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A health, social and economic profile of ESA recipients in the 2014 Adult Psychiatric Morbidity Survey

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Trustworthiness

This report is part of the Department for Work and Pensions research report series and as such adheres to protocols set by the Government Statistical Service. It was produced by the National Centre for Social Research (NatCen), Britain's largest independent social research agency, with a longstanding track record in conducting impartial research studies.

Quality

The analysis draws on the government's 2014 Adult Psychiatric Morbidity Survey dataset. This is the highest quality general population mental health survey in England, drawing on a random sample of the population and using rigorous and detailed assessments of mental health, as well as collection of information on people's wider circumstances. The survey provides England's National Statistics on mental health and has been reviewed and kitemarked by the Office for Statistics Regulation. The results in this report are transparently presented and accompanied with statistical significance testing.

Value

Relatively little is known about the wider health and socioeconomic circumstances of Employment and Support Allowance (ESA) claimants. The information presented in this report is needed in order to help understand the particular challenges and barriers faced by this group. This will contribute to the evidence base that will help inform thinking on how best to develop a health and disability benefit system that supports people into work, where possible, and to live independent lives.

Acknowledgements

This report was commissioned by the Department for Work and Pensions (DWP). The authors would like to thank DWP research staff who managed and supported this study, in particular Sian Moley, Annette Warwick, Sarah Honeywell and Lyndon Clews for their valuable contributions throughout. We would also like to thank all the people who generously gave their time to take part in the Adult Psychiatric Morbidity Survey.

Authors' note

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Executive summary

Aims

This report presents a health, social and economic profile of a sample of Employment and Support Allowance (ESA) claimants living in England in 2014. ESA is a benefit aimed at people with a health condition or disability that affects how much they can work. It is designed to help with living costs if you are unable to work and to provide support to get back into work for those who are able to. This analysis was carried out in order to understand more about the specific barriers and challenges ESA claimants face, which may help inform the provision of appropriate support to help with moving towards or into employment.

Methods

The data analysed in this report are from a general population survey funded by the Department for Health and Social Care (DHSC) called the Adult Psychiatric Morbidity Survey (APMS). The survey was conducted in 2014/5 with a random probability sample of 7,546 people aged 16 and over. It included detailed assessments of a range of mental health conditions, as well as questions about wider circumstances. In this report participants who were in receipt of ESA around the time of the interview are compared with people who were in paid employment. Rates are also presented for participants in receipt of Jobseeker's Allowance (JSA) and for those with any other economic status, including students who were not in paid work. Analyses in this report are weighted, descriptive and based on participants aged 18 to 64, 4.2% of whom were ESA recipients.

While this draws on a high-quality random sample of the population, people with the most complex needs (including those who were ESA claimants) were likely to be underrepresented. The profile produced, therefore, may underestimate the challenges and adversity this group faced. The sample of ESA claimants (N=287) is also not large and is even smaller for JSA claimants (N=122), and when the sample is small this can mean there is greater uncertainty about the precise estimates. Information about statistical significance, including the confidence intervals around the survey estimates, are provided in the tables.[1] A further limitation is that the data were collected in 2014, therefore the impact of any subsequent changes to the social security system, mental health services, or other aspects of society are not captured.

[1] See the Office for National Statistics (ONS) website for further information on understanding uncertainty in survey estimates: https://www.ons.gov.uk/methodology/methodologytopicsandstatisticalconcepts/uncertaintyandhowwemeasureit

Key findings

ESA claimants surveyed were somewhat more likely than the rest of the sample to be male (56.7%), older (26.5% were aged 55 to 64), and lack educational qualifications (33.7%). Their health, social, and economic circumstances were worse - often much worse - than those of employed people on almost every indicator examined.

***High levels of multimorbidity**:* Given ESA is aimed at people with a health condition or impairment, it was not surprising that claimants were much more likely than Jobseeker's Allowance (JSA) claimants or others in the population to experience having multiple health conditions at the same time. Over half (55.1%) struggled with being able to perform three or more activities of daily living, such as being able to wash and dress, take medications, deal with paperwork and money, and get out and about. Nearly a third (30.9%) experienced the combined burden of having both a physical health condition that limited them 'a lot' and a mental health condition that limited them 'a lot'. They were also more likely than the rest of the working age population to experience limiting sensory impairments (16.9% sight; 8.3% hearing), borderline intellectual impairment (24.2%), and traits linked to autism (6.4%) and attention-deficit/hyperactivity disorder (38.2%).

Majority anxious and depressed: Two-thirds (65.2%) of ESA recipients experienced depressive or anxiety disorders at levels at which mental health intervention, such as counselling or medication, might be considered warranted. This is twice the rate in JSA claimants (28.1%), and four times that among employed people (14.6%).

High rates of severe mental illness and trauma: One in six were identified with probable psychosis (16.7%), a serious and disabling mental health condition characterised by hallucinations, delusions and confused or disturbed thoughts: the prevalence in employed people was one in a thousand (0.1%). Many had experience of trauma in their lives, with nearly one in three (29.6%) screened positive for possible post-traumatic stress disorder. This was more than twice the prevalence in JSA claimants (12.2%) and ten times that in employed people (2.7%). ESA claimants were more likely than other groups to report signs of drug dependence (12.8%) but were not found to be more likely to show signs of having an alcohol problem.

Struggling to access treatment: One in ten (11.2%) ESA recipients had requested a particular mental health treatment but not received it the past year. This figure was higher than that for other groups in the population. The higher rate of treatment requests is not unexpected given the higher prevalence of mental health conditions in this group, but the fact that there were many who had requested but not received a specific treatment indicates that unmet needs for mental health treatment, certainly around the time the survey was conducted in 2014, could have been a particular barrier for this group.

Living alone and feeling alone: ESA claimants were more likely to live alone (37.5%), feel lonely and isolated from other people (56.0%), and have perceived lower levels of social support. Around half of ESA (55.9%) and JSA (55.4%)

claimants reported that they generally trusted other people, demonstrating lower levels of trust than among the rest of the working age population.

Lower wellbeing, higher weariness and stress: ESA claimants had lower mental wellbeing, as measured by the Warwick Edinburgh Mental Wellbeing Scale: they were far less likely than the rest of the working age population to feel confident (48.2%), useful (61.5%), like they had energy to spare (32.7%) or were able to think clearly (71.9%).

Poverty and financial strain*:* Most ESA claimants were living in the lowest-income households (62.7%) and were unable to save £10 a month (64.8%); over a quarter (28.6%) were facing serious debt arrears. They tended to rent their home (77.9%) and were less likely than people in employment to be able to afford to keep it warm in winter (20.7%). While the great majority of ESA claimants had experience of paid employment (88.9%), nearly half (48.3%) had been made redundant at some point.

Conclusions

This analysis describes ESA claimants in 2014; the social security system has undergone a substantial programme of transformation since then so there may potentially be some changes to the profile of claimants. Mental health services have also undergone significant transformation since 2014, so access to treatment may also differ. Furthermore, this sample is likely to have underrepresented people, including ESA claimants, with the most complex impairments, and thus may underestimate the true extent of adversity faced by this group.

Despite these limitations, this survey dataset presents a clear opportunity to gain valuable insights into the mental health and life circumstances of this group of people. It also allows comparisons to be made between their experiences and those of the rest of the working age population, drawing on a national, high quality, probability sample. The survey dataset also presents the chance to gain a greater understanding of topics that are not available in the administrative datasets or other sources.

In this study, ESA claimants were worse off than people in employment across almost every aspect of life examined. While it was to be expected that rates of poor health or limiting impairment would be near universal in this group, given the nature of the benefit, these analyses demonstrate the multiplicity of health burdens faced. Many ESA claimants grapple with multimorbidity: combining more than one condition across physical, mental, sensory, and other impairments. This analysis is not able to say to what extent these are additive in their effects, and to what extent they interact.

Managing paperwork, money, and being able to get out and use public transport were all aspects of daily life that this group were much more likely than other groups in this study to struggle with. This potentially has implications for the completion of complex forms and using public transport to reach appointments and employment. Alongside tending to have fewer educational qualifications, their lower levels of energy and self-confidence are further barriers to change.

The findings highlight the importance of awareness among Jobcentre Plus staff that this is a population reporting high levels of stress, in which confidence was low and anxiety high. This understanding is relevant to staff working across government and local government, or in any public-facing roles. ESA claimants, and those in receipt of JSA, were more likely to have had negative experiences in the past, such as facing a redundancy process, and their current circumstances were characterised by uncertainty and insecurity. Compared to those in employment, few owned their own home and many faced serious debt arrears: factors likely to contribute to their higher rates of struggle with concentration and difficulty with task completion.

Opportunities for face-to-face social contact are likely to be both important and complex for this group. ESA claimants were more likely to live by themselves, have a small network, and feel isolated and lonely. Their levels of trust in others was also low, and they often felt that support could not be relied on.

Contents

Abbreviations

ADL	Activities of Daily Living
ADHD	Attention-deficit/hyperactivity disorder
APMS	Adult Psychiatric Morbidity Survey
AUDIT	Alcohol Use Disorders Identification Tool
CI	Confidence interval (at the 95% level)
CIS-R	Clinical Interview Schedule - revised
CMD	Common mental disorders (such as anxiety and depression)
DHSC	Department for Health and Social Care
DSM	Diagnostic Statistical Manual
DWP	Department for Work and Pensions
ESA	Employment and Support Allowance
IMD	Index of Multiple Deprivation
JSA	Jobseeker's Allowance
NART	National Adult Reading Test
PCL-C	PTSD Checklist – Civilian
PTSD	Post-traumatic stress disorder
SCAN	Schedule for Clinical Assessment in Neuropsychiatry
WEMWBS	Warwick Edinburgh Mental Wellbeing Scale

Glossary

Activities of Daily Living	Activities that people need to perform on a daily basis in order to live independently.
Alcohol dependence	Signs of hazardous or harmful alcohol use and possible alcohol dependence were indicated if a participant scored 8 or more on the Alcohol Use Disorders Identification Test. Such use represents an established pattern of drinking that is likely to be harmful to health.
Attention deficit hyperactivity disorder	A complex neurodevelopmental disorder which usually starts in childhood and often persists into adulthood, characterized by inattention, hyperactivity and impulsivity.
Bipolar disorder	A long-term mental health condition characterised by recurring episodes of depression and mania.
Borderline intellectual impairment	People with sufficient verbal and cognitive skills to generally be able to live independently but who may experience cognitive impairments, which can be a hidden but potentially significant barrier.
Common mental disorder	Different types of depression and anxiety, causing marked emotional distress and interfering with daily function.
Drug dependence	Drug misuse is the use of a substance for a purpose not consistent with legal or medical guidelines. Signs of possible dependence of such drugs includes daily use for an extended period, having a sense of need or dependence, inability to abstain, increased tolerance (needing to use more), and withdrawal symptoms.
Equivalised household income	An adjusted measure of household income that takes account of the number and ages of people living in the household.
Employment and Support Allowance	A benefit aimed at people who have an illness, disability or health condition that affects how much work they can do. It provides financial support for those who are unable to work and help to get back into work for those who can.

Housing tenure	Whether household residents own the property in which they live (with or without a mortgage) or rent it (privately or from a social landlord).
Index of Multiple Deprivation	A measure of relative deprivation for small areas, combines indicators reflecting different aspect of deprivation experienced by individuals living in a neighbourhood.
Jobseekers Allowance	A benefit aimed at those who are unemployed and actively looking for work.
Mental health treatment	Treatment for a mental, nervous or emotional problem, this included receiving any psychotropic medication, counselling or talking therapy.
Mental wellbeing	Mental wellbeing is widely defined as being about feeling good (hedonic wellbeing) and functioning well (eudemonic wellbeing). While mental health conditions are generally defined in terms of detriments, wellbeing is framed in terms of positive attributes.
Multimorbidity	Having multiple, limiting physical and/or mental health conditions and impairment at the same time.
Post-traumatic stress disorder	Post-traumatic stress disorder (PTSD) will affect some individuals who experience trauma. PTSD is a severe and disabling condition, characterised by flashbacks, nightmares, avoidance, numbing and hypervigilance
Psychotic disorders	Disturbances in thinking and perception severe enough to distort perception of reality, symptoms include auditory hallucinations, delusional beliefs and disorganised thinking.
p-value	A p-value is the probability of the observed result occurring due to chance alone. A p-value of less than 5% is conventionally taken to indicate a statistically significant result ($p<0.05$).
Quintile	Quintiles are percentiles which divide a distribution into five broadly equal sized groups.

Screening	In this report, 'screening' refers to identifying people in a survey sample who have signs or traits that indicate the likely presence of a disorder.
Sensory impairment	Included difficulties with near and far sight (e.g. ability to read newsprint at arms' length or to recognise someone across the road) and hearing loss, including whether they used a hearing aid.

1 Introduction

The Department for Work and Pensions has made a commitment to removing barriers that prevent people with a disability or health condition from getting into work, an objective that requires a detailed understanding of the needs of different groups of people who are not in employment. This report focuses on people who were in receipt of Employment and Support Allowance in 2014 using national mental health survey data (from the Adult Psychiatric Morbidity Survey). Their health, economic and social circumstances are described, and compared to the circumstances of people in other employment and claimant groups.

Policy background

In 2016, the Department for Work and Pensions (DWP) and Department for Health and Social Care (DHSC) published '*Improving Lives: the Work, Health and Disability Green Paper*'. This set out the Government's vision for 'a society where everyone is ambitious for disabled people and people with long-term health conditions, and where people understand and act positively upon the important relationship between health, work and disability'.

The green paper and subsequent policy paper (DWP & DHSC, 2017) highlight how the welfare system plays a role in supporting disabled people and those with health conditions into work, but that the system does not work as well as it should. Aims have been set out to improve contact with disabled people and those with health conditions, join up employment, welfare and health services, and achieve better outcomes and the right support for those who cannot work.

Four areas of activity have been set out to achieve this, including improving:

- Work coach capability;
- Personalised employment support;
- Capability assessments; and
- Support for those furthest from the labour market.

The findings presented in this report are intended to contribute to the wider evidence base that will inform the tailoring of these activities by providing an understanding of the challenges faced by this group.

Employment and Support Allowance

Employment and Support Allowance (ESA) is aimed at people with a disability or health condition that affects how much work they can do (DWP, 2017). It provides an allowance to help with living costs for those who are unable to work and support to get back into work for those who can. This report describes the circumstances and characteristics of a representative sample of ESA recipients living in private households in England in 2014-2015. At this time, those previously in receipt of Incapacity Benefit (a benefit with a similar remit to ESA, which was available to people who could not work due to an illness or disability before 31st January 2011), would have mostly migrated to ESA where appropriate. Those few reporting Incapacity Benefit receipt have been included in the ESA group. In 2014, few had yet transitioned onto Universal Credit, an in and out of work benefit payment to help with living costs, which is replacing six existing benefits including ESA. Most new claims by people with a health condition or disability are now made to Universal Credit.

While ESA claimants are recognised as a group facing significant challenges and barriers, few studies have been carried out that have sought to compare the wider circumstances of this group with the rest of the population. Some comparisons were included in the initial survey reporting for the dataset analysed here, and these highlighted the high rate of mental distress evident in this group (McManus et al., 2016).

Report aims

Four groups of people aged 18 to 64 are profiled in this report: those who at the time of the interview were in receipt of ESA, those in receipt of Jobseeker's Allowance (JSA, a benefit aimed at those who are unemployed and actively looking for work), those in paid employment, and a group comprised of everyone who did not meet the criteria for the other three groups. This diverse group included, for example, students, people in early retirement, and those looking after the home.

The main objectives of this report were to enhance DWP's understanding of:

- The health, social and economic characteristics and circumstances of ESA claimants.
- How these characteristics and circumstances differ from other groups in society, in particular people in employment.

The primary purpose for this analysis was to provide a better understanding of the barriers, particularly health-related barriers and challenges, ESA claimants face relative to others in society. These may hinder them moving nearer to or into work or make it harder for them to effectively engage with the support. Such insights should help inform the development of additional or more tailored support and understanding that may be needed.

Data source

The Department for Health and Social Care (DHSC) funds and NHS Digital commissions the high-quality, national Adult Psychiatric Morbidity Survey (APMS) to monitor the mental health and wellbeing of people living in England (McManus et al., 2019). The most recent survey was conducted in 2014 and involved a long initial interview in people's homes (McManus et al., 2016). It included detailed assessments of a range of different mental health conditions. The questionnaire also covered people's health, social, and economic circumstances, including any benefits they were receiving around the time of the interview.

As a high-quality, national, random probability sample survey representative of adults aged 16 and over in the general population, the sample is likely to be highly generalisable to the wider working age population. It utilises a sophisticated weighting strategy, detailed in the main survey report, to ensure it is representative of the general population (McManus et al., 2016).

However, as a household survey, the APMS, does not include people living in temporary accommodation, residential or institutional settings, or who are homeless. While the response rate is comparable with that of other household surveys (57%), it is likely that people with severe mental health or dependence problems would have been less able or willing to participant in a long interview. Those with severe intellectual impairment, the most complex needs, or who have little proficiency in the English language are also under represented. The survey could not include people who lack the cognitive or verbal skills to participate in a general survey of this kind. An interviewer was present throughout the interview to support participants. The questionnaire was mostly administered face to face, and the self-completion part of the interview was read out by the interviewer when a participant had difficulties with literacy or eyesight. However, people unable to understand the types of questions used on a general population survey or who were unable to communicate verbally would not have been able to take part. Quite different research approaches would be required to include those with more severe levels of intellectual impairment. However, it is important to note that the people identified on a survey like this potentially represent the majority of people with intellectual impairment, as well as the majority of those often missed by services, some falling just below the threshold for eligibility but still experiencing pronounced disadvantages and inequalities (see McManus et al., 2018).

As described in Chapter 2, a lower prevalence of ESA receipt was identified in the survey (4.2%) compared to DWP administrative data (in February 2014, an estimated 7.7% of those aged 18 to 64 living in England had claimed ESA).[2] It is probable that those 'missing' from the sample are likely to be the claimants with the greatest and most complex needs. It is therefore important to recognise that the 287 ESA

[2] It is important to note that the prevalence figures from the survey and administrative data are not directly comparable as the survey provides a point estimate (on the day of interview), while the routine statistics combine all who were in receipt of ESA in a month.

claimants in this general population sample will probably under represent those with the most complex needs, that is people in the most difficult social circumstances and/or with the most severe impairments. It is also possible that stigma around claiming benefits may also be a factor leading to some under reporting of being in receipt of an out-of-work benefit.

