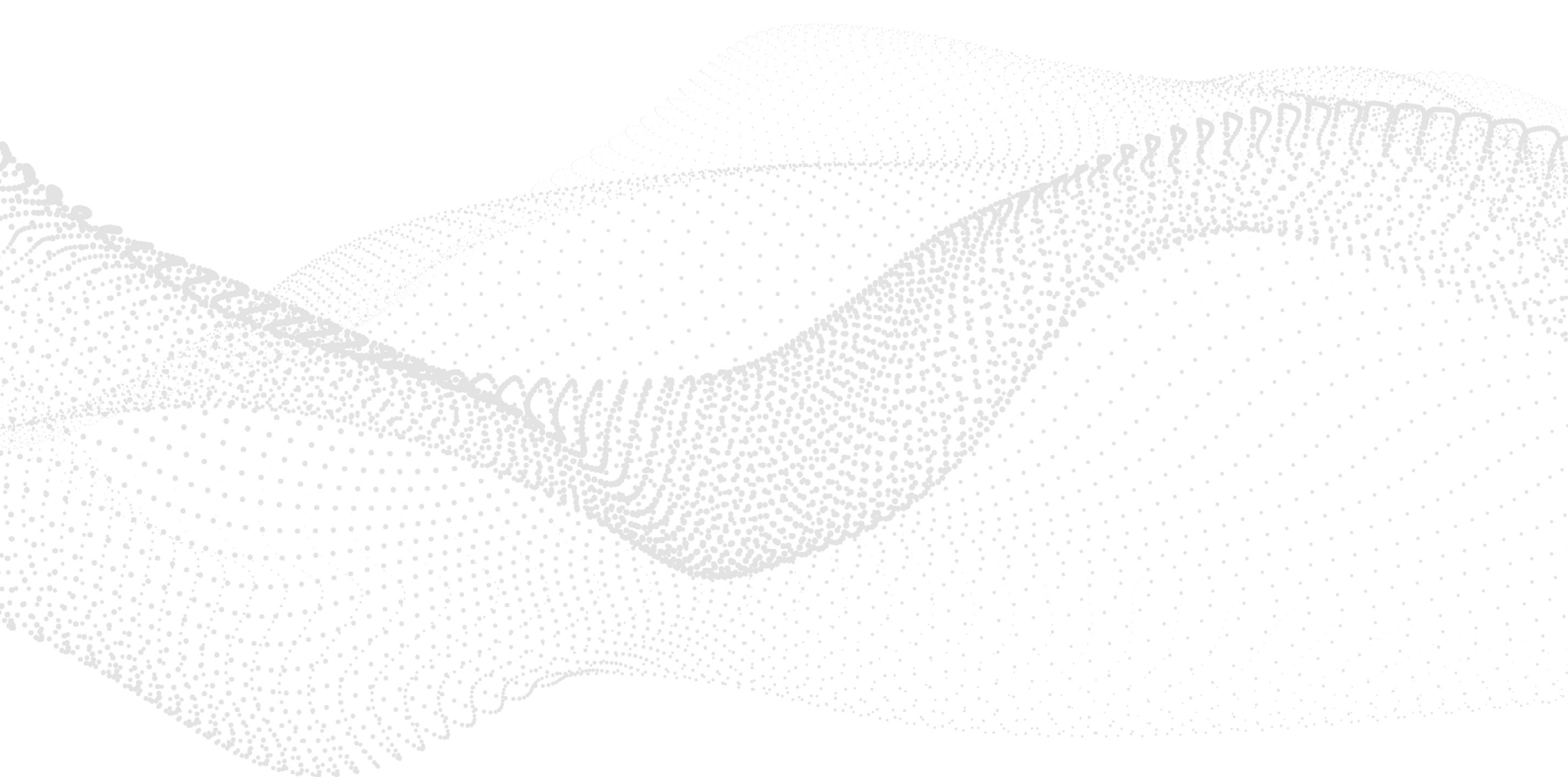


# **A DIVIDED WORKFORCE?**

## WORKER VIEWS ON HEALTH AND EMPLOYMENT IN 2025

George Williams, Aman Navani and Stavroula Leka  
June 2025



## CONTENTS

Executive Summary	3
1. Introduction	4
2. A divided labour market: concerns for the health of already vulnerable workers	5
2.1 People in poor health report less healthy workplaces	5
2.2 Low-income workers are more likely to experience working conditions that can undermine health	6
2.3 Young people are facing a difficult start to working life	8
3. Towards work that supports and promotes health	11
References	13
About this report	14

## EXECUTIVE SUMMARY

The UK workforce faces a complex web of health and employment challenges that could result in more workers prematurely leaving the labour market. Our 2025 worker health survey finds that one in 17 (6%) people reported it was likely they would leave their job in the next 12 months due to health reasons.

For many, low quality work may be undermining their health – especially those on low incomes, younger workers and those already reporting poor health. Supportive working conditions are unevenly distributed, and the consequences are compounding: those in poorer health are more likely to be in jobs that may be harmful to their health.

Workers' experiences must be central to efforts to improve workforce health and retention. The findings of this research reinforce the case for prioritising workplace health support, better job quality for low-income workers and those in poor health, and targeted help for young people starting out in the labour market.

### Low-income workers are losing out

Workers on low incomes (earning under £25,000) are significantly less likely to have access to workplace policies known to support good health, than high-income (earning £60,000+) and middle-income (earning £25,000–£59,999) workers.

They are less likely to feel their employer is supportive of their health, with just half of low-income workers (51%) believing their employer would make adjustments if they developed a long-term health condition. And fewer than half (47%) feeling their employer takes their mental and physical health seriously.

