

# HEALTHY BY DESIGN?

Why better jobs for all should be  
a goal for UK industrial policy



## CONTENTS

### Executive summary

1. Introduction
2. The links between autonomy, control over working time and health at work
3. Access to control over working time is highly unequal
4. The quality of work in many ‘frontline’ sectors risks exacerbating ill health and economic inactivity
5. These issues have been neglected by central government for too long
6. The lack of fair, flexible and secure work in frontline sectors is not inevitable
7. Why we need an industrial strategy for good jobs in the everyday economy

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## EXECUTIVE SUMMARY

The Labour Government has set a long-term ambition to reach full (80 per cent) employment for the UK. This ambition is focused on tackling the large rise in people who are economically inactive. However, our employment systems and institutions were designed to tackle a different problem: the high levels of unemployment seen in the 1990s and early decades of this century.

Despite recent increases, unemployment levels are still well below those at the start of the century. Today's problems are different in nature. They are not so much about the quantity of jobs available, but the quality of these jobs - the extent to which they provide a route out of poverty towards economic stability, their impact on health and wellbeing and their suitability for the individuals the government is trying to encourage back into the workforce, including those who are on long-term sick leave due to health conditions and/or disabilities.

This paper explores the nature and scale of this challenge and how to tackle it. We argue that the objective of the government's employment support should be to influence employer practices and work design just as much as offering individualised back-to-work support. We provide new analysis revealing that:

- Few formerly long-term sick inactive workers move into work each year, approximately 2.5 per cent.
- Over half (56.6%) find work in 'frontline roles' in elementary occupations, as process, plant and machine operatives, and in caring and leisure occupations.
- They are most likely to be working in poorly paid, strenuous and insecure roles such as **couriers, window cleaners, street cleaners, domestic cleaners, bar staff, coffee shop staff, security guards, warehouse operatives and farm labourers**.
- Overall, of the 2.5% who do find work, for just over half this work lasts for fewer than four months.

This reveals a huge mismatch between the work disabled people and those with health conditions say they *want* to do and the work they are most likely to move into. A recent survey of health and disability benefit claimants found that the jobs claimants felt *least likely* able to do were those that involved **standing up all or most of the day, working shifts that could not be changed, or commuting or travelling as part of the job**. The majority wanted to work part-time, flexible roles, with the option of working from home.<sup>1</sup>

Instead, those cycling in and out of employment activity are most likely to be working in precarious and demanding jobs in 'frontline' low wage service sectors, including retail, health and care, leisure and hospitality, transport and logistics and construction. Without improvements in job quality within these sectors, the government's return on investment in back-to-work support for the formerly inactive long-term sick will be very low.

We find that frontline sectors have received too little attention from policymakers and argue that they should be a central focus of upcoming strategies, including the independent Keep Britain Working Review, led by Sir Charlie Mayfield, and an upcoming White Paper from the Department for Work and Pensions (DWP) and the phased implementation of the Employment Rights Bill.

We set out good practice examples that demonstrate that change is possible within these sectors, and make recommendations for them to be expanded and scaled. We propose that this change is rooted in a new industrial strategy for the everyday economy, with 'good jobs' being a core goal alongside growth and productivity goals, starting with three central reforms:



**1. Introduce cross-industry new Healthy Work Standards. Building on the Employment Rights Bill,** which sets the minimum floor for employment practices, our work suggests a need to articulate clear guidelines for employers to encourage the design of high quality jobs. The standards should seek to minimise practices that can create or exacerbate ill health (mental and physical), as well as support effective sickness management in the workplace. They should include sector and role-specific advice and examples of good practice developed in partnership with industry, civil society and unions.

**2. Introduce Norwegian-style Workplace Innovation Agreements (WIAs) as part of a joint DWP and Department for Business and Trade (DBT) Frontline Workplace Innovation Fund backed by £500m investment for an initial phase.** Workplace Innovation Agreements should be tri-partite - negotiated between the government, unions and key sectors and employers or areas. In return for committing to conditional targets for reducing staff turnover and sickness rates, improving rates of retention and return to work from sickness, employers receive access to preferential procurement, business support, innovation grants and training through the Frontline Workplace Innovation Fund. The WIAs are based on similar agreements in Norway that have increased the probability of employed individuals signing up to staying in work and returning to work after sick leave.

**3. Re-purpose existing government spending to focus on job quality goals, including business support (starting with £8bn DBT and UK Research and Innovation spending) and DWP active labour market programmes (approximately £1bn).**

Existing programmes do little to influence employer practices or behaviour to shape the nature of jobs available to jobseekers. The Department for Work and Pensions and Jobcentre Plus should establish a change programme to build the capacity and skills of work coaches and advisers in employer engagement, employment law and job design. Existing investment in business support should also be directed to support these goals. This should start with Department for Business and Trade spending on access to finance for SMEs (an estimated £7.5bn) and Innovate UK spending on SME support, R&D and innovation loans (estimated £517m in 2024-25).

## 1. INTRODUCTION

In the UK, too many people leave work due to ill health and receive little support to stay employed. As a result, a growing number of people with health conditions and disabilities are economically inactive - neither looking for work or able to work. There are now 2.83 million people aged 16–64, who are neither looking for work or able to work due to long-term sickness, up from around 2 million people in 2019.