The number of survey participants reporting receipt of Jobseeker's Allowance (JSA) at time of the interview was small (122 people), and estimates based on this group therefore are generally less precise than for other employment/claimant groups, as indicated by the wide confidence intervals around them.[3]

Survey estimates are based on a sample of the population; the confidence interval is the range within which we expect the true value would fall if the whole population had been interviewed. For example, while the proportion of ESA recipients in the survey identified with a common mental disorder was 65.2%, if this survey had been conducted many times with different random samples of ESA recipients, the rates produced by each sample may vary but would usually be between 58.5% and 71.4%. When the sample is small this can mean there is greater uncertainty about the estimates. This imprecision sometimes made it difficult to detect statistically significant differences between the ESA and JSA groups, although statistically significant differences were found when differences were particularly large.

There is also some potential for employed people, especially those working full-time, to be underrepresented relative to some other groups (such as those in early retirement or not working to look after children), given their reduced availability for interviews. We expect any such underrepresentation to be slight and have had minimal impact on results for the employed group, especially given the use of weights to address different patterns of non-response.

Despite these limitations, this survey dataset presents a unique opportunity to gain valuable insights into the mental health and life circumstances of this group of people, and compare their experiences to those in the rest of the working age population, drawing on a national, high quality, probability sample. Analysis of the APMS dataset also allows for key insights into range of topics not available from administrative datasets or other sources.

This report focuses mainly on comparisons between ESA claimants and people in employment; as an objective is to identify areas where support could help the transition from ESA to employment. Comparisons between ESA claimants and JSA claimants are also made where there were pronounced differences. Generally, comparisons with 'other' people (those not in employment or receiving ESA or JSA) have not been made in the text. This is because given how diverse the group is, the rates for this group are hard to interpret. Results for those with other economic

[3] The proportion of the survey sample in receipt of JSA was 2.1%, while the estimated prevalence of those aged 18 to 64 in England who were in receipt of JSA in February 2014 based on DWP administrative data was 4.4%. It should be noted as for ESA receipt, these findings are not directly comparable.

statuses are presented for completeness, so that figures are presented for the whole sample aged 18 to 64.

The data in this report have been analysed under a Data Sharing Agreement (DSA) between NHS Digital and the National Centre for Social Research.

Analysis

The analyses presented in this report are weighted, adjusted for complex survey design (stratification and clustering) and are based on participants aged 18 to 64 (with those aged 16 to 17, and those 65 and over excluded due to benefit ineligibility).

Statistical significance tests have been run to generate the p-value for whether the rate varies across claimant groups as a whole. A p-value is the probability of the observed result occurring due to chance alone. A p-value of less than five per cent is conventionally taken to indicate a statistically significant result ($p<0.05$). The p-value is dependent on the sample size.

P-values were generated by running a bivariate regression analysis. Confidence interval (CI) information are additionally provided around the estimate for each claimant group to indicate the estimate's level of precision and enable comparisons between different individual claimant/ employment groups. Results are presented to one decimal place for APMS results, so that rates per thousand can easily be deduced. This is particularly useful when looking at low prevalence conditions. However, CIs should be referred to for information about each estimate's precision. Only results found to be statistically significant are referred to in the text, unless specified otherwise. Confidence intervals for all estimates are provided in the tables in the appendices.

Analyses are descriptive and do not adjust for other factors. The associations do not take account of differences between the groups, for example in terms of variations in their age and sex profile. Further investigation using multiple regression analyses and other approaches would provide further insight but was beyond the scope of the current analysis. Also, the main purpose of the profiling was to understand the actual composition of these populations, without that composition being statistically adjusted. Statistical adjustment is appropriate for analyses seeking to understand the relationships between different variables, whereas the aim here was to understand the composition of these groups as they are. It is important to note that these data are cross-sectional, and the results describe current circumstances and needs of the different groups but cannot be used for conclusions about causality.

Significance testing

Throughout the text in this report, as mentioned above, if rates for two groups are described as different the reader can be reassured that this difference was found to

be statistically significant. For each result discussed, reference is made in the text to the table where the full results are presented. Please refer to these tables for the 95% confidence interval around each estimate, as well as for p-values.

Table and chart conventions

Frequencies greater than absolute zero but less than 0.05% are presented as 0.0%. Where values are presented based on a small number of participants, consideration was made about whether these values should be suppressed. It was decided that such suppression could be avoided because these descriptive tables tend to be bivariate, without any further disaggregation within a table by sex, age or other characteristics that increase the disclosure risk of data. The disclosure risk of all tables was considered on a case by case basis. True (unweighted) bases are presented on all tables. Charts present figures unrounded. The base for every table and chart is all APMS 2014 survey participants aged 18 to 64. Those with missing data, usually due to refusing to answer a question, or responding don’t know, are excluded from the base.

2 Demographic and socioeconomic profile

This report presents secondary analysis of a mental health and wellbeing survey of the English general population. About one participant in twenty-five was in receipt of Employment and Support Allowance (ESA) when interviewed in 2014. They were more likely than the rest of the working age population to be male, older, and have no educational qualifications. The great majority had experience of paid employment and nearly half had been made redundant at some point. ESA and Jobseeker's Allowance (JSA) claimants were more likely than the rest of the working age population to live in low-income households and in the most deprived neighbourhoods. Nearly two-thirds of people in receipt of ESA were unable to save £10 a month, and over a quarter were in serious debt arrears. ESA claimants were less likely than the rest of the working age population to be able to keep their home warm.

Definitions and methods

Data from the 2014 Adult Psychiatric Morbidity Survey (APMS), were used to profile the health, social and economic circumstances of people living in England aged 18 to 64 in current receipt of Employment and Support Allowance (ESA) and compare their circumstances to other claimant/ employment groups. In total, the sample contained 287 participants aged 18 to 64 in receipt of ESA at the time of the interview, including a small number (26) who reported still being in receipt of Incapacity Benefit (ESA replaced Incapacity Benefit and Income Support paid on the grounds of incapacity for new claims from 2008). The survey used a high-quality probability sample, which was based on a random sample of all the private addresses that the Post Office delivers to. Because the number of ESA claimants in the sample was relatively small for statistical analysis, the uncertainty around estimates based on this group can be quite wide. The number of JSA claimants interviewed was even smaller (122) and thus there is even greater uncertainty around estimates for this group. The confidence intervals for each estimate is presented in the tables at the end of this

report. The sample is described by a range of characteristics, but for reasons of limited size, no subgroup analysis within benefit/claimant groups has been undertaken. As mentioned previously this report primarily focuses on an unadjusted comparison of ESA claimants and employed people, but the reader can make further comparisons using the charts and tables provided.

Claimant/employment group - four mutually exclusive claimant/employment groups were derived drawing on a range of standardised questions asked in the survey's social classification section. Questions were asked about benefit receipt using prompt cards listing a range of different types. The full questionnaire is available elsewhere (McManus et al., 2016). The groups comprise: a) those participants who reported that they were currently in receipt of ESA, b) those who reported that they were currently in receipt of Jobseeker's Allowance (JSA), and c) people who reported that they were currently (in the past seven days) in paid employment. All other participants were grouped into a fourth heterogeneous category labelled 'others'. This group included students, those looking after children and the home, or in early retirement and who did not meet any of the other categories.

Demographic profile

The proportion of participants aged 18 to 64 who were in receipt of ESA when interviewed for the survey in 2014 (4.2%), was higher than the proportion who reported being in receipt of JSA (2.1%) (Table 2.1).

Estimates of claimant prevalence based on a survey sample will not be as reliable as routine administrative data sources, and also not directly comparable due to different reference periods (see discussion in previous chapter). This figure (4.2%) is lower than rates based on administrative data for 2014 (Department for Work and Pensions, 2014). This is not surprising given that the data come from a general household survey with limited facility to enable those with, for example, severe language and communication difficulties, to participate. ESA claimants with the most complex needs may be underrepresented in this study. Consequently, it is likely that the circumstances experienced by ESA claimants as a whole may be even more adverse than those reported here. This study, however, draws on a high-quality dataset with broad topic coverage, providing a richer profile of circumstances for this group than previously available.

The age and sex of survey participants were established using standardised survey questions. Those in receipt of ESA or JSA were somewhat more likely to be male than female: 56.7% of ESA claimants were male[4], as were 58.0% of the JSA group (Tables 2.2 and 2.3). 52.6% of the employed population were male.

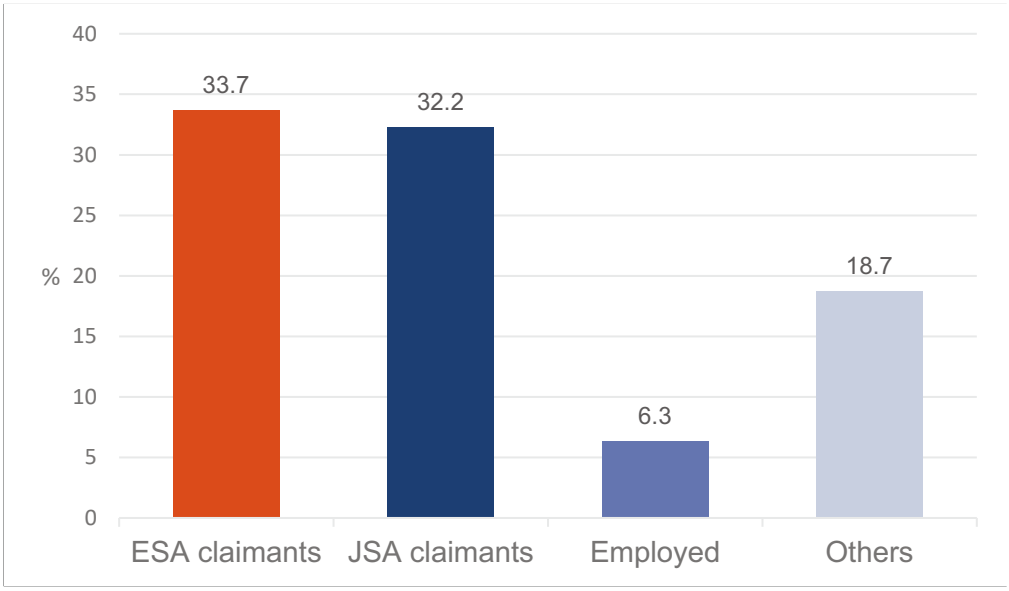
ESA claimants tended to be older than the rest of the population. A quarter (26.5%) were aged 55 to 64; this was true of 16.8% of JSA claimants (Tables 2.4 and 2.5).

[4] The confidence intervals around all estimates can be found in the tables. The confidence interval around the proportion of ESA claimants who were male was 50.2% to 63.2%.

Very few ESA claimants were aged 18 to 24 (3.7%, compared with 15.3% of the population as a whole).

Whether participants had educational qualifications was established using a combination of direct questions and a show card with a prompt list of qualification types. One in three (33.7%) ESA claimants had no qualifications (Figure 2.1, Tables 2.6 and 2.7). The rate was similar for JSA claimants (32.2%), and more than five times higher than for people in employment (6.3%).

Figure 2.1 Percentage who do not have educational qualifications, by claimant/employment group



Socioeconomic profile

Employment history, indicators of financial strain, and the housing context were assessed using self-report survey items, while neighbourhood deprivation was classified according to the postcode of participants' home address.

Employment history was assessed with questions on whether participants had ever been in paid employment, whether they had been made redundant from a job at any point in their life, and whether they had experienced a period of job search lasting more than one month, where they looked for but had not found work. The latter two items drew on The List of Threatening Experiences scale (Brugha and Cragg, 1990), a short schedule designed to identify stressful life events known to be risk factors for poor mental health.

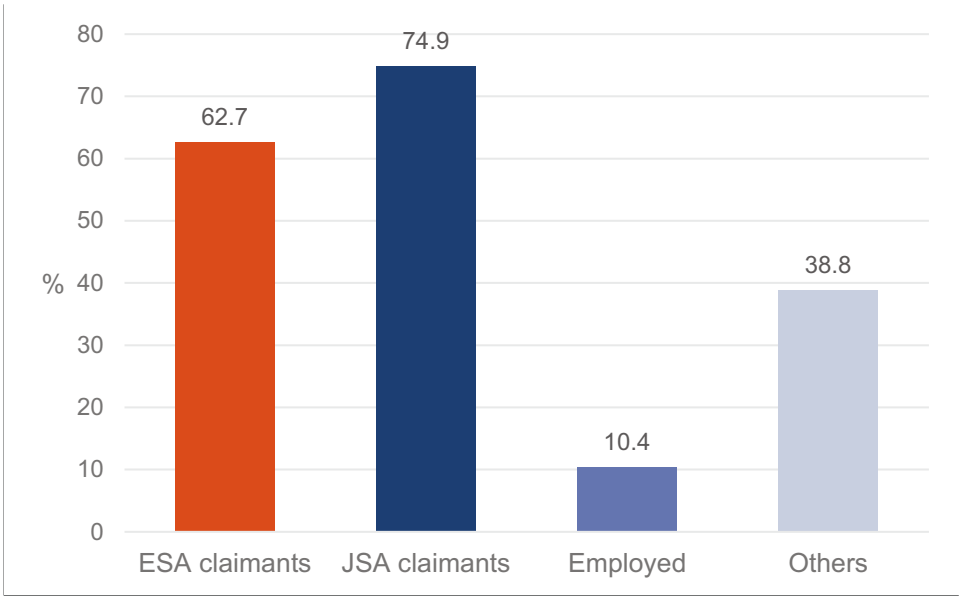
The majority of ESA (88.9%) and JSA claimants (86.5%) have experience of paid employment (Tables 2.8 and 2.9). However, nearly half of ESA claimants (48.3%) had been made redundant from a job at some point in their life (Tables 2.10 and 2.11). This was an experience evident in all groups and was also reported by nearly a third of those currently employed (32%).

Nearly three-quarters of the JSA claimants (72.2%) had experienced a period of more than one month of unsuccessful job search, some may have been experiencing this at the time of the interview (Tables 2.12 and 2.13). ESA claimants were much less likely to report this, although more than a third had experienced an extended period of unsuccessful job search (38.6%).

Income and financial strain questions focused on current circumstances. Household income was established by means of a show card on which banded incomes were presented. Information was obtained from the selected participant, although they were encouraged to seek further information from others in the household. Initially the participant was asked to state their own aggregate gross income and was then asked to estimate the total household income including that of any other people in the household. While household income can be used as an analysis variable, the measure of equivalised income used here adjusts income level to take account of the number and ages of people in the household. These are then ranked in order and quintiled by distribution.

Nearly two thirds of ESA claimants (62.7%) lived in households in the lowest equivalised household income quintile (Figure 2.2, Tables 2.14 and 2.15). This figure was similar to the rate for JSA claimants (74.9%), but was around six times the rate among people in employment (10.4%). While the JSA rate may appear to be higher than that for ESA claimants for this and some of the other socioeconomic topics, these were not found to be statistically significant differences. The figures, including 95% confidence intervals, are provided in the accompanying tables.

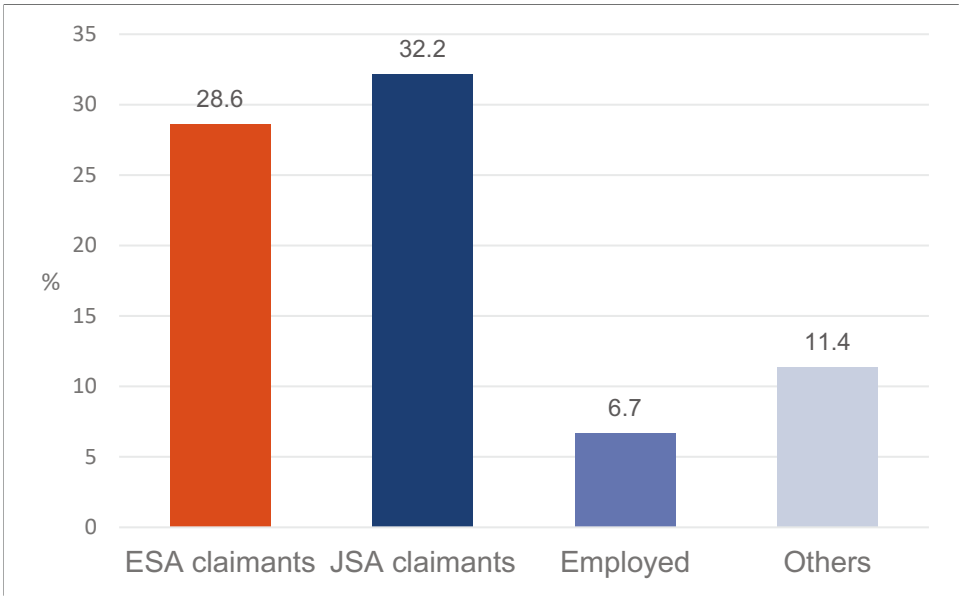
Figure 2.1 Percentage living in the lowest quintile of equivalised household income, by employment and claimant group



Being in serious debt was established by asking participants about arrears with payments in the past year. Types of debt included disconnection from gas, electricity, or other fuel services because of failure to pay, and being "seriously behind in paying within the time allowed" for a range of services and obligations.

Over a quarter of ESA claimants (28.6%) reported having been in serious debt arrears in the past year (Figure 2.3, Tables 2.16 and 2.17). This was similar for JSA claimants (32.2%) but more than four times the rate among people in employment (6.7%).

Figure 2.3 Percentage who had been in serious debt arrears in the past year, by employment and claimant group



Participants were also asked about the ability to put aside £10 at the end of the month, as an indication of the ability to make savings and have a financial safety net.

Two thirds of ESA claimants (64.8%) reported that they were unable to make regular savings of £10 a week for rainy days or retirement (Tables 2.18 and 2.19). This proportion was similar to that for JSA claimants (53.0%), but greater than for people in employment (14.3%) and others (27.0%).

