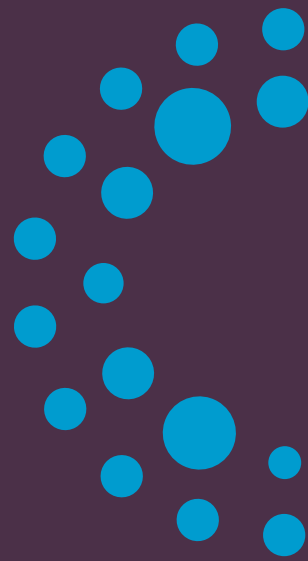


# From Good Work to Good Health: Employers' Role in the Health of the UK Workforce

Living Wage Foundation  
Klervi Mignon

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Supported by



**The  
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## Foreword

Good work is a fundamental building block of good health. At the Health Foundation, we know work impacts not only financial stability but also physical and mental wellbeing. And the quality of work — including pay, benefits, flexibility, security — really matters to our health.

The findings in this report offer a valuable insight into the experiences and priorities of today's workforce. They reflect the pressures many employees are facing, particularly in the context of the rising cost of living, and how these can affect both health and engagement at work. At the same time, the report points to practical steps employers can put in place that make a meaningful difference — support through key life points such as becoming a parent or falling sick, and flexible working arrangements. Many employers are already taking action in these areas, and this research helps to build a clearer picture of what matters most to workers.

We supported the Living Wage Foundation to carry out this work as part of our commitment to improving the conditions that shape health. Employers play a vital role, and this project aims to support them by strengthening the evidence base and highlighting approaches that can benefit both workers and organisations. By bringing together research and worker perspectives, it offers practical insight to inform decision-making.

This report is an important step in advancing the conversation on what makes good work. It offers a practical direction for employers who want to better support their staff. We hope it will encourage continued collaboration and ambition in creating healthier, more secure workplaces for all.



Claire Campbell FCIPD  
Senior Fellow  
The Health Foundation



## Executive Summary

This research project explores how employer practices can support workers' health. It builds on existing work on what employers can do to reduce in-work poverty,<sup>1</sup> focusing on the health effects of such interventions. We know that good health, as well as being intrinsically good, is closely related to financial security. This report aims to identify what evidence exists on the impact of specific employer actions on workers' health, and presents new polling of UK workers on what they would most like to see in their job.

The project has two components: an analysis of polling data assessing which employer actions would have the greatest impact on low-paid workers' health and what they would most value from employers, and a rapid evidence review identifying effective approaches to improving health outcomes.

### New polling on what workers think about how employers can support health

We polled 1,500 workers paid below the real Living Wage, including a boost of 500 workers with a long-term disability or health condition. We asked them about a number of evidence-backed actions that employers could take to support worker health, and which they'd most like to see in their own work.

The findings show that the measure low-paid workers care about most is being paid the real Living Wage. It stands out by a wide margin as both the measure perceived to have the greatest impact on health and the one workers most want implemented. Around half of respondents placed being paid the real Living Wage among the top three measures that would have the most impact on their physical (48%) and mental health (53%), while nearly two-thirds (61%) chose it as one of the top three measures they most want from their employer.

Other measures that respondents were most likely to expect to have a positive impact on their health are flexible work (the ability to adjust location and hours) and quality management (a manager who sets clear goals, builds trust, and creates a safe environment for raising concerns). Both measures were identified among the top three measures that would have the greatest impact on their health by about a third of respondents. Low-paid workers also identified enhanced pension contributions sufficient to

cover basic living costs in retirement and enhanced sick pay<sup>a</sup> as priorities they want from employers.

This suggests that low-paid workers do not exclusively prioritise the measures they cited as having the most direct effect on their health (flexible work, quality management), and instead prioritise ‘foundational’ needs – such as financial security, enhanced sick pay, and enough working hours – which indirectly support their health.

These findings align with the rapid evidence review, which emphasises the importance of a holistic approach to job quality that recognises how different job characteristics interact and collectively influence worker health. Overall, our research indicates that the measures low-paid workers most value broadly correspond to those which have the strongest evidence of delivering significant improvements in health.

## Evidence on how working conditions influence health

The findings from the rapid evidence review indicate that fair pay, job security, and sick pay are among the most strongly evidenced employer practices for supporting worker health. Low income and job insecurity are consistently linked to worse health, while access to paid sick leave improves both individual and public health outcomes. Flexible and supportive work arrangements are also associated with better health.

However, some areas – such as the impact of training and progression, pension provision, and financial support measures – are under-researched or show mixed results in terms of how they interact with worker health, suggesting the need for better quality evidence. The review supports the assumption that some of the well-established positive effects of higher income on health likely extend to other measures that help workers maintain a decent income throughout their lives. These include sufficient working hours and adequate parental leave, sick pay, and an adequate pension, which function as wage replacement mechanisms.

Table 1 below summarises the evidence across key themes, highlighting what the research says and the strength of that evidence.

Overall, this research tells us that there are many ways in which employers can support workers’ health and wellbeing. Our accreditations – Living Wage, Living Hours and Living Pension – offer one way for businesses to implement stretching standards that support worker health and align with workers’ priorities. These sit alongside other measures such as providing enhanced sick pay, or providing flexible work to those who need it.

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<sup>a</sup> Statutory sick pay has changed since this research was carried out. As of 6 April 2026, the 3-day “waiting period” and the lower earnings limit were removed. The rate of statutory sick pay is now 80% of average weekly earnings or £123.25 per week, whichever is lower. While these changes are welcome, evidence suggests the level of statutory sick pay itself remains insufficient.

**Table 1: Summary of evidence on the health impacts of employer practices.**

*Legend: Green – strong evidence, amber – moderate evidence, red – limited evidence.*

Theme	What the evidence says	Evidence quality
<b>Fair pay* and job security</b>	Lower income is associated with worse health outcomes and vice versa.	Strong evidence on the link between income and health.
	Insecure and precarious work is linked to poorer health outcomes.  *at least the real Living Wage	Moderate evidence on insecurity; more research needed to understand the impact of different aspects of insecurity.
<b>Adequate pension provision</b>	Pensions are generally associated with a reduction in negative health outcomes in retirement, and higher pension income is associated with better health.	Limited evidence on the impact of pensions specifically. However, we can assume that some of the well-established positive effects of higher income on health also apply to pension income in retirement.
<b>Flexible and supportive work arrangements</b>	Some evidence suggests that flexible working (workers' ability to vary the amount, timing or location of their work) can improve worker wellbeing and job satisfaction and that this increased control over working arrangements is linked to positive employee health outcomes.	Moderate evidence.
	Flexibility is important to support workers with a health condition stay in and return to work.	Evidence from UK think tanks supports this, but little systematic evidence.
	There is mixed evidence on the impact of worker voice and representation on employee health, though some positive evidence exists.	Limited direct evidence of the impact of worker voice and representation on health, but there is some evidence these factors can help enable other measures that support worker health.
	More generous maternity leave is generally associated with reduced risk of poor maternal mental health. Paid parental leave has beneficial effects on mothers' and children's health.	Strong evidence on maternity leave; limited evidence on paternity leave.
	Additional aspects not included in the scope of this report but present in the literature: Lack of control at work is linked to poor health. Good management and relationships at work have a positive health impact, especially on mental health.	Moderate evidence on both aspects, though more systematic evidence is needed.

<b>Sick pay and other health-related benefits</b>	Access to paid sick leave enables workers to seek timely healthcare, recover well, and prevent the spread of illnesses, which benefits workers directly and reduces burdens on the healthcare system.	Strong international evidence (especially from the US).
	The current UK statutory sick pay level is inadequate.	Evidence from several UK think-tanks supports this.
	Comprehensive and flexible return-to-work policies are crucial to support workers with health conditions.	Evidence from several UK think-tanks supports this.
	The impact of health and wellbeing interventions is often unclear, but the ones that succeed tend to share certain key characteristics.	Limited evidence.
<b>Training and progression opportunities</b>	Having a job with career prospects can positively impact wellbeing. Training and development generally support worker wellbeing. Training and development interventions should be consistent; include evaluation mechanisms; involve employees in decision-making; and should be tailored to the needs of the organisation and individuals.	Limited evidence.
<b>Cost of living and financial support</b>	Very little evidence apart from positive outcomes of the Cycle to Work scheme.	Limited evidence.

## Glossary

### Low-paid workers

We consider workers to be low paid if they earn less than the real Living Wage. The real Living Wage is the only wage rate based solely on what it costs to live. It is independently calculated annually by the Resolution Foundation and based on a social consensus of what it costs to live. This process is overseen by the Living Wage Commission. The rate is updated annually to reflect actual living costs, based on the best available evidence. Accredited Living Wage Employers pay the real Living Wage to all employed staff aged 18 or over, including third party staff. The real Living Wage is different to the government's National Living Wage, which is based on median earnings and only applies to workers over the age of 21. The Living Wage rates at the time of writing (Summer 2025) were £13.85 in London and £12.60 in the rest of the UK.

### Flexible work

Flexible work refers to workers' ability to vary the amount, timing or location of their work.

### **Grey literature**

Grey literature is a term used to refer to research and information that is produced outside of traditional publishing and distribution channels. It can include reports, policy papers, government documents, white papers, etc.

### **Paid sick leave**

In this report, paid sick leave refers to the general concept of workers receiving pay when they are unable to work due to illness or injury. It is mostly used in the evidence review in the context of international research that examines the presence of paid sick leave in contexts where statutory provision is limited.

### **Statutory sick pay (SSP)**

Statutory sick pay is the minimum level of sick pay required by law in the UK for eligible employees. Before 6 April 2026, it was paid at a flat rate of £118.75 per week, payable from the fourth consecutive day of sickness (with the first three days of sickness unpaid), and was only available for employees who earned above the lower earnings limit (£125 a week). As of 6 April 2026, SSP is 80% of average weekly earnings or £123.25 a week, whichever is lower, payable from the first day of sickness and with no lower earnings limit.

### **Enhanced Sick Pay**

Enhanced statutory sick pay refers to employer-provided sick pay that goes beyond the statutory minimum. In the polling data analysis, we also refer to it as 'receiving more than statutory sick pay'. This may involve higher levels of pay, longer periods of entitlement, or more generous eligibility conditions than SSP.

### **Parental leave**

Throughout this report, parental leave refers to paid maternity and paid paternity leave only. This definition is used for analytical comparison across different national contexts and should not be confused with statutory unpaid parental leave in the UK.

## Introduction

There is growing concern that the UK is facing a significant work and health challenge, with rates of ill health rising among the working-age population.<sup>2,3,4</sup> Historically, evidence has linked unemployment with poor health outcomes.<sup>5</sup> However, more recent studies suggest that being in poor-quality or insecure work is also highly detrimental and, in some cases, may be worse for health than being unemployed.<sup>6</sup>

The relationship between work and health is complex and bidirectional – poor health can limit access to good work, and low-quality work can worsen health. A substantial body of research shows that work is a key influence on health, and that while *good* work can have a positive impact on physical and mental wellbeing, not all work is beneficial for health.<sup>7</sup>

There is also a growing acknowledgement that employers have a crucial role to play in creating healthy, supportive workplaces.<sup>8,9</sup> Employers have the opportunity not only to prevent work-related health risks but also to actively promote wellbeing and improve employment outcomes for people with, or at risk of, poor health. This can benefit employers in turn through reduced sickness absence, better employee retention and improved productivity.

This report builds on the Living Wage Foundation's mission to tackle in-work poverty by raising standards of good work. The Living Wage campaign initially focused on low pay, but has broadened in recent years to address insecure work and poverty in retirement through the Living Hours and Living Pension accreditations. This report draws on a proposal by the Social Market Foundation for an in-work poverty benchmark that sets out practical actions employers can take. The Living Wage Foundation is currently exploring whether elements of this benchmark could underpin a formal accreditation scheme or other employer-facing proposition.