With strong evidence of the protective benefits of good work for health and wellbeing, being unable to work can have a detrimental impact on individuals' sense of belonging, identity and living standards. It is also a drag on economic growth, resulting in lower tax revenues, reduced spending power and higher social security costs. Government spending on health-related benefits has risen sharply over the past five years, from £36 billion in 2019–20 to £52 billion 2024–25 (in today's prices). Without reform, spending is expected to grow to £66 billion by 2029–30.<sup>2</sup>

The increase in economic inactivity in the UK is out of step with other G7 countries. The UK consistently had one of the lowest inactivity rates in the G7 before the pandemic. Since then, inactivity has risen in the UK and US, but fallen across the rest of the G7 countries. There has been a particularly marked increase in economic inactivity among young people, driven by mental health issues,<sup>3</sup> which risks creating long-term damage to their employment and earnings outcomes.<sup>4</sup> Once people fall out of work, unless they find alternative employment that meets their needs within two years, it is very unlikely that they will ever return to work.<sup>5</sup>

For this reason, prevention of both health and disability challenges arising in the first place and of people falling out of work, are very likely to be 'better than cure'.<sup>6</sup> We agree that the role of prevention by improving retention in work has been largely overlooked by policymakers. However, the same factors that are likely to improve retention in work will also support people back into jobs that last. They include people's control over their working patterns and wellbeing at work alongside pay, job security and voice. In this paper, we examine the dimensions of job quality in relation to 'prevention' (recruitment and retention in work), as well as 'activation' (supporting people back into work).

### ABOUT THE ANALYSIS

Our analysis uses the Labour Force Survey and the 5-quarter longitudinal datasets. These follow respondents for 5 successive quarterly survey interviews over one full year. The analysis uses 20 successive 5-quarter datasets up to that for people first interviewed in April to June 2022, whose last interview was April to June 2023. The datasets cover five years of first survey interviews, including the pandemic<sup>7</sup>. The datasets have not been published for more recent periods. Some people had four quarterly interviews in work; others had just one. This raises the point that these estimates may undercount, as they only count jobs held at the interview date.

The next stage of the analysis is to examine the occupations of people who were in the inactive – long-term sick category in their first interview. The data shows that over the 20 datasets, 336 observations of respondents who had been inactive at first interview, then in work and reported an occupation. This is weighted to a total of 2.21 million job records. Scaled to a single dataset (averaging 2.4 million inactive long-term sick), this gives 111,000 jobs from people, who had been economically inactive-long term sick. The 110,000 is composed of 16,500 in their second survey interview, 22,500 in the third, 29,000 in the fourth and 42,500 in the fifth survey interview – all rounded to the nearest 500. So, the numbers of people, who started as inactive and have an occupation rises over the course of the year. This rise may well continue, however, the data only covers one full year of interviews per person.

## 2. THE LINKS BETWEEN AUTONOMY, CONTROL OVER WORKING TIME AND HEALTH AT WORK

The control workers have over the way they do their jobs has fallen to new lows across the workforce. In 1992, 62 per cent of British employees reported that they had a high level of influence over tasks at work, but by 2024, the proportion had declined to 34 per cent, the lowest rate in Europe.<sup>8</sup> This matters because jobs that have a mismatch between demands and control – or ‘job strain’ – are consistently associated with worse health outcomes.<sup>9</sup>

Recent evidence shows a strong link between factors, including insecure or precarious work and job strain and poorer health and wellbeing. Control over working hours and patterns is a key aspect of ‘job strain’: not being able to work your desired hours is associated with both poorer physical health and mental health.<sup>10</sup> Those who are already disadvantaged in the labour market face the biggest challenges; this includes individuals with chronic health conditions, younger workers and people with disabilities.

The fastest rise in economic inactivity due to ill health has been among young people, who are most likely to be in insecure and precarious at work. One in eight young workers are on a zero-hour contract, compared to less than one in 40 older workers,<sup>11</sup> and nearly three in 10 employees aged 18–20 years report experiencing multiple negative aspects of job quality (measured as low rates of pay, job security, wellbeing, satisfaction and autonomy).<sup>12</sup>

A recent Youth Futures Foundation study found that this economic precarity is a key contributor to declining mental health among young people, alongside the lack of affordable housing.<sup>13</sup> The impact of insecurity can last a lifetime: a US study found that variable work patterns when you are young results in a higher likelihood of poor health and depression at the age 50 than for those with stable work schedules.<sup>14</sup> Flexible working can also help employers attract younger workers according to research – 9 in 10 per cent of young people want to work flexibly and flexible working is also central to understanding why many workers choose temporary work.

The lack of control over working hours and patterns is a key factor in people leaving work due to inactivity and blocking the path towards the return to work. While policymaking has focused on the ‘specific aids, adaptations or equipment’ needed by disabled people in order to facilitate their ability to work, for example, the vast majority ‘simply require changes in the way in which work is organised’, disabled people and those facing health conditions frequently experience a lack of employer flexibility in terms of ‘where, when and how work can be performed.’<sup>15</sup> For instance:

- Among disabled people, who are currently not working and receiving incapacity or disability benefits, two-thirds say they would need to work part-time in order to work.<sup>16</sup>
- Eight out of ten disabled workers have said that working from home would be essential or very important if they were looking for a new job.<sup>17</sup>
- Flexible working is cited as being the most important consideration for older workers (58 per cent) [aged 50–65] who left or lost their job at the start of the pandemic and would consider returning to work, ahead of pay (32 per cent) and being able to work from home (12 per cent).<sup>18</sup>

It is therefore not surprising that workers without any flexibility at work are four times more likely to leave work after a health decline.<sup>19</sup> This is made worse by the contingency of flexibility on job status and the attitude of line managers – otherwise known as the ‘manager lottery.’ Flexibility is also often accrued over time rather than granted in a new role – the Resolution Foundation recently found that 9.4 per cent of new starts are able to work with ‘flexi-time’, but this rises to 12.9 per cent for those who have been in their job for two years or more.<sup>20</sup>

This is a major barrier to raising workforce participation. Flexible, part-time and remote working enables people to manage their conditions alongside other reasonable adjustments – and is also important for improving employment rates among people with caring responsibilities. Significant increases in the quantity and quality of flexible and part-time work is therefore critical to tackling economic inactivity. We examine the distribution of access to control over working time to help identify where action most urgently needs to be taken.