Low-income workers also tend to face greater barriers to accessing medical support. Only 53% are provided with paid time off for medical appointments. While only 46% feel confident taking sick leave when needed.

### Poor health and poor work reinforce one another

Workers already in poor health are far more likely to report negative health outcomes associated with their employment. They are twice as likely to say their job negatively affects their physical health and 1.5 times more likely to say it harms their mental health. They are also 1.6 times more likely to worry that their deteriorating health will prevent them from staying in work.

Job quality differences are stark between healthy and unhealthy workers. For example:

- Only 44% of those in poor health have job autonomy, compared to 69% of those in good health
- Just 27% of those in poor health have flexibility over their work location, compared to 53% of their healthy peers
- Only two in five (39%) of those in poor health report job security, in contrast to 67% of those in good health
- Only 37% feel comfortable discussing mental health with their employer, compared to 58% of workers in good health.

### Concerning reports from young workers

Some younger workers face an especially challenging start to working life. Workers aged 16–24 are 1.5 times more likely to report poor mental health than any other age group, with almost a quarter (23%) rating their mental health as poor. Alarmingly, 43% expect their health to deteriorate in the next 12 months – the highest of any age group.

Young workers also tend to be in lower-paid and less secure roles: 57% earn under £25,000, and just 55% report having job security or autonomy. They are also the most likely to report that their job negatively impacts their mental health (34%). Two in five (43%) are worried that their declining health could push them out of work.

## 1. INTRODUCTION

The number of working age people in the UK classified as economically inactive due to long-term ill health has risen sharply in the years following the Covid 19 pandemic. In 2025, the figure sits at a near record 2.78 million people, reflecting the fact that nearly 700,000 more people today are not in work, or looking for work, compared to the pre-pandemic period.

Yet in many respects the drivers of this increase pre-date the pandemic. The number of people reporting a work-limiting condition has increased by 2.5 million (41%) over the last decade to 8.7 million, equivalent to around one fifth of the working age population.<sup>1</sup> A rise in both mental health issues amongst young people, and musculoskeletal problems impacting older people have been the primary driver behind this growth.

Previous Work Foundation analysis found that nearly one in ten employees (9%), who experienced a health decline left work within four years, with almost half of this group (4.2%) leaving their job within the first 12 months.<sup>2</sup> Whilst workers with a single disability or health condition were 1.5 times more likely to leave work following a health decline, this likelihood increased to 2.4 times for those with two conditions and to 5.6 times for three or more conditions.<sup>3</sup>

### Building new pathways for work that are inclusive of health needs

These trends present substantial economic, financial and social challenges to the UK. They put at risk the Government's commitment to increasing the national employment rate to 80% to help drive economic growth and risk further accelerating welfare and health related public spending in the years to come.

The Government has so far prioritised action to support and incentivise more of those who have left the labour market due to ill health to return to work. Its Pathways to Work reforms aim to restrict access to some health-related benefits and remove cliff edges in the welfare system that they believe can disincentivise those with long term health conditions from trying to find work.

The Government also intends to introduce an extra £1 billion of funding for tailored employment support and has launched a series of regional trailblazer initiatives to trial new place-based approaches to supporting people back into work.

### Closing divides in employment quality to support more people to remain in work

But there remains a significant need to stem the flow of people leaving the labour market due to ill health in the first place. Recognising this, the Government has appointed Sir Charlie Mayfield to lead a 'Keep Britain Working Review' of the role that Government and employers can play in tackling health based economic inactivity and promoting healthy and inclusive workplaces. The final report is due for publication in Autumn 2025.

Two major studies by the Work Foundation and our partners have highlighted the urgent need to redesign work for people with long-term health conditions. The vast majority (96%) of people with multiple sclerosis (MS) report the condition impacts their ability to work and 45% of those who left work could have stayed if their employer understood their condition better.<sup>4</sup> Meanwhile, 85% of disabled workers surveyed in a landmark study on inclusive remote and hybrid work cited that this form of flexibility is essential or very important when job hunting, though demand for these roles is outstripping supply.<sup>5</sup>

Later this year, the Employment Rights Bill is expected to gain Royal Ascent – promising to provide new rights for workers, including the right to flexibility from the first day of their employment that could be vital for workers with long-term health conditions. But the exact details are likely to be determined via secondary legislation.

In order to help inform the rollout of this new legislation and the Keep Britain Working Review, this paper draws on a representative UK-wide survey of 3,796 working people to better understand the nature of health-related challenges facing the UK workforce in 2025. By surveying workers directly, we also aim to help place their experiences at the heart of ongoing policy development regarding workforce health and retention during the remainder of this Parliament.

## 2.A DIVIDED LABOUR MARKET: CONCERNS FOR THE HEALTH OF ALREADY VULNERABLE WORKERS

While recent figures suggest that economic inactivity due to ill-health has recently stabilised, this research has found the UK workforce continues to face a complex web of health and employment challenges that could result in more workers prematurely leaving the labour market.

The findings suggest that a two-tier workforce exists – whereby some workers benefit from secure, supportive employment, while others face poor job quality, limited protections, and associated health risks.

Three groups, in particular, are bearing the brunt of this divide:

- People in poor health
- Low-income workers
- Young people.