As part of this initiative, the Health Foundation commissioned a rapid evidence review on anti-poverty interventions. The aim was to identify those with a positive impact on health outcomes, and better understand what impact an employer-facing proposition might have on worker health and wellbeing. The scope of this report is therefore focused specifically on the health impacts of employer interventions, rather than on poverty reduction more broadly.

This research was carried out before the Employment Rights Act was passed, and before changes to sick pay policy were enacted in April 2026. As a result, it spans a period of policy transition. The evidence indicates that some of the changes introduced by the Employment Rights Act (such as improvements to statutory sick pay, greater access to flexible and secure work, and enhanced parental leave) are likely to have positive effects on worker health. However, the evidence shows there is still a clear role for employers to build on a stronger legislative floor through enhanced policies that further support worker health. The Living Hours accreditation, for example, provides a higher standard of secure work for employers who want to stay ahead of the compliance curve.

## Polling Analysis

For this research project, we polled low-paid workers in order to understand what measures would have the greatest impact on their health and what they would most value from their employers. The findings indicate that earning a real Living Wage is widely regarded as the most impactful measure on worker health, and as a priority for employer action. Other measures which are impactful or valued by workers are flexibility at work, quality management, enhanced pension contributions, and enhanced sick pay.

### Methodology

We conducted polling to understand the opinions of UK workers on how employers can support the health and wellbeing of their workforce. The sample consisted of 1,500 workers paid less than the real Living Wage, 500 of whom have a long-term health condition or disability. The results were weighted according to age, gender and region. We asked respondents about the following nine measures:

- Being paid at least the real Living Wage<sup>b</sup>
- Having quality management (a manager who sets clear goals, builds trust, and creates a safe environment for raising concerns)
- Having predictable working hours (at least 4 weeks' notice of shifts)
- Enhanced pension contributions that would meet basic living costs in retirement
- Receiving more than the statutory minimum sick pay (£118.75 a week statutory sick pay for up to 28 weeks) and support when returning to work<sup>c</sup>
- Having the option to adjust your work location or hours to suit your needs
- Having enough working hours (at least 16 hours per week)
- Having the authority to make decisions about how you complete your work tasks
- Receiving more than the statutory minimum parental leave and benefits

These nine measures were chosen and adapted from the six themes set out in the evidence review in the second part of this report, themselves based on the 49 measures suggested by the Social Market Foundation in their initial benchmark proposal (see page 25 for more information).

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<sup>b</sup> £12.60 an hour, or £475 a week or £24,600 a year before tax, or, in London, £13.85 per hour or £520 a week or £27,000 a year before tax.

<sup>c</sup> The level of statutory sick pay has changed since this research was carried out. As of 6 April 2026, it is 80% of average weekly earnings or £123.25 per week, whichever is lower.

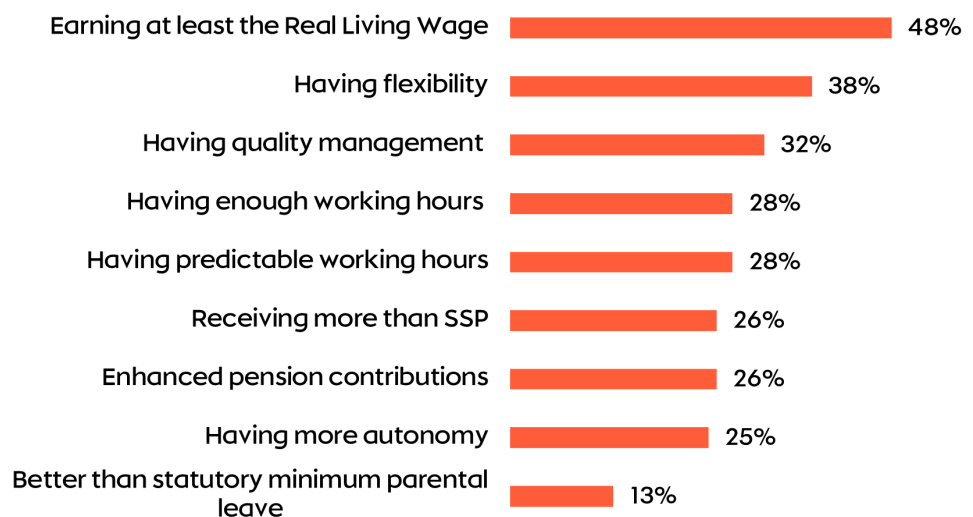
The aim of the polling was to understand what measures low-paid workers care the most about. We asked respondents about the impact each measure would have on their health (physical and mental), which measures they currently have through their employer, whether having those measures in their current job would influence their decision to stay in that job, and which measures they would most want their employer to introduce or improve.

## Perceived impact of working conditions on health

We asked respondents to rank which measures would have the biggest impact on their physical and mental health. Results were very similar for both mental and physical health, as seen in figures 1-3. Low-paid workers expect the real Living Wage to have the greatest impact on their health by far – with about half of respondents choosing earning the real Living Wage as one of the top three most impactful measures. Over a fifth of workers chose it as the single most impactful measure for both their physical and mental health – which is almost twice as much as the next most impactful measure.

Almost half of low-paid workers identified earning the real Living Wage as one of the top three measures that would most impact their physical health.

Figure 1: Proportion of respondents who placed each measure in the top 3 measures which would have the greatest impact on their physical health.



Source: Living Wage Foundation analysis of Savanta data. All respondents were asked: 'Please rank the top three measures that you think would have the biggest impact on your physical health.' This question yielded a sample of 1,548 respondents aged 18+ who are paid below the real Living Wage.

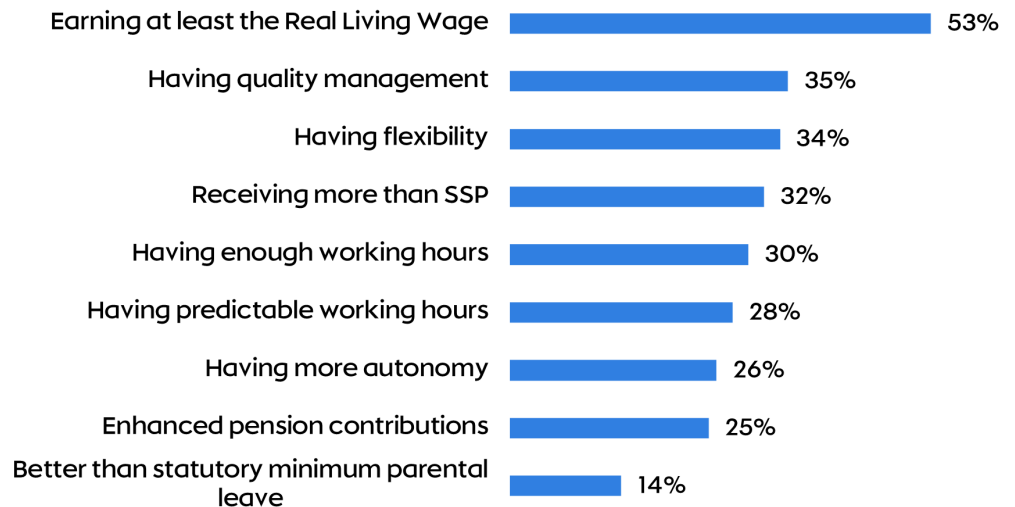
The next measure with the biggest implications for health is flexibility, or having the option to adjust work location or hours to suit your needs. This

was picked by over a third of workers in their top three most impactful measures for physical and mental health.

The third measure with the most impact on workers' health is quality management – described as having a manager who sets clear goals, builds trust, and creates a safe environment for raising concerns. This was also chosen by about a third of workers in their top three most impactful measures.

Over half of low-paid workers identified earning the real Living Wage as one of the top three measures that would most impact their mental health.

Figure 2: Proportion of respondents who placed each measure in the top 3 measures which would have the greatest impact on their mental health.



Source: Living Wage Foundation analysis of Savanta data. All respondents were asked: 'Please rank the top three measures that you think would have the biggest impact on your mental health.' This question yielded a sample of 1,548 respondents aged 18+ who are paid below the real Living Wage.

Receiving more than the statutory minimum parental leave and benefits was the measure least often prioritised by respondents, with three quarters (75%) not selecting it at all among the top three measures which would most impact their physical health. This likely reflects that not everyone expects to benefit directly from it (at all or in the immediate future), rather than a clear indication of its impact on health.

One thing to note here is that figures 1 and 2 are very similar to each other – which suggests that workers expect the measures to impact their physical and mental health in very similar ways.

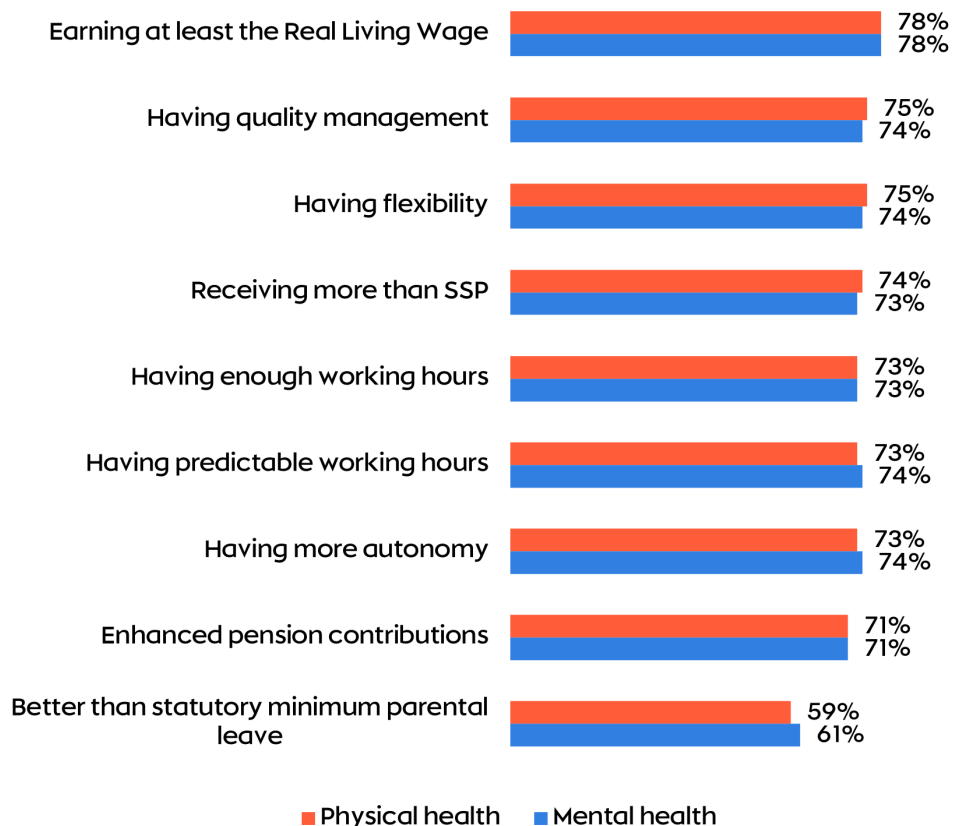
As well as ranking the measures, we also asked respondents what impact they would have on their physical and mental health using a scale from very positive to very negative. A large majority of respondents think the measures would have a net positive impact on their health. The measure with the most positive expected impact was earning the real Living Wage, with over three quarters of respondents (78%) expecting it to have a positive

impact, followed by quality management and having predictable working hours (both around three quarters). Improved parental leave was the least likely to be seen as positive for health, with about three in five respondents selecting it – which likely reflects the fact that not all workers stand to benefit directly from this measure.