### 3. ACCESS TO CONTROL OVER WORKING TIME IS HIGHLY UNEQUAL

There has been a well-documented rise in remote and hybrid working models since the pandemic. According to the ONS,<sup>21</sup> hybrid working - splitting time between home and the workplace - has become the 'new normal' for around a quarter of all workers, up from just 10 per cent in January 2022. This is good news and could play a significant role in supporting people to manage health conditions.

However, access to remote working is highly unequal. The latest ONS analysis<sup>22</sup> shows that the biggest beneficiaries of flexible work are higher-paid managers and professionals in roles that do not require face-to-face contact. They have gained, on average, 56 extra minutes a day that they are using for exercise, rest and improved wellbeing. Among senior professionals, 45 per cent now follow a hybrid model, compared with just three per cent of people in 'elementary occupations', such as retail and cleaning, and three per cent of those working in 'caring, leisure and other services.'

The increase in hybrid working has had little to no impact on 'frontline' sectors, which make up a significant part of the economy. Just under one-third of the workforce (10.5 million employees) work in frontline sectors and two in five workers are in jobs that cannot be carried out remotely.<sup>23</sup> From construction workers, warehouse operatives and truck drivers to nurses, carers and teachers, most low to middle income workers within these sectors have seen no change in their input or control over working hours since the pandemic.

The challenge is exacerbated by strong competition for quality part-time and flexible jobs. Flexible working is now a mainstream expectation for men and women of all ages and backgrounds, with nearly nine in ten people wanting to work flexibly.<sup>24</sup> This is driven by the need to manage work responsibilities alongside the wider pressures of real life: parenting, caring and education, as well as health and disability. As a result, demand for flexible working far outstrips supply. A recent survey of 1,000 UK business leaders found that less than half offer flexible working arrangements.<sup>25</sup> Timewise analysis shows that just three in ten jobs paying at least the real Living Wage are advertised with any kind of flexibility.<sup>26</sup>

This situation limits the number of viable employment opportunities for people who need flexibility and, in doing so, presents a significant barrier to Government goals to address the rise in economic inactivity. Recent analysis by the Joseph Rowntree Foundation highlights the disproportionate impact this has on people living with disability, with just one vacancy for every seven people receiving unemployment or incapacity benefits, and one Disability Confident job advertisement for every 121 people receiving incapacity benefits, rising to 133 in ex-industrial areas.<sup>27</sup>

It is also the case that employment outcomes are strongest for disabled people who can access skilled work and larger employers. People with disabilities working for large businesses are three-times as likely to have access to very flexible work than those from small businesses (18 per cent and 6 per cent, respectively). In comparison, those with degrees are nearly seven- times as likely to have access to very flexible work than those with only GCSEs or less (22 per cent vs 3 per cent).<sup>28</sup> Policymakers should focus their efforts on improving access to flexible and part-time work in small businesses and low wage service sectors, which have the highest rates of (and have seen the fastest rises in) economic inactivity due to sickness.



## 4. THE QUALITY OF WORK IN MANY 'FRONTLINE' SECTORS RISKS EXACERBATING ILL HEALTH AND ECONOMIC INACTIVITY

In low to middle-earning frontline roles and sectors, 'flexibility' too often means being available to meet employers' needs, not balancing your own. These sectors are characterised by higher rates of insecure, unstable and excessive working patterns that are associated with worse physical and mental health outcomes, including higher rates of long-term sickness and economic inactivity. Some research suggests that low quality jobs can have a worse impact on health outcomes than unemployment.<sup>29</sup>

Frontline occupations and sectors are significantly more likely to be associated with these issues than 'white collar' industries. Analysis by the Institute for Employment Studies<sup>30</sup> produced for the Health Foundation's Commission for Healthier Working Lives found that:

- Job insecurity is worse in transport and storage, construction, commerce, hospitality and 'other services.'
- Very long hours are most common in agriculture, construction, transport and storage.
- Rates of work-related stress, anxiety and depression are highest within the public sector – with burn out particularly prevalent in health and education.

Similarly, analysis by the Trades Union Congress (TUC) found that insecure contracts are more common in elementary roles, such as personal care and leisure.<sup>31</sup> The conditions within these sectors make it difficult for workers to find the flexibility or predictability they need to accommodate a disability, health condition, caring responsibilities or other factors that impact their ability to work. It should be no surprise, perhaps, that the vast majority of people who become economically inactive were previously employed in sectors dominated by shift and site-based work. Figure 1 shows analysis by the Institute for Public Policy Research (IPPR), which found that the top sectors with the highest long-term sickness rates are retail, transport, hospitality, health and care, followed by construction.

Those who leave a job because of inactivity due to sickness or being unable to manage work alongside a disability are also most likely to return to these sectors. Very few even make it to this point. We provide new analysis that shows that an average of just 2.5 per cent (60,500) of the economically inactive population (which totals 2.4 million in the period analysed of April 2022 to June 2023) went on to have just one period in work over the course of the year.

**FIGURE 1: INACTIVITY DUE TO SICKNESS IS NOT EQUAL AMONG INDUSTRIES**

Workers inactive due to health by former industry, where in work within last two years, rate per 1,000 current workers.

INDUSTRY	LONG-TERM SICKNESS RATE
Wholesale and retail	10.4
Transportation and storage	10.0
Accommodation and food service	9.2
Human health and social work	7.8
Construction	7.6
Manufacturing	6.8
Education	4.7
Professional, scientific and technical	3.3
Public administration and defence	3.1
Information and communication	2.8

Source: IPPR, Getting better?: Health and the labour market, based on ONS analysis, December 2022.<sup>32</sup>

Many of the jobs held by those who are formerly inactive or long-term sick do not last. For just over half of the group who did find work, the jobs did not last for more than four months. This reflects the poor quality and precarious nature of the work they move into, with the majority finding work in elementary and manual occupations in roles, such as couriers, window cleaners, street cleaners, domestic cleaners, bar staff, coffee shop staff, security guards, warehouse operatives and farm labourers.