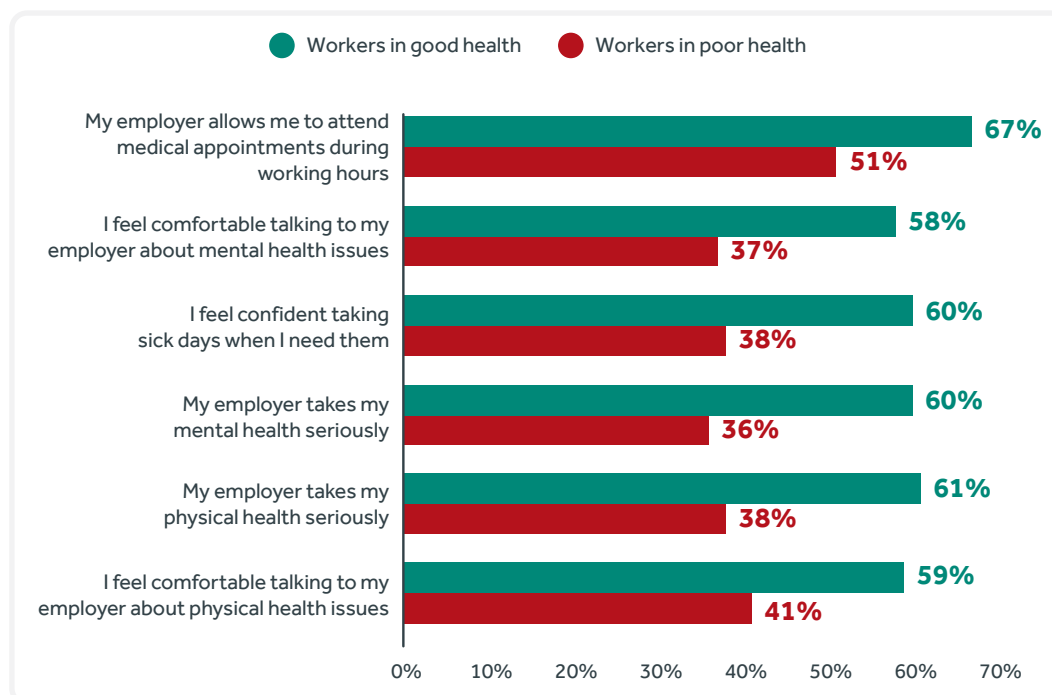
### 2.1 People in poor health report less healthy workplaces

One in five workers reported being in poor health (20%), with 15% stating they were in poor mental health and one in ten (10%) reporting poor physical health.\*

Work environment and working conditions have a substantial bearing on whether people with ill-health are more vulnerable to leaving the workforce early.<sup>7</sup> It is therefore particularly important that workers in ill health have supportive employers and can access key attributes of good quality work to help protect against further deterioration of their health.<sup>8</sup> This study has revealed, however, that the inverse is often the case.

Our research has found that workers who reported they were in poor health were much less likely to feel their employer was supportive of their health. They were more likely than those in good health to say their job had a negative impact on their physical (two times) or mental (1.5 times) health. And were also 1.6 times more likely to be worried their deteriorating health would impact their ability to remain in employment.

Figure 1: Employer support by health rating

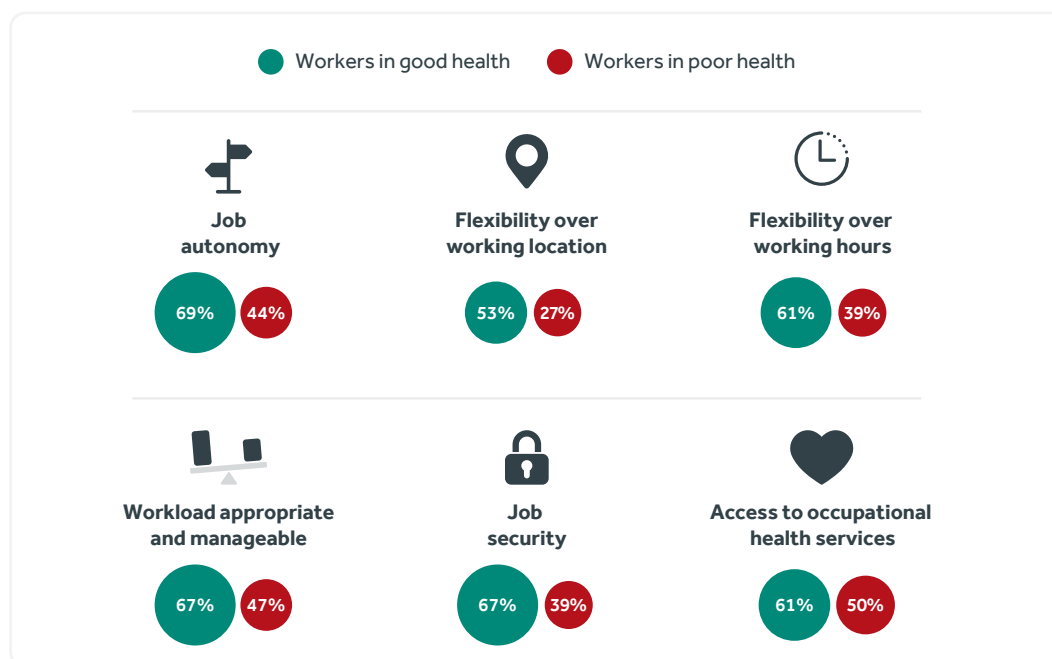


Source: Work Foundation analysis of nationally representative survey of 3,796 UK workers (May 2025).

\* Workers were determined to be in poor health if they rated, either or both, their mental health or physical health as poor or very poor.