For each measure, between one in six (16%) and one in five (21%) respondents said it would have no effect on their health, except for improved parental leave, where almost a third (32%) reported no effect – which is likely to be because not all respondents stand to benefit from parental leave. Very few respondents thought any of the measures would have a negative effect on their health, and those not represented in figure 3 mostly reflect people who expected no impact rather than a negative one. Overall, the order of responses was consistent across physical and mental health, suggesting workers expect the measures to have similar impacts on both.

A large majority of low-paid workers expect most measures to have a positive impact on their health.

Figure 3: Proportion of respondents who expect each of the following measures to have a net positive impact on their health.



Source: Living Wage Foundation analysis of Savanta data. All respondents were asked: 'What impact would the following have on your physical/mental health?' This question yielded a sample of 1,548 respondents aged 18+ who are paid below the real Living Wage. Figure excludes the following response: 'Neither positive or negative', 'Somewhat negative', 'Very negative', 'Don't know'.

## Expected impact of working conditions on retention

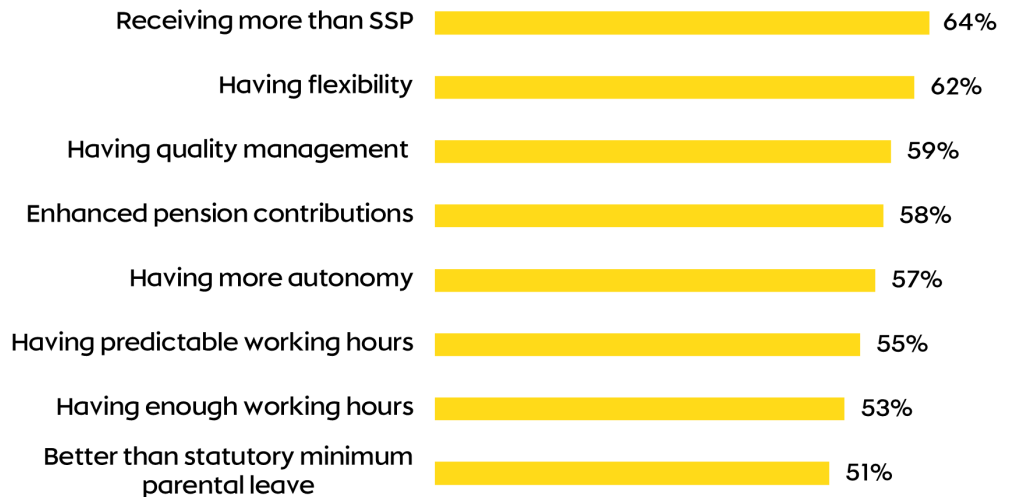
We asked workers whether having these measures in place at their current employer would influence their decision to stay in their job. Almost two thirds (64%) of workers said receiving enhanced sick pay and support when returning to work would encourage them to stay in their job. A slightly lower proportion (62%) said the same about having flexibility (the option to adjust work location and hours).

For all measures, more than half of workers reported that they would be more likely to remain with their employer if it were offered. Around a third of respondents said the measures would make no difference to their decision to stay or leave, rising to two in five in the case of parental leave – likely reflecting that many workers would not expect to benefit directly from it. Very few workers said that any of the measures would make them leave sooner.

For this question, workers were not asked about the impact of earning the real Living Wage on their decision to remain or leave.

Almost two thirds of low-paid workers report that receiving enhanced sick pay would encourage them to stay in their job.

*Figure 4: Proportion of respondents reporting they would be more likely to remain with their employer if each of the following measures were offered.*



*Source: Living Wage Foundation analysis of Savanta data. All respondents were asked: 'If your current employer were to ensure you had the following, how - if at all - would it affect your decision to stay at your current job?' This question yielded a sample of respondents aged 18+ who are paid below the real Living Wage. Figure excludes the following response: 'No change', 'Leave a bit sooner', 'Leave much sooner', 'Don't know'.*

## Existing working conditions among respondents

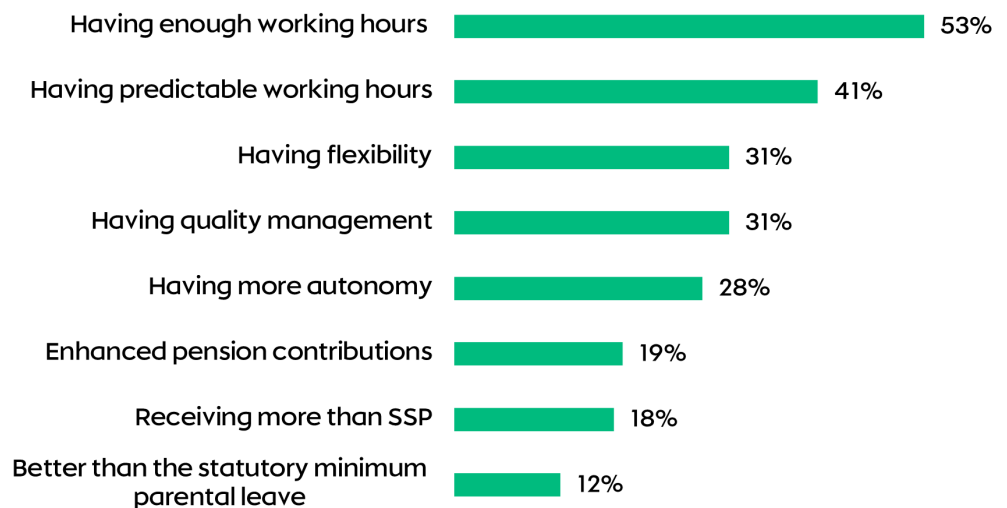
We asked workers what measures they already had access to. The most common measure was having enough working hours (at least 16 hours per week), reported by over half of respondents. The second most common measure is having predictable working hours (at least 4 weeks' notice), reported by 40% of respondents. These figures reflect the fact that around half of the sample work full time.

At the other end of the scale, fewer than one in five workers reported access to enhanced pension contributions or enhanced sick pay, while less than a quarter had access to more than the statutory minimum parental leave.

Overall, just over half of respondents (56%) agreed that their employer has the right policies in place to support their health and wellbeing, including 20% who strongly agreed. This is despite the fact that less than a fifth (18%) receive above statutory sick pay. A quarter neither agreed nor disagreed (25%), while around one in seven (14%) disagreed.

Less than a fifth of low-paid workers report receiving enhanced pension contributions or enhanced sick pay.

*Figure 5: Proportion of workers whose employer already provides each measure.*



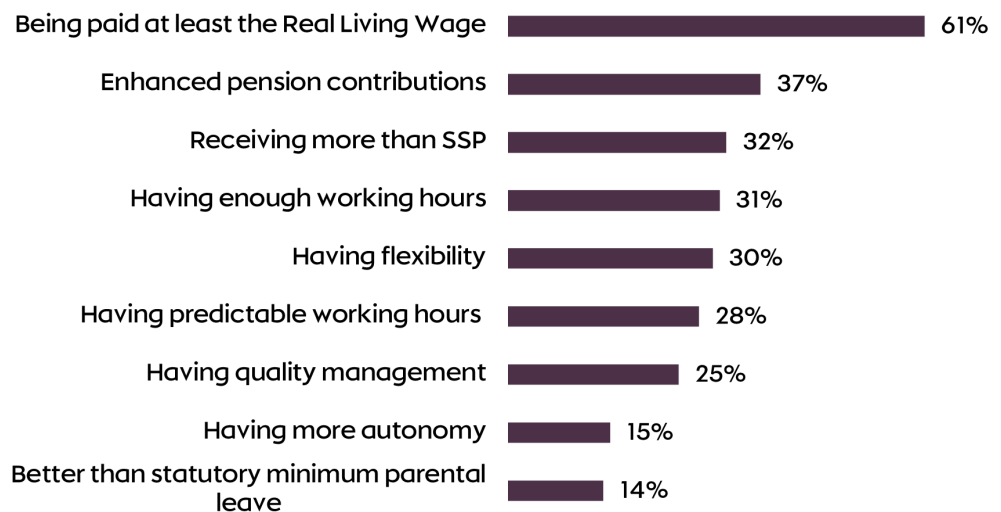
*Source: Living Wage Foundation analysis of Savanta data. All respondents were asked: 'Which of the following, if any, do you currently have through your employer?' This question yielded a sample of 1,548 respondents aged 18+ who are paid below the real Living Wage. Figure excludes the following responses: 'Don't know', 'None of these'.*

## What respondents want their employer to introduce

We asked workers which measures they would most like employers to introduce or improve. Earning the real Living Wage stood out clearly as the top priority, with almost two-thirds selecting it among their three most important measures. The second most popular choice was enhanced pension contributions sufficient to meet basic living costs in retirement, chosen by over a third of workers, followed by enhanced sick pay, selected by around a third. Other measures were chosen by between a quarter and just under a third of workers. The least popular priorities were greater autonomy in how tasks are completed and enhanced parental leave and benefits, each selected by about one in seven workers. The preferences of workers with children are discussed in a later section of this report.

A majority of low-paid workers identified earning the real Living Wage as a key priority they want from their employer.

Figure 6: Proportion of respondents who placed each measure in the top 3 measures which they most want their employer to introduce or improve.



Source: Living Wage Foundation analysis of Savanta data. All respondents were asked: 'If an employer could introduce or improve just three of the following, which would you choose?' This question yielded a sample of 1,548 respondents aged 18+ who are paid below the real Living Wage. Figure excludes the following responses: 'Don't know', 'None of these'.

The below graph compares how respondents ranked different measures in terms of their expected impact on mental and physical health, alongside which measures they would most like their employer to introduce.

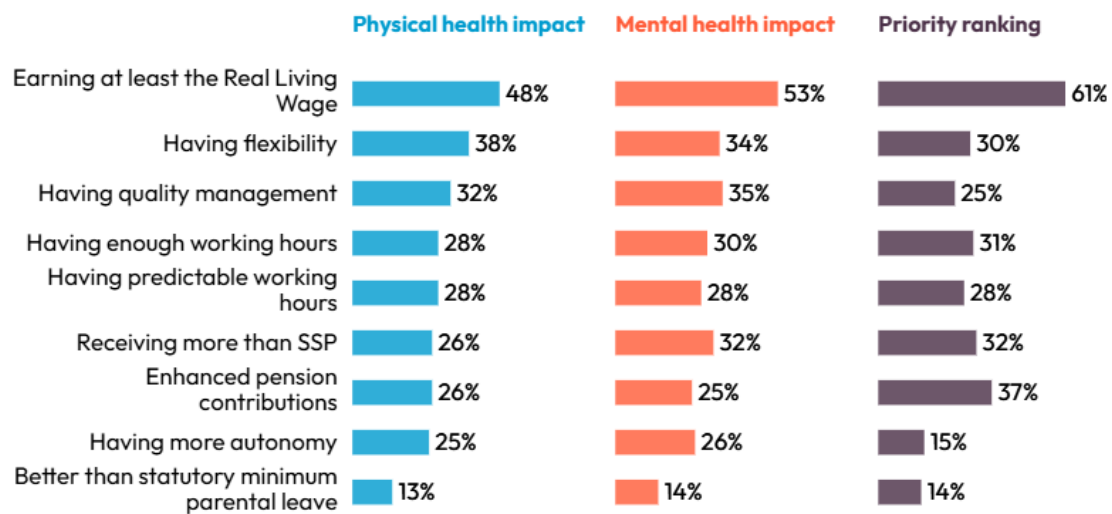
Earning the real Living Wage is the clear top priority, strongly linked to both mental and physical health, but also valued more broadly beyond its health impacts. Enhanced pension contributions are also ranked highly as a priority, despite being less directly associated with health outcomes. This suggests workers place significant importance on impacts beyond health, such as long-term financial security.