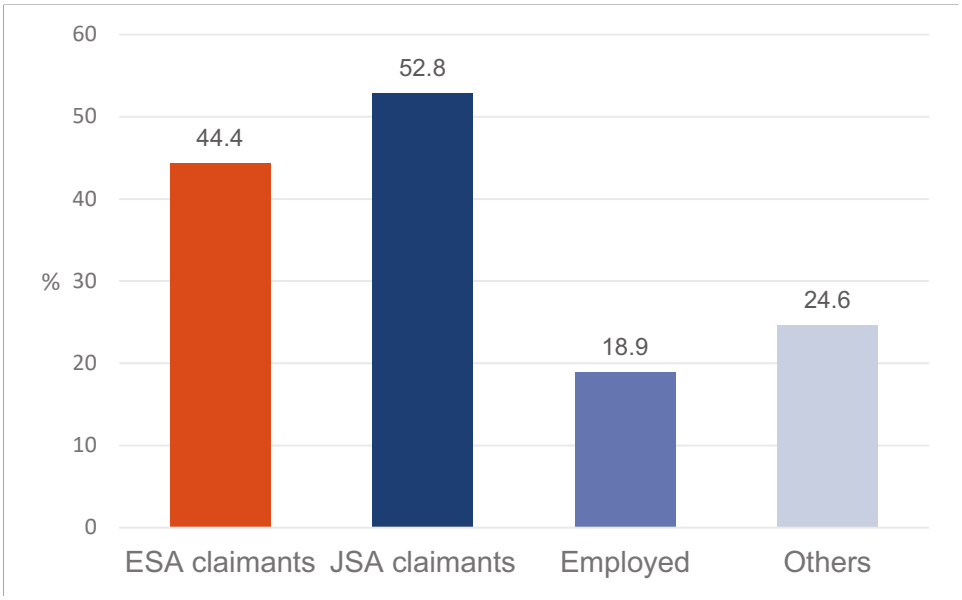
Housing and neighbourhood context was assessed with questions relating to the home in which participants were living around the time of the survey interview, and the neighbourhood in which that property was located. Home characteristics included housing tenure, housing conditions, and area-level deprivation of the neighbourhood where they lived.

Housing tenure relates to whether the household owned the property in which they lived (with or without a mortgage) or rented it (privately or from a social landlord). Over half of ESA claimants (54.7%) lived in a home which they were social renters

for, a rate similar to that for JSA claimants (49.8%) (Tables 2.20 and 2.21). People in employment (10.8%) were the least likely to rent their home from a social landlord.

Postcode look-up files were used to assign neighbourhood deprivation quintiles according to the Index of Multiple Deprivation (IMD) ranked score (Ministry of Housing, Communities and Local Government, 2015). The IMD is a measure of relative deprivation for small areas, it combines indicators reflecting different aspect of deprivation experienced by individuals living in an area. Approaching half of ESA claimants (44.4%) lived in an area in the most deprived quintile of multiple deprivation (Figure 2.4, Tables 2.22 and 2.23), this was similar to the rate for JSA claimants (52.8%) but was more than twice the rate for those in employment (18.9%).

Figure 2.4 Percentage living in most deprived Index of Multiple Deprivation (IMD) quintile, by employment and claimant group



Two indicators of housing conditions were established: presence of mould on the walls and whether participants could afford to keep the home warm in winter.

There was no significant association between presence of mould in the home and employment and claimant group. In some ways this was not unexpected, as mould is more likely in larger premises. However, ability to keep the home warm was associated with claimant/employment group. Around one in five ESA claimants (20.7%) and JSA claimants (18.7%) reported being cold at home in winter; they were more than three times more likely to experience this than people in employment (5.9%) and twice as likely as those of other economic status (10.2%) (Tables 2.24 to 2.27).

3 General health and impairments

Over half of people in receipt of Employment and Support Allowance (ESA) needed assistance with at least three different activities of daily living, such as washing, dressing, taking medication and carrying out household activities like shopping and laundry. Nearly a third were limited 'a lot' both by a physical health condition and by a mental health condition. In addition, elevated rates of severe sensory impairment and traits linked to autism and attention-deficit/hyperactivity disorder were higher in this group than in the rest of the working age population.

General and physical health

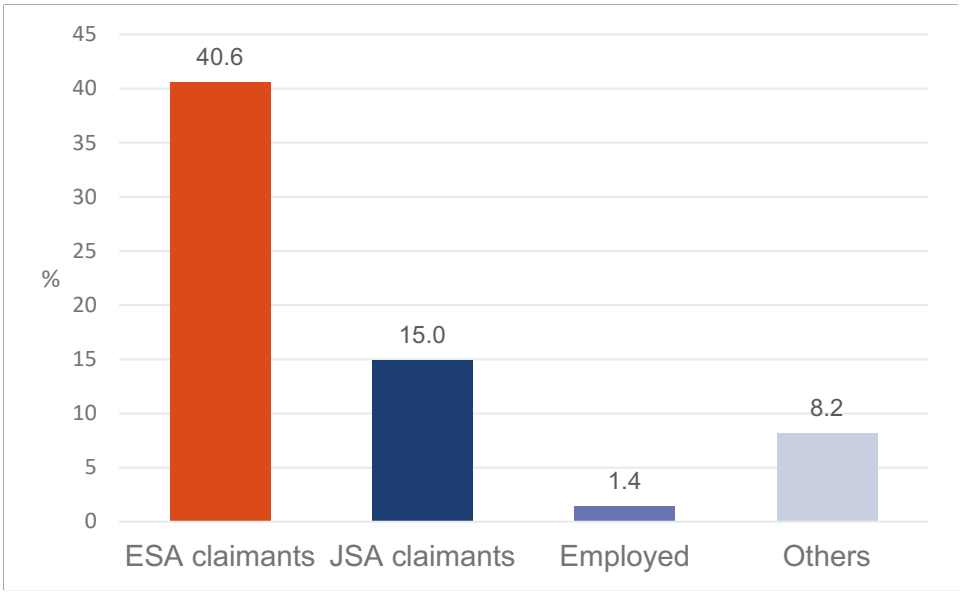
Physical health, disability and different types of functional impairment were assessed using a range of measures. As would be expected, given that ESA is a benefit directed at people who are disabled or ill, people in receipt of this benefit were far more likely than the rest of the working-age population to report having 'poor' health.

General health participants were asked to rate their 'general health' on a five-point scale, from 'Excellent' to 'Poor'. The question did not specify that 'general health' should be seen as limited to either physical or mental health.

Two fifths of ESA claimants (40.6%) reported that their **health in general** was 'poor' (Figure 3.1, Tables 3.1 and 3.2).[5] This was more than twice the rate among Jobseeker's Allowance (JSA) claimants (15.0%). People in employment were the least likely to report 'poor' general health (1.4%).

[5] The confidence intervals around all estimates can be found in the tables. The confidence interval around the proportion of ESA claimants who described their health at the time of the interview as 'poor' was 34.0% to 47.4%.

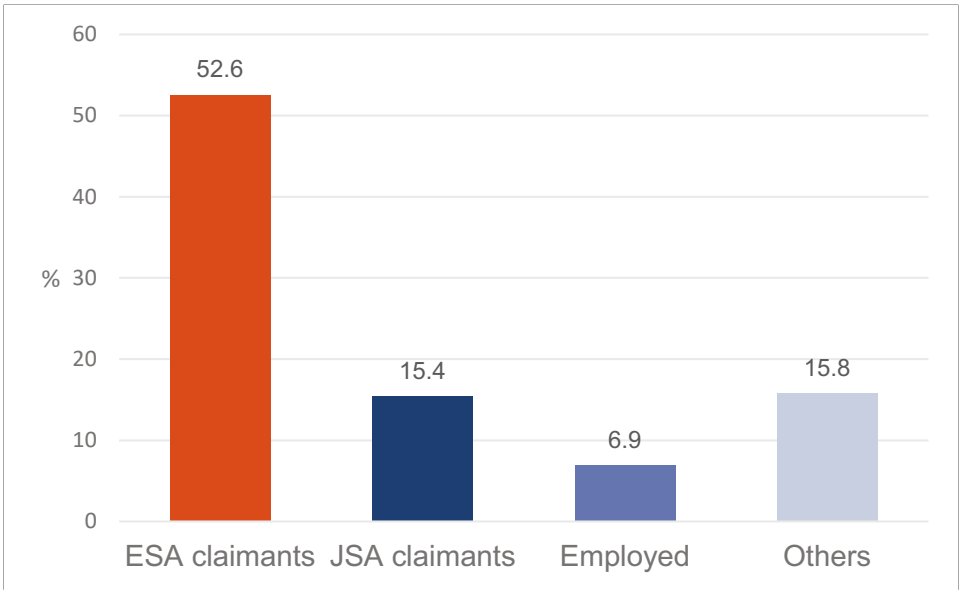
Figure 3.1 Percentage reporting 'poor' general health, by claimant/ employment group



Limiting physical health conditions was indicated if the participant reported that they had any of 22 physical or general health conditions that were listed on a card, that it had been present in the past 12 months, was diagnosed by a doctor or health care professional, *and* that the participant reported it limited their activities 'a lot'. This measure is more reliable than using a single open question on whether the participant has any limiting longstanding illness, as the specific condition is established and the extent to which it is limiting is asked, with the higher threshold (limiting 'a lot') being applied.

Just over half of ESA claimants (52.6%) had a serious **physical health condition that limited their day to day activities** 'a lot' (Figure 3.2, Tables 3.3 and 3.4). This was more than seven times the rate found among people in employment (6.9%), and more than three times the rate found among JSA claimants (15.4%), and others (15.8%).

Figure 3.2 Percentage with a limiting physical health condition, by claimant/employment group

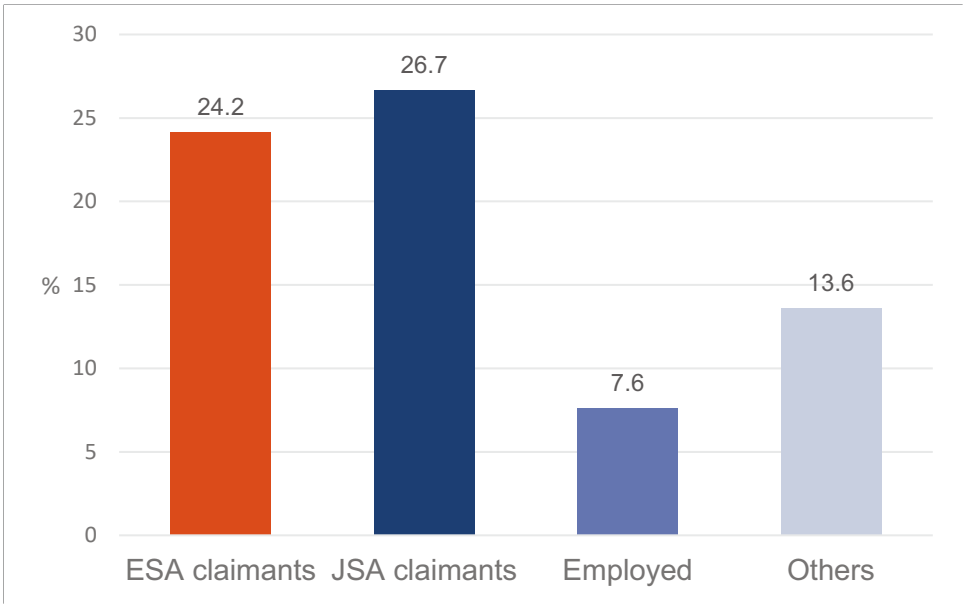


Impairments, disability and other conditions

Intellectual impairment was assessed with the widely used National Adult Reading Test (NART) (Nelson and Willison., 1991). An algorithm can be applied to the scored NART data to generate a reliable prediction of verbal IQ (V-IQ) in people whose first language is English. The NART is largely unaffected by the presence of mental illness and neurological disorders (Crawford et al., 1987, 1988; O'Carroll et al., 1992). The developers of the NART have investigated whether use of reading ability introduces a social class bias to identification of intellectual impairment and found that this was not the case. It comprises a list of 50 words and is scored by counting the number of errors made in reading out the words. The lowest V-IQ score that can be identified using the NART is 70, and it cannot be used to reliably identify an IQ score of less than 70. Participants with a V-IQ score of below 80 were grouped together and could be considered of borderline intellectual functioning (McManus et al., 2018). This group comprises people with sufficient verbal and cognitive skills to be able to live independently and participate in a survey of this kind, but who may experience cognitive impairments, which can be a hidden but potentially significant barrier.

Around a quarter of ESA claimants (24.2%) and JSA claimants (26.7%) met the criteria for **borderline intellectual impairment** (Figure 3.3, Tables 3.5 and 3.6). This was three times higher than the proportion among those in employment (7.6%) and about twice the rate among those in the other group (13.6%).

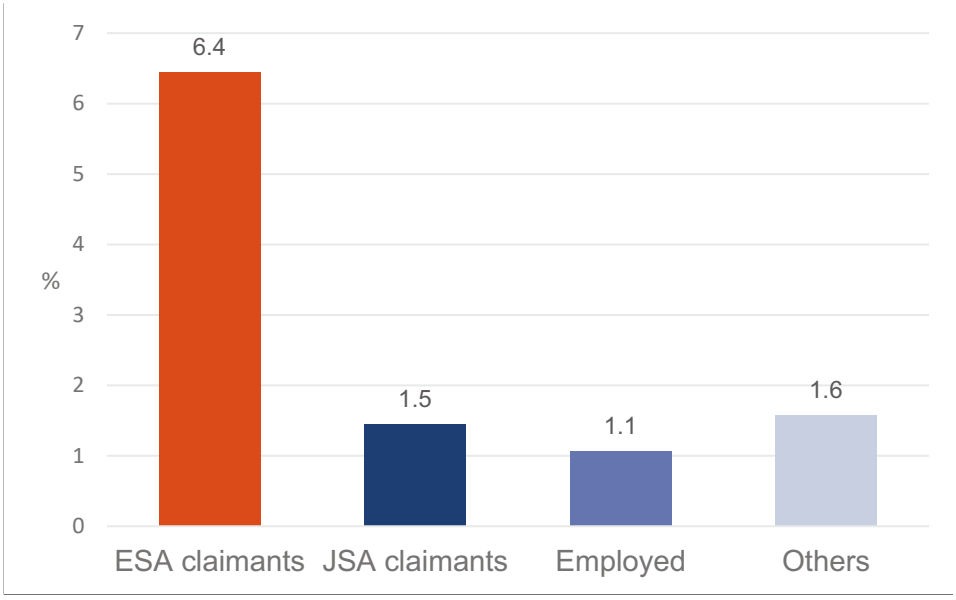
Figure 3.2 Percentage with borderline intellectual impairment, by claimant/employment group



Autism spectrum condition or disorder (ASDs), also referred to as autism, includes developmental disorders characterised by impaired social interaction and communication, severely restricted interests, and highly repetitive behaviours (Brugha et al., 2016). In the phase one APMS interview, autistic traits were screened for using the Autism Quotient (AQ-20) (Brugha et al., 2012). It should be noted that these do not indicate the presence of autism, but rather a more general and inclusive indication of traits associated with autism. Very few people meeting the screening threshold for autistic traits would be identified as autistic in a full assessment.

The proportion of ESA claimants with **autistic traits** (6.4%) was about six times greater than the rate among people in employment (1.1%) (Figure 3.4, Tables 3.7 and 3.8).

Figure 3.3 Percentage with autistic traits, by employment and claimant group



Attention-deficit/hyperactivity disorder (ADHD) is a complex neurodevelopmental disorder which usually starts in childhood and often persists into adulthood. Adult ADHD is often unrecognised or misdiagnosed by professionals. It is associated with significant impairment and adverse outcomes, including premature mortality. The survey included the six-item Adult ADHD Self-Report Scale (ASRS) (World Health Organisation, 2003). The screen assesses ADHD characteristics of inattention, hyperactivity and impulsivity during the six months prior to interview. A score of 4 or more constituted a positive screen for ADHD, which is indicative of the presence of traits and not necessarily that the condition itself is present.

A positive screen for traits of **attention-deficient/hyperactivity disorder** (ADHD) was evident in over a third of ESA claimants (38.2%) (Tables 3.9 and 3.10). This was nearly twice the rate among people claiming JSA (20.5%), and four times the rate in employed people (8.1%).

Sensory impairment Questions were asked of all participants about sight loss (ability to read newsprint at arms' length or to recognise someone across the road, with glasses if used) and about hearing loss (including whether hearing aids are used). These are standard survey questions used to indicate near and far sight impairment (McManus and Lord, 2012) and problems with hearing (Shoham et al., 2019, 2020). Where sensory impairment was reported, level of impact on daily life was asked. Sensory impairments were examined using derived variables relating to the extent to which activities are limited.

Sight impairment severe enough to limit day-to-day activities affected one in six ESA claimants (16.9%); a rate just over five times that for JSA claimants (3.0%) and eight times higher than those in employment (2.0%) (Tables 3.11 and 3.12).

Hearing impairment severe enough to limit day-to-day activities was reported by about one in twelve ESA claimants (8.3%), more than twice that for employed people (3.2%) (Tables 3.13 and 3.14).

Individual activities of daily living

A number of different activities of daily living (ADL) were asked about (Wiener et al., 1990). These are the activities that people need to perform on a daily basis to live independently. The survey included both basic ADLs (fundamental self-care tasks such as washing, dressing, toileting, and mobility) and instrumental ADLs (which enable someone to live independently in the community, like cleaning the home, managing money, preparing meals, shopping and taking prescribed medicines). Each ADL is analysed separately.

Everyone reporting difficulty with at least one ADL was asked whether they got assistance from other people with performing these tasks. The results indicate that difficulties with ADLs are common barriers faced by ESA recipients.

- A third of ESA claimants (34.5%) reported difficulties with **managing personal care**, compared with 1.8% of those in employment (Figure 3.5, Tables 3.15 and 3.16). Personal care was defined as including activities such as dressing, bathing, washing and using the toilet.
- Nearly a fifth of ESA claimants (18.9%) reported difficulties with **medical care** (Figure 3.6, Tables 3.17 and 3.18). Medical care was defined as managing taking medicine or pills, having injections or changing dressings. This was substantially higher than the rate among JSA claimants (3.3%), those in employment (1.0%), and those in the other employment and claimant group (4.4%).
- Over half of ESA claimants (54.4%) felt they had difficulties with **getting out and about, and/or with using public transport** compared to 2.3% of those in employment. The rate was also about four times higher than that for JSA claimants (12%) and others (10.1%) (Figure 3.7, Tables 3.19 and 3.20).
- Half of ESA claimants (50.9%) said they experienced difficulties carrying out **household activities** (Figure 3.8, Tables 3.21 and 3.22) compared to just 2.8% of employed people and 13.5% of JSA claimants. These activities included housework, shopping, preparing meals and doing the laundry.
- Nearly two thirds of ESA claimants (64.6%) reported difficulties with **practical activities** such as gardening, household repairs and decorating (Figure 3.19, Tables 3.23 and 3.24). This rate was about four times higher than for JSA claimants (16.1%) and others (16.1%), and twelve times higher than those in employment (5.0%).