Our findings also revealed that in contrast to workers in good health, workers in poor health were less likely to have access to positive employment conditions that are protective of health, such as flexible working hours, flexibility over working location, job autonomy and job security. This suggests a potential compounding effect: workers already in poor health may see their condition further undermined by poor working conditions and substandard workplace policies – conditions and policies that, in some cases, may have contributed to the onset of poor health in the first place.

Figure 2: Access to positive employment conditions and policies by health rating



Source: Work Foundation analysis of nationally representative survey of 3,796 UK workers (May 2025).

These challenges are likely to undermine people's ability to remain in work when they experience problems with their health. Workers in poor health are two times more likely to report that they do not believe they will be in employment in three years' time.

## 2.2 Low-income workers are more likely to experience working conditions that can undermine health

The connection between low occupational status, low wages, poor job quality and poor health outcomes is well documented.<sup>9, 10, 11</sup> Our findings indicate that access to 'healthy work' is strongly tied to income, with low-income workers (earning under £25,000)\* losing out the most.

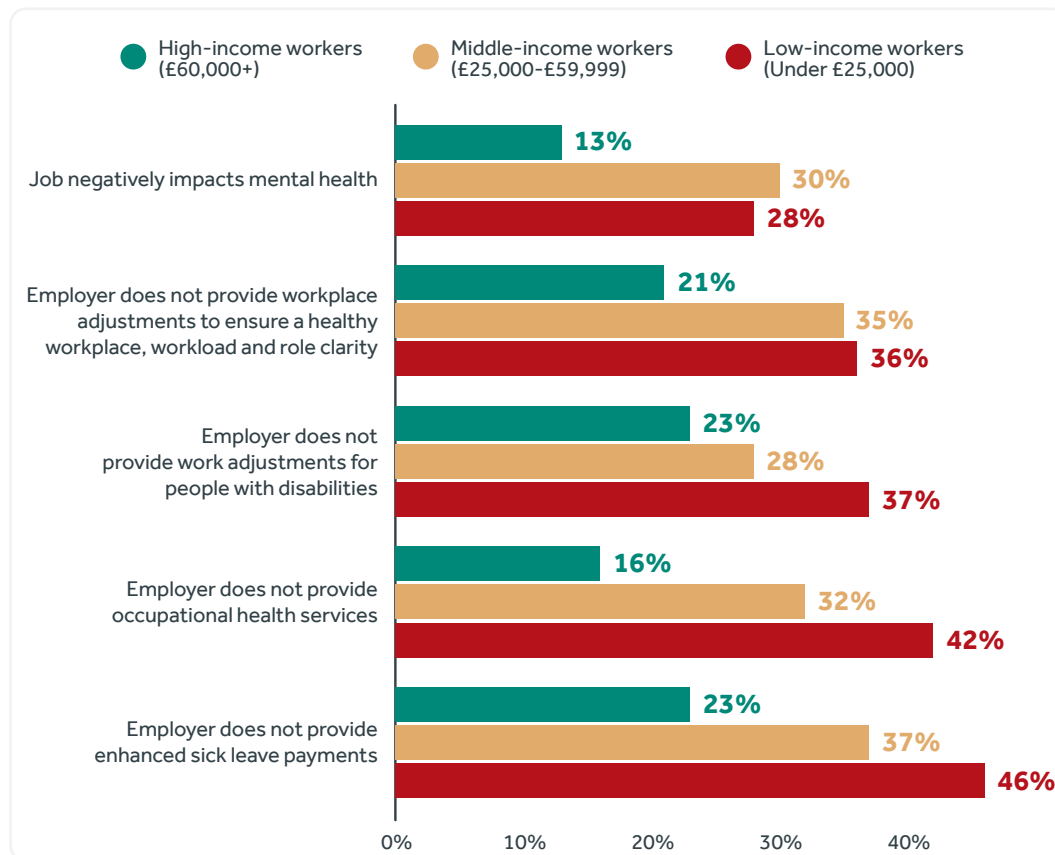
In contrast to high-income workers (earning £60,000+)\*\* and middle-income workers (earning £25,000 – £59,999), low-income workers are more likely to be engaged in employment that may be undermining their health. They are also less likely to have access to health support such as enhanced sick pay, workplace adjustments or occupational health.

\* Low-income defined as earnings below two thirds of medium annual full-time wage. The medium full-time wage in 2024 was £37,430.

\*\* High-income defined as earnings over 1.5 times the medium annual full-time wage.



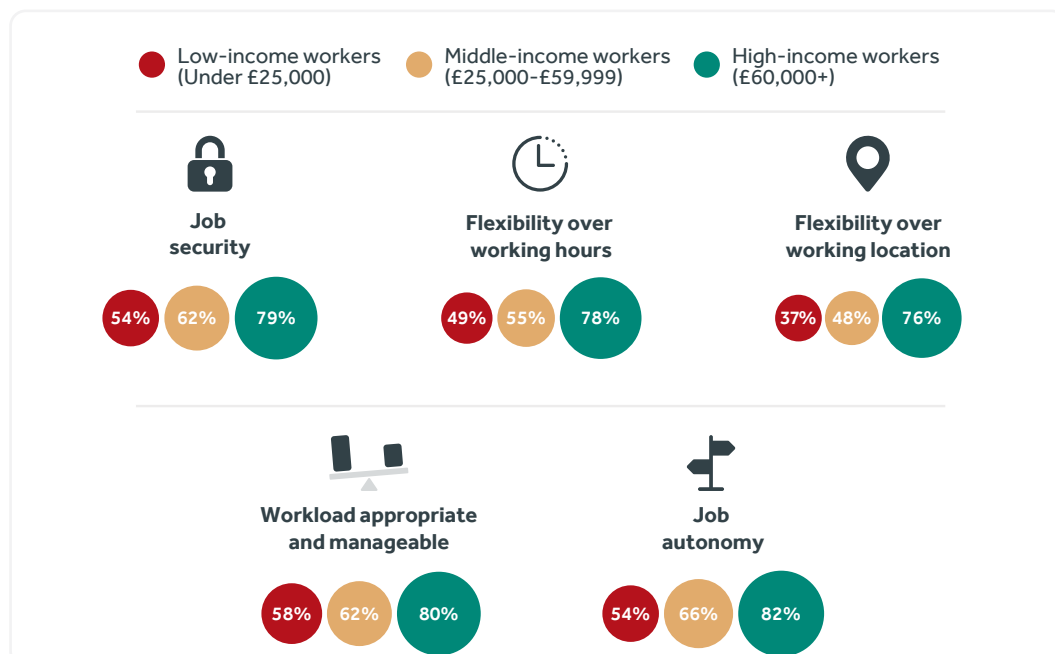
Figure 3: Employer support and job impact by income level