By contrast, low-paid workers told us that measures such as flexibility and quality management had a greater impact on their health than other measures, but this was not reflected in their priorities. Low-paid workers therefore don't exclusively prioritise the measures which would have the greatest direct impact on their health. This makes sense, and perhaps points to low-paid workers' prioritisation of more 'foundational' needs – such as financial security, better sick pay, and enough working hours.

These findings align with the rapid evidence review, which highlights the importance of a holistic approach to job quality that recognises the interconnections between different job characteristics and their combined effects on worker health.

Earning the real Living Wage stands out as the measure with the most impact on low-paid workers' health, and the measure they most value.

Figure 7: Comparison of respondents' rankings of the measures according to their impact on physical and mental health, and which measures they most want employers to introduce.



Source: Living Wage Foundation analysis of Savanta data. All respondents were asked: 'Please rank the top three measures that you think would have the biggest impact on your physical health. Please rank the top three measures that you think would have the biggest impact on your mental health. If an employer could introduce or improve just three of the following, which would you choose?' These questions yielded a sample of 1,548 respondents aged 18+ who are paid below the real Living Wage. Figure excludes the following responses: 'Don't know', 'None of these'.

## Variation by respondents' health and other characteristics

This section examines variation in responses across demographic groups, assessing each measure in turn. The two most highly rated measures remained broadly consistent across all groups:

- *For mental health*, the most impactful measures were earning a real Living Wage and having quality management.
- *For physical health*, the most impactful measures were earning a real Living Wage and having flexibility.
- *For overall priorities*, the most impactful measures were earning a real Living Wage and enhanced pension contributions.

Although most of the overall rankings showed little divergence among groups with different characteristics, some groups reported differences in the perceived impact of particular measures on their health and assigned slightly different priorities.

In terms of health, for example, minority ethnic workers<sup>d</sup> ranked flexibility as the most impactful measure, ahead of earning the real Living Wage, whereas white workers placed these in the reverse order. Part-time workers rated having sufficient hours as more important for their health than full-time workers did. Workers with children considered having enhanced sick pay and better than statutory parental leave and benefits as more impactful than workers without children.

In terms of overall priorities, minority ethnic workers prioritised having predictable hours more than white workers did. Part-time workers would value having enough hours as the second most important measure to them, while full-time workers ranked it fifth, prioritising enhanced pension contributions instead. Workers with a health condition prioritised receiving enhanced sick pay and having predictable hours more than workers without a health condition did. And workers with children valued having predictable hours and flexibility more than workers without children.

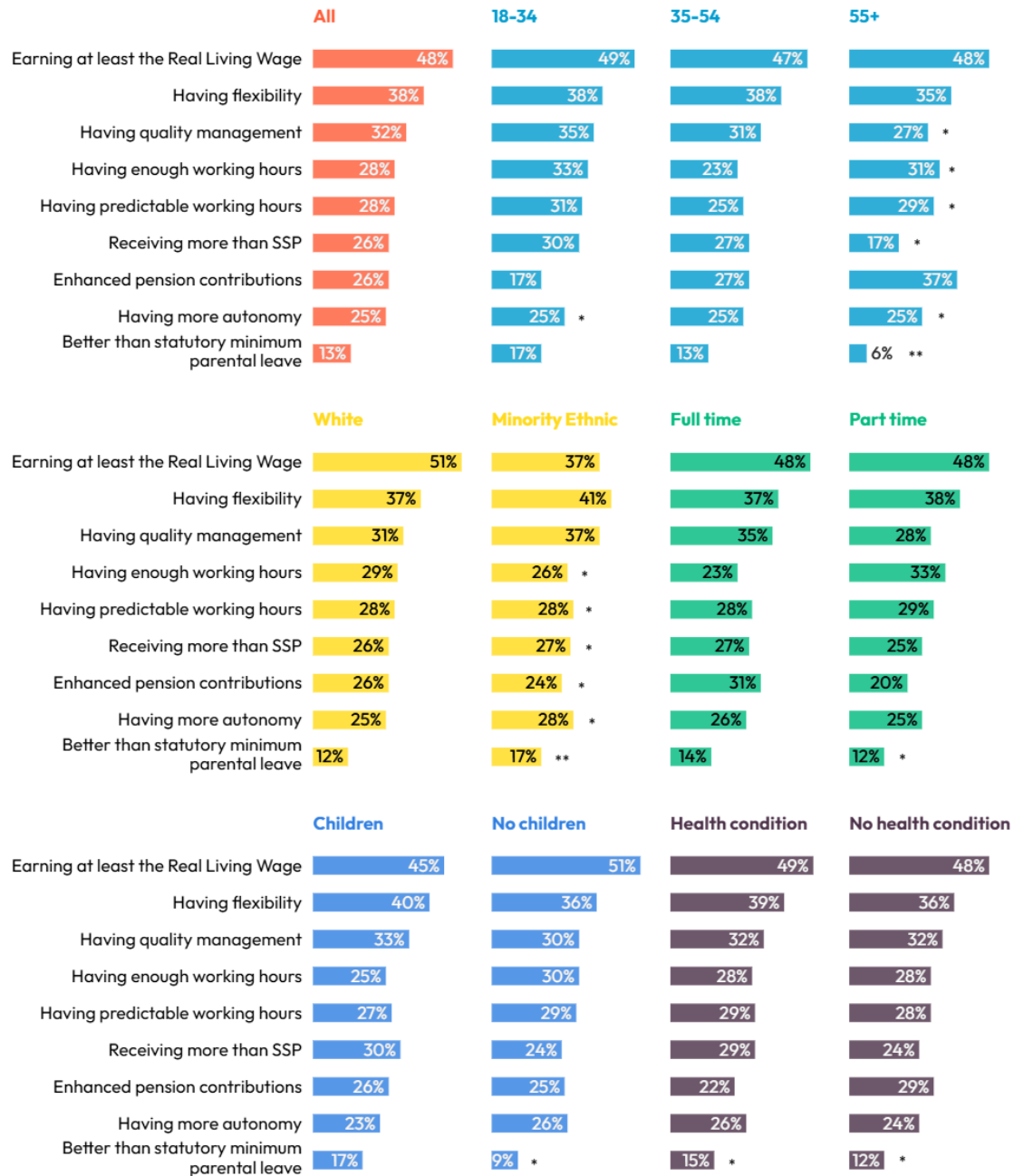
Figures 8 to 10 summarise the below findings.

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<sup>d</sup>Due to the small sample size of the polling, we aren't able to provide a detailed analysis of specific ethnic groups' responses. As such, in order to ensure a sufficient sample size, we have grouped together multiple minority ethnic groups to analyse as a single cohort. We acknowledge that this provides a limited understanding of different ethnic groups' experiences. Throughout this report, we use the term minority ethnic to describe workers from racialised backgrounds. We recognise that any term which groups together different ethnic groups into a single category fails to fully capture the nuance of individual minority ethnic groups, and their experiences in the labour market.

There is little variation in the ranking of measures which would have the greatest impact on physical health across demographic groups.

Figure 8: Proportion of respondents who placed each measure in the top 3 measures which would have the greatest impact on their physical health, by demographic group.



Source: Living Wage Foundation analysis of Savanta data. All respondents were asked: 'Please rank the top three measures that you think would have the biggest impact on your physical health.' This question yielded a sample of 1,548 respondents aged 18+ who are paid below the real Living Wage. Data labels that have an asterisk next to them have a total sample below 100 and labels with two asterisks have a total sample below 50.

### **Minority ethnic workers**

Minority ethnic workers are less likely to choose earning the real Living Wage as one of the three measures that would have the greatest impact on their health, and that they most want their employer to introduce or improve, compared to white workers. However, minority ethnic workers say that earning the real Living Wage remains the top priority and the measure they expect would have the greatest impact on their health.

On the other hand, minority ethnic workers were more likely to pick having quality management and better than statutory parental leave as one of the top three measures which would have the greatest impact on their health than white workers.

They are also more likely to choose predictable working hours and better than statutory parental leave as one of the top three measures they most want their employer to introduce or improve compared to white workers. Predictable working hours is ranked as the third most popular measure by minority ethnic workers, compared to sixth for white workers.

### **Full-time and part-time workers**

Full-time workers are more likely to choose quality management and enhanced pension contributions as one of the three measures they most want their employer to introduce or improve. On the other hand, part-time workers are more likely to prioritise having enough working hours than full-time workers.

### **Age groups**

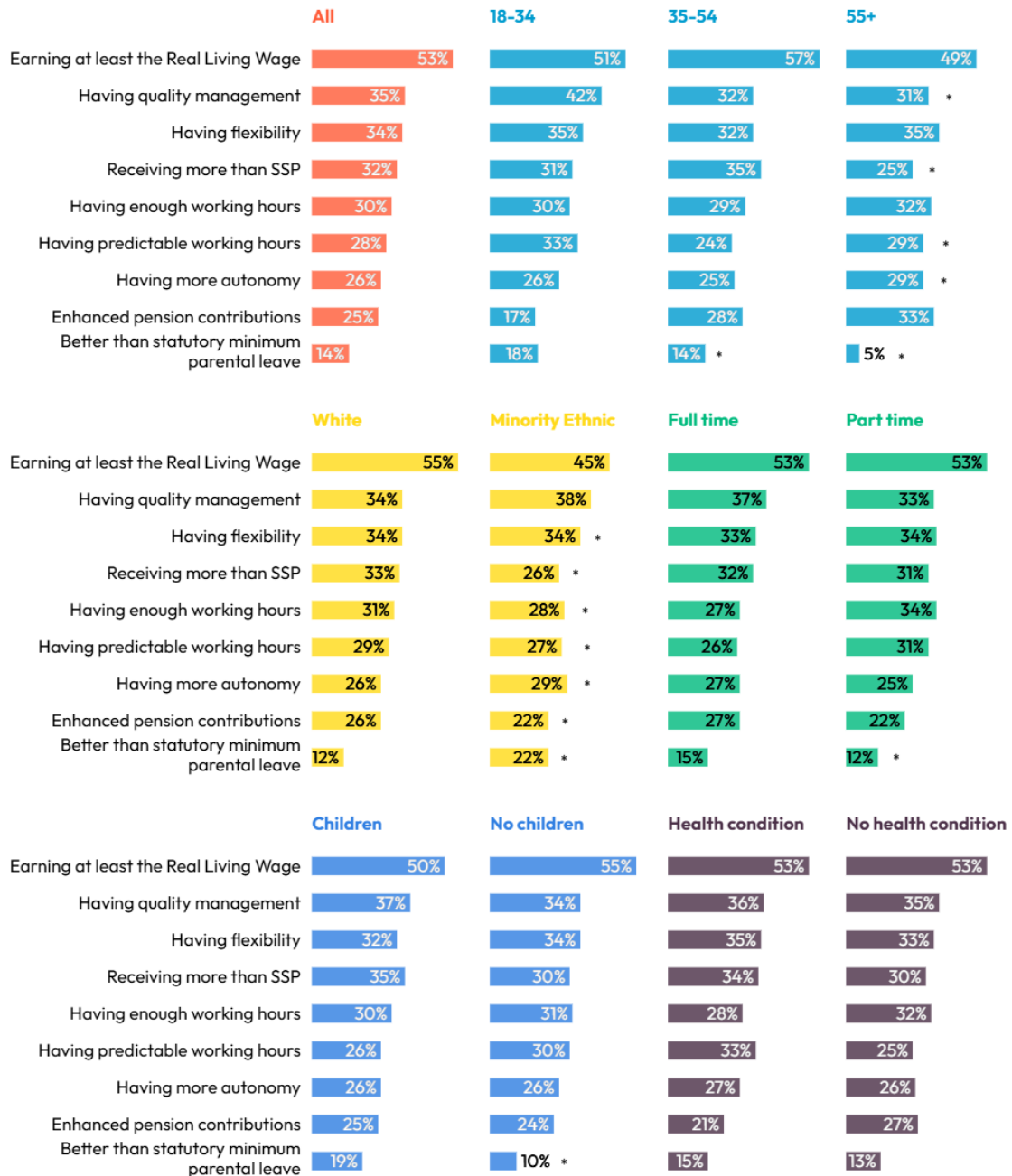
Younger workers (18-34) are more likely to choose quality management and enhanced sick pay as one of the three measures they most want their employer to introduce or improve than workers aged above 35, and they are more likely to prioritise predictable working hours than workers aged 35-54.