- Difficulties with **dealing with paperwork** was reported by nearly half of ESA claimants (48.0%) (Figure 3.10, Tables 3.25 and 3.26). This included difficulties with writing letters, sending cards and filling out forms. People in employment were the least likely to have difficulties with paperwork (3.7%).
- Nearly a third of ESA claimants (31.1%) reported difficulties with **managing money** (Figure 3.11, Tables 3.27 and 3.28), such as budgeting for food or paying bills. This was twelve times the rate of people in employment (2.5%) and more than twice the rate of JSA claimants (12.6%).
- Over half of ESA claimants (55.1%) reported **needing assistance with three or more of these routine activities** regarded as necessary for independent living (Figure 3.12, Tables 3.29 and 3.30). This was nearly four times the rate of JSA claimants (13.9%). People in employment were least likely to report needing assistance with multiple different types of activities (2.4%).

Figures 3.5-3.12 Percentage with difficulties with each activity of daily living (ADL), by employment and claimant group

Figure 3.4 Personal care

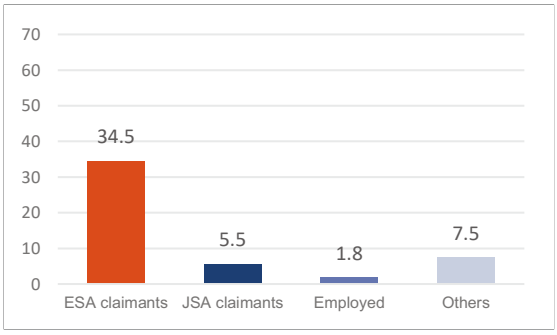


Figure 3.5 Medical care

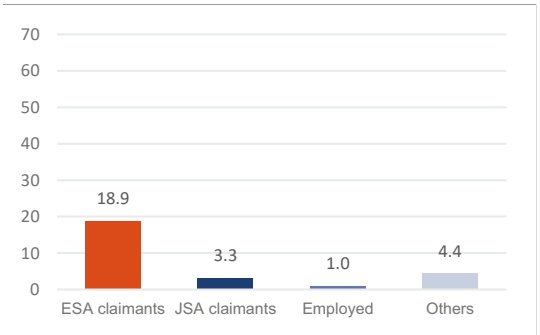


Figure 3.6 Getting out and about

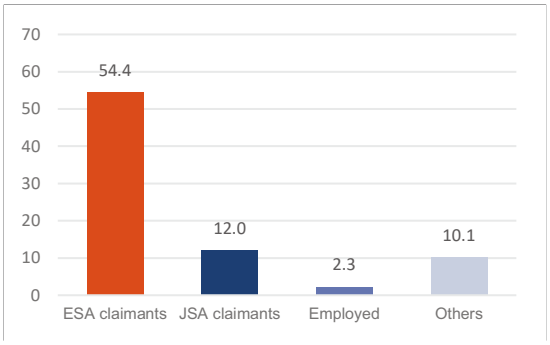


Figure 3.7 Household activities

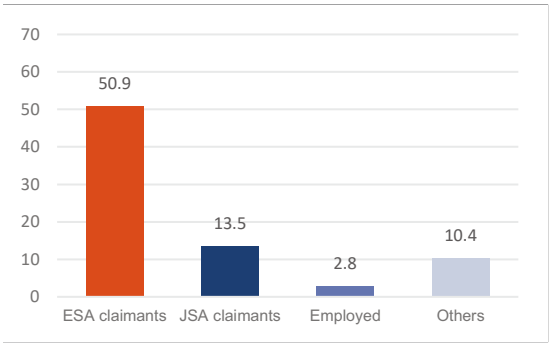


Figure 3.8 Practical activities

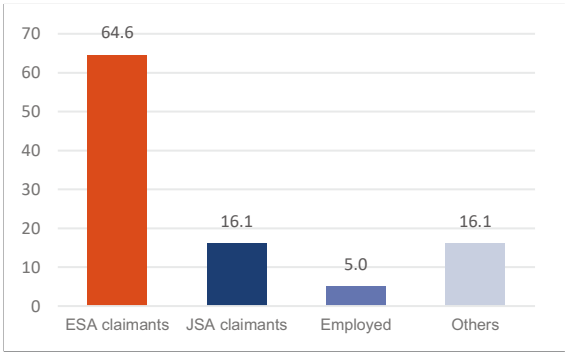


Figure 3.9 Paperwork

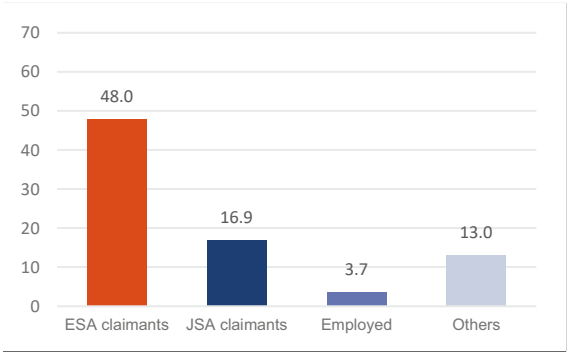


Figure 3.10 Managing money

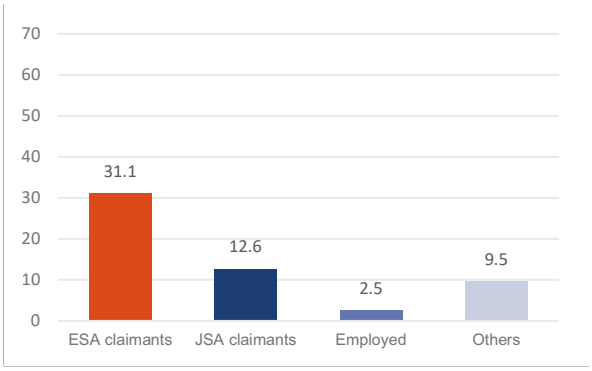
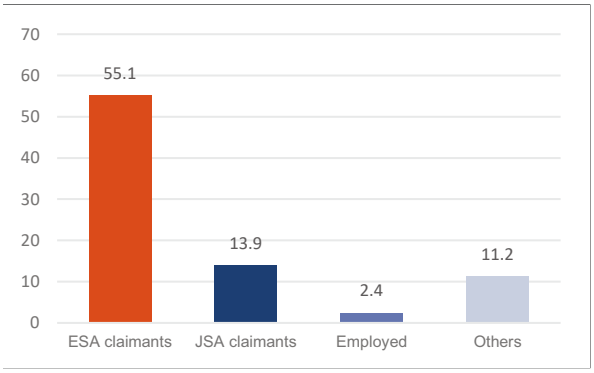


Figure 3.11 Needing assistance with three or more activities



Multimorbidity

An indicator of multimorbidity was derived from two other variables: any limiting physical health condition[6] and any limiting mental health condition. The limiting mental health condition drew on two different assessment tools. Symptoms of common mental disorder (CMD) were assessed on APMS using the Clinical Interview Schedule – Revised (CIS-R). The CIS-R is an interviewer administered structured interview schedule covering the presence of non-psychotic symptoms, including depression and anxiety, in the week prior to interview. These were assessed according to diagnostic criteria from the World Health Organisation's International Classification of Disease. The outputs from the CIS-R include a continuous scale that reflects the overall severity of anxiety (worries and fear) and depressive symptoms (feeling sad and low) (Lewis et al., 1992). The process of scoring is complex and detailed elsewhere (Stansfeld et al., 2016).

Post-traumatic stress disorder[7] (PTSD) was screened for using the PTSD Checklist (PCL), a 17-item self-report measure reflecting the fourth Diagnostic Statistical manual (DSM-IV, American Psychiatric Association 1994) criteria for PTSD (Blanchard et al., 1996). The PCL-C (civilian) asks about symptoms in relation to generic stressful experiences. This version simplifies assessment based on multiple traumas because symptoms are not attributed to a specific event. A total symptom severity score was obtained. There are different ways of scoring the PCL. For this report, a positive screen was defined as a score of 50 or more, together with endorsement of the DSM-IV criteria, identified as positive responses to on re-experiencing, avoidance and numbing, and hyper-alertness (Fear et al., 2016). A positive screen for PTSD does not mean that someone necessarily has the disorder; instead it indicates that someone has sufficient symptoms to warrant a clinical assessment.

A limiting mental health condition was indicated by the presence of any of four different indicators of severe affective mental health problems:

- A score on the CIS-R, the survey's main tool for assessing symptoms of anxiety or depression, of 18 or more. This is a level of severe symptoms of anxiety or depression at which intervention would usually be deemed warranted.
- A CIS-R score of 12 or more *and* the participant reported that their mental health symptoms had either stopped them doing things or made doing things harder.

[6] See 'General and physical health' section in chapter 3, for further details on how any limiting physical health condition is derived.

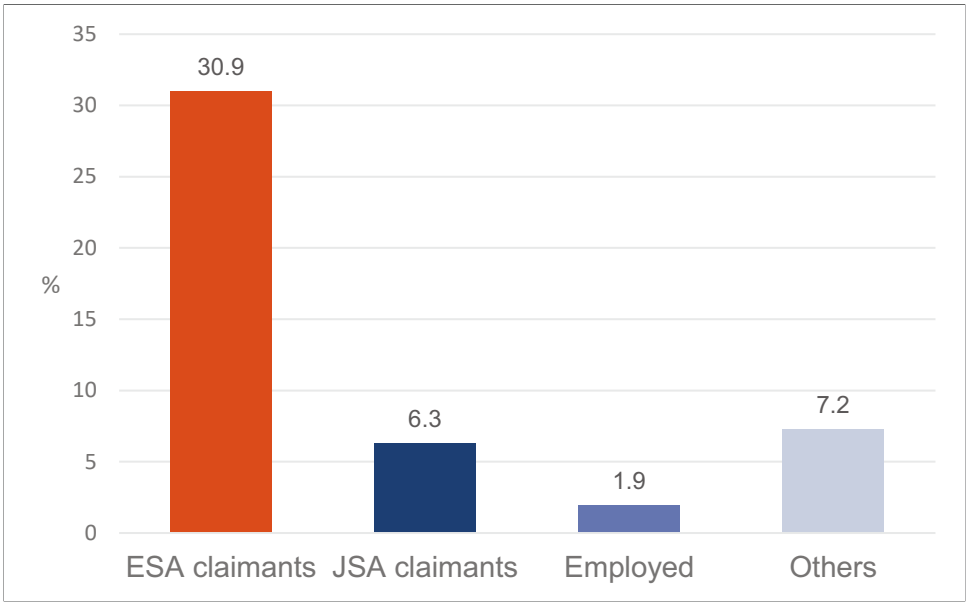
[7] Some individuals who experience trauma go on to develop PTSD. PTSD is a severe and disabling condition, characterised by flashbacks, nightmares, avoidance, numbing and hypervigilance. See Chapter 4 for further details.

- Screening positive for severe PTSD (using a less inclusive threshold[8]).
- Screening positive for PTSD using a more inclusive threshold *and* the participant reported that their mental health symptoms had either stopped them doing things or made doing things harder.

To indicate the combined presence of highly limiting poor physical and poor mental health, a combined variable was derived.

Nearly a third of ESA claimants (30.9%) had both a **limiting physical health condition and a limiting mental health condition** (Figure 3.13, Tables 3.31 and 3.32). This was five times the rate among JSA claimants (6.3%) and around fifteen times the rate among people in employment (1.9%). Around a fifth of ESA claimants (20.4%) reported having neither a limiting physical nor mental health condition at the time of the interview. This group is likely to comprise people affected by sensory, intellectual or other impairments not related to health conditions.

Figure 3.12 Percentage with both a limiting physical and mental health condition, by employment and claimant group



[8] For the less inclusive threshold a positive screen was defined as a score of 50 or more on the PCL-C, together with endorsement of different clusters of DSM-IV diagnostic criteria, identified as positive responses to at least one item on re-experiencing symptoms, at least three items on avoidance and numbing, and at least two items on hyperarousal (alertness). The more inclusive threshold only required a score of 50 or more on the PCL-C. See Chapter 4 of main 2014 APMS survey report for further details of the measure and its scoring (McManus et al., 2016).

4. Mental health

People in receipt of Employment and Support Allowance (ESA) experienced a wide range of indicators of poor mental health at elevated rates compared to rest of the working age population. Two-thirds of ESA claimants had depression or an anxiety disorder, and they had higher rates of post-traumatic stress disorder (PTSD) and bipolar disorder than the rest of the population. A higher proportion of people on ESA also reported that they had requested treatment for their mental health and not received it, compared to the other employment and claimant groups. ESA claimants were more likely to show signs of drug dependence but were no more likely than the rest of the population to show signs of alcohol dependence.

Definitions and methods overview

A range of mental health conditions were assessed in the Adult Psychiatric Morbidity Survey (APMS). These are listed in the Table 4, with references for the assessment or screening tool used. Some of the conditions were ‘screened’ for (which tends to result in a high prevalence), and others were assessed to diagnostic criteria (assumed to be more robust). The reference period also varied: common mental disorders were assessed as present in the past week, while probable psychotic disorder related to presence in the past year. Further details are provided in Table 4.1.

Table 4.1 Summary of mental disorders covered and their assessment			
Mental disorder	**Diagnostic status**	**Assessment tool used**	**Reference period**
Common mental disorders			
Generalised anxiety disorder (GAD)	Present to diagnostic criteria	CIS-R (Lewis et al., 1992)	Past week
Obsessive and compulsive disorder (OCD)	Present to diagnostic criteria	CIS-R	Past week
Depressive episode	Present to diagnostic criteria	CIS-R	Past week
Panic disorder	Present to diagnostic criteria	CIS-R	Past week
Phobia	Present to diagnostic criteria	CIS-R	Past week
CMD not otherwise specified (NOS)	Present to diagnostic criteria	CIS-R	Past week
Other mental disorders and conditions			
Bipolar disorder	Screen positive	Mood Disorder Questionnaire (Hirchfield et al., 2000)	Lifetime
Post-traumatic stress disorder (PTSD)	Screen positive	PTSD Check List- civilian (PCL-C) (Blanchard et al., 1996)	Past month
Psychotic disorder	Present to diagnostic criteria	SCAN (WHO, 1999)	Past year
Substance dependence disorders			
Alcohol use disorders	Screen positive	AUDIT (Saunders et al., 1993)	Past year
Drug dependence	Screen positive	Based on Diagnostic Interview Schedule (Malgady et al., 1992)	Past year

Mental health conditions

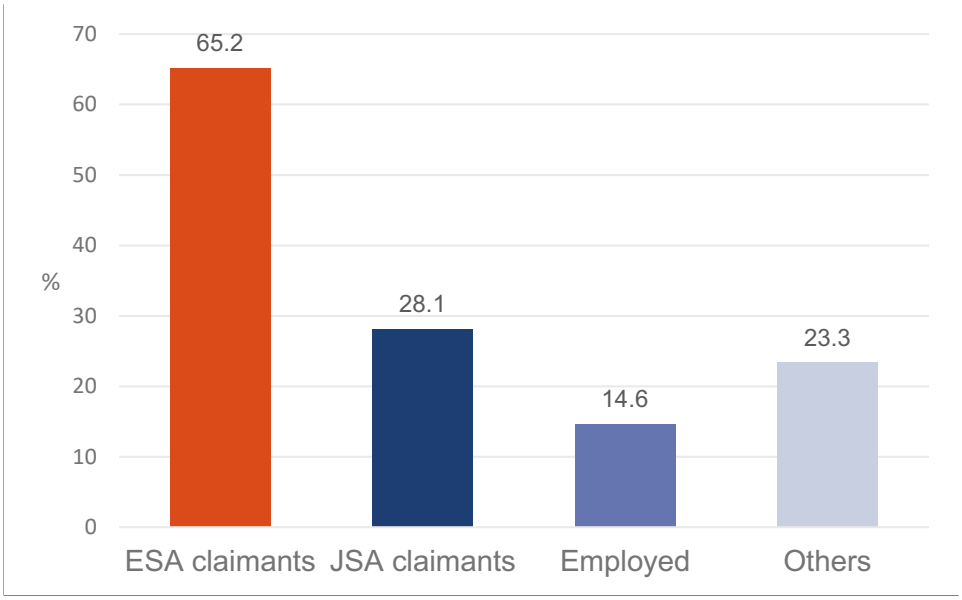
Common mental disorders (CMDs) cause marked emotional distress and interfere with daily function. CMDs comprise different types of depression and anxiety. Symptoms of depressive episodes include low mood and a loss of interest and

enjoyment in ordinary things and experiences. They impair emotional and physical wellbeing and behaviour (Spiers et al., 2016).

Specific CMDs and symptoms of CMD were assessed using the Clinical Interview Schedule – Revised (CIS-R). The CIS-R is an interviewer administered structured interview schedule covering the presence of non-psychotic symptoms in the week prior to interview (Lewis et al., 1992). A score of 12 or more indicated presence of a CMD.

Two thirds of ESA claimants (65.2%) had a **common mental disorder (CMD),** such as depression or an anxiety disorder, around the time of the interview (Figure 4.1, Tables 4.1 and 4.2).[9] This was more than twice the rate found among JSA claimants (28.1%) and more than four times the rate among people in employment (14.6%).

Figure 4.1 Percentage with common mental disorders (CMD), by employment and claimant group



Psychotic disorders are disturbances in thinking and perception that are severe enough to distort perception of reality. The main types are schizophrenia and affective psychosis. Symptoms include auditory hallucinations, delusional beliefs and disorganised thinking. These may be accompanied by unusual or bizarre behaviour and difficulties with social interaction and activities of daily living. People with a psychotic illness can make a full recovery, although a majority will have repeated psychotic episodes over their lifetime or some degree of persistent disability (Bebbington et al., 2016).