Source: Work Foundation analysis of nationally representative survey of 3,796 UK workers (May 2025).

In addition, in comparison to high- and middle-income workers, those on low incomes are also far less likely to have access to essential components of good quality employment that are protective of health.

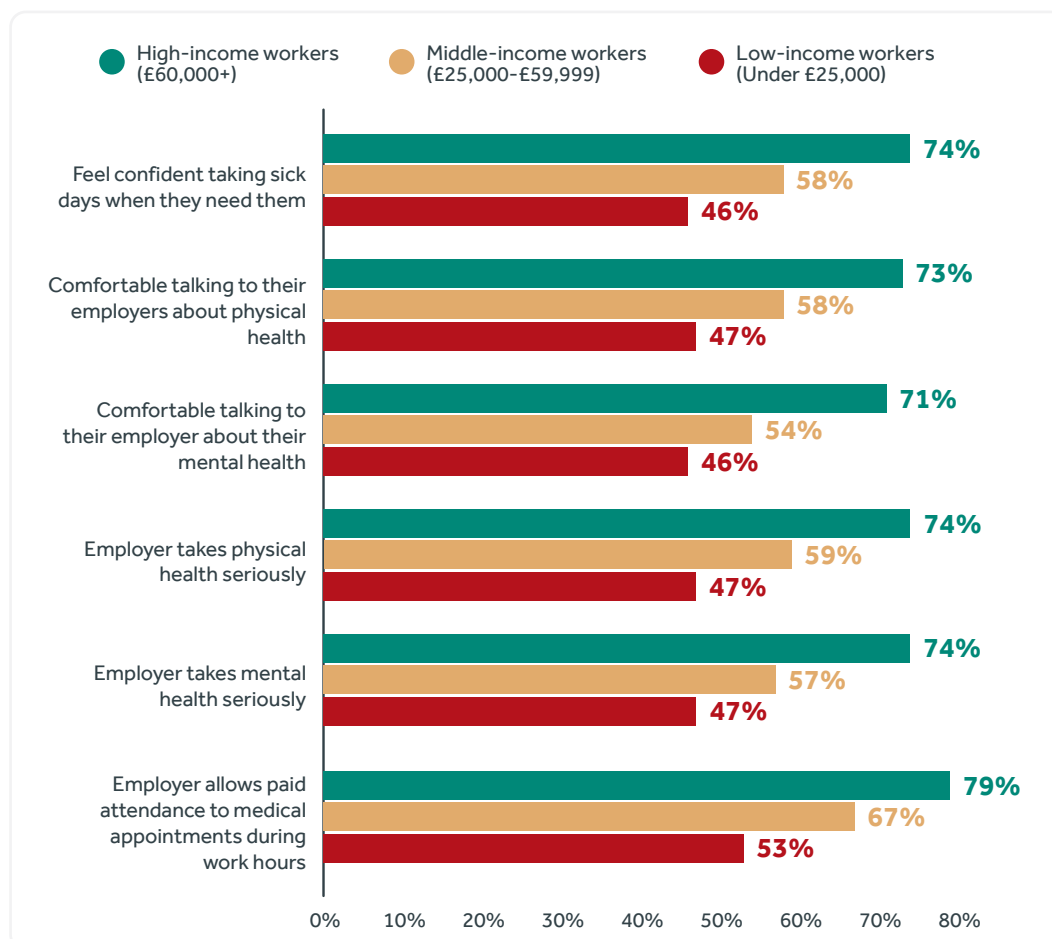
Figure 4: Job characteristics of workers on low, middle, and high incomes



Source: Work Foundation analysis of nationally representative survey of 3,796 UK workers (May 2025).

Low-income workers are also less confident that they will have the support of their employers if their health were to worsen. Only 51% believe that if they were to develop a long-term health condition, their employer would put in place the support and adjustments needed to remain in their role. In comparison 74% of high-income and 63% of middle-income workers feel confident their employer will make the necessary changes.