Workers aged 18-34 are also more likely to say that they would stay in their job if they had predictable working hours than workers aged 35-54, and they are more likely to stay if they had the option to adjust work hours and location and if they received enhanced sick pay than workers aged above 35.

Workers aged over 55 are more likely to choose enhanced pension contributions as one of the top three measures they most want than workers aged 18-34.

There is little variation in the ranking of measures which would have the greatest impact on mental health across demographic groups.

Figure 9: Proportion of respondents who placed each measure in the top 3 measures which would have the greatest impact on their mental health, by demographic group.



Source: Living Wage Foundation analysis of Savanta data. All respondents were asked: 'Please rank the top three measures that you think would have the biggest impact on your mental health.' This question yielded a sample of 1,548 respondents aged 18+ who are paid below the real Living Wage. Data labels that have an asterisk next to them have a total sample below 100.

### Workers with children

Workers with children are more likely to choose having predictable working hours, flexibility at work and better than statutory parental leave as one of the three measures they most want their employer to introduce or improve, compared to workers without children.

Respondents with children are more likely to say having enough working hours would make them stay in their current job than those without children.

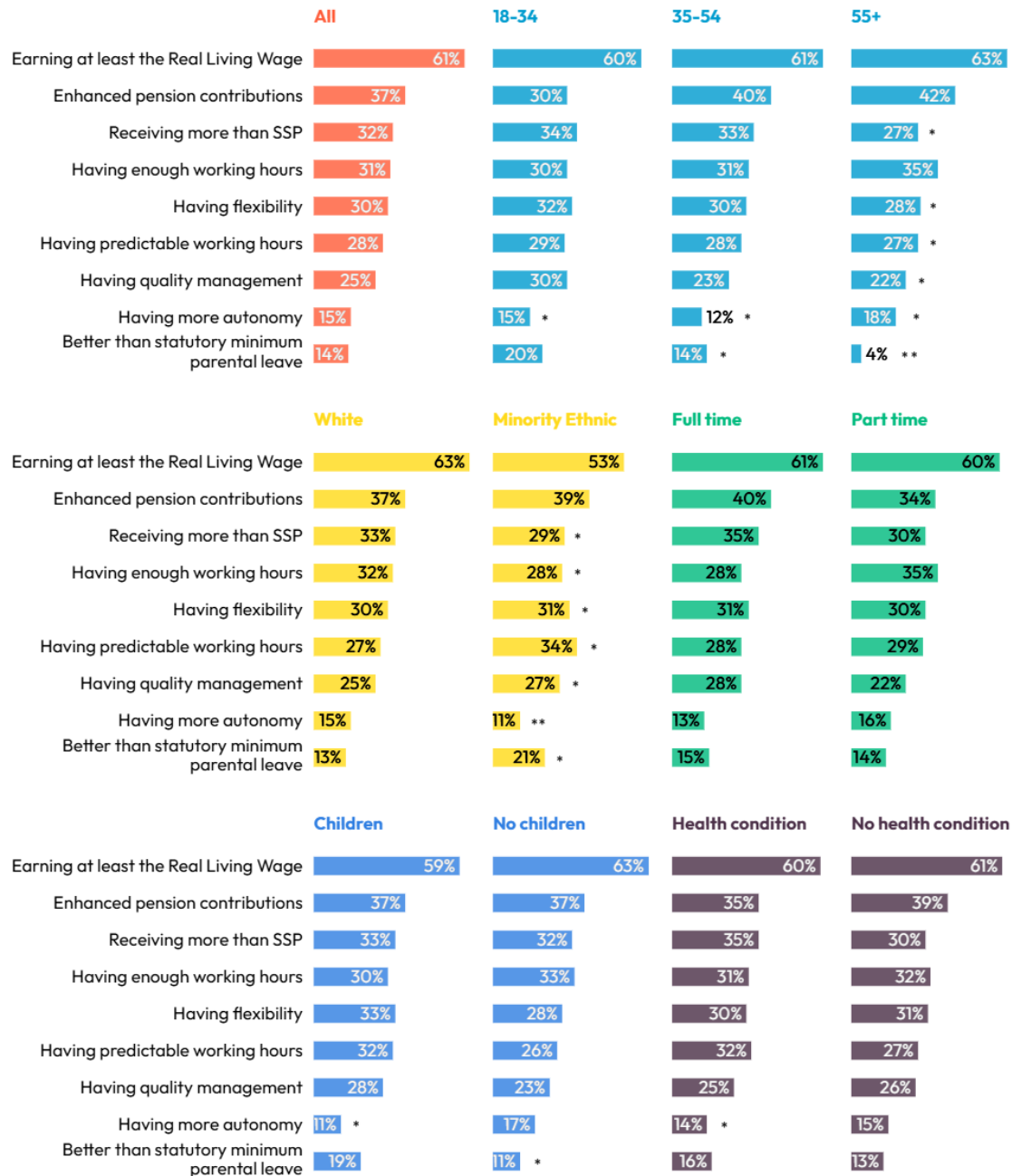
### Workers with a health condition

Workers with a health condition are more likely to choose predictable working hours and receiving enhanced sick pay as one of the top three measures they most want their employer to introduce or improve, compared to workers without a health condition.

We also asked workers with a health condition to identify the single most important action their employer could take to support their health and wellbeing in an open question. Many pointed to the importance of better pay and higher hourly wages. Greater flexibility in working hours and the option to work remotely were also frequently cited, along with more advance notice for shifts and guaranteed hours. Workload management and reasonable adjustments to make tasks more manageable were recurring themes, as was the need for better sick pay, more breaks during the day, and more access to time off. Finally, workers consistently emphasised the value of supportive management, characterised by regular check-ins and an understanding, sensitive approach, rather than one that feels pressurised or punitive.

Earning the real Living Wage is consistently identified as the measure workers most want from their employer across all demographic groups.

Figure 10: Proportion of respondents who placed each measure in the top 3 measures which they most want their employer to introduce or improve, by demographic group.



Source: Living Wage Foundation analysis of Savanta data. All respondents were asked: 'If an employer could introduce or improve just three of the following, which would you choose?' This question yielded a sample of 1,548 respondents aged 18+ who are paid below the real Living Wage. Figure excludes the following responses: 'Don't know', 'None of these'. Data labels that have an asterisk next to them have a total sample below 100, and labels with two asterisks have a total sample below 50.

## Rapid Evidence Review

As part of this research project, we conducted a rapid evidence review to explore how employers can support the health and wellbeing of their workforce.

The review was carried out via desk-based research and included the following activities:

- Reviewing key publications from the grey literature, with a focus on UK-based research organisations such as the Health Foundation, the Work Foundation, and the Institute for Employment Studies.
- Conducting keyword searches via Google Scholar, prioritising existing syntheses and meta-analyses.
- Undertaking targeted searches to identify areas where evidence is limited or underdeveloped.

Only English-language papers were included in the review, with a preference for UK-based studies. Where UK-specific evidence was unavailable, we selected research from countries with comparable social and economic contexts as much as possible. In total, 66 papers were retained for analysis. Input from the Health Foundation and the Learning and Work Institute was sought to ensure accurate interpretation of these findings.

### Which employer interventions we reviewed

The Social Market Foundation set out a total of 49 measures in their proposed anti-poverty benchmark (referred to throughout this paper as “the benchmark”).<sup>10</sup> These measures are wide-ranging – from paying the real Living Wage as a minimum to all staff, to providing a profit-sharing scheme. In order to streamline and guide the evidence review, we selected the most pertinent measures and grouped them into six overarching themes. These themes focused our evidence review on how different employer practices influence employee health. These themes are:

- Fair pay and job security – including paying at least a real Living Wage, guaranteeing predictable working hours and secure contracts.
- Fair pension provision – ensuring access to decent pension schemes (e.g., auto-enrolment or equivalent, or better alternatives).
- Flexible and supportive work arrangements – such as providing flexible working policies, enhanced family leave, and recognition of employee voice.
- Sick pay and health-related benefits – providing above-statutory sick pay (SSP) and additional wellbeing packages.
- Training and progression opportunities – including structured progression paths, upskilling policies, and apprenticeships.

- Cost of living and financial support – covering financial resilience schemes, childcare support, and access to food and loans.

For a more detailed view of the measures which fit into these themes, please see Appendix A. The body of the evidence review is split across these six themes.

## Review of the evidence by theme

### 1. Fair pay and job security

This section explores the impact of fair pay and job security on worker health.

#### **Fair pay**

The benchmark recommends that employers pay the real Living Wage as a minimum to all staff and adopt a policy to ensure that rises in the cost of living are consistently reflected in pay rises and other aspects of staff remuneration.

There is an extensive body of research on the link between income and health, which finds that higher income is associated with better health.<sup>11, 12, 13, 14</sup> An important piece of research in this domain is the Marmot review, which highlights the social gradient in health inequalities – the fact that people with lower social and economic status have poorer health.<sup>15</sup> Supporting this, the Health Foundation finds that 18% of adults on the lowest income report having ‘bad’ or ‘very bad’ health compared to just 1.7% on the highest incomes.<sup>16</sup> A further synthesis of 12 systematic reviews and meta-analyses similarly concludes that lower income is associated with worse cardiovascular and oral health outcomes and that higher take-home pay and/or income are linked to improved mental health outcomes, though they specify that some studies focused on income rather than pay.<sup>17</sup>

This social gradient underscores that the relationship between income and health is not binary, but incremental - health improves progressively with each level of income.<sup>18</sup> Although the relationship is complex and bidirectional – health can also influence income – it is widely accepted that income has both direct and indirect effects on health.<sup>19</sup>

An in-depth review by the Joseph Rowntree Foundation identifies four key mechanisms through which income affects health, including material, psychosocial and behavioural mechanisms, and reverse causation (poor health leads to low income).<sup>20</sup>

Although there is limited research specifically on the health impacts of receiving the real Living Wage, the available evidence suggests that a certain minimum income is essential to afford the basics for a healthy life (such as stable housing, nutritious food, and heating). Beyond this threshold, additional income provides greater choice over what people

spend their money on, which can further improve access to healthier options.<sup>21</sup> Our own research at the Living Wage Foundation finds that people who report being paid the Living Wage are more likely than low-paid workers to say their pay has a positive impact on their physical health (40 per cent vs 24 per cent) and mental health (36 per cent vs 22 per cent).<sup>22</sup>

The evidence therefore suggests that encouraging employers to pay all workers a fair wage (real Living Wage) or higher would have positive impacts on worker health. It is also important to recognise that at certain stages of life, income from wages is replaced by other forms of support, such as parental leave, sick pay, or pensions. These benefits must therefore also be maintained at adequate levels, as it is reasonable to presume that insufficient income during these periods is likely to have similar adverse health impacts to those well documented in the literature for low income and health.