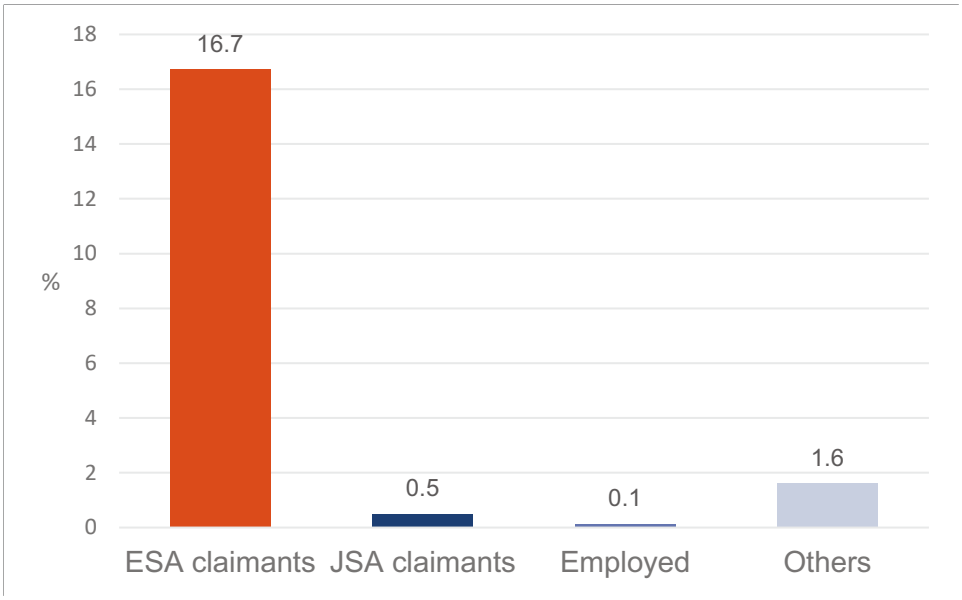
Participants were identified with 'probable psychotic disorder in the past year' if they completed a second part of the interview, called a phase two SCAN (Schedule for

[9] The confidence intervals around all estimates can be found in the tables. The confidence interval around the proportion of ESA claimants who had a common mental disorder was 58.5% to 71.4%.

Clinical Assessment in Neuropsychiatry) interview, and it was positive, or if they did not complete a SCAN interview but they met two of the psychosis screening criteria, such as currently taking antipsychotic medication or hearing voices. The approach is described in more detail elsewhere (Shoham et al., 2020).

ESA claimants were the most likely to be identified with **probable psychosis** (Figure 4.2, Tables 4.3 and 4.4), with the serious condition evident in one in six (16.7%, confidence interval 12.3% to 22.3%) among this group, compared with about one in two hundred in JSA claimants (0.5%), and about one in a thousand among people in employment (0.1%).

Figure 4.2 Percentage with probable psychosis, by employment and claimant group



Post-traumatic stress disorder (PTSD) will affect some individuals who experience trauma. PTSD is a severe and disabling condition, characterised by flashbacks, nightmares, avoidance, numbing and hypervigilance.

Participants completed the 17-item PTSD Checklist – Civilian (PCL-C), covering symptoms in the month prior to the interview, in the self-completion part of the interview (Blanchard et al., 1996). Those with a score of 50 or more and meeting Diagnostic Statistical Manual (DSM) criteria for PTSD were identified as screening positive for PTSD. A positive screen did not mean that a disorder was necessarily present, only that there were sufficient symptoms to warrant further investigation.

Around one in three ESA claimants (29.6%) screened positive for **post-traumatic stress disorder** (Tables 4.5 and 4.6). This was more than twice the rate among JSA claimants (12.2%), over ten times the rate among people in employment (2.7%), and nearly four times the rate of others (7.5%).

Bipolar disorder, historically known as manic depression, is a long-term mental health condition characterised by recurring episodes of depression and mania.

The 15-item Mood Disorder Questionnaire is a positive screen requiring endorsement of at least 7 lifetime manic/hypomanic symptoms, as well as several co-occurring symptoms, together with moderate or serious functional impairment (Hirschfeld et al., 2000). A positive screen indicated the likely presence of bipolar disorder and that fuller assessment would be warranted.

The proportion of ESA claimants (13.1%) screening positive for possible **bipolar disorder** was around eight times the rate of employed people (1.7%), around four time the rate among JSA claimants (3.3%) and around six times the rate of others (2.2%) (Tables 4.7 and 4.8).

Substance dependence

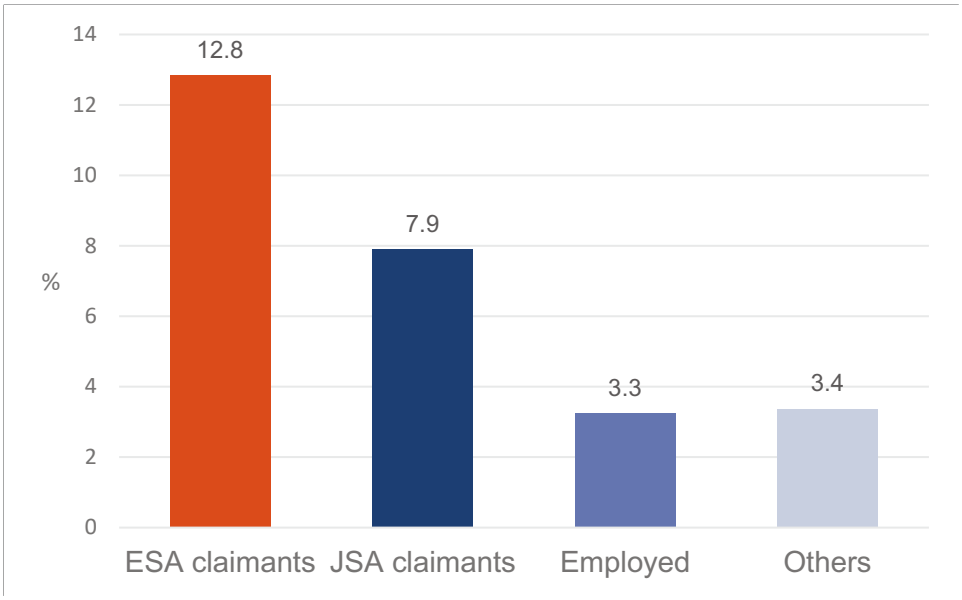
Alcohol dependence and problematic use was screened for using the Alcohol Use Disorders Identification Test (AUDIT) (Saunders et al., 1993). This takes the year before the interview as a reference period, consists of 10 items and covers: alcohol consumption (frequency of drinking, typical quantity, frequency of heavy drinking); alcohol-related harm (feeling of guilt or remorse after drinking, blackouts, alcohol-related injury, other concern about alcohol consumption); and symptoms of alcohol dependence (impaired control over drinking, increased salience of drinking, morning drinking). An AUDIT score of 16 or more was used to indicate signs of potential alcohol dependence (Drummond et al., 2016).

Rates of **problematic use of alcohol** did not vary between the groups. A fifth of ESA claimants (19.8%) had signs of potential alcohol dependence. Although the observed rate may appear to be higher among JSA claimants (28.4%) and people in employment (24.4%), the rates for these groups were not statistically significantly different from that for ESA claimants (Tables 4.9 and 4.10).

Drug dependence was screened for by asking people who reported illicit usage in the past year of eight types of drugs, about signs of dependence on each drug. The signs, or markers, asked about were: daily use for two weeks or more; having a sense of need or dependence; inability to abstain; increased tolerance, and withdrawal symptoms (Malgady et al., 1992). Presence of at least one sign was used to indicate possible signs of drug dependence (Roberts et al., 2016).

An eighth of ESA claimants (12.8%) had one or more signs of drug dependence, this was not statistically significantly different from the prevalence in JSA claimants (Figure 4.3, Tables 4.11 and 4.12), but was about four times higher than the rate among people in employment (3.3%) and others (3.4%).

Figure 4.3 Percentage with any signs of drug dependence, by employment and claimant group

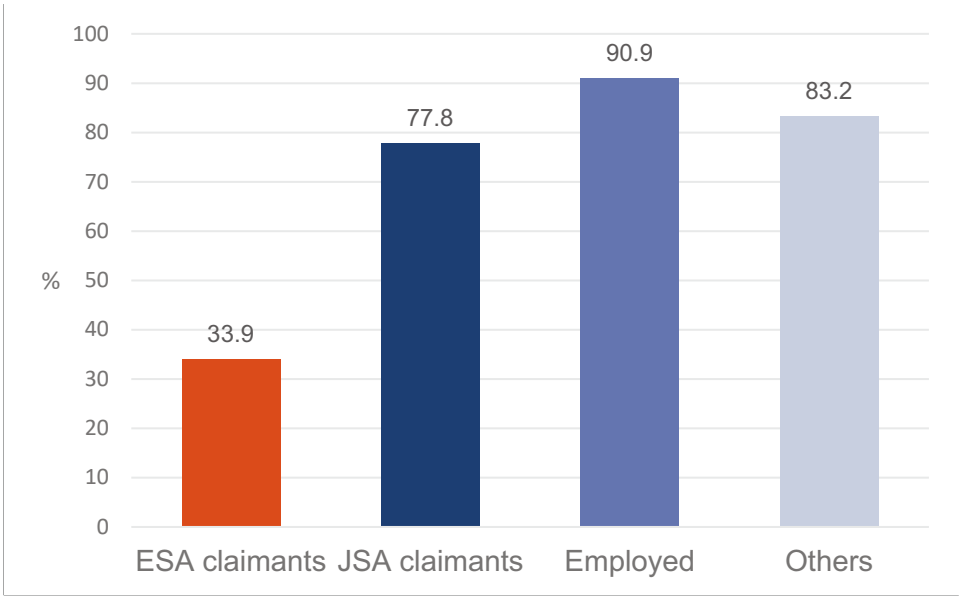


Mental health treatment

Mental health treatment reflected self-report use around the time of the interview of psychotropic medication or psychology therapy, including all types of counselling. Psychotropic medications were captured using a show card listing psychotropic medications shown to participants. People were asked to show interviewers the packaging for each medication reported, so that the interviewer could check it was correctly coded. Current use of psychological therapies was established by asking: 'Are you currently having any counselling or therapy listed on this card for a mental, nervous or emotional problem?' (Spiers et al., 2016).

The majority of ESA claimants were in contact with mental health services or getting mental health treatment such as mental health medication, counselling or therapy at the time of the interview (Figure 4.4, Tables 4.13 and 4.14). This is in stark contrast with the other employment/claimant groups, among whom the majority received no such treatment.

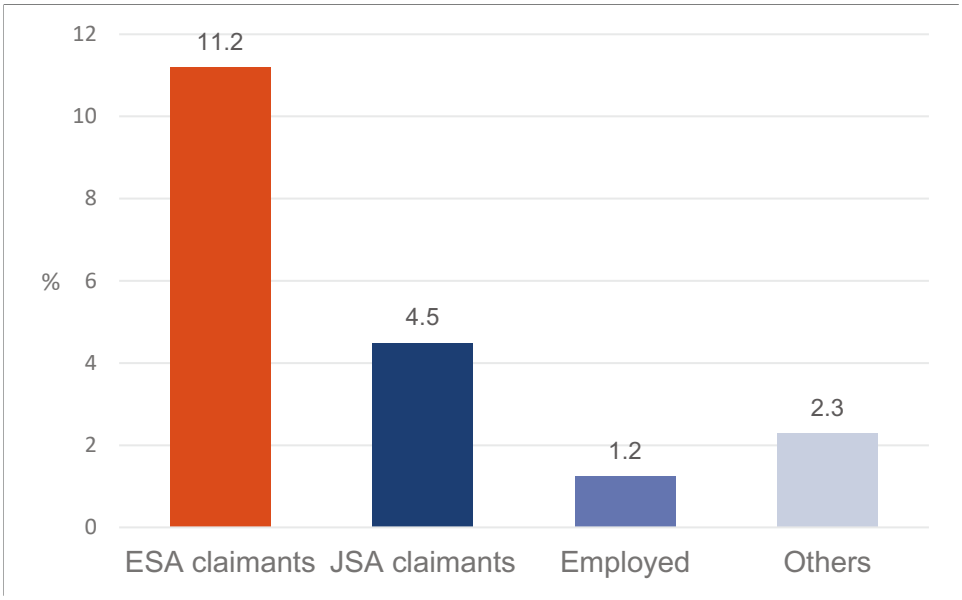
Figure 4:4 Percentage not in receipt of mental health medication or psychological therapy, by employment and claimant group



Requested but not received treatment was asked about as a minimal indication of unmet treatment need. All participants were asked whether in the past year they had requested a particular mental health treatment but not received it. For some, they would have been refused treatment or offered something different, and for others they may have been on a waiting list at the time of the interview. Some people with needs may not have requested treatment at all.

Around one in ten ESA claimants (11.2%) reported that they had requested but not received a specific mental health treatment in the past year (Figure 4.5, Tables 4.15 and 4.16). This was around ten times that of people in employment (1.2%). Their higher rate of treatment requests is not surprising given the higher rate of mental health conditions among ESA claimants. However, the scale of unmet treatment requests - around one in ten in this group - is a notable indication of substantial unmet service need at the time of interview.

Figure 4.5 Percentage who requested but did not receive mental health treatment, by employment and claimant group



5 Social support and mental wellbeing

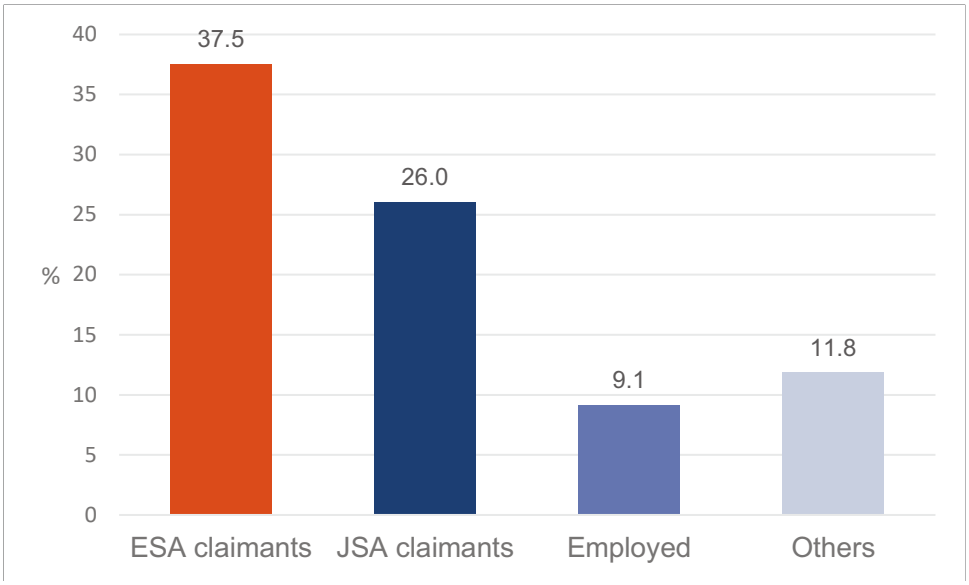
Employment and Support Allowance (ESA) claimants were more likely to live alone and feel lonely and isolated from other people. They also had lower levels of mental wellbeing and were less likely than the rest of the working age population to feel confident or useful, or that they had energy and were able to think clearly. Around half of ESA and Jobseeker's Allowance (JSA) claimants reported that they generally felt able to trust other people, a far lower rate than for those in employment.

Living with and caring for others

A range of related individual items and scales linked to social relationships and mental wellbeing were analysed, including whether people were living alone in their home around the time of the interview or with other adults and/or children, and if the participant had unpaid caring responsibilities for someone due to another person's disability or poor health.

Prevalence of **living alone** varied by claimant/employment group. More than one in three (37.5%) ESA claimants lived alone, with no partner, children, or other family or household members (Figure 5.1, Tables 5.1 and 5.2), compared to around one in ten people in employment (9.1%).

Figure 5.1 Percentage living alone, by employment and claimant group



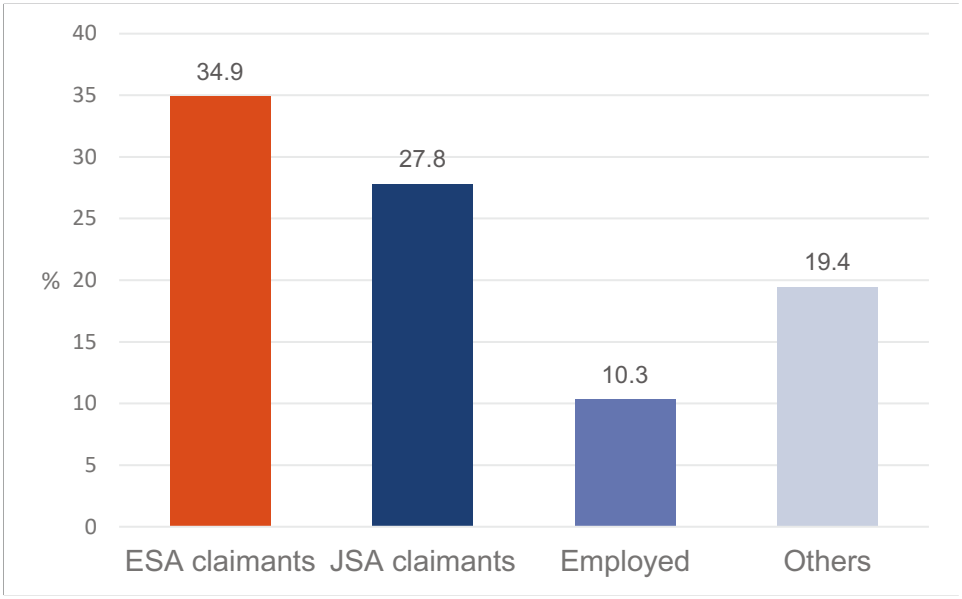
Over a fifth of ESA claimants (23.3%) had **caring responsibilities** for family members, friends, neighbours or others with a disability, long-term physical or mental health condition or problems relating to age (Tables 5.3 and 5.4). The prevalence of caring responsibilities among ESA claimants was similar to that for people in the other employment/claimant groups. The measure did not include caring responsibilities done as part of paid employment.

Social networks

Social networks were gauged with questions about the number of people the participant felt close to and whether they felt people could be relied on. The perceived social support questions have been used on social surveys since the 1980s (Cox et al., 1983). The social network size estimates used the Interview Measure of Social Relations (Brugha et al., 2005).