Figure 2 below shows the patterns of top-level occupations for those, who have been inactive long-term sick and the whole economy. There is an over-representation of people going into elementary and manual roles, with comparatively few going into professional or associate-professional roles or skilled trades:

- The top-ranking occupation for formerly inactive workers is elementary occupations, which includes roles, such as couriers, window cleaners, street cleaners, domestic cleaners, bar staff, coffee shop staff, security guards, warehouse operatives and farm labourers. Within the elementary occupations, 'cleaners and domestics' represent 11.7 per cent of all of the jobs carried out by formerly inactive long-term sick people.
- The second highest occupation is process, plant and machine operative roles, such as van drivers, chemical and related process operatives and food and drink process workers.
- This is followed in third place by care and leisure occupations, such as teaching and childcare support staff, personal carers, hairdressers and policy community support officers, and in fourth place by administrative and secretarial occupations, such as data entry clerks, office managers and receptionists.
- There are remarkably few formerly inactive people within professional occupations relative to the rest of the population. There are also fewer formerly inactive individuals within skilled trades (such as construction and building, metal workers or car workers), sales and customer service occupations (such as sales assistants, shopkeepers or call centre staff) or associate professions when compared to the rest of the population.

This analysis reveals a mismatch between the work disabled people and those with health conditions say they want to do and the work they are most likely to move into. A recent survey of health and disability benefit claimants found that the jobs that claimants felt least likely to be able to do were those that involved **standing up all or most of the day, working shifts that could not be changed or commuting or travelling as part of the job**. The majority wanted to work part-time, in flexible roles, with the option of working from home.<sup>34</sup>

Instead, those cycling in and out of activity are most likely to be working in precarious and demanding jobs within 'frontline' low wage service sectors, such as retail, health and care, transport and logistics and construction. Without improvements in job quality within these sectors, government return on investment in back-to-work support for formerly inactive will be severely limited.

**FIGURE 2: TOP LEVEL OCCUPATIONS OF THOSE WHO HAVE BEEN INACTIVE LONG-TERM SICK AND THE WHOLE ECONOMY.** <sup>33</sup>

	FORMERLY INACTIVE LONG- TERM SICK	WHOLE ECONOMY
1. Elementary occupations	28.7%	10.3%
2. Process, plant and machine operatives	15.5%	6.3%
3. Caring, leisure and other service occupations	12.4%	9.1%
4. Administrative and secretarial occupations	11.3%	10%
5. Managers, directors and senior officials	10.4%	10.8%
6. Associate prof & tech occupations	9.9%	14.7%
7. Skilled trades occupations	4.3%	10.2%
8. Professional occupations	4.1%	20.9%
9. Sales and customer service occupations	3.4%	7.4%

## 5. THESE ISSUES HAVE BEEN NEGLECTED BY CENTRAL GOVERNMENT FOR TOO LONG

As we have seen, tackling inactivity will not only require increases in part-time and flexible jobs, but also improvements to the stability, predictability and fairness of work in many low to middle income occupations and sectors.

Historically, national government programmes to support people into work have done little to shape the nature of jobs available to jobseekers. Employment support in England, in particular, has been designed around a 'work-first' approach that promotes regular job-searching backed up by benefit sanctions. Critics argue this has encouraged a focus on 'any job', regardless of its quality, with employment support providers given limited mandate, time or resources to work with employers to improve the quality of jobs.<sup>35</sup>

The wider institutional landscape to support positive workforce change in the UK is weak compared to other developed countries.<sup>36</sup> Labour market deregulation in the 1980s and 1990s was associated with a large increase in low paid, insecure work. The minimum wage was established in 1997 to prevent the most exploitative practices, but beyond that the workplace was not seen as a legitimate site of policy intervention for many years. Efforts to improve business support have been patchy and tended to offer generic advice on business planning for start-ups rather than business improvement or sector-specific support to improve job quality and performance. This is exacerbated by a general lack of expertise in job design in the UK. Since 1994, the Access to Work programme has provided resources for employers that make adjustments for disabled employees. However, the programme faces huge delays and does little to support employers with how to adapt and design jobs to meet employees' needs.

There are welcome signs that the Labour Government is seeking to put greater focus on the role of employers and job quality in tackling economic inactivity. The Department for Work and Pensions has commissioned the former chief executive of John Lewis, Sir Charlie Mayfield, to look at how to engage more employers to better support people with health conditions to enter and stay in work – his findings are due to be shared in Autumn 2025. The Department for Work and Pensions has also introduced more specialist employment programmes to help people, who are economically inactive and those with health conditions and other complex needs, to identify and find jobs that meet their requirements, including the national Connect to Work programme and a set of locally-led Trailblazer pilots.

The Labour administration is also seeking to improve access to fair, secure and flexible work in the economy. The new Employment Rights Bill, due to come into force in 2027, will give employees a stronger Right to Request Flexible Working patterns and introduce new protections for employees at the sharp end of workplace insecurity. This includes a requirement for employers to offer workers on zero- and low-hours contracts a contract that reflects the hours they regularly work, provide reasonable advance notice of changes to shifts and compensate shift workers for cancellations. The Bill will also expand access to Statutory Sick Pay for around one million low paid workers.

However, job quality goals are not a focus of the government's wider economic growth programmes, which largely ignore frontline sectors. The new employment programmes are principally focused on individuals, with limited focus on collaborative work with employers to prevent people from falling out of work or retain them when they fall ill. Providers are prohibited from offering incentives to encourage employers to hire people with

additional needs under Connect to Work, and in-work support is likely to remain typically light touch and candidate-centred.