### **Job security**

The benchmark includes several recommendations aimed at improving job security, such as ensuring that all employees receive a written contract, offering a minimum of 16 hours of work per week (unless workers request fewer), providing payment for cancelled shifts, and offering redundancy terms that exceed the statutory minimum. The benchmark was influenced by the Living Wage Foundation's Living Hours accreditation, which requires employers to provide contracts that reflect hours regularly worked (and no less than 16 hours unless the worker requests fewer), four weeks' notice of shifts and full pay for shifts cancelled within this notice period. These measures reflect a broader consensus in the literature that job security impacts worker health and wellbeing.

There are different measures and definitions of work insecurity and precarity, which makes it difficult to draw precise conclusions across studies, and this is highlighted as a limitation in several reports on the impacts of work insecurity.<sup>23,24</sup> The Institute for Employment Studies highlights the general need for a better understanding of multidimensional employment precarity. They point to the limitation that studies often use subjective measures of insecurity (based on how much individuals feel at risk of losing their jobs) rather than objective measures such as contractual terms of employment, and that they are often focused on single measures of insecurity.

Nonetheless, job security is a recurring theme in the literature on the impact of work on health. There is a rich evidence base exploring the links between employment precarity and health and wellbeing at work, with studies consistently finding that insecure and precarious work is linked to poorer health outcomes, especially mental health outcomes, and that the impacts are more pronounced for people experiencing persistent job insecurity.<sup>25,26</sup> Several papers highlight that while it is difficult to establish a causal link, there is clear evidence of the interaction between job insecurity and poor health, even if the scale, nature and direction of this association remain unclear.<sup>27,28</sup> A rapid evidence review by the Institute for Employment Studies

finds that work insecurity and precarity is one of the four key components of job quality which have the most impact on health and wellbeing.<sup>29</sup>

This is echoed by another analysis of 10 meta and systematic reviews on perceived and contractual insecurity which finds multiple sources of evidence linking job insecurity to negative physical and mental health outcomes (diabetes, possible heart disease, depression, anxiety and stress).<sup>30</sup> Moreover, the Whitehall II study – a long-term longitudinal study – found that the effects of chronic job insecurity persisted to some extent after job security was acquired.<sup>31</sup> A systematic review also indicates that interventions primarily motivated by employer interests, such as the use of fixed-term contracts or involuntary part-time work, are associated with mixed or negative health outcomes.<sup>32</sup>

It is difficult to find specific evidence on the impact of providing a written contract to all employees, offering a minimum of 16 hours of work a week, and compensating workers for cancelled shifts. However, research from the Institute for Employment Studies suggests that not being able to work your desired hours has negative impacts on health, though the quality of this evidence varies across studies.<sup>33</sup> They find that some studies suggest that under-employment is more damaging than over-employment, and that the larger the mismatch between desired and actual hours worked, the greater the health impacts. This would suggest that a minimum of 16 hours guaranteed (unless workers request otherwise) could help mitigate those impacts. However, there is also evidence that working long hours (typically over 40 hours a week) can have negative impacts on health through increased risks of depression, anxiety, sleep disruption and coronary heart disease.<sup>34</sup>

In summary, while it is difficult to find direct evidence on the health impacts of the specific benchmark measures, the evidence points in the direction that providing workers with more security will tend to improve their health. More research is needed to ascertain which aspects of insecure work are most damaging and to harmonise the definition of insecurity across multiple measures.

This research was carried out before the Employment Rights Act was passed, but the evidence suggests it will make a difference to worker health. However, there is still a clear role for employers to go beyond the stronger legislative floor through enhanced policies. The Living Hours accreditation, for example, is a practical step for employers who want to provide a higher standard of secure work, and stay ahead of the compliance curve. See the key differences between the Employment Rights Act and the Living Hours measures in Appendix B.

## 2. Fair pension provision

The benchmark recommends that employers provide access to a pension for all employees who want one, either through auto-enrolment or through an equivalent or better alternative. For instance, the Living Wage Foundation's *Living Pension* initiative builds on auto-enrolment by setting an annual pension savings target of 12%, with employers contributing 7%.

Research on the health impacts of pensions remains limited, with few longitudinal studies and few meta or systematic analyses. Several studies suggest that pensions have positive impacts on health, but empirical studies yield mixed results and findings differ widely in terms of health outcomes and characteristics of the population studied.<sup>35</sup> There is little research on UK pensions, with most of the available evidence drawing on international studies, so caution is advised in translating findings since pension contexts vary widely across countries.

Key findings from international research:

- A US study using data from the 2000 Health and Retirement Study finds that increased income among retirees positively affects wellbeing, but that the effect is small.<sup>36</sup>
- A South Korean study using longitudinal data from 2008 to 2016 finds that the expansion of social pensions is associated with significant reductions in the count of depressive symptoms and the prevalence of clinical depression among older people.<sup>37</sup> The authors suggest that increased satisfaction with financial conditions and overall quality of life are the main mechanisms through which the reform produced mental health-related benefits.
- A non-systematic literature review funded by a Canadian pension plan finds that pensions have a positive effect on mental health and wellbeing and can improve self-rated health and increase life expectancy, and suggests that these benefits might extend to improving the health of pension recipients' families through improved living conditions.<sup>38</sup> It also finds that positive impacts on prospective pensioners' health and wellbeing might occur before retirement, through reduced financial stress and increased job satisfaction, though the evidence on this is mixed.

Though limited, EU-based research suggests that increasing pensions can positively impact health. A study of 13 OECD countries examining the importance of public pensions for self-reported health and wellbeing outcomes among retired persons finds that overall, better health is found in countries with more generous pensions.<sup>39</sup> It also shows that results are gendered, with women's health being more dependent on the basic security of the pension system.<sup>40</sup> This is echoed by a Ukrainian study which used national datasets to study the effects of a pension reform which increased the legal minimum pension up to the poverty line (defined by the government as the minimum consumption basket required for an adequate standard of living).<sup>41</sup> The study finds that greater pension generosity improves subjective wellbeing and reduces the incidence of diagnosed depression. The authors suggest this is due to reduced reliance in older age on potentially stressful financial coping strategies, such as depending on family transfers, accumulating debt, or falling behind on bills. Another study of 14 OECD countries found that pension systems and earning-related schemes are quite efficient in reducing the risk of old age poverty but that they do very little to alleviate poverty among those pensioners in the most disadvantaged situations.<sup>42</sup>

Overall, the quality of evidence in this area is weaker compared to other domains. However, international studies suggest that retirement benefits and pension income are generally linked to reductions in negative health outcomes, particularly depression. European evidence further indicates that more generous pensions are associated with better overall health. Although direct evidence on the specific impact of pensions remains limited, it is reasonable to assume that some of the well-established positive effects of higher income on health also apply to income from pensions. Nonetheless, more rigorous and targeted research is needed.

### 3. Flexible and supportive work arrangements

This next section refers to benchmark measures that aim to provide flexible and supportive work arrangements. The evidence we found against each measure in this part of the benchmark is as follows:

- Providing flexible working opportunities for staff.
- Recognising “employee voice” when issues arise that impact staff.
- Offering a package of additional support for all employees working unsociable hours.
- Providing above statutory minimum parental leave and benefits, equality of parental leave entitlements and bereavement and other family leave.

These measures are considered in turn, followed by broader findings from the literature.

#### Flexible working

Flexible working refers to working arrangements where employees are able to vary the amount, timing and/or location of their work. There is a growing body of research on the impact of flexible working on worker health, with some emerging evidence suggesting that it improves employee wellbeing and job satisfaction, but more robust research is needed to understand its precise effects.

Providing flexible working is increasingly seen as an important component of jobs that support worker health. The Commission for Healthier Working Lives identifies flexible working as a key tool in job design, and suggests that working time flexibility, reduced or flexible working hours, and working from home are important ways employers can help protect and promote employee health.<sup>43</sup> Several systematic reviews find that flexible working arrangements that enhance workers’ control and choice are likely to have positive effects on health outcomes.<sup>44, 45, 46, 47</sup> Two of these reviews report modest improvements in mental health; however, all note that the overall quality of the evidence ranges from insufficient to moderate. Another meta-analytic review concludes that flexible working arrangements are associated with better physical health, reduced absenteeism, and fewer somatic symptoms, and suggests that flexibility allows employees to better maintain their health.<sup>48</sup>

Several papers further highlight flexibility as a pivotal factor in supporting workers with a health condition and enabling people to continue working after a health setback.<sup>49,50</sup> Indeed, evidence from the Work Foundation finds that employees who don't have access to work flexibility after developing a condition are four times more likely to leave work, but that less than half of employers currently offer flexible working arrangements.<sup>51</sup>

Some sources also find that flexible working improves workers' wellbeing, work-life balance and job satisfaction, though it can also introduce challenging new dynamics such as blurred boundaries between work and personal life.<sup>52, 53, 54</sup>

All reviews conclude that better quality evidence is needed because the available evidence is limited, especially in the form of randomised controlled trials, to understand more conclusively the relative impacts of different aspects of flexibility.

While this type of flexibility tended to be used as part of reasonable adjustments or phased returns, the Commission for Healthier Working Lives suggests it is now increasingly being used as a preventative solution to support workers before a health condition occurs.<sup>55</sup> However, the report suggests that access to flexible working remains unequal and is less common in lower-paid and front-line roles, where flexible working is more difficult to implement.<sup>56</sup> Evidence from pilots such as one run by Timewise suggests that team-based approaches – rather than case-by-case arrangements – can make flexible working more feasible even in complex sectors with shift-based roles.<sup>57</sup> In this case study, Timewise partnered with Guy's and St Thomas' NHS Foundation Trust to pilot a new team-based scheduling model on an acute medical ward. The approach increased the number of shift preferences each nurse could submit from five to ten (including both preferred days off and nights on), giving staff greater input into their working patterns while maintaining safe staffing levels. The pilot improved work-life balance, sleep routines, and overall wellbeing, highlighting how structured, team-level flexibility can work even in complex, shift-based settings.

There is a distinction between job flexibility which primarily serves the interests of the employer or the employee. Flexibility driven by employer interests such as fixed-term contracts or involuntary part-time work can lead to job insecurity, reduced worker autonomy,<sup>58, 59</sup> and, as outlined earlier, is linked to uncertain or negative health outcomes. On the other hand, flexibility that enhances employee control and choice, such as self-scheduling, appears more likely to support positive health outcomes, as tentatively suggested by a systematic review.<sup>60</sup>

### **Employee voice and representation**

Employee voice and representation refers to mechanisms through which employees can influence workplace decisions, policies and practices. Overall, there is mixed evidence on the impact of workplace representation on employee health, though some positive evidence exists. Research is weaker in this domain, with no existing systematic reviews.

An evidence review by the Learning and Work Institute finds that both direct and indirect (through representation) employee voice is an important mechanism to maintain workplace health standards and to tailor interventions to worker needs.<sup>61</sup> The review suggests that workplace representation through recognised trade unions or non-union employee forums have a positive impact on employees' health, especially mental health.

The Institute for Employment Studies further suggests that the strength of employee representation can significantly shape occupational health outcomes, with stronger representation associated with more positive outcomes.<sup>62</sup> Another study of longitudinal data in the UK finds that union presence is associated with better physical and mental health, but that no significant relationship was found between union membership and health.<sup>63</sup>

There are strong presumed reasons to believe that enhancing employee voice can lead to better worker health through a range of mechanisms such as higher wages, reduced excessive overtime or increased job satisfaction. One study in particular notes that while it cannot definitively conclude whether unions improve or harm overall worker health, the pathways and outcomes they identified were far more often beneficial than harmful.<sup>64</sup> Another study emphasises that trade unions are frequently overlooked in public health discussions, despite their direct, indirect, and political influence on health outcomes.<sup>65</sup> While the direct evidence linking workplace representation to health outcomes is limited, unions often act as 'enablers' of health-supportive measures.

Across the literature, there is consensus that further research is needed to fully understand the relationship between employee voice, representation, and health.