In terms of the **number of people felt close to**, about a third of ESA claimants (34.9%) reported that they felt close to five or fewer people among their family or friends, similar to the rate among JSA claimants (Figure 5.2, Tables 5.5 and 5.6). This was more than three times the rate reported by people in employment (10.3%).

Figure 5.2 Percentage who felt close to five or fewer people, by employment and claimant group



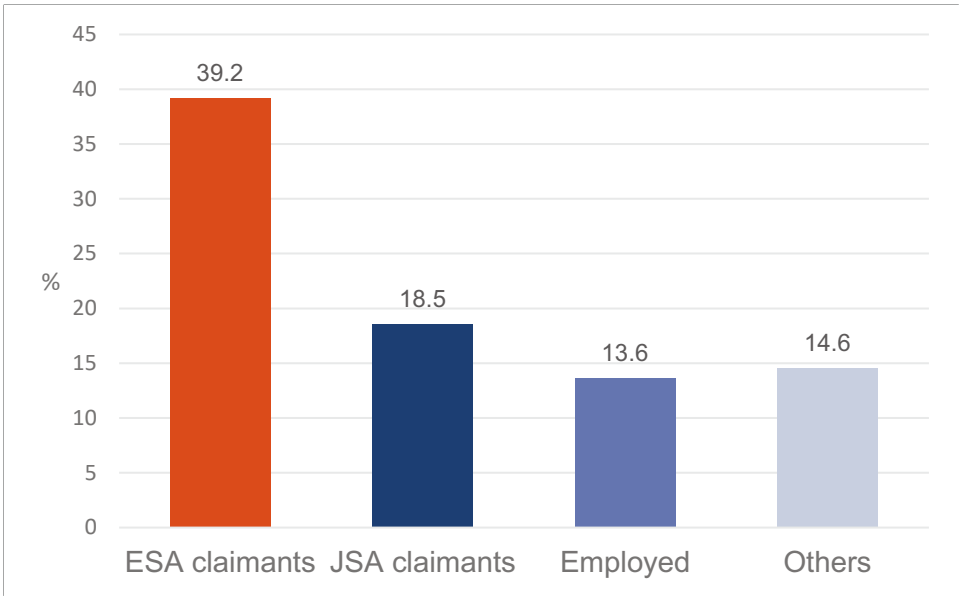
The majority of ESA claimants (74.2%) felt that it was ‘certainly true’ that they had **people who could be relied on** no matter what (Tables 5.7 and 5.8). However, they were less likely than other groups to feel this, suggesting a lack of social support relative to others. People in employment were the most likely to report having people who could be relied on (91.4%).

Social functioning and mental wellbeing

Social functioning was assessed using two items from the Social Functioning Questionnaire. The relevant items used from this scale were whether the participant found tasks at home and work stressful; and whether they felt lonely and socially isolated from other people (Tyrer et al., 2005).

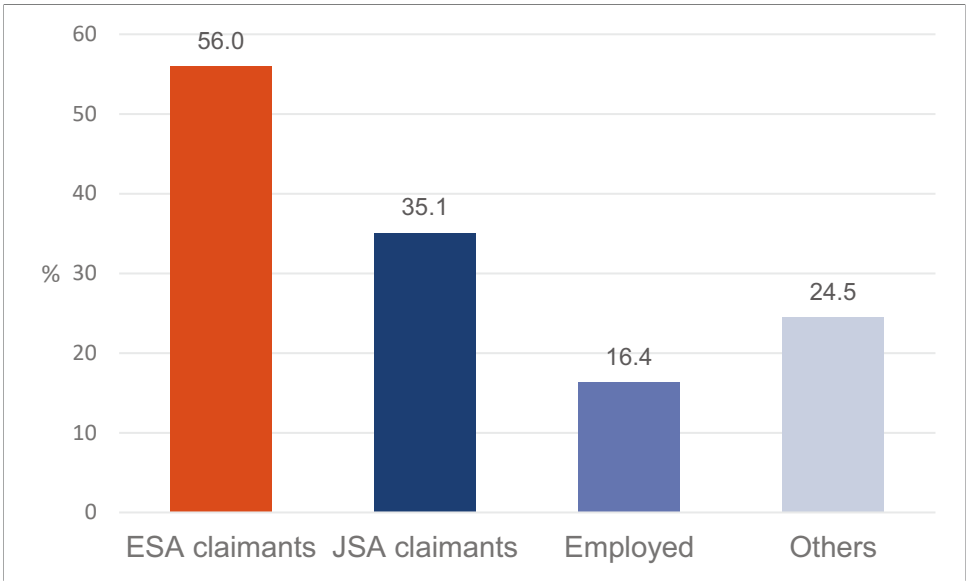
Two fifths of ESA claimants (39.2%) reported that most of the time or usually they **found tasks at home and work very stressful** (Figure 5.3, Tables 5.9 and 5.10). This was at least twice the rate reported by people in other claimant/employment groups, for example 13.6% of people in employment and 18.5% of JSA claimants found tasks at home and work very stressful.

Figure 5.3 Percentage who find tasks at home and work very stressful, by employment and claimant group



Over half of ESA claimants (56.0%) reported that they sometimes or very much **felt lonely and isolated from other people** (Figure 5.4, Tables 5.11 and 5.12). This was around three times the rate among people in employment (16.4%), and indicates that lack of social contact and opportunities to develop connection to others may be major barriers for ESA recipients.

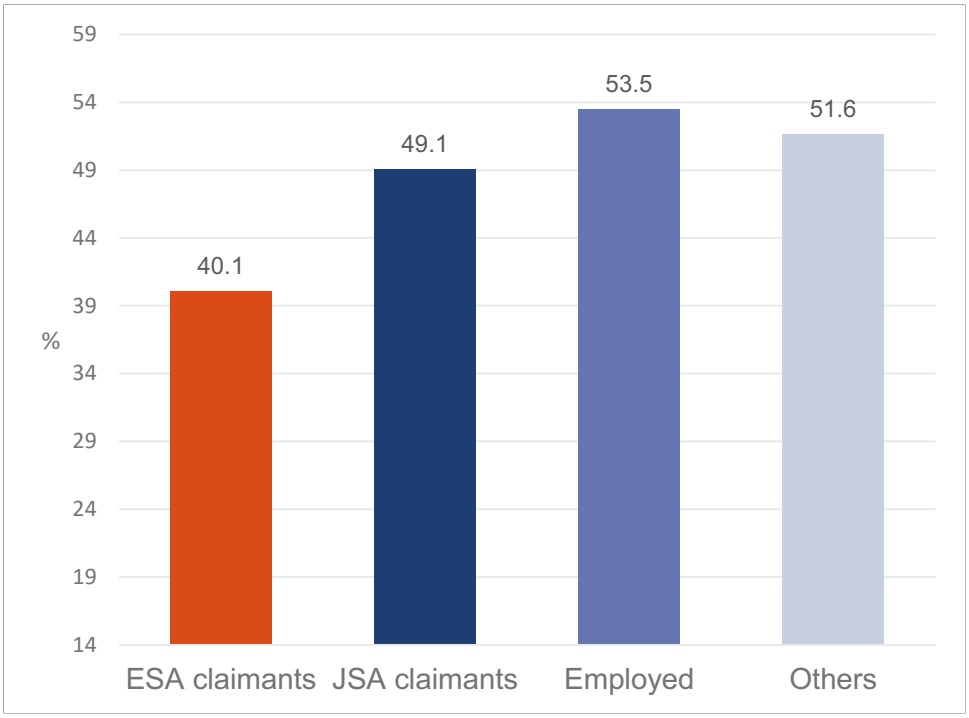
Figure 5.4 Percentage who feel isolated and lonely sometimes or very much, by employment and claimant group



Mental wellbeing is widely defined as being about feeling good (hedonic wellbeing) and functioning well (eudemonic wellbeing). While mental health conditions are generally defined in terms of detriments, wellbeing is framed in terms of positive attributes. On this study, mental wellbeing was assessed using the Warwick Edinburgh Mental Well-Being Scale (WEMWBS). The scale was developed to enable the monitoring of mental wellbeing in the general population, as well as for the evaluation of projects, programmes and policies which aim to improve mental wellbeing (Stewart-Brown et al., 2011). WEMWBS is a 14-item scale with five response categories, summed to provide a single score ranging from 14 to 70. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing. A higher score indicates a higher level of mental wellbeing. In this report a mean WEMWBS score is presented. Both the mean average score is presented, and several of the individual items that make up the score, these were feeling confident, feeling useful, having energy to spare, thinking clearly, and feeling able to make decisions.

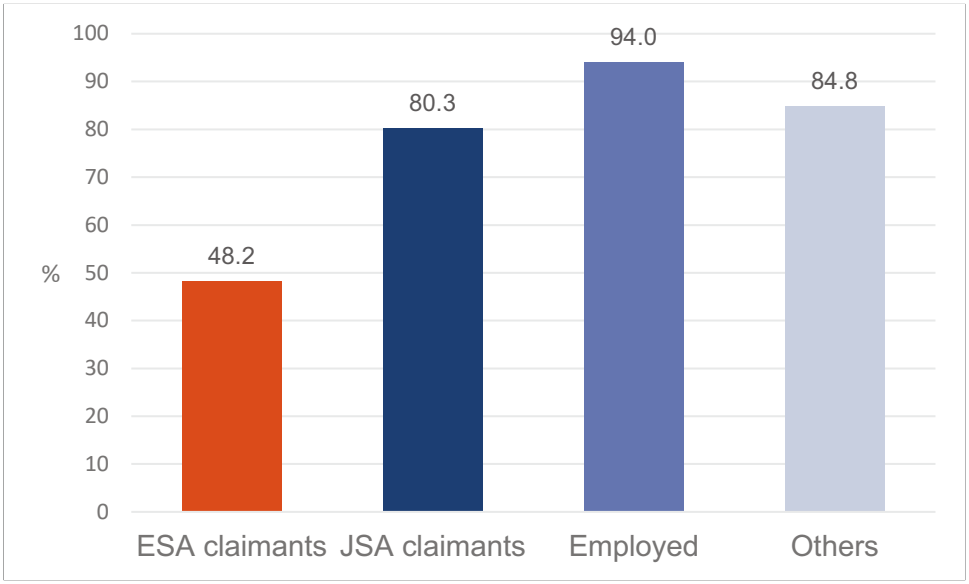
ESA claimants had the lowest mean **mental wellbeing** score (40.1) across the employment and claimant groups (Figure 5.5, Tables 5.13 and 5.14), while people in employment had the highest mean mental wellbeing score (53.5).

Figure 5.5 Mental wellbeing summary (mean score), by employment and claimant group



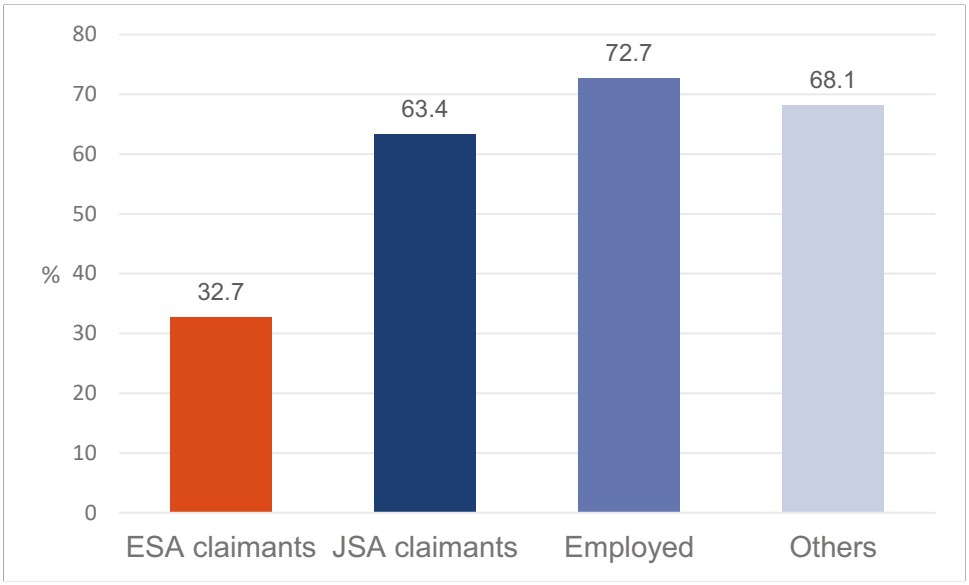
Just under half of ESA claimants (48.2%) reported that they had been **feeling confident** at least sometimes in the past two weeks (Figure 5.6, Tables 5.15 and 5.16). A much lower rate than reported by other claimant/employment groups, with people in employment being nearly twice as likely to report feeling confident (94.0%).

Figure 5.6 Percentage who have been feeling confident some of the time, often, or all of the time, by employment and claimant group



ESA claimants were considerably less likely to report at least sometimes **having energy to spare** in the past two weeks compared to other claimant/ employment groups. Nearly three quarters of people in employment (72.7%) reported having energy to spare at least some of the time, with similar rates among JSA claimants (63.4%) and others (68.1%) (Figure 5.8, Tables 5.17 and 5.18). These were around twice the rate among ESA claimants (32.7%), indicating that many in this group may experience fatigue.

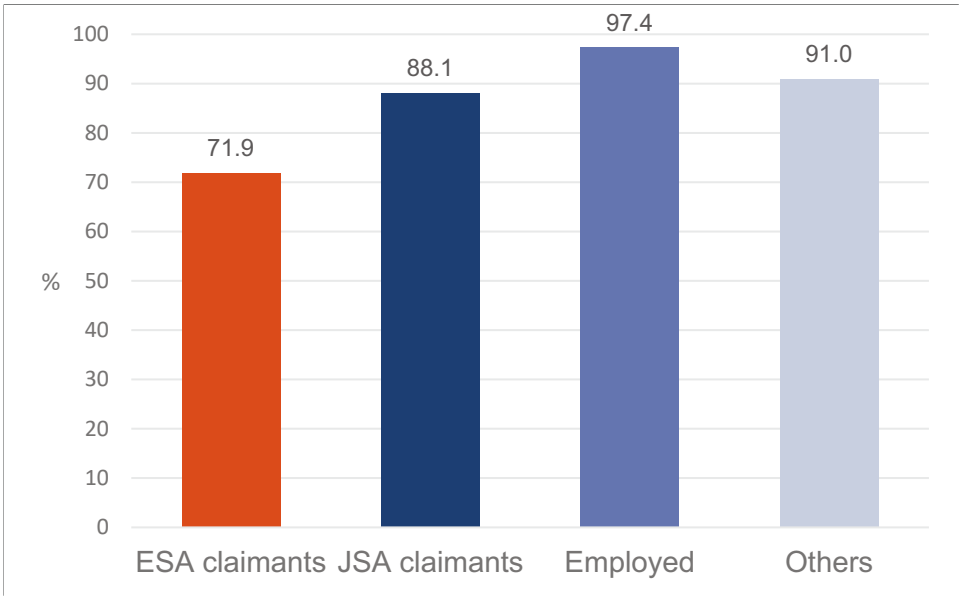
Figure 5:7 Percentage who have energy to spare some of the time, often, or all of the time, by employment and claimant group



People in employment (95.0%) were the most likely to report that they have been **feeling useful** over the past two weeks, and ESA claimants were the least (61.5%). JSA claimants (80.4%) and people with other economic statuses (87.2%) were between these rates (Tables 5.19 and 5.20).

The proportion of people who felt that they had been **thinking clearly**, at least some of the time, over the past two weeks was greatest among those in employment (97.4%) (Figure 5.8, Tables 5.21 and 5.22). ESA claimants were least likely to report feeling able to think clearly (71.9%).

Figure 5.8 Percentage who have been thinking clearly some of the time, often, or all of the time, by employment and claimant group



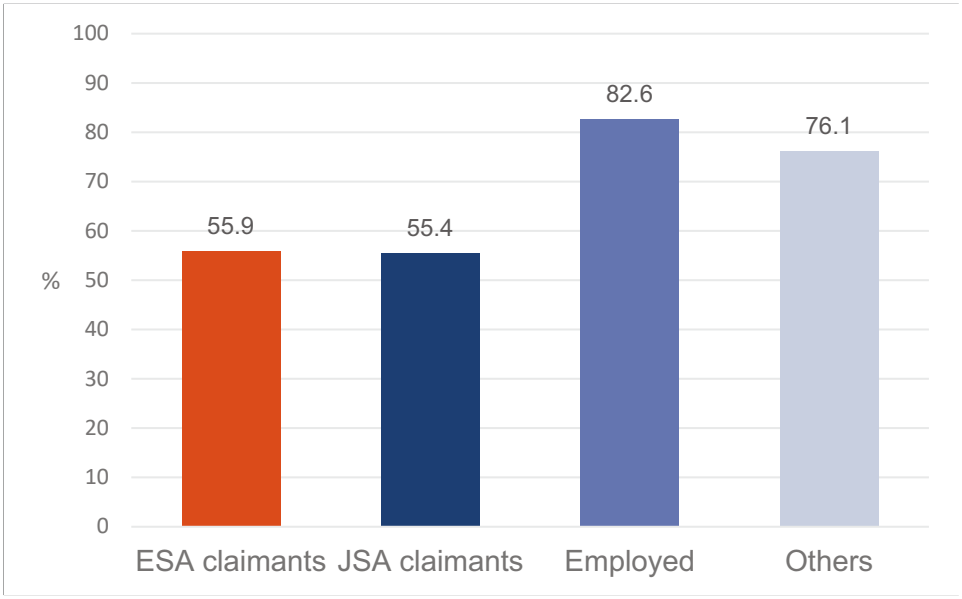
ESA claimants were less likely than the other groups to report **feeling able to make decisions** in the last two weeks, although the majority (81.0%) did report feeling able to do so at least sometimes. The rate was higher among JSA claimants (94.6%), people in employment (98.1%) and others (94.8%) (Tables 5.23 and 5.24).

Trust in other people

Trust in other people was assessed using a brief single item question ('In general, do you trust other people?'). This was drawn from the Standardised Assessment of Personality – Abbreviated Scale (SAPAS) (Moran et al., 2003), which is a screening questionnaire consisting of eight dichotomously rated items designed to screen for personality disorder.