Figure 5: Experience of employer support by income level



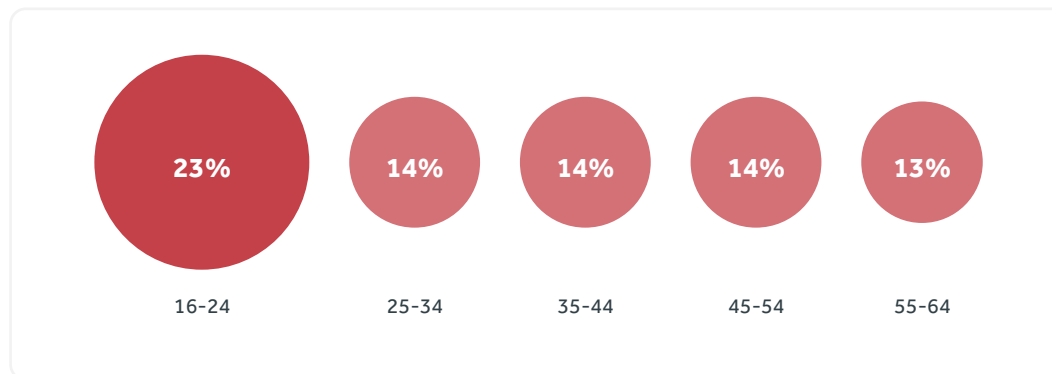
Source: Work Foundation analysis of nationally representative survey of 3,796 UK workers (May 2025).

### 2.3 Young people are facing a difficult start to working life

Over the last year, policy and media attention has been drawn to the one in eight young people who are not in education, employment or training.<sup>12</sup> There are an estimated 500,000 young people aged 16–24 years, who are not working and report having health conditions that limit their ability to work.<sup>13</sup> Our findings indicate that many 16–24 year olds who are in work also face significant health challenges that could jeopardise their ability to maintain employment and their future career prospects and earnings.<sup>14, 15</sup>

In line with current trends outside of the labour market, we found that workers aged 16–24 are at least 1.5 times more likely to report being in poor mental health (23%) than any other age group. Concerningly, young workers are also the age group that is most likely to predict their health will decline within the next 12 months (43%).



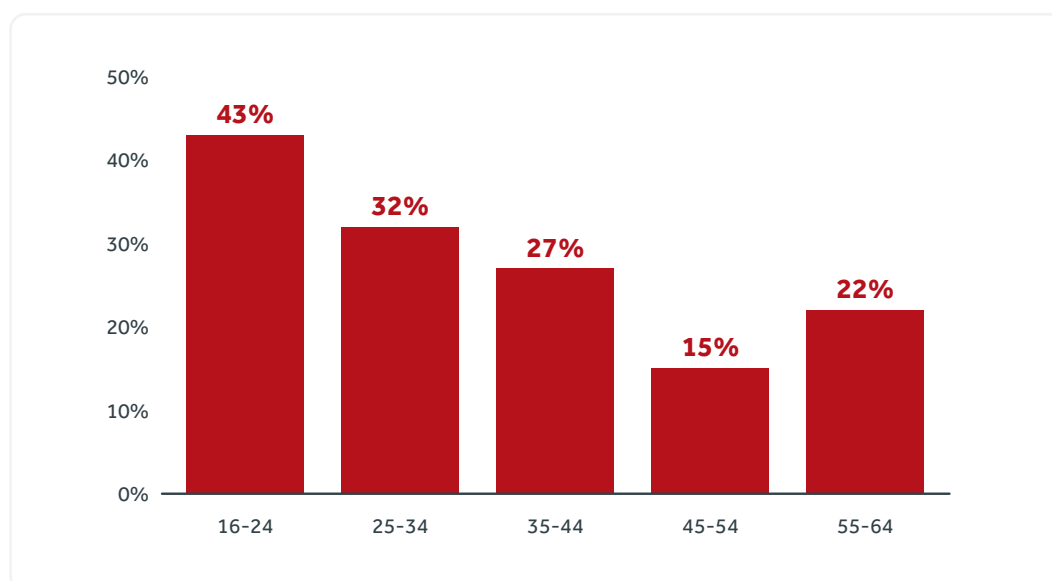
**Figure 6: Workers rating their mental health as poor by age group**

Source: Work Foundation analysis of nationally representative survey of 3,796 UK workers (May 2025).

The relationship between young people and work also provided cause for concern. As an age group they were most likely to report that their job had a negative impact on their mental health (34%). And they were the second most likely to report that a decline in their mental health in the last year had impacted their work (47%), after 25-34 year olds (48%).

Concerns about health may be weakening the bond between young people and the labour market. Those aged 16-24 were most likely to worry their deteriorating health would impact their ability to remain in employment (43%). And were the age group most likely to report that they would like to stop working due to ill-health but cannot afford to (41%).

Given that they are starting out in their career, unsurprisingly young people were the most likely to be on an income under £25,000 (57%) and reported the lowest job security (55%) and least autonomy at work (55%). However, in other metrics of good quality work (e.g. flexibility over working hours or location), there were no clear trends that young adults disproportionately lacked access to good quality work or supportive employers. Nonetheless, workers should have access to all aspects of good work regardless of how far they have progressed in their careers.

**Figure 7: Workers who state their health is likely to deteriorate in the next 12 months by age group**

Source: Work Foundation analysis of nationally representative survey of 3,796 UK workers (May 2025).

Figure 8: Experience of work and health by age

	16-24	25-34	35-44	45-54	55-64
Mental health rating: poor	23%	14%	14%	14%	13%
It is likely my health will deteriorate in the next 12 months	43%	32%	27%	15%	22%
Job has negative impact on mental health	34%	27%	27%	27%	20%
A decline in mental health in the last 12 months has impacted the way I do my job	47%	48%	42%	27%	20%
I am worried my deteriorating health will impact my ability to remain in employment	43%	42%	39%	30%	32%
Income less than £25,000	57%	26%	32%	40%	52%
My job feels secure	51%	69%	62%	57%	64%
Autonomy to make decisions about how to approach to daily tasks	55%	71%	67%	64%	59%

Source: Work Foundation analysis of nationally representative survey of 3,796 UK workers (May 2025).