### **Parental leave**

There is a strong body of research on the effects of paid family leave on health which shows that it is likely to have important short- and long-term benefits for population health.

Systematic reviews suggest that women with more generous parental leave policies exhibit improved mental health and that increased duration of leave is generally associated with reduced risk of poor maternal mental health.<sup>66, 67, 68</sup> Evidence from these reviews also suggests that fathers' leave-taking leads to improved child and family wellbeing, though research on the health effects of paternity leave in general is less conclusive. While most evidence focuses on maternity leave, expanding access to and uptake of paternity leave would likely help promote gender equity in economic outcomes, which in turn is likely to benefit health.

Longitudinal data in nine European countries also found that paid parental leave is associated with improved infant and child health, with more generous leave policies resulting in lower infant and child mortality rates.<sup>69</sup>

Overall, there is good evidence that paid parental leave has beneficial effects on mothers' and children's health and that increasing the duration of leave can have positive health effects on mothers.<sup>70</sup> This is further supported by the fact that parental leave effectively serves as a wage replacement mechanism, so that we can confidently assume the well-established benefits of adequate income (and vice versa) apply here too.

There are two further factors related to flexible and supportive working arrangements which were not included in the benchmark measures, but which came out of the literature review. These are discussed below.

### **Worker autonomy**

Another key factor related to supportive work practices is worker autonomy. Low worker autonomy refers to conditions where employees have limited or no control over their job tasks, or the pace, sequence and manner in which they execute them. There is good evidence on the link between lack of control at work and poor health, both physical and mental – though more systematic analysis is needed.<sup>71</sup> Health Foundation research, based on analysis of the UK Household Longitudinal Study, suggests that low job autonomy is the most common dimension of low job quality, with half of employees surveyed reporting little control over how they do their work.<sup>72</sup>

Research from the Institute for Employment Studies suggests that having low levels of control at work is associated with poorer mental health.<sup>73</sup> A review of ten systematic and meta-analyses finds that increased control over tasks is positively associated with both physical and mental health.<sup>74</sup> Evidence from the Work Foundation suggests that workers' level of control over their work impacts their retention after a health condition: workers with no or low levels of control over their job tasks, work pace, work manner, task order or work hours were 3.7 times more likely to leave work after a health setback.<sup>75</sup> Findings from the Whitehall II study also found that low control at work is associated with a higher risk of coronary heart disease.<sup>76</sup>

### **People management**

Several papers highlight people management and relationships at work as having important impacts on workforce health.<sup>77, 78</sup>

The Commission for Healthier Working Lives suggests that evidence shows that a good relationship with a manager is the biggest driver of job satisfaction, and highlights management as a critical influence – either positive or negative – on the quality of people's working life and health.<sup>79</sup>

There is also rich evidence of the impact of social support and cohesion on worker health, though the majority of the evidence is much clearer on mental health than physical health. A review of twelve papers (mostly systematic reviews) finds that social support from management and peers mitigates depression and stress, while good management is linked to better mental health.<sup>80</sup>

## 4. Sick pay and health-related benefits

This section considers the impact of employers providing enhanced sick pay and additional good quality health packages or employee wellbeing packages such as private medical insurance, group income protection or similar for all staff. This aspect of the benchmark is backed by some of the strongest evidence of impact on worker health. Today, many people are expected to work longer into older age, often while managing caregiving responsibilities or their own long-term health conditions.

### The impact of paid sick leave on worker health

There is a compelling and growing body of evidence showing that paid sick leave benefits both individual worker health and broader public health. While there is limited UK evidence, international evidence shows that access to paid sick leave enables workers to seek timely healthcare, recover well, and prevent the spread of illnesses which benefits workers directly and reduces healthcare system burden.<sup>81</sup> This evidence is supported by a longitudinal study of micro and macro-level data for 21 EU countries from 1992 to 2011 which suggests that a relatively generous sick pay policy reduces sickness absence in the long-term.<sup>82</sup>

Much of the research on the health impacts of sick leave comes from the US, where paid sick leave access is not universally guaranteed, as is also the case in the UK. Several systematic US studies find that paid sick leave contributes to better public health outcomes, especially through its effective role in increasing the use of primary and preventative healthcare,<sup>83</sup> and is associated with improved mental health and self-rated health outcomes as well as decreased incidences of influenza-like illness, occupational injuries and mortality rates.<sup>84</sup> Another US meta-analysis finds that workers without access to paid sick leave are less likely to have received preventative health services (such as flu vaccinations) which could result in higher long-term costs for both workers and the healthcare system.<sup>85</sup> A further systematic review also identified a positive association between paid sick leave and favourable business conditions, as well as higher job satisfaction, improved retention and reduction in presenteeism – though the direction of this relationship is uncertain and more research is needed.<sup>86</sup>

Moreover, as noted in the section on fair pay, sick pay effectively serves as a form of wage replacement. It is therefore reasonable to assume that inadequate income during periods of illness is likely to have similarly harmful effects to those documented in the literature on low pay, while the well-established health-related benefits of adequate income are likely to extend to times of sickness as well.

A recurring theme in the literature is the issue of presenteeism – when employees work while unwell – which not only increases the risk of spreading illness but can also lead to prolonged absences, reduced productivity, and long-term health problems, particularly in relation to

mental health.<sup>87,88</sup> This highlights the importance of a comprehensive sick pay system to address and prevent this phenomenon.

### **Statutory sick pay in the UK is inadequate**

The available evidence on paid sick leave suggests it is an important factor in supporting worker health. This next section considers the UK's statutory sick leave policy specifically. In April 2026, the Government made changes to statutory sick pay (SSP) policy, incorporating some of the recommendations consistently advocated for by UK think tanks. Previous research showed there was a strong consensus among UK researchers that SSP in the UK is insufficient and inadequate.<sup>89, 90, 91, 92</sup> The recent changes to policy address some of the recommendations such as targeting 80% of earnings, abolishing the lower earnings threshold, and reducing the waiting period from three days to zero, which is welcome.<sup>93, 94</sup> However, the rate of pay remains insufficient.

Research by the Work Foundation found that the previous statutory minimum only replaced 17 per cent of average weekly earnings – a much lower rate than other European countries – and that its value had halved relative to earnings since its introduction in the 1980s.<sup>95</sup> The research finds that due to the inadequacy of statutory provision, many UK workers are struggling to make ends meet during periods of illness, forced to work before fully recovering, or are not taking sick leave at all, which has possible consequences for their long-term health.<sup>96</sup>

The literature further highlights the importance of adequate sick leave given the current context of rising economic inactivity due to ill health, so that workers can recover while remaining connected to their jobs, which is especially relevant for those with long-term health conditions who are more at risk of falling out of the labour market altogether.<sup>97</sup>

This issue is particularly relevant because sick pay provision is very uneven across the UK labour market, with close to half of all employers not going beyond the statutory minimum for most forms of protected leave, and small employers being much less likely than large employers to provide above statutory levels of sick pay.<sup>98</sup>

While much of the UK research calls on the government to reform SSP, there is also strong consensus that employers have a critical role to play in both the provision and uptake of leave.<sup>99, 100, 101</sup> Employers are seen as key actors in implementing and supporting these enhanced offers, especially where statutory coverage falls short.<sup>102</sup>

### **The importance of comprehensive return-to-work practices**

Several papers also highlight the importance of comprehensive return-to-work practices to support worker health.<sup>103, 104</sup> EU research suggests that comprehensive rehabilitation and job retention programmes to avoid permanent exit from the labour market must be a key component of sickness benefit policies, which is a recurring theme in the literature.<sup>105</sup> Enabling more gradual flexibility for phased returns to work, where SSP can

be paid alongside wages as workers resume duties, is widely supported, and the Work Foundation research highlights examples of good practice in other countries.<sup>106</sup> Finland, for example, adopts a more flexible approach to sick pay provision where workers who cannot perform their regular duties are able to take up reduced or modified tasks in part-time work while still qualifying for partial sickness allowance. The research finds that this generally reduces the sickness absence period and improves return to work and attendance.<sup>107</sup> A comprehensive approach to supporting workers with health conditions is essential amid growing health-related workforce challenges, particularly as the Work Foundation notes that the longer an absence lasts, especially beyond the critical one-year point, the more difficult return to work becomes, both psychologically and practically.<sup>108</sup>

### **Additional health and wellbeing workplace initiatives**

A recurring theme in the literature is that a reform of SSP would not be enough on its own to support workers' health, or to prevent health-related job loss. Instead, it must be accompanied by wider interventions to support healthier working lives with a focus on preventative measures and early interventions.<sup>109</sup> This brings us to the second key measure considered in this section, which is the provision of additional good quality health/employee wellbeing packages. These may include private medical insurance, group income protection, mental health and wellbeing support, occupational health services or other benefits designed to promote and protect worker health.

There are two key challenges in workplace health and wellbeing interventions which are relevant for this review. First, although there is a wide range of guidance available to employers from organisations such as the Health and Safety Executive, Acas, NHS Health at Work, CIPD, and the Council for Work and Health, many employers, particularly smaller ones, remain unaware of these resources. Second, there is a gap in translating general principles into sector-specific, practical approaches. Employers often struggle to access high-quality, affordable, and tailored services. Notably, only 45% of workers in Great Britain have access to occupational health services - a figure that lags behind many other European countries such as Germany and the Netherlands where coverage is near universal and provision is mandatory. There are also growing concerns about a shortage of occupational health professionals in the UK.<sup>110</sup>

The evidence here is also less conclusive and varies widely, which is likely due to the broad range of possible health and wellbeing initiatives and the variety in design and implementation. For example, the Commission for Healthier Working Lives finds limited evidence on the effectiveness of wider health and wellbeing initiatives in workplaces (such as mindfulness and wellbeing apps, stress management programmes, support with workload or time management, promotion of healthier lifestyles, etc).<sup>111</sup> Research by the Learning and Work Institute also finds weak evidence of impact for individual-level interventions (aiming to change employee behaviour or attitudes such as mindfulness and wellbeing apps)<sup>112</sup>, echoed by another systematic review.<sup>113</sup> The Learning and Work Institute does identify

occupational health services as a tool which can effectively support people with health conditions stay in work, but concludes that more research is needed to identify which model is most effective.<sup>114</sup>

However, several systematic reviews outline key aspects of successful interventions, and some patterns emerge:<sup>115, 116, 117</sup>

- Effective interventions are typically organisation-level, multi-component, holistic, and sustained, rather than one-off or individual-focused.
- A culture of prioritising workers' health and wellbeing must be embedded within the organisation, with leadership genuinely committed to improving employees' lives – not just cutting costs – and creating an environment that actively supports and encourages participation.
- Employee involvement is critical: incorporating the voices of those with lived experience improves both the design and the reception of interventions.
- Interventions must be tailored to the specific context of each workplace - including its work practices, environment, policies, and workforce - and remain flexible to adapt to employees' evolving needs.

Overall, though, the literature highlights that while there are instances of good practice and positive trials, the evidence base remains underdeveloped on the effectiveness of workplace interventions on health and wellbeing.<sup>118</sup>

## 5. Training and progression opportunities

This section considers the impact of employer-provided training and progression opportunities on employee health and wellbeing. The benchmark recommends that employers provide progression pathways for staff, implement a comprehensive policy for employee training and upskilling (including offering flexible hours for attending training and small-scale financial support), and provide apprenticeship programmes.

The evidence base in this area is relatively limited. While several studies examine the relationship between training and wellbeing, few explore progression opportunities, and none assess the health impacts of training directly. A systematic review found that promotions can lead to improvements in job satisfaction in the short term, but these effects fade over time.<sup>119</sup> There is also limited evidence of the immediate wellbeing impact and some indication that promotions are associated with poorer mental health in the long run due to increased mental strain, especially for larger promotions (from non-supervisory roles to managerial roles). However, the review highlighted that having a job with career prospects can positively impact wellbeing – both actual promotions and positive

expectations about future promotions had comparable effects on job satisfaction, even if this effect faded over time.