Over half of ESA claimants (55.9%) and JSA claimants (55.4%) felt that, in general, they trusted other people (Figure 5.9, Tables 5.25 and 5.26). Trust in others among these two claimant groups was significantly lower than for people in employment (82.6%) and others (76.1%).

Figure 5.3 Percentage who generally trust other people, by employment and claimant group



6 Summary

The Department for Work and Pensions has made a commitment to removing barriers that prevent people with a disability or health condition from getting into work. This objective requires a detailed understanding of the needs of different groups in society who are not in employment.

This report presented a health and socioeconomic profile of a small sample (N=287) of Employment and Support Allowance (ESA) claimants from a survey representative of the general population. The data analysed were from a survey carried out in England in 2014, called the Adult Psychiatric Morbidity Survey. The survey is part of a series funded by the Department for Health and Social Care and commissioned by NHS Digital. These descriptive analyses covered a range of different characteristics and compared ESA recipients with those in paid employment, in receipt of Jobseeker's Allowance, and a diverse group of others.

Among the survey participants aged 18 to 64 interviewed in 2014, 4.2% reported being in receipt of ESA at the time of the interview. This is a lower prevalence compared to routine administrative data. While those ESA claimants with the most complex health and social needs were probably underrepresented in the survey sample, the data do provide a rare and rich resource for describing this group based on a high-quality probability sample of the general population, allowing the circumstances of this group to be compared with the rest of the working-age population.

Key findings

ESA claimants surveyed were somewhat more likely than the rest of the sample to be male (56.7%), older (26.5% were aged 55 to 64), and lack educational qualifications (33.7%). Their health, social, and economic circumstances were worse - often much worse - than those of employed people on almost every indicator examined.

High levels of multimorbidity*:* Given ESA is aimed at people with a health condition or impairment, it was not surprising that claimants were much more likely than Jobseeker's Allowance (JSA) claimants or other groups in the study to experience having multiple limiting health conditions at the same time. Over half (55.1%) struggled with being able to perform three or more activities of daily living, such as being able to wash, dress, take medications, and get out and about. Nearly a third (30.9%) were experiencing at the time of the survey interview the combined burden of having both a physical health condition that limited them a lot and a mental health condition that limited them a lot. They were also more likely than the rest of the population to experience limiting sensory impairments (16.9% sight; 8.3% hearing),

borderline intellectual impairment (24.2%), and traits linked to autism (6.4%) and attention-deficit/hyperactivity disorder (38.2%).

Majority anxious and depressed: Two-thirds (65.2%) of ESA recipients experienced depressive or anxiety disorders at levels at which mental health intervention, such as counselling or medication, might be considered warranted. This is twice the rate for JSA claimants (28.1%), and four times that among employed people (14.6%).

High rates of severe mental illness and trauma: One in six were identified with probable psychosis (16.7%), a serious and disabling mental health condition: the prevalence in employed people was one in a thousand (0.1%). Many had experience of trauma in their lives, with nearly one in three (29.6%) screened positive for post-traumatic stress disorder, indicating sufficient symptoms to warrant a clinical assessment. This was more than twice the prevalence in JSA claimants (12.2%) and ten times that in employed people (2.7%). ESA claimants were more likely than other groups to report signs of drug dependence (12.8%) but were found to be no more likely to report problematic use of alcohol.

Struggling to access treatment: One in ten (11.2%) ESA recipients had requested a particular mental health treatment but not received it the past year. This figure was higher than that for other groups in the population. The higher rate of treatment requests is not unexpected given the higher prevalence of mental health conditions in this group, although as there were many who had requested but not received a specific treatment, this suggests that unmet needs for mental health treatment may have been a particular barrier for this group at that time.

Living alone and feeling alone: ESA claimants were more likely to live alone (37.5%), feel lonely and isolated from other people (56.0%), and perceived lower levels of social support. Around half of ESA (55.9%) and JSA (55.4%) claimants reported that they generally trusted other people, demonstrating lower levels of trust than among the rest of the population.

Lower wellbeing, higher weariness and stress: They had lower mental wellbeing (as measured by the Warwick Edinburgh Mental Wellbeing Scale). ESA claimants were far less likely than the rest of the population to feel confident (48.2%), useful (61.5%), like they had energy to spare (32.7%) or were able to think clearly (71.9%).

Poverty and financial strain*:* Most ESA recipients were living in the lowest-income households (62.7%) and were unable to save £10 a month (64.8%); over a quarter (28.6%) were facing serious debt arrears. They tended to rent their home (77.9%) and were less likely than people in employment to be able to afford to keep it warm in winter (20.7%). While the great majority of ESA claimants had experience of paid employment (88.9%), nearly half (48.3%) had experienced being made redundant at some point.

Conclusions

This analysis describes ESA claimants in 2014; the social security system has undergone a substantial programme of transformation since then so there may potentially been some changes to profile of claimants. Mental health services have also undergone significant transformation since 2014, so access to treatment may also differ. Furthermore, this sample is likely to have underrepresented people, including ESA claimants, with the most complex impairments, and thus may underestimate the true extent of adversity faced by this group. Despite these limitations, this survey dataset presents a unique opportunity to gain insight into the mental health and life circumstances of this group of people, compared to the rest of the working-age population, drawing on a national, high quality, probability sample. Many of the topics covered here are not available in the administrative datasets.

In this study, ESA claimants were worse off than people in employment across almost every aspect of life examined. While it was to be expected that rates of poor health or limiting impairment would be near universal in this group, given the nature of the benefit, these analyses demonstrate the multiplicity of health burdens faced. Many ESA claimants grapple with multimorbidity: combining more than one condition across physical, mental, sensory, and other impairments. These analyses are not able to say to what extent these are additive in their effects, and to what extent they interact.

Managing paperwork, money, and being able to get out and use public transport were all aspects of daily life that this group were much more likely than the rest of the working age population to struggle with. This therefore suggests implications for the completion of complex forms and the use of public transport to reach appointments and employment. Alongside tending to have fewer educational qualifications, their lower levels of energy and confidence are further barriers to change.

Awareness is needed among government policy makers and public-facing staff working across local government and Jobcentres that this is a population reporting high levels of stress, in which confidence was low and anxiety high. They, and those in receipt of JSA, were more likely to have had negative experiences in the past, such as facing a redundancy process, and their current circumstances were characterised by uncertainty and insecurity. Compared to those in employment, few owned their own home and many faced serious debt arrears, factors likely to contribute to their higher rates of struggle with concentration and difficulty with task completion.

Opportunities for face-to-face social contact are likely to be both important and complex for this group. ESA claimants were more likely to live by themselves, have a small network, and feel isolated and lonely. Their levels of trust in others was also low, and they often felt that support could not be relied on.

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Tables

Chapter 2 Tables: demographic and socioeconomic profile

For further details on the measures presented in Tables 2.1 to 2.27, see Chapter 2.

Table 2:1 Prevalence of claimant and employment groups (with confidence intervals)			
Base: 18 to 64 year-olds	%	Lower 95% CI	Upper 95% CI
ESA claimants	4.2	3.7	4.9
JSA claimants	2.1	1.7	2.6
Employed	73.6	72.2	75.0
Others	20.0	18.8	21.3
Total	100		
Base	*5204*		

Table 2.2 Sex, by benefit/employment group

Base: 18 to 64 year-olds	**ESA claimants**	**JSA claimants**	**Employed**	**Others**	**Total**	**P value***
	%	%	%	%	%	
Male	56.7	58.0	52.6	36.0	49.6	<0.001
Female	43.3	42.0	47.4	64.0	50.4	
Bases	*287*	*122*	*3701*	*1094*	*5204*	

*p value for whether the proportion who were male varied by employment/claimant group.

Table 2.3 Sex, by benefit/employment group (with confidence intervals)

Base: 18 to 64 year-olds	**ESA claimants**			**JSA claimants**			**Employed**			**Others**			**Total**		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Male	56.7	50.2	63.1	58.0	48.6	66.8	52.6	50.7	54.5	36.0	39.8	64.0	49.6	47.9	51.2
Female	43.3	36.9	49.8	42.0	33.2	51.4	47.4	45.5	49.3	64.0	60.2	67.6	50.4	48.8	52.1
Bases	*287*			*122*			*3701*			*1094*			*5204*		

Table 2.4 Age, by benefit/employment group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
18 to 24	3.7	18.2	13.6	23.3	15.3	<0.001
25 to 34	17.7	25.2	23.8	17.2	22.3	
35 to 44	24.4	22.3	22.9	14.5	21.3	
45 to 54	27.7	17.5	25.1	14.5	22.9	
55 to 64	26.5	16.8	14.5	30.6	18.3	
Bases	*287*	*122*	*3701*	*1094*	*5204*	

*p value for whether the proportion who were aged 18-24 varied by employment/claimant group.

Table 2.5 Age, by benefit/employment group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
18 to 24	3.7	1.9	7.1	18.2	10.7	29.5	13.6	12.1	15.4	23.3	19.8	27.1	15.3	13.8	16.8
25 to 34	17.7	12.5	24.6	25.2	17.2	35.4	23.8	22.2	25.6	17.2	14.8	19.8	22.3	20.9	23.7
35 to 44	24.4	19.0	30.7	22.3	14.9	31.9	22.9	21.4	24.5	14.5	12.3	17.0	21.3	20.1	22.6
45 to 54	27.7	21.8	34.4	17.5	11.7	25.2	25.1	23.4	26.8	14.5	12.2	17.1	22.9	21.6	24.3
55 to 64	26.5	21.1	32.7	16.8	11.0	24.7	14.5	13.5	15.6	30.6	27.6	33.8	18.3	17.3	19.4
Bases	*287*			*122*			*3701*			*1094*			*5204*		

Table 2.6 Have educational qualifications, by employment and claimant group						
Base: 18 to 64 year-olds	**ESA claimants**	**JSA claimants**	**Employed**	**Others**	**Total**	**P value***
	%	%	%	%	%	
Yes	66.3	67.8	93.7	81.3	89.5	<0.001
No	33.7	32.2	6.3	18.7	10.5	
Bases	*287*	*122*	*3700*	*1073*	*5182*	

*p value for whether prevalence of having a GCSE or equivalent level qualification or higher varied by employment/claimant group.

Table 2.7 Have educational qualifications, by employment and claimant group (with confidence intervals)															
Base: 18 to 64 year-olds	**ESA claimants**			**JSA claimants**			**Employed**			**Others**			**Total**		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Yes	66.3	59.9	72.2	67.8	57.4	76.6	93.7	92.7	94.5	81.3	83.7	18.7	89.5	88.5	90.4
No	33.7	27.8	40.1	32.2	23.4	42.6	6.3	5.5	7.3	18.7	16.3	21.4	10.5	9.6	11.5
Bases	*287*			*122*			*3700*			*1073*			*5182*		

Table 2.8 Ever been employed, by employment and claimant group

Base: 18 to 64 year-olds	**ESA claimants**	**JSA claimants**	**Employed**	**Others**	**Total**	**P value***
	%	%	%	%	%	
Ever employed	88.9	86.5	100.0	75.8	94.5	<0.001
Bases	*287*	*122*	*3701*	*1073*	*5183*	

*p value for whether prevalence of having ever been employed varied by employment/claimant group.

Table 2.9 Ever been employed, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	**ESA claimants**			**JSA claimants**			**Employed**			**Others**			**Total**		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Ever employed	88.9	83.2	92.8	86.5	78.7	91.7	100.0	100.0	100.0	75.8	72.0	79.2	94.5	93.5	95.3
Never employed	11.1	7.2	16.8	13.5	8.3	21.3	0.0	0.0	0.0	24.2	20.8	28.0	5.5	4.7	6.5
Bases	*287*			*122*			*3701*			*1073*			*5183*		

Table 2.10 Ever been made redundant, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Ever redundant	48.3	41.1	32.0	25.6	31.6	<0.001
Bases	*287*	*122*	*3699*	*1076*	*5184*	

*p value for whether prevalence of having ever been made redundant varied by employment/claimant group.

Table 2.11 Ever been made redundant, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Never redundant	51.7	44.8	58.7	58.9	48.7	68.5	68.0	66.2	69.8	74.4	71.3	77.2	68.4	66.9	69.9
Ever redundant	48.3	41.3	55.2	41.1	31.5	51.3	32.0	30.2	33.8	25.6	22.8	28.7	31.6	30.1	33.1
Bases	*287*			*122*			*3699*			*1076*			*5184*		

Table 2.12 Had a period of more than a month of unsuccessful job search, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Unsuccessful job search	38.6	72.2	28.0	25.4	28.8	<0.001
Bases	*287*	*122*	*3699*	*1076*	*5184*	

*p value for whether prevalence of more than one month of unsuccessful job search varied by employment/claimant group.

Table 2.13 Had a period of more than a month of unsuccessful job search, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Not experienced*	61.4	54.4	68.0	27.8	18.8	39.1	72.0	70.3	73.7	74.6	71.6	77.5	71.2	69.6	72.6
Unsuccessful job search last a month or longer	38.6	32.0	45.6	72.2	60.9	81.2	28.0	26.3	29.7	25.4	22.5	28.4	28.8	27.4	30.4
Bases	*287*			*122*			*3699*			*1076*			*5184*		

* Comprises people who have not experienced an unsuccessful job search or for whom this lasted less than a month.

Table 2. 14 Equivalised household income*, by employment and claimant group

Base: *18 to 64 year-olds*	ESA claimants	JSA claimants	Employed	Others	Total	P value**
	%	%	%	%	%	
Highest income quintile	0.2	3.7	29.7	10.1	24.4	<0.001
2nd	2.4	3.5	24.4	10.0	20.5	
3rd	11.7	3.5	20.6	16.7	19.2	
4th	23.1	14.4	14.8	24.5	16.9	
Lowest income quintile	62.7	74.9	10.4	38.8	19.1	
Bases	*236*	*102*	*3071*	*805*	*4214*	

*The total income for the household was estimated and adjusted for the number and ages of people living in the household. These were ranked in order, and quintiled by distribution.

**p value for whether prevalence of living in highest household income quintile varied by employment/claimant group.

Table 2.15 Equivalised household income, by employment and claimant group (with confidence intervals)

Base: *18 to 64 year-olds*	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Highest income	0.2	0.0	1.4	3.7	0.8	16.2	29.7	27.9	31.6	10.1	8.1	12.4	24.4	22.9	25.9
2nd	2.4	0.8	6.8	3.5	1.1	10.4	24.4	22.6	26.3	10.0	8.0	12.4	20.5	19.0	22.0
3rd	11.7	7.4	18.1	3.5	0.8	13.4	20.6	19.1	22.2	16.7	14.0	19.7	19.2	17.9	20.5
4th	23.1	17.2	30.1	14.4	7.8	25.3	14.8	13.4	16.4	24.5	21.3	28.0	16.9	15.6	18.2
Lowest income	62.7	55.0	69.7	74.9	62.5	84.2	10.4	9.3	11.8	38.8	35.1	42.6	19.1	17.8	20.5
Bases	*236*			*102*			*3071*			*805*			*4214*		

Table 2.16 In serious debt arrears in past year, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Serious debt	28.6	32.2	6.7	11.4	9.1	<0.001
Bases	*287*	*122*	*3692*	*1064*	*5165*	

*p value for whether prevalence of serious debt arrears varied by employment/claimant group.

Table 2.17 In serious debt arrears in past year, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
No serious debt	71.4	65.3	76.8	67.8	57.9	76.3	93.3	92.3	94.2	88.6	86.3	90.6	90.9	89.9	91.9
Serious debt	28.6	23.2	34.7	32.2	23.7	42.1	6.7	5.8	7.7	11.4	9.4	13.7	9.1	8.1	10.1
Bases	*287*			*122*			*3692*			*1064*			*5165*		

Table 2.18 Unable to save £10 each month, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Unable to save	64.8	53.0	14.3	27.0	19.8	<0.001
Bases	287	121	3690	1067	5165	

*p value for whether prevalence of being unable to save £10 each month varied by employment/claimant group.

Table 2.19 Unable to save £10 each month, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Unable to save	64.8	58.1	71.0	53.0	42.2	63.5	14.3	13.1	15.7	27.0	23.8	30.4	19.8	18.5	21.2
All other	35.2	29.0	41.9	47.0	36.5	57.8	85.7	84.3	86.9	73.0	69.6	76.2	80.2	78.8	81.5
Bases	*287*			*121*			*3690*			*1067*			*5165*		

Table 2.20 Housing tenure, by employment and claimant group

Base: *18 to 64 year-olds*	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Owner occupier	22.1	27.4	65.7	50.4	60.0	<0.001
Social landlord	54.7	49.8	10.8	24.1	16.1	
Private landlord	23.2	22.8	23.5	25.5	23.9	
Bases	*287*	*122*	*3691*	*1066*	*5166*	

*p value for whether prevalence of owner occupation varied by employment/claimant group.

Table 2.21 Housing tenure, by employment and claimant group (with confidence intervals)

Base: *18 to 64 year-olds*	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Owner occupier	22.1	17.1	28.0	27.4	19.8	36.7	65.7	63.8	67.5	50.4	46.8	54.0	60.0	58.4	61.6
Social landlord	54.7	48.0	61.3	49.8	39.7	59.9	10.8	9.7	12.1	24.1	21.3	27.2	16.1	14.9	17.4
Private landlord	23.2	18.2	29.0	22.8	15.4	32.3	23.5	21.9	25.2	25.5	22.2	29.2	23.9	22.4	25.5
Bases	*287*			*122*			*3691*			*1066*			*5166*		

Table 2.22 Area-level deprivation: IMD quintiles, by employment and claimant group

Base: 18 to 64 year-olds	**ESA claimants**	**JSA claimants**	**Employed**	**Others**	**Total**	**P value***
	%	%	%	%	%	
Least deprived	5.8	5.6	20.3	16.4	18.5	<0.001
2nd	9.2	14.0	20.4	17.1	19.2	
3rd	15.2	13.5	20.4	17.8	19.5	
4th	25.5	14.1	20.1	24.1	21.0	
Most deprived	44.4	52.8	18.9	24.6	21.8	
Bases	*287*	*122*	*3701*	*1094*	*5204*	

*p value for whether prevalence of living in the least deprived neighbourhoods varied by employment/claimant group.