There are concerns that the ambitions of the Employment Rights Bill will be watered down during the consultation phase over the next two years.<sup>37</sup> More broadly, the framework promotes an individual, case-by-case approach to change rather than systemic approaches that could increase the availability of flexible and part-time work more broadly within an organisation or sector. To date, there has been little focus on how to raise awareness of and engagement with new rights among employers or employees.

In recent years, a number of US cities and states have introduced similar measures to those in the Employment Rights Bill. This includes improvements in advance notice of schedules, the introduction of 'predictability pay' to compensate workers for accepting last minute schedule changes and measures to improve workers' ability to provide input on their schedules. The impact of these so-called 'Fair Work Week' laws has varied, depending on: the strength and clarity of the obligation on employers to make changes; awareness and engagement among employers and employees, and how the laws have been interpreted by employers.

Exceptions, optional aspects, and employee-initiated (as opposed to employer-mandated) change, all significantly reduced the impact of new laws. For example, in surveys conducted in three sectors affected by new legislation (food, retail and hospitality) in Oregon, employees reported being instructed or pressured by employers to circumvent laws for compensation for short-term shift cancellations. The surveys also suggested that most workers were unaware of new rights to provide input into schedules and did not take them up.<sup>38</sup>

## 6. THE LACK OF FAIR, FLEXIBLE AND SECURE WORK IN FRONTLINE SECTORS IS NOT INEVITABLE

Since 2018, Timewise has adopted a sectoral approach to improving job quality in the UK. A key focus of this work has been a series of Pioneer Pilots that test and develop practical solutions to support healthier working lives in some of the UK's biggest frontline sectors, including retail, construction, health, social care, transport and education, which collectively employ more than 10.5 million people and have the highest rates of economic inactivity due to sickness.

These pilots have demonstrated that it is possible to improve the availability of fair, flexible and secure work within these sectors, and that responsible and forward-looking employers are already doing so. These employers are building positive flexible working cultures and making systemic changes in job design and work organisation that aim to improve control over working patterns for all employees, going beyond case-by-case adjustments for individuals. In doing so, they are providing a blueprint for preventative approaches, as well as reactive efforts to improve health management at work.

Several of these pilots have focused on tackling high sickness and absence rates by supporting what we describe as 'shift-life balance' and ensuring that the volume of work is realistic. This is achieved by promoting greater staff input into schedules and therefore stability from week-to-week and longer notice periods to reduce economic insecurity and enable staff to manage and plan work around their own needs.

- In **health**, our work to date has focused on nursing staff. It is broadly accepted that nurses' unpredictable and unsocial working patterns are a significant contributing factor to staff turnover. Timewise has worked with well over 100 NHS Trusts to create workplaces where the workforces are able to thrive. These pilots have demonstrated improvements by giving nursing staff greater involvement in their work scheduling through team-based rostering. For example, we worked with the NHS Royal Free Hospital in London to introduce self-rostering and provide greater input into working patterns and reduce the number of fixed arrangements. As a result, staff turnover reduced from just under 30 per cent to just over 17 per cent after implementing self-rostering within the wards. And after implementing the same self-rostering approach, University College London Hospital generated an average saving of six hours per roster period for management time.
- In **retail**, Timewise has worked to promote the understanding of the benefits and opportunities for flexible working in all roles, including improved employee engagement through increased input, control, and autonomy over working patterns. For example, we worked with Wickes to redesign managerial roles in stores and to give store, duty and ops managers more flexibility, input and control over their working patterns. A range of working arrangements were trialled and adopted by the managers, including compressed weeks and shorter days. HR data provided by Wickes showed that the pilot cohort had a lower rate of sickness absence than that experienced at comparative stores not participating in the pilot. Wickes subsequently rolled out flexible working options to all store management roles across its 230 nationwide stores.<sup>39</sup>
- In **construction**, Timewise found a range of barriers to flexible working. This included an hourly pay structure that rewarded long hours, a reliance on stretching staff resource to meet project demands and a perceived lack of career progression for people, who were not prepared to work long hours. We worked with a number of large construction companies to trial improvements to flexible working, including: staggered start and finish times; a more output-based approach to pay; team-based rostering and an increase in homeworking for



non-manual roles. These led to improvements in wellbeing, sickness and productivity. For example, at BAM Construction and Willmott Dixon, sickness absence reduced by a third and levels of wellbeing and mental health improved by over a third.<sup>40</sup>

- For **social care** staff in community and domiciliary settings, Timewise found that poor retention rates were directly linked to scheduling practices, including the unpredictability of rotas, unsocial hours, downtime in the middle of the working day and travelling long distances between clients. Timewise trialled a move to providing more advanced notice of rotas coupled with a team-based geographic approach that reduced travel time and provided greater consistency week-to-week. The pilot led to a reduction in staff turnover and sickness absence rates. It also resulted in lower overheads by reducing the size of the central administration team and savings made on travel time.<sup>41</sup>
- In **education**, the unique nature of how the curriculum is delivered in schools, with the complexity of the timetable and the need for continuity for students, creates significant challenges for flexible working. Despite this, reported benefits of increased flexible working in the sector include improved recruitment and retention, reduced sickness and absence rates, and better management of succession planning. Timewise ran a 16-month pilot with eight secondary schools that showed that headteachers can overcome the barriers and develop a proactive and whole-school approach to flexibility. By the end of the programme, the majority of staff felt their school had become more supportive of flexible working. They also felt more confident about raising the question of flexible working and submitting requests for any reason.<sup>42</sup>

Our findings show that, far from being in opposition to economic productivity and performance in frontline sectors, the take up of measures to support healthy working lives can lead to improvements in staff recruitment, retention and absence rates.