A rapid review of existing systematic reviews concludes that training and development generally support worker wellbeing, and finds that both wellbeing and resilience training and leadership training have largely positive outcomes.<sup>120</sup> The review suggests these benefits are driven by social contact, skills acquisition and improvements in confidence and self-esteem. The authors cite evidence that the wellbeing benefits of training have been estimated to be equivalent to a 1% increase in pay. The estimate is based on high-intensity training (measured by the quantity of training hours). The authors note that both the quantity and quality of training are likely to influence its impact on wellbeing, and that there is insufficient evidence to quantify the impact more precisely.

Finally, another study highlights the challenges of evaluating the impact of training on wellbeing, echoing a broader consensus across the literature about the lack of high-quality research in this area.<sup>121</sup>

## 6. Cost of living and financial support

This section considers the impact of cost of living and financial support interventions on employee health. The measures suggested in the benchmark are wide-ranging:

- Signpost employees to free resources to help with money management.
- Travel season ticket loans.
- Cycle-to-work policy.
- Subsidised access to food/meals.
- Schemes to support financial resilience (e.g., salary finance schemes, workplace savings schemes, access to financial advice).
- Interest-free payroll loans (e.g., Tenancy Deposit Loans).
- Shares for staff or profit-sharing scheme.
- Policy on assisting with childcare costs.
- Access to individual financial advice services.

There is very little to no evidence of the impact of these specific measures on worker health. Some research from the US examines the effects of employer-provided financial education programmes.<sup>122</sup> However, these findings focus on retirement planning so are less applicable to the UK context due to automatic enrolment into workplace pensions, and there is no evidence linking such programmes to employee health outcomes.

However, a review by the Institute for Employment Studies on the Cycle to Work scheme suggests that the initiative does lead to increased uptake of cycling by commuters. While the evidence of the scheme's direct health

outcomes is not conclusive, the well-established health-related benefits of cycling more broadly suggest that the scheme is likely to have a positive effect on worker health.<sup>123</sup>

Some research on employee financial wellness programmes exists, but findings on their impact are inconclusive.<sup>124</sup> Overall, the evidence on the impact of cost of living and financial support interventions on employee health is insufficient.

## Summary of the evidence reviewed

A consistent theme across the literature is the critical role that overall job quality has in influencing the health of people in work. Multiple reviews identify overlapping aspects of job quality that matter most for employee health. The ReWAGE review, for example, highlights eight key features of healthy jobs: job security, having paid parental leave, having a higher income level, having task control and task variety, teamworking, having peer and supervisory support, and having scheduling choice and control.<sup>125</sup> Similarly, the Institute for Employment Studies points to four key aspects of job quality most strongly linked to health: job security and precarity, excessive and/or irregular hours, demands and control at work, and relationships and support.<sup>126</sup> The alignment between these findings strengthens confidence in the emerging evidence base around the job characteristics most essential to health.

Aspects of job quality are often interlinked, and shaped by wider economic, social and individual factors. This highlights the importance of a holistic approach to supporting worker health. Indeed, several studies suggest that employers who comprehensively embed workforce health into job design, management and working culture (rather than relying on standalone initiatives such as mindfulness training) tend to have better retention, productivity and wellbeing.<sup>127, 128</sup>

However, there remains a gap between awareness and action. While employers increasingly recognise the value of a supportive working environment, they need more support to implement this.<sup>129</sup> The literature highlights several challenges to effective employer action, such as a lack of clear and targeted guidance on effective workplace health practices, difficulty accessing high-quality and reliable services which are tailored to their needs, financial constraints and limited incentives, and managers failing to support initiatives due to a lack of understanding, support, or capacity.<sup>130, 131</sup>

Building a better understanding of the specific ways in which employers can support worker health and wellbeing is therefore necessary to promote and protect public health because we know employers have a key role to play in this domain. As the Institute for Employment Studies concludes, the most effective levers for improving health and employment lie within the workplace itself.<sup>132</sup>

## Conclusion

The evidence suggests that three benchmark themes should be prioritised to maximise the impact on employee health and wellbeing: fair pay and job security, flexible and supportive work arrangements, and sick pay and health-related benefits.

There is strong evidence linking low income and job insecurity with poorer health, indicating that measures such as providing a real Living Wage and greater job stability can have meaningful health-related benefits. Flexible working and supportive management are also associated with improved wellbeing, with robust evidence supporting the positive health effects of paid parental leave. Similarly, strong international evidence highlights the health-related benefits of paid sick leave, and there is broad consensus that current UK provisions are inadequate.

While other areas (such as training, progression opportunities, and financial support) may be valued by workers, the evidence on their direct health impacts is currently limited. Overall, research consistently shows that employers have a vital role to play in creating the conditions for good health at work.

The polling findings show that the measure workers care about most is being paid the real Living Wage. It stands out as both the measure perceived to have the greatest impact on health and the one workers most want implemented – by a wide margin compared to the other measures.

In addition, flexible work (the ability to adjust location and hours) and quality management (a manager who sets clear goals, builds trust, and creates a safe environment for raising concerns) also emerged as having significant positive impacts on worker health. In terms of priorities for employer action, workers also highlighted enhanced pension contributions sufficient to cover basic living costs in retirement, along with above-statutory sick pay and better support when returning to work.

Workers also identified above-statutory sick pay and flexible work as the measures with the greatest influence on their likelihood of remaining in their current roles. Comparing respondents' views on the health impacts of each measure with their priorities for employer action suggests that workers also place value on factors beyond health, particularly financial stability.

The demographic breakdowns show that different groups place varying levels of importance on the measures, suggesting there is no single ranking that would suit all workers. However, there is little overall variation in the rankings across demographics. The findings also show that, for each measure, more than half of respondents reported it would have a positive impact on their physical and mental health, as well as encourage them to stay in their job.

To conclude, the polling findings suggest that earning a real Living Wage, flexibility at work and quality management would have the greatest impact

on workers' health. Workers also want their employers to prioritise providing enhanced pension contributions and above statutory sick pay.

Our research therefore indicates that the measures workers value most largely align with those which have the strongest evidence of improving health. Across both the literature review and polling data, earning a real Living Wage emerged as the measure with the strongest evidence for supporting worker health. There is a clear congruence in the findings: many of the other measures identified as impactful reinforce this link because they protect workers' ability to maintain a decent income throughout their lives. For example, job security supports workers' ability to have adequate earnings, while sick pay, parental leave, and pensions act as wage replacement mechanisms.

Taken together, these findings provide a robust picture of where employers can act to support worker health and wellbeing. This suggests our existing accreditations (Living Wage, Living Hours and Living Pension) are practical steps employers can take to go beyond statutory minimums, that not only support worker health, but are also aligned with workers' priorities. Overall, our research indicates that there remains significant scope for employers to do more to support workers and their health by driving up employment standards.

## Appendix A: Relevant benchmark measures suggested by the Social Market Foundation, categorised by theme.

Theme	Contents
<b>Fair Pay and Job Security, Now and in the Future</b>	<p>Adequate pay (a real Living Wage), annual cost of living increases</p> <ul style="list-style-type: none"> <li>• Pay the real Living Wage, as a minimum, to all staff.</li> <li>• Compensate those employees working unsociable hours with supplementary pay.</li> <li>• Policy to ensure that rises in the cost of living are consistently reflected in pay rises and other aspects of staff remuneration.</li> </ul> <p>Secure and predictable working hours</p> <ul style="list-style-type: none"> <li>• Provide a written contract to all employees.</li> <li>• Offer a minimum of 16 hours of work a week to all employees (unless there is a wish to work fewer) or have a policy in place to compensate workers for cancelled shifts.</li> <li>• Have a minimum supply-chain standards policy (e.g. requirements for suppliers to be Living Hours employers).</li> <li>• Putting in place extensive and robust supply chain practices.</li> <li>• Better than statutory redundancy terms.</li> </ul> <p>Pension</p> <ul style="list-style-type: none"> <li>• Provide pensions to all staff that want them (e.g., auto-enrolment or equivalent or better alternatives).</li> <li>• Have a minimum supply-chain standards policy (e.g., requirements for suppliers to have all employees covered by an auto-enrolment (or equivalent) pension scheme).</li> </ul>
<b>Flexible and Supportive Work Arrangements</b>	<ul style="list-style-type: none"> <li>• Provide flexible working opportunities for staff.</li> <li>• Recognise “employee voice” when issues arise that impact staff.</li> <li>• Offer a package of additional support for all employees working unsociable hours.</li> <li>• Better than the statutory minimum parental leave policy and benefits.</li> <li>• Bereavement and other family leave.</li> <li>• Equality of parental leave entitlements.</li> </ul>
<b>Sick Pay and Health-related benefits</b>	<ul style="list-style-type: none"> <li>• Have a minimum supply-chain standards policy (e.g., requirements for suppliers to provide (above statutory minimum) sick pay).</li> <li>• Better than statutory minimum sickness benefits.</li> <li>• Additional good quality health/employee wellbeing package(s) (e.g., private medical insurance, group income protection or similar offer for all staff).</li> </ul>
<b>Training and Progression Opportunities</b>	<ul style="list-style-type: none"> <li>• Have progression opportunities/ladders for the workforce.</li> <li>• Policies for employee progression.</li> <li>• Comprehensive policy for employee training and upskilling, including flexibility over hours around training and small-scale financial assistance for learning.</li> <li>• Apprenticeship programme.</li> </ul>
<b>Cost of Living and Financial Support</b>	<ul style="list-style-type: none"> <li>• Adequate staff expenses policy.</li> <li>• Signpost employees to free resources to help with money management.</li> <li>• Travel season ticket loans.</li> <li>• Cycle-to-work policy.</li> <li>• Subsidised access to food/meals.</li> <li>• Schemes to support financial resilience (e.g., salary finance schemes, workplace savings schemes, access to financial advice).</li> <li>• Interest-free payroll loans (e.g., Tenancy Deposit Loans).</li> <li>• Shares for staff or profit-sharing scheme.</li> <li>• Policy on assisting with childcare costs.</li> <li>• Access to individual financial advice services.</li> <li>• Large-scale financial help for training/upskilling (e.g., interest-free training loans or grants).</li> </ul>

## Appendix B: Key differences between the Employment Rights Act and the Living Hours accreditation.

Area	Employment Rights Act 2025 - all to be confirmed	Living Hours
<b>Status</b>	Legal requirement for employers from 2026–27 (with Living Hours-related measures introduced in 2027).	Voluntary accreditation for employers wanting to go further.
<b>How is it set?</b>	To be determined through public and stakeholder consultation in 2026.	Based on listening with over 700 community leaders, employers, trade unions and experts.
<b>Who is covered?</b>	Pending consultation. Likely to include: zero-hours contracted workers, ‘low hours workers’ to be defined, and possibly some shift workers.	All lower paid workers without guaranteed hours.
<b>What is provided?</b>	<ul style="list-style-type: none"> <li>• “Reasonable shift notice” (definition still to be set; disputes may go to tribunal). Payment for short notice cancellations (details pending).</li> <li>• No minimum hours protection.</li> <li>• ‘Guaranteed Hours Offer’ based on regular hours.</li> </ul>	<ul style="list-style-type: none"> <li>• Four weeks’ notice of shifts and full pay for shifts cancelled with less than four weeks’ notice.</li> <li>• Guaranteed minimum of 16 hours per week for anyone who wants it.</li> <li>• Contract reflecting actual hours worked over a 12-week reference period.</li> </ul>

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