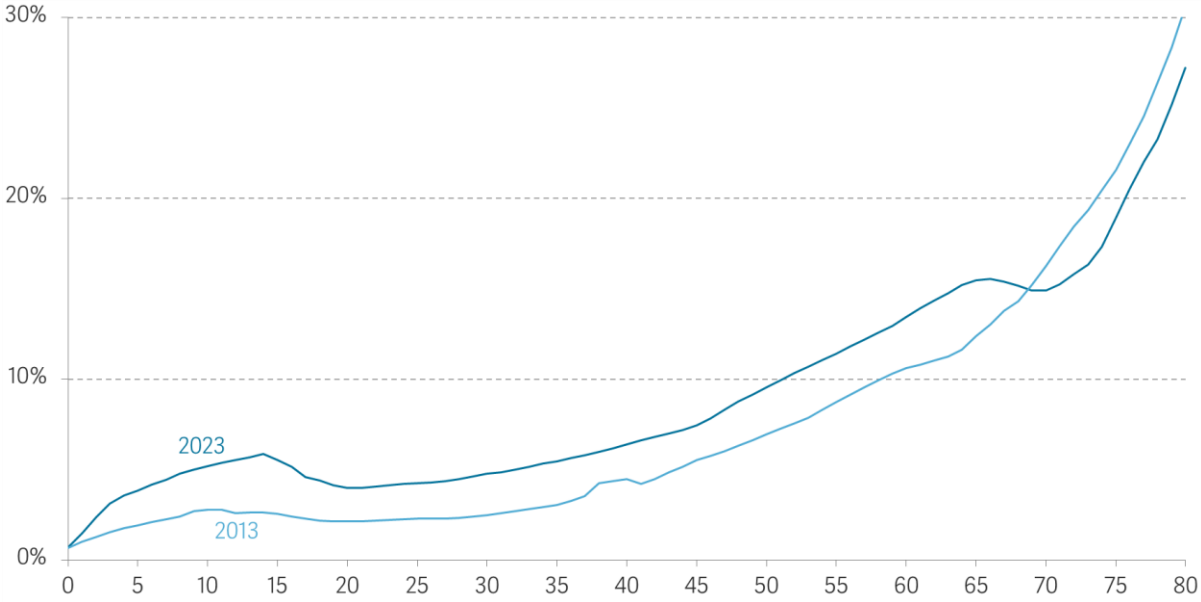
Figure - Number of 18-24-year-old women who are economically inactive (excluding full-time students), by their reason for inactivity: UK



Source: Resolution Foundation analysis of ONS, Labour Force Survey.

Resolution Foundation analysis of disability benefit claims as shown in the Figure below shows that girls and women of working-age were more likely to be claiming the benefit in 2023 than in 2013, with the over 65s less likely to be claiming in 2023 than in 2013.

Figure - Proportion of women aged 0-80 in receipt of disability benefits, by single year of age: England and Wales, 2013 and 2023



Notes: *Data presented as three-year averages of each single year of age. Disability benefits include AA, DLA and PIP, and caseload is for August 2013, August 2019 and August 2023. Scotland excluded due to the devolution of disability benefits.*

Source: Resolution Foundation analysis of DWP, Stat-Xplore; ONS, mid-year population estimates; ONS, 2021-based interim national population projections.