Economic analysis carried out by the Institute for Employment Studies based on workplace pilots run by Timewise, together with indicative modelling, suggests that these interventions are highly likely to provide a positive return on investment in a relatively short space of time at firm-level. The evaluation found that only modest improvements are needed in either reduced sickness absence or reduced staff turnover for the benefits of a flexible working programme to outweigh the costs within three years.<sup>43</sup>

Through these pilots, Timewise has gained insights into the challenge frontline employers face in improving working practices. Many employers and managers lack the knowledge and/or skills to support changes to work design that meet the needs of people who need to work flexibly. Our work also highlighted some of the sector-specific constraints that can create ‘collective action’ problems to change and reduce the ‘slack’ in the workforce required to make work more flexible in many frontline sectors, such as procurement and commissioning models, supply chain practices and market pressures.<sup>44</sup> These challenges reinforce some of the findings from the US experiences (as described above), suggesting that implementation, awareness raising and engagement in frontline sectors will be at least as important as the content of any efforts to improve working practices in these sectors.

## 7. WHY WE NEED AN INDUSTRIAL STRATEGY FOR GOOD JOBS IN THE EVERYDAY ECONOMY

We have argued that poor quality working practices in frontline sectors should be seen as both a driver of and a barrier to tackling high rates of economic inactivity. Insecure and excessive hours drive and exacerbate mental and physical health issues, particularly when combined with high pressure environments and a lack of autonomy. Our analysis suggests that poor job design and a lack of adaptations in frontline sectors is also affecting the success of programmes to support people back into work when they fall ill.

More state support needs to be directed at influencing the way work is designed and managed in frontline sectors, and ultimately, on improving the availability of suitable jobs. The government's welfare reform White Paper this Autumn, the independent review led by Sir Charlie Mayfield and the phased implementation of the Employment Rights Bill offer a vital chance to achieve this shift. The goal should be to develop an institutional environment that tackles operational constraints and obstacles to designing work differently and reduces practices that cause or exacerbate health issues at work.

We propose that this approach is rooted in a new industrial strategy for the everyday economy – focused on improving job quality and standards in frontline sectors.

After the global financial crisis of 2007, industrial strategy was revived as a tool of government, with successive UK administrations taking a more active interest in growing and shaping the economy. However, the goals of industrial strategy in the UK have remained narrowly focused on productivity and innovation in high skill, high growth sectors, with sporadic attempts to tackle regional inequalities and support the green transition. The Labour Government's Modern Industrial Strategy, published in June 2025, aims to increase business investment and grow 'the sectors of the future', focusing on the life sciences, advanced manufacturing, financial services, digital, creative, business and clean energy industries.

Yet the case for government intervention extends beyond these sectors and objectives. Employment growth and job quality are legitimate and important goals for industrial policy.<sup>45</sup> Sectors, such as food services, logistics, construction, health, care and education, provide critical goods and services of importance to a range of national agendas. As major sources of employment, they are also key to unlocking full employment, tackling economic inactivity and driving higher living standards. The current narrow focus of economic policy is a missed opportunity to support these goals.

An industrial strategy for good jobs will require cross-government action, jointly driven by the Departments for Business and Trade and Work and Pensions, and incorporating wider government departments:

- **Department for Business and Trade:** Ensuring the Employment Rights Bill provides a strong regulatory floor to prevent a race to the bottom and expanding the government's Modern Industrial Strategy to incorporate job quality and employment goals and a wider range of sectors, underpinned by closer working with industry, unions and experts to negotiate agreements to achieve common objectives.
- **Department for Work and Pensions:** Supporting full employment through a fair safety net for workers and active labour market programmes that not only support individuals, but engage and support employers to go beyond minimum legislation to design healthy workplaces, provide fair, secure and flexible jobs, and support staff with health issues to stay in and return to work.

- **Wider Government departments:** The government directly oversees or regulates core frontline services, including health, social care, education, childcare and public transport. All of these services are facing workforce challenges due to the nature of job design and work organisation, which are shaped by the targets, funding and procurement models set by government.
- As part of a cross-government industrial strategy for the everyday economy, national sector reforms and plans should incorporate a dual focus on improving standards and job quality into their national sector reforms and plans. They should seek to tackle staff burnout, improve recruitment and retention, and support high standards of delivery based on a motivated and engaged workforce.

## RECOMMENDATIONS FOR KEY INTERVENTIONS

This section sets out recommendations for the measures that should form part of an industrial strategy for good jobs in the everyday economy, based on insights from our work with employers to drive workplace change and wider evidence of good practice.

Our analysis has shown the causal links between poor working practices in frontline sectors and current high rates of economic inactivity. The measures set out in the Employment Rights Bill are currently under consultation. These will seek to curb the worst practices driving insecurity at work and improve access to quality flexible jobs. In doing so, they are improving job quality in ways that are vital for tackling recruitment, retention and absence issues.

The Employment Rights Bill therefore has the potential to be a vital foundation for government attempts to reduce inactivity, improve working age health and boost economic growth. However more needs to be done to ensure effective implementation of the Employment Rights Bill which needs to remain robust through the consultation phase including through:

- An expert group should be established to replace the existing Flexible Working Taskforce, to support and monitor of the new Employment Rights Bill in low-paying sectors and to make recommendations to ensure effectiveness and accountability.
- In at least one area, Statutory Sick Pay, there is a need for further reforms to support greater attachment to the labour market, including to trigger access to support on job design to reduce likelihood of people leaving work. The current system is failing to identify health and mental health conditions early enough, and it is not doing enough to prevent those with such conditions either from falling out of work or moving onto sickness benefits. A clearer right to return to work beyond the statutory sick pay period by extending the total period covered to at least 52 weeks in line with maternity pay or even up to 76 weeks giving a total of around 2 years with the SSP period, should be considered.<sup>46</sup>