### 3. TOWARDS WORK THAT SUPPORTS AND PROMOTES HEALTH

The findings from this survey make clear that a continued rise in the number of people experiencing ill health presents a significant risk to labour market participation in the future.

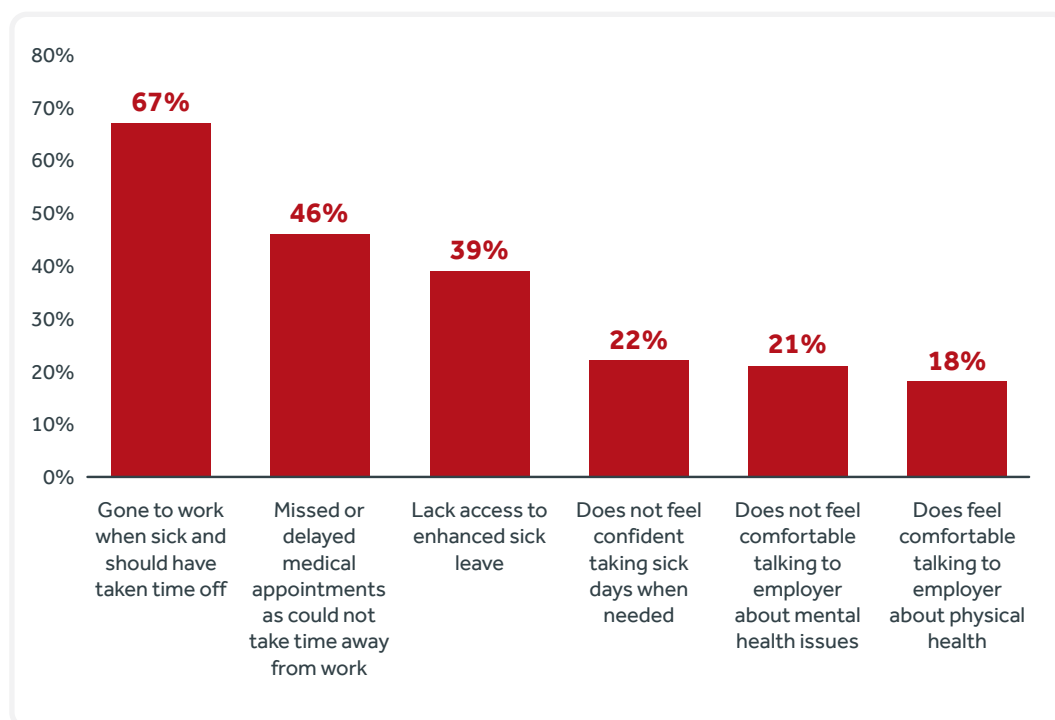
A third of all workers (33%) surveyed said it was likely that they would leave their job in the next 12 months. Over one in 17 (6%) participants reported that they would likely leave their current employment in the next year due to ill-health, either to pursue a job that better accommodates their condition or to leave work entirely due to health reasons. Many workers also report wanting to find a new job that is less stressful, has more flexibility, or provides greater autonomy.

The results make clear that boosting access to good quality and sustainable work can positively influence an individual's capacity to remain in their current role. Of the third of workers who felt they would likely leave their job in the next year, when asked what factors would encourage them to stay, the most common choices focussed on core metrics of job quality. These factors included better pay (39%), a more supportive manager (21%), flexibility over working hours (20%) or work location (19%), a more supportive culture (20%), and improved job security (20%).

Worryingly, survey responses also suggest that many workers face regular decisions to prioritise work over their health. Two thirds (67%) stated they had worked when they were sick and should have taken time off – and nearly half (46%) had missed medical appointments due to work. These factors could also underpin high levels of presenteeism, with people choosing to work while unwell and not being able to fully engage with their job responsibilities.

Poor organisational policies such as lack of enhanced sick pay, lack of access to flexible working, and autonomy over work-based tasks can compound health problems and deter workers from addressing needs when they arise, causing greater health problems further down the line.<sup>16</sup>

Figure 9: Impact of work on workers' health decisions



Source: Work Foundation analysis of nationally representative survey of 3,796 UK workers (May 2025).

## The future direction of 'Keep Britain Working' policies

The findings in this report together with previous Work Foundation analysis suggest that interventions should prioritise:

- **increasing the level of workplace support available to those in poor health**, via holistic occupational health provision, strengthened sick pay and other leave policies, and enhanced access to essential components of good quality employment such as flexibility at work;
- **improving job quality among low-income workers** by strengthening access to key employment rights, conditions, and protections and wider workplace health support; and,
- **providing substantial, additional support to young people to enter sustainable employment at the beginning of their working lives**. This should include enhanced access to NHS mental health services, tailored employment support for those out of work, and a job guarantee ensuring that all young people have the ability to take up employment in healthy and good quality work.

The survey results also stand as a reminder of placing the experiences of workers themselves at the heart of ongoing policy development regarding workforce health and retention during the remainder of this Parliament.