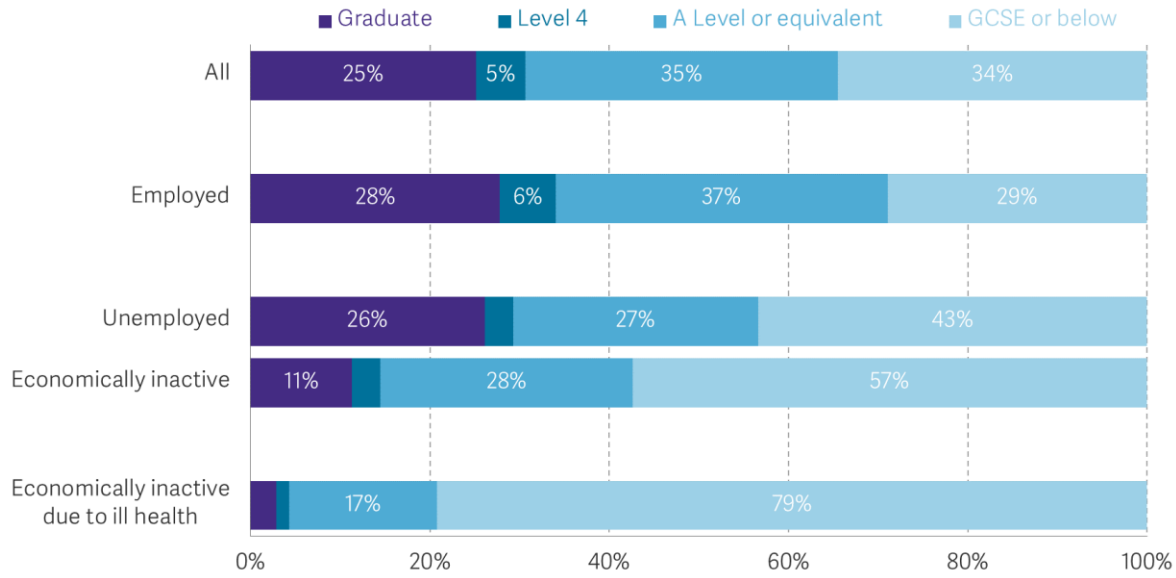
The health of young women Not in Education, Employment or Training (NEET)

Research as set out in House of Commons Library Briefing reported that the time that young people spend as NEET can have a detrimental effect on physical and mental health, and increase the likelihood of unemployment, low wages, or low quality of work later on in life. This is why understanding the context of different young people who become NEET is important.

In terms of the level of educational achievement of young people who are economically inactive due to ill health, the evidence shows that the highest educational level profile of young (18-24) employed and unemployed is not strongly dissimilar but is notably different for those who are economically inactive due to ill health. The reason for this could be complex, with possible reasons including that early ill health led to lower educational achievement or the that poor economic prospects/working conditions associated with lower educational achievement increased the likelihood of poor health

and economic inactivity. Longitudinal data offers the potential to distinguish these processes by tracking the same people's health and employment over time.

Highest qualification level of 18-24-year-olds, by current economic status (excluding full-time students): UK, 2020-2022



Research into the lives of young women who are NEET is limited. A useful source of insight remains Professor Anne McMunn's 2013 analysis of the lives of those who were '*Young, Female and Forgotten*' which combined analysis of Understanding Society data with dedicated qualitative interviews.

Evidence box - Young, Female and Forgotten

Anne McMunn, Professor of Social Epidemiology at the International Centre for Life Course Studies in Society & Health, UCL reported on her 2017 research: *Young, Female and Forgotten?* which interviewed a particular group of young women who were NEET (Young People Not in Education, Employment or Training) in 2013, and reflected on what it means for the present generation of young women. ONS data shows that, in 2013, 425,000 young women aged 16-24 in the UK were NEET and therefore classed as economically inactive. At this time this was significantly more than the equivalent young men at 215,000. While this gender differential has since switched somewhat (by the spring of 2024 with 302,000 young men and 203,000 young women being NEET), the 2013 qualitative analysis still offers a useful and largely gender-particular insight into to the lives of this group of NEET young women and the barriers they might face in seeking to join the labour market. The report characterised as this group of young women as:

- Isolated, disconnected, and hard to reach.
- The majority had acquired qualifications in school, before undertaking post-16 learning and qualifications but had faced Fractured learning experiences due to pregnancy/childcare or physical/mental health problems.
- Had significant responsibility for caring (not just children) and often facing severe financial hardship, particularly among lone mothers and those who were living alone.
- Low expectations, in terms of their financial worth and entitlement
- But still ambition to secure a 'stable' and 'secure' income from meaningful work in local areas.

The report identified a number of obstacles to change including high childcare costs; caring commitments; fear of disruption to welfare support; scarcity of 'good' jobs; perceived lack of Information, Advice, and Guidance; mental health issues.

The report characterised this group of young women as often forgotten by the system and are typically only required to attend an annual interview to maintain their benefits, which is largely limited to establishing any changes in living situation. They themselves are often risk adverse and cautious of losing benefits and so reluctant to seek change or employment. Professor McMunn also acknowledged a likely deeper, more hidden group of young women who do not claim benefits and are likely hidden within their families and communities.