These aims should be rooted in a new industrial strategy for the everyday economy – focused on improving job quality and standards in frontline sectors, starting with three central reforms:

### 1. INTRODUCE CROSS-INDUSTRY NEW HEALTHY WORK STANDARDS

While the Employment Rights Bill legislation is vital for setting the floor, the introduction of new healthy work standards would help articulate expectations for healthy work and raise ambition. We support calls for a 'Healthy Work Standard' to be embedded at UK, national, regional and local levels, with a focus on raising the floor on working conditions and encouraging better job design.<sup>47</sup>

The independent Keep Britain Working Review led by Sir Charlie Mayfield should consider introducing such standards to seek to minimise practices that can create or exacerbate ill-health (mental and physical), as well as supporting effective sickness management in the workplace. Timewise industry guides for secure and flexible work in retail, health and care, construction and transport provide a prototype for this kind of industry-informed guidance<sup>48</sup>. Our detailed consultations with employers on designing good work across the everyday economy suggest that for healthy work standards to take effect, guidelines must:

- Be designed in partnership with industry, civil society and unions and use practical and accessible language to engage employers.
- Provide sector-specific and occupation-specific guidance, good practice examples, and evidence showcasing the links between the design of good, healthy jobs and productivity and efficiency impacts in specific sectoral and operational contexts, to help make the business case for new ways of working.
- Include advice and guidance tailored to meet the needs of small and medium-sized enterprises (SMEs) as well as larger employers.

While healthy work standards should be introduced as part of a voluntary framework, our view is that this is unlikely to be enough to secure progress in key sectors in the everyday economy. So we propose a tailored set of interventions for frontline employers to help overcome the significant operational, capacity and cultural constraints they face in changing working practices.

## **2. GOVERNMENT SHOULD EXPAND ITS MODERN INDUSTRIAL STRATEGY TO INCLUDE KEY FRONTLINE SECTORS, WITH IMPROVING JOB QUALITY AND PRODUCTIVITY AS KEY GOALS.**

Driving systemic change across low wage sectors with the highest rates of economic inactivity will require collective action and coordination with employers, unions and government. In the UK these tri-partite institutions are lacking, with neither the Department for Work and Pensions or the Department for Business and Trade engaging in a systematic way with key sectors of the everyday economy, relying instead on legislation and individual employers to drive change in the workplace or piecemeal engagement with employers as part of employment and skills programmes.

Setting out a framework for an industrial policy for ‘good jobs’, the Harvard economist Dani Rodrik has proposed greater use of conditionality in economic policymaking. He has argued for governments to require improvements in job quality in return for funding and services to support social and economic objectives like reducing inactivity and boosting growth.<sup>49</sup>

We propose that the government should expand the Modern Industrial Strategy to include key frontline sectors such as transport, retail, food services, logistics and construction with improving job quality and workplace productivity as key goals.

The government directly oversees or regulates a number of core frontline services, notably health, social care, education, childcare and public transport. All of these are facing workforce challenges due to the nature of job design and work organisation – which are shaped by the targets, funding and procurement models set by government. National sector reforms and plans should incorporate a dual focus on improving standards and job quality into their national sector reforms and plans. These should seek to tackle high staff burn out and absence rates, improve recruitment and retention, and support high standards of delivery based on a motivated and engaged workforce.

National government should also work with local and combined authorities to develop responsible approaches to commissioning and other practices that promote shift-life balance in frontline sectors such as public transport, social care and childcare.

## CASE STUDY: TACKLING BURN OUT IN HEALTH

The NHS 10-year Health Plan for England<sup>50</sup> identifies poor work-life balance and high-pressured environments as drivers of high staff turnover and economic inactivity in health and social care, describing staff as having been treated as ‘rota-fodder’. The plan sets a target to reduce sickness rates and commits to agreeing modern employment standards with its Social Partnership Forum, including improvements in flexible working.

These commitments provide a core opportunity to set ambitions for improving working conditions and job quality for frontline staff in health. Our work suggests that a strategy to improve ‘shift-life balance’ should form a key plank of this initiative, rolled out with the support of new technologies to support e-rostering for the medical and clinical workforce.

Timewise has worked with well over 100 NHS Trusts to support greater staff control over their schedules. Centring on nursing, this work has demonstrated that self- and team-based rostering can have benefits for businesses as well as improving staff wellbeing and work-life balance. For example, we worked with NHS Royal Free Hospital to introduce self-rostering, give greater input into working patterns and reduce the number of fixed arrangements. Staff turnover reduced from just under 30% to just over 17% on the wards involved in the pilot. With the same self-rostering approach UCLH hospital found a saving of six hours on average per roster period for management time.

These approaches will result in more adaptable shift patterns which will create more opportunities to recruit those with work limiting conditions.

## 2. AS PART OF AN EXPANDED MODERN INDUSTRIAL STRATEGY, GOVERNMENT SHOULD INTRODUCE CONDITIONAL SUPPORT TO INCENTIVISE EMPLOYERS TO WORK IN PARTNERSHIP ON REDUCING INACTIVITY.

Norwegian-style Workplace Innovation Agreements (WIAs) should be introduced to coordinate employer efforts around targets to reduce sickness absence and increase job retention, supported by a joint DWP and DBT Frontline Workplace Innovation Fund backed by £500m investment for an initial phase

Beyond setting regulation and standards, government can play the role of convener & deal maker to broker ‘something for something’ deals to achieve its objectives in these sectors. It is widely acknowledged that institutions to support effective dialogue between employers, sector bodies, unions and the government are lacking in the UK. In particular, we lack the institutional know-how and expertise in industrial relations necessary outside of conflict resolution.