## REFERENCES

1. Keep Britain Working Review. (2025). Discovery. Available at: <https://assets.publishing.service.gov.uk/media/67dac71a91e6e0492302842c/keep-britain-working-review-discovery.pdf>
2. Atay, A. Florisson, R. Williams, G.D. Martin, A. and Leka, S. (2024). Stemming the tide: Healthier jobs to tackle economic inactivity. The Work Foundation at Lancaster University. Available at: [Stemming the tide: Healthier jobs to tackle economic inactivity](#)
3. Atay, A. Florisson, R. Williams, G.D. Martin, A. and Leka, S. (2024) Stemming the tide: Healthier jobs to tackle economic inactivity. The Work Foundation at Lancaster University. Available at: [Stemming the tide: Healthier jobs to tackle economic inactivity](#)
4. Navani, A., Atay, A. and Fitzmaurice, J. (2025). No Compromises: Supporting people with MS to thrive in and out of work. The Work Foundation at Lancaster University and MS Society. Available at: [No Compromises: Supporting people with MS to thrive in and out of work](#)
5. Florisson, R., Williams, G., Martin, A., Carson, C., Holland, P., Collins, A. & Winstanley, J. (2025). Beyond the office? How remote and hybrid working can help close the disability employment gap. Lancaster University. Available at: [Beyond the office? How remote and hybrid working can help close the disability employment gap](#)
6. Office for National Statistics. (2025). Labour market overview: May 2025. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/uklabourmarket/may2025>
7. Atay, A. Florisson, R. Williams, G.D. Martin, A. and Leka, S. (2024). Stemming the tide: Healthier jobs to tackle economic inactivity. The Work Foundation at Lancaster University.
8. McGee, S. and Wilson, H. (2023). Reducing barriers to work for people in ill health. Available at: <https://www.health.org.uk/sites/default/files/2023-10/Reducing%20the%20barriers%20to%20work%20for%20people%20in%20ill%20health.pdf>
9. Living Wage Foundation (2017). Life on Low Pay. Available at: <https://www.livingwage.org.uk/sites/default/files/2022-10/LWF%20Life%20on%20Low%20Pay%20Report.pdf>
10. Warren, JR., Hoonakker, P., Carayon P., Brand, J. (2017). Job characteristics as mediators in SES–health relationships. *Social Science & Medicine*. Vol. 59(7):1367–1378. Available at: [10.1016/j.socscimed.2004.01.035](https://doi.org/10.1016/j.socscimed.2004.01.035).
11. Wilson, T., Sharma, M., Gifford, J. (2024) Exploring the interactions between job quality, industries and health. Institute for Employment Studies. Available at: <https://www.employment-studies.co.uk/resource/exploring-interactions-between-job-quality-industries-and-health>
12. Office for National Statistics. (2025). Young people not in education, employment or training (NEET), UK: May 2025. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/bulletins/youngpeoplenotineducationemploymentortrainingneet/november2024>
13. The Health Foundation. (2025). Action for healthier working lives. Available at: <https://www.health.org.uk/reports-and-analysis/reports/action-for-healthier-working-lives>
14. Scottish Government. (2015). Consequences, risk factors, and geography of young people not in education, employment or training (NEET). Available at: <https://www.gov.scot/publications/consequences-risk-factors-geography-young-people-education-employment-training-neet-research-findings/documents/>
15. Hammarström, A., and Janlert, U. (1997). Nervous and depressive symptoms in a longitudinal study of youth unemployment--selection or exposure?. *Journal of adolescence*. Vol: 20(3), 293–305. Available at: <https://doi.org/10.1006/jado.1997.0086>
16. Mind. (2011). Managing and supporting mental health at work: disclosure tools for managers. Available at: [https://www.mind.org.uk/media-a/5823/managing\\_and\\_supporting\\_mh\\_at\\_work.pdf](https://www.mind.org.uk/media-a/5823/managing_and_supporting_mh_at_work.pdf)

## ABOUT THIS REPORT

The Work Foundation at Lancaster University is a think tank focused on improving working lives across the UK through applied research and new ideas. For over a century, we have worked to break down the barriers individuals and communities face in accessing good work.

We believe everyone should have access to secure, rewarding and high-quality work. By engaging directly with workers, employers, policymakers and leading academics, we deliver rigorous applied research to tackle structural inequalities in the labour market and improve working lives across the UK. We are part of Lancaster University's Management School, and work with a range of partners and organisations across our research programmes.

## CENTRE FOR ORGANISATIONAL HEALTH AND WELL-BEING

The Centre for Organisational Health & Well-being is based at Lancaster University in the UK. It is an inter-disciplinary centre aiming to support employers, policymakers and other key stakeholders to develop sustainable, healthy work and healthy workplaces. The Centre brings together expertise from the Faculty of Health & Medicine, Lancaster University Management School, and the Work Foundation to address challenges associated with the changing nature of work and achieve its aim.

## METHODOLOGY

The Work Foundation commissioned Suvation to conduct a survey of 3,796 workers aged 16-64 living in the UK. The fieldwork took place online between 2 and 12 May 2025. The survey was weighted by age, sex, region, annual salary and highest level of education and targets for the weighted data were derived from Office for National Statistics.

Respondents were asked questions about their working arrangements, their health and their experiences of health and wellbeing at work.

## CITATION

If you are using this document in your own writing, our preferred citation is: Williams, G.D., Navani, A. & Leka, S. (2025). *A Divided Workforce? Worker views on health and employment in 2025*. The Work Foundation at Lancaster University.

## PERMISSION TO SHARE

This document is published under the Creative Commons Attribution Non Commercial No Derivatives 3.0 England and Wales Licence. This allows anyone to download, reuse, reprint, distribute, and/or copy this publication without written permission subject to the conditions set out in the Creative Commons Licence. For further information, please contact: [info@theworkfoundation.com](mailto:info@theworkfoundation.com).





[www.theworkfoundation.com](http://www.theworkfoundation.com)