Professor McMunn also referred to the more general evidence on the longer-term implications for women's health when they spent long periods of the life course out of employment to look after family. Her work found that in mid or later life, these women were more likely to:

- be depressed, have lower life satisfaction and report poor general health.
- have a higher BMI.
- have higher levels of inflammation.
- worse metabolic profiles.

Actions for those supporting young NEET women into work

The scale of anxiety and depression among some young people requires urgent policy intervention. Most of these actions as proposed by those who attended the roundtable and are relevant to support young men and women who are persistently NEET:

- **The scale of action needs to reflect the full lifetime costs of failing to support young people into work.** The scope of benefits from a successful shift in trajectory are considerably wider than just increased tax revenues and savings on benefits. The multi-generational health and social support costs to the state for those that it fails will be significant. A successful response will need to represent a shift in the approach those most hard to reach NEETS from one largely focused on reducing the welfare bill to supporting their welfare via work.
- **Action in this area needs to be tailored.** The wider policy actions aimed at wider employment challenges (i.e. minimum pay equalisation, day-one right etc) risk being a barrier to this group's first steps without public support. An independent review may be justified to examine the different needs and requirements of the 16-24 NEET group. Action will need to cut across governmental departments as the barriers to success cut across departments (DfE, DWP, Local Authority or local Health Service). Targeted research might be justified to understand the lives and attitudes of a group of young people who are unlikely to engage in standard surveys.
- **Keep track of young people most at risk of dropping out:** Young people who become NEET risk becoming hidden and then forgotten. The transition from school is the crucial point for intervention. Truancy is only measured until 16 rather than 18, a crucial point of transition for many who become NEET. Action is also needed with children missing or de-registered from school.
- **Treat any step towards work as positive.** Work is important for income, but also for social interaction and structure for one's time and mental wellbeing. Volunteering can be a useful buffer. For most, even low pay is better than unemployment as the evidence suggests that those on low-pay have a higher chance than the unemployed of becoming higher-paid.
- **The quality of a job is crucial for those at risk of poor health**. The jobs market will tend to offer young NEET people low quality, low reward jobs which risks undermining their mental health and therefore longer-term engagement with work. Government intervention might be necessary to ensure that employers can improve the job quality for those young people most at risk of becoming long-term economically inactive.
- **Geography is crucial to the young women with children.** Jobs need to be where people live, and nursery places need to integrate with this. The young people who live in 'left behind' communities are particularly disadvantaged in finding their first job.
- **View behaviours and attitudes from a mental health perspective.** Young people will often need mental health support or coaching to overcome negative beliefs and steer themselves away from challenging behaviours.

Thanks and acknowledgements:

With thanks to the King's Global Institute for Women's Leadership for their collaboration in the roundtable and to our speakers:

Professor Heejung Chung, University of Kent

Dr Alessandro Di Nallo, Max Planck Institute for Demographic Research

Dr Zhuofei Lui, University of Oxford

Professor Sue Maguire, University of Bath

Professor Anne McMunn, University College London

Louise Murphy, Resolution Foundation

Dr Belinda Steffan, University of Edinburgh

We also thank Jo Bibby, from the Health Foundation, for chairing the roundtable.

This event was supported by a grant from the British Academy. The roundtable was attended by delegates from the following organisations:

British Chambers of Commerce
Business for Health
Carers UK
Connect - APPG Health Secretariat team
Department for Work and Pensions
Fertility Network UK
Hey Flow
Institute for Employment Studies
King's Global Institute for Women's Leadership
Kings College London
Lancaster University
Learning and Work Institute
Lemur Health
Max Planck Institute for Demographic Research
NHS Confederation
Nuffield Foundation
Race Equality Foundation
Recruitment and Employment Confederation
Resolution Foundation
Sheffield Teaching Hospitals NHS Foundation Trust
Simply Health

Society of Occupational Medicine (SOM)
The Chartered Institute of Personnel and Development (CIPD)
The Fawcett Society
The Health Foundation
Trade Union Congress
University College London
University of Bath
University of Edinburgh
University of Essex
University of Oxford
University of Sheffield
Welsh Government
Women's Budget Group
Working Families

Understanding Society is an initiative funded by the Economic and Social Research Council and various Government Departments, with scientific leadership by the Institute for Social and Economic Research, University of Essex, and survey delivery by the National Centre for Social Research (NatCen) and Verian. The research data are distributed by the UK Data Service.