In some other countries consensus for driving through sectoral commitments and strategies is often negotiated through sectoral or workplace agreements, tied to incentives like preferential procurement and commissioning or grants and training. Norway’s Inclusive Working Life Agreements (IAs) are a good model for this and have been successful in reducing overall sick leave and helping people stay in work. Working in an IA company increased the probability of returning to work after more than 16 days’ sick leave and of maintaining paid employment.<sup>51</sup>



The government should play the role of convener and dealmaker to agree shared goals to support employment and job quality. Norway's Inclusive Working Life Agreements (IAs) provide one model for the use of conditionality, using preferential procurement and access to grants and training to incentivise reductions in overall sick leave and help people stay in work. The IA agreement is based on proactive cooperation and a multi-pronged approach involving employers, employees, and the Norwegian Labour and Welfare Administration (NAV).

- The approach has improved employee retention, with research showing that working in an IA company increases the probability of returning to work after more than 16 days' sick leave and of maintaining paid employment.
- The government should build on this and other examples to build stronger sectoral coordination and innovation which is essential for driving down sickness absence, improving retention at work and tackling sickness-related ill health.
- **Workplace Innovation Agreement** targets should include reduced staff turnover and sickness rates and improved rates of retention and return to work from sickness. Targets could also include increased take up of good practice measures among employers, such as advertising jobs with specified options for flexible working to support the creation of more flexible and part-time jobs.
- The government would work with sector representatives to identify what powers, interventions and support they need to achieve these, supporting them to develop strategies and pilot interventions to drive improvements in job quality and performance. To achieve this, DBT and DWP should establish joint industrial forums to oversee these where existing institutions lack capacity, building on existing employer and employee representative bodies. Timewise has previously recommended that the transport and construction sectors should be priorities for this.
- Workplace Innovation Agreements should be tri-partite - negotiated between government, unions and key sectors and employers or areas. In return for committing to conditional targets for reducing staff turnover and sickness rates, improving rates of retention and return to work from sickness employers receive access to preferential procurement, business support, innovation grants and training.
- Support would be offered through a Workplace Innovation Fund to encourage collaboration and industry-led interventions. This would be focused on target sectors where high numbers of economically inactive people previously worked, and/or those with high staff turnover and sickness rates.
- The Fund could also support technological innovations that complement and enhance employment quality, rather than technologies that displace or intensify jobs. Rodrik proposes this as an extension of the Advanced Research Projects Agencies (ARPAs) in the US context<sup>52</sup>, which spend \$7bn annually on early-stage research projects that have potential to drive progress on different national missions and priorities and have led to a range of successful developments for public good.
- Responsible scheduling technology should be a priority for investment – ensuring that platforms reinforce and support employers to implement new employment rights consistently and encourage and enable good practice such as allowing shift workers to set preferences, add, drop and swap shifts. In Oregon, scheduling technology facilitated the widespread adoption of a new minimum 10-hour rest period between shifts, as required by the law. The study found that implementation was facilitated by automatic prompts in scheduling software, in addition to unambiguous and strict language in the law.<sup>53</sup>
- We propose an initial period of experimental investment to support understanding of effective place- and sector-based initiatives for change – backed by at least £500m. Longer term, this could be expanded.

### 3. RE-PURPOSE EXISTING GOVERNMENT SPENDING TO FOCUS ON JOB QUALITY GOALS, INCLUDING BUSINESS SUPPORT (STARTING WITH £8BN DBT AND UKRI SPENDING) AND DWP ACTIVE LABOUR MARKET PROGRAMMES (APPROXIMATELY £1BN)

The government's employment schemes were designed for a different era - one of high unemployment, where support was focused on offering individuals support to help them become 'job ready' - whether through support for complex needs, skills training or CV and interview preparation. Today the challenge is different – it is about unlocking suitable jobs for those who could re-enter the workforce with the right opportunity (largely younger and older workers with a variety of health conditions and disabilities). This requires directing more state investment at influencing employer behaviours and practices as well as individuals' readiness for work. As well as employment support, this should include the estimated £17 billion the UK government spends on business support through tax reliefs, advice and finance in the form of grants and loans. More of this support should be conditional on achieving dual outcomes on job quality and performance improvements.

We propose that:

- Active labour market programmes may be more effective if support is targeted at job retention among the formerly inactive long-term sick, rather than simply increasing rotation of inactive long term sick people into jobs that do not last.
- DWP and Jobcentre Plus should establish a change programme to build the capacity and skills of more work coaches and advisers in employer engagement and job design, with support targeted at employers to improve job design, offer HR support and ensure compliance with employment law and ACAS codes of practice. Intermediary organisations - from Jobcentre Plus, to welfare to work providers and regional and local devolved employment and skills teams – should be equipped to advocate for and offer support for more flexible and supported employment opportunities.
- Access to Work should be strengthened rather than cut back, with job design capability built into Access to Work's offer for employers, with a stronger focus on job retention and in-work support.
- DWP should adapt or extend the current Economic Inactivity Trailblazer pilots to explore the role of employer incentives to encourage employers to consider and adapt roles for candidates with long-term health conditions/disabilities – and to test the role of interventions at critical points from occupational health and work design experts.
- Existing investment in business support should be directed at supporting these goals. This should start with Department for Business and Trade spending on access to finance for SMEs (an estimated £7.5bn) and Innovate UK spending on SME support, R&D and innovation loans (estimated £517m in 2024-25).

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Timewise's mission is to create healthy, equitable and inclusive workplaces for all by widening access to good quality, flexible work. We are the UK's leading experts on job design and we tackle barriers to change with both policymakers and employers. Through our research, we evidence the need for good flexible and predictable work to boost the living standards of low and middle earners. We believe good flexible jobs enable employees to gain increased autonomy and control over how much, when or where they work. Through our programmes, we trial practical solutions and scale these through workplace transformation and campaigns.

Contact us on **[info@timewise.co.uk](mailto:info@timewise.co.uk)**

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