Table 2.23 Area-level deprivation: IMD quintiles, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	**ESA claimants**			**JSA claimants**			**Employed**			**Others**			**Total**		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Least deprived	5.8	3.3	9.9	5.6	2.7	11.3	20.3	18.3	22.4	16.4	14.0	19.1	18.5	16.8	20.4
2nd	9.2	6.1	13.6	14.0	7.6	24.5	20.4	18.6	22.4	17.1	14.5	20.1	19.2	17.5	20.9
3rd	15.2	11.1	20.4	13.5	7.8	22.5	20.4	18.5	22.4	17.8	15.3	20.6	19.5	17.8	21.3
4th	25.5	20.1	31.8	14.1	8.8	21.7	20.1	18.3	22.0	24.1	20.9	27.5	21.0	19.2	22.8
Most deprived	44.4	37.3	51.6	52.8	42.5	62.9	18.9	17.1	20.8	24.6	21.6	27.9	21.8	20.1	23.7
Bases	*287*			*122*			*3701*			*1094*			*5204*		

Table 2.24 Presence of mould in the home, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Yes	27.8	26.0	23.1	24.2	23.6	0.405
Bases	*286*	*122*	*3698*	*1068*	*5174*	

*p value for whether prevalence have mould in the home varied by employment/claimant group.

Table 2.25 Presence of mould in the home, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Yes	27.8	22.3	34.1	26.0	17.8	36.4	23.1	21.5	24.8	24.2	21.2	27.5	23.6	22.1	25.1
No	72.2	65.9	77.7	74.0	63.6	82.2	76.9	75.2	78.5	75.8	72.5	78.8	76.4	74.9	77.9
Bases	*286*			*122*			*3698*			*1068*			*5174*		

Table 2.26 Able to keep the home warm, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Yes	79.3	81.3	94.1	89.8	92.4	<0.001
Bases	*284*	*121*	*3683*	*1067*	*5155*	

*p value for whether prevalence of being able to keep home warm varied by employment/claimant group.

Table 2.27 Able to keep the home warm, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Yes	79.3	73.8	83.9	81.3	72.2	87.9	94.1	93.1	95.0	89.8	87.5	91.8	92.4	91.4	93.3
No	20.7	16.1	26.2	18.7	12.1	27.8	5.9	5.0	6.9	10.2	8.2	12.5	7.6	6.7	8.6
Bases	*284*			*121*			*3683*			*1067*			*5155*		

Chapter 3 Tables: general health and impairment

For further details on the measures presented in Tables 3.1 to 3.32, see Chapter 3.

Table 3.1 Self-reported general health, by employment and claimant group

Base: 18 to 64 year-olds	**ESA claimants**	**JSA claimants**	**Employed**	**Others**	**Total**	**P value***
	%	%	%	%	%	
Excellent	1.6	19.5	25.7	21.3	23.6	
Very good	8.8	27.6	40.4	28.9	36.5	
Good	16.6	22.5	24.4	27.9	24.7	
Fair	32.4	15.4	8.1	13.7	10.4	
Poor	40.6	15.0	1.4	8.2	4.7	<0.001
Bases	*287*	*122*	*3701*	*1094*	*5204*	

*p value for whether the prevalence of poor general health varied by employment/claimant group.

Table 3.2 Self-reported general health, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	**ESA claimants**			**JSA claimants**			**Employed**			**Others**			**Total**		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Excellent	1.6	0.6	3.9	19.5	12.1	29.9	25.7	24.0	27.4	21.3	18.2	24.7	23.6	22.2	25.2
Very good	8.8	5.4	13.9	27.6	18.8	38.5	40.4	38.7	42.1	28.9	25.8	32.2	36.5	35.0	37.9
Good	16.6	12.4	22.0	22.5	15.3	31.8	24.4	22.8	26.0	27.9	24.6	31.5	24.7	23.4	26.1
Fair	32.4	26.4	39.1	15.4	9.3	24.4	8.1	7.2	9.1	13.7	11.8	16.0	10.4	9.6	11.4
Poor	40.6	34.0	47.4	15.0	9.3	23.2	1.4	1.1	1.9	8.2	6.6	10.1	4.7	4.1	5.4
Bases	*287*			*122*			*3701*			*1094*			*5204*		

Table 3.3 Presence of a limiting physical health condition, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Present	52.6	15.4	6.9	15.8	10.8	<0.001
Bases	*287*	*122*	*3700*	*1094*	*5203*	

*p value for whether the prevalence of limiting physical health condition varied by employment/claimant group.

Table 3.4 Presence of a limiting physical health condition, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Present	52.6	45.9	59.2	15.4	9.4	24.3	6.9	6.0	7.9	15.8	13.5	18.3	10.8	9.9	11.9
Not present	47.4	40.8	54.1	84.6	75.7	90.6	93.1	92.1	94.0	84.2	81.7	86.5	89.2	88.1	90.1
Bases	*287*			*122*			*3700*			*1094*			*5203*		

Table 3.5 Predicted verbal IQ score (NART)*, by employment and claimant group						
Base: 18 to 64 year-olds with English as first language	**ESA claimants**	**JSA claimants**	**Employed**	**Others**	**Total**	**P value****
	%	%	%	%	%	
70 to 79	24.2	26.7	7.6	13.6	9.9	<0.001
Bases	*274*	*107*	*3336*	*911*	*4628*	

* The criteria for borderline intellectual impairment is a verbal IQ score using the NART of between 70 to 79

**p value for whether the prevalence of borderline intellectual impairment varied by employment/claimant group.

Table 3.6 Predicted verbal IQ score (NART)*, by employment and claimant group (with confidence intervals)															
Base: 18 to 64 year-olds with English as first language	**ESA claimants**			**JSA claimants**			**Employed**			**Others**			**Total**		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
70 to 79	24.2	18.2	31.4	26.7	17.8	37.9	7.6	6.5	8.9	13.6	11.1	16.6	9.9	8.9	11.1
80 to 89	18.7	13.3	25.5	17.1	10.3	27.1	10.2	9.0	11.5	10.6	8.5	13.1	10.8	9.8	11.9
90 to 109	34.3	28.1	41.0	33.1	23.8	44.0	43.3	41.2	45.5	40.1	36.3	43.9	42.1	40.2	44.0
110 +	22.9	17.5	29.5	23.1	14.5	34.7	38.9	36.7	41.1	35.7	32.1	39.5	37.2	35.2	39.3
Bases	*274*			*107*			*3336*			*911*			*4628*		

* The criteria for borderline intellectual impairment is a verbal IQ score using the NART of between 70 to 79

Table 3.7 Autistic traits, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants**	Employed	Others	Total	P value*
	%	%	%	%	%	
Screen positive	6.4	1.5	1.1	1.6	1.4	<0.001
Bases	*263*	*114*	*3584*	*1030*	*4991*	

*p value for whether prevalence of autistic traits varied by employment/claimant group.

Table 3.8 Autistic traits, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Screen negative	93.6	89.5	96.1	98.5	95.5	99.5	98.9	98.4	99.3	98.4	97.3	99.1	98.6	98.2	98.9
Screen positive	6.4	3.9	10.5	1.5	0.5	4.5	1.1	0.7	1.6	1.6	0.9	2.7	1.4	1.1	1.8
Bases	*263*			*114*			*3584*			*1030*			*4991*		

Table 3.9 Attention-deficit/hyperactivity disorder (ADHD) traits, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Screen positive	38.2	20.5	8.1	15.5	11.1	<0.001
Bases	*287*	*122*	*3700*	*1092*	*5201*	

*p value for whether prevalence of ADHD traits varied by employment/claimant group.

Table 3.10 Attention-deficit/hyperactivity disorder (ADHD) traits, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Screen negative	61.8	55.1	68.1	79.5	70.0	86.5	91.9	90.8	92.9	84.5	81.7	86.9	88.9	87.9	89.9
Screen positive	38.2	31.9	44.9	20.5	13.5	30.0	8.1	7.1	9.2	15.5	13.1	18.3	11.1	10.1	12.1
Bases	*287*			*122*			*3700*			*1092*			*5201*		

Table 3.11 How often difficulty seeing limits day-to-day activities, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Always/often/sometimes	16.9	3.0	2.0	5.3	3.3	<0.001
Bases	*286*	*122*	*3701*	*1094*	*5203*	

*p value for whether prevalence of having difficulty seeing limits activities always/often/sometimes varied by employment/claimant group.

Table 3.12 How often difficulty seeing limits day-to-day activities, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Always/often/sometimes	16.9	11.7	23.8	3.0	1.1	0.1	2.0	1.5	2.6	5.3	3.9	7.1	3.3	2.7	3.9
Rarely/never	83.1	76.2	88.3	97.0	91.8	98.9	98.0	97.4	98.5	94.7	92.9	96.1	96.7	96.1	97.3
Bases	*286*			*122*			*3701*			*1094*			*5203*		

Table 3.13 How often difficulty hearing limits day-to-day activities, by employment and claimant group

Base: 18 to 64 year-olds	**ESA claimants**	**JSA claimants**	**Employed**	**Others**	**Total**	**P value***
	%	%	%	%	%	
Always/often/sometimes	8.3	2.3	3.2	4.8	3.7	0.002
Bases	*287*	*122*	*3701*	*1094*	*5204*	

*p value for whether prevalence of having difficulty hearing limits activities always/often/sometimes varied by employment/claimant group.

Table 3.14 How often difficulty hearing limits day-to-day activities, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	**ESA claimants**			**JSA claimants**			**Employed**			**Others**			**Total**		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Always/often/sometimes	8.3	5.2	13.0	2.3	0.8	6.4	3.2	2.6	3.9	4.8	3.5	6.4	3.7	3.2	4.4
Rarely/never	91.7	87.0	94.8	97.7	93.6	99.2	96.8	96.1	97.4	95.2	93.6	96.5	96.3	95.6	96.8
Bases	*287*			*122*			*3701*			*1094*			*5204*		

Table 3.15 Difficulties with personal care, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Has difficulties	34.5	5.5	1.8	7.5	4.4	<0.001
Bases	*287*	*122*	*3701*	*1094*	*5204*	

*p value for whether prevalence of difficulties with personal care varied by employment/claimant group.

Table 3.16 Difficulties with personal care, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Has difficulties	34.5	28.6	40.8	5.5	2.2	13.0	1.8	1.4	2.3	7.5	6.1	9.1	4.4	3.8	5.0
Does not have difficulties	65.5	59.2	71.4	94.5	87.0	97.8	98.2	97.7	98.6	92.5	90.9	93.9	95.6	95.0	96.2
Bases	*287*			*122*			*3701*			*1094*			*5204*		

Table 3.17 Difficulties with medical care, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Has difficulties	18.9	3.3	1.0	4.4	2.5	<0.001
Bases	*287*	*122*	*3701*	*1094*	*5204*	

*p value for whether prevalence of difficulties with medical care varied by employment/claimant group.

Table 3.18 Difficulties with medical care, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Has difficulties	18.9	14.2	24.5	3.3	1.4	7.3	1.0	0.7	1.5	4.4	3.2	5.9	2.5	2.1	3.0
Does not have difficulties	81.1	75.5	85.8	96.7	92.7	98.6	99.0	98.5	99.3	95.6	94.1	96.8	97.5	97.0	97.9
Bases	*287*			*122*			*3701*			*1094*			*5204*		

Table 3.19 Difficulties getting out and about or using transport, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Has difficulties	54.4	12.0	2.3	10.1	6.3	<0.001
Bases	*287*	*122*	*3701*	*1094*	*5204*	

*p value for whether prevalence of difficulties getting out and about or using transport varied by employment/claimant group.

Table 3.20 Difficulties getting out and about or using transport, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Has difficulties	54.4	47.6	61.0	12.0	7.3	19.2	2.3	1.8	2.9	10.1	8.5	12.0	6.3	5.6	7.1
Does not have difficulties	45.6	39.0	52.4	88.0	80.8	92.7	97.7	97.1	98.2	89.9	88.0	91.5	93.7	92.9	94.4
Bases	*287*			*122*			*3701*			*1094*			*5204*		

Table 3.21 Difficulties with household activities, by employment and claimant group

Base: *18 to 64 year-olds*	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Has difficulties	50.9	13.5	2.8	10.4	6.6	<0.001
Bases	*287*	*122*	*3701*	*1094*	*5204*	

*p value for whether prevalence of difficulties with household activities care varied by employment/claimant group.

Table 3.22 Difficulties with household activities, by employment and claimant group (with confidence intervals)

Base: *18 to 64 year-olds*	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Has difficulties	50.9	44.0	57.8	13.5	8.2	21.5	2.8	2.3	3.5	10.4	8.6	12.5	6.6	5.9	7.4
Does not have difficulties	49.1	42.2	56.0	86.5	78.5	91.8	97.2	96.5	97.7	89.6	87.5	91.4	93.4	92.6	94.1
Bases	*287*			*122*			*3701*			*1094*			*5204*		

Table 3.23 Difficulties with practical activities, by employment and claimant group

Base: *18 to 64 year-olds*	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Has difficulties	64.6	16.1	5.0	16.1	10.0	<0.001
Bases	*287*	*122*	*3701*	*1094*	*5204*	

*p value for whether prevalence of difficulties with practical activities varied by employment/claimant group.

Table 3.24 Difficulties with practical activities, by employment and claimant group (with confidence intervals)

Base: *18 to 64 year-olds*	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Has difficulties	64.6	57.4	71.1	16.1	10.6	23.6	5.0	4.3	5.8	16.1	13.8	18.6	10.0	9.1	11.0
Does not have difficulties	35.4	28.9	42.6	83.9	76.4	89.4	95.0	94.2	95.7	83.9	81.4	86.2	90.0	89.0	90.9
Bases	*287*			*122*			*3701*			*1094*			*5204*		

Table 3.25 Difficulties dealing with paperwork, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Has difficulties	48.0	16.9	3.7	13.0	7.7	<0.001
Bases	*287*	*122*	*3700*	*1094*	*5203*	

*p value for whether prevalence of difficulties with paperwork varied by employment/claimant group.

Table 3.26 Difficulties dealing with paperwork, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Has difficulties	48.0	41.4	54.6	16.9	10.7	25.6	3.7	3.0	4.6	13.0	10.9	15.6	7.7	6.9	8.7
Does not have difficulties	52.0	45.4	58.6	83.1	74.4	89.3	96.3	95.4	97.0	87.0	84.4	89.1	92.3	91.3	93.1
Bases	*287*			*122*			*3700*			*1094*			*5203*		

Table 3.27 Difficulties dealing with managing money, by employment and claimant group

Base: *18 to 64 year-olds*	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Has difficulties	31.1	12.6	2.5	9.5	5.3	<0.001
Bases	*287*	*122*	*3701*	*1094*	*5204*	

*p value for whether prevalence of difficulties with managing money varied by employment/claimant group.

Table 3.28 Difficulties dealing with managing money, by employment and claimant group (with confidence intervals)

Base: *18 to 64 year-olds*	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Has difficulties	31.1	25.2	37.7	12.6	7.9	19.6	2.5	2.0	3.2	9.5	7.5	12.0	5.3	4.6	6.1
Does not have difficulties	68.9	62.3	74.8	87.4	80.4	92.1	97.5	96.8	98.0	90.5	88.0	92.5	94.7	93.9	95.4
Bases	*287*			*122*			*3701*			*1094*			*5204*		

Table 3.29 Number of activities of daily living (ADLs) need assistance with, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
0	19.1	67.6	90.3	75.4	83.8	<0.001
1	13.9	15.0	5.5	8.9	6.7	
2	11.9	3.5	1.8	4.5	2.8	
3 or more	55.1	13.9	2.4	11.2	6.6	
Bases	*287*	*122*	*3701*	*1094*	*5204*	

*p value for whether prevalence of needing help with no ADLs varied by employment/claimant group.

Table 3.30 Number of activities of daily living (ADLs) need assistance with, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
0	19.1	14.2	25.1	67.6	57.9	76.0	90.3	89.1	91.4	75.4	72.3	78.2	83.8	82.5	85.0
1	13.9	9.7	19.6	15.0	9.1	23.9	5.5	4.6	6.4	8.9	7.1	11.2	6.7	5.9	7.6
2	11.9	7.9	17.5	3.5	1.4	8.3	1.8	1.4	2.4	4.5	3.3	6.2	2.8	2.4	3.4
3 or more	55.1	48.1	61.9	13.9	8.6	21.6	2.4	1.9	3.0	11.2	9.4	13.4	6.6	5.9	7.4
Bases	*287*			*122*			*3701*			*1094*			*5204*		

Table 3.31 Multimorbidity indicator, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Both	30.9	6.3	1.9	7.2	4.3	<0.001
Limiting physical health condition only	21.6	9.2	5.0	8.6	6.5	
Limiting mental health condition only	27.0	14.3	6.9	11.4	8.8	
Neither	20.4	70.3	86.2	72.8	80.4	
Bases	*287*	*122*	*3700*	*1094*	*5203*	

*p value for whether prevalence of multimorbidity (having both a mental and physical health condition) varied by employment/claimant group.

Table 3.32 Multimorbidity, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Both	30.9	25.5	37.0	6.3	3.1	12.3	1.9	1.5	2.4	7.2	5.7	9.1	4.3	3.7	5.0
Limiting physical health condition only	21.6	16.5	27.9	9.2	4.4	18.1	5.0	4.3	5.9	8.6	6.9	10.6	6.5	5.8	7.3
Limiting mental health condition only	27.0	21.8	33.0	14.3	8.4	7.8	6.9	6.0	7.8	11.4	9.3	13.9	8.8	8.0	9.7
Neither	20.4	15.6	26.2	70.3	60.6	87.4	86.2	84.8	87.4	72.8	69.8	75.7	80.4	79.1	81.6
Bases	*287*			*122*			*3700*			*1094*			*5203*		

Chapter 4 Tables: mental health

For further details on the measures presented in Tables 4.1 to 4.16, see Chapter 4.

Table 4.1 Common mental disorder (CMD), by employment and claimant group

Base: 18 to 64 year-olds	**ESA claimants**	**JSA claimants**	**Employed**	**Others**	**Total**	**P value***
	%	%	%	%	%	
Present	65.2	28.1	14.6	23.3	18.8	<0.001
Bases	*287*	*122*	*3701*	*1094*	*5204*	

*p value for whether prevalence of CMD varied by employment/claimant group.

Table 4.2 Common mental disorder (CMD), by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	**ESA claimants**			**JSA claimants**			**Employed**			**Others**			**Total**		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Not present	34.8	28.6	41.5	71.9	62.3	79.8	85.4	84.0	86.7	76.7	73.7	79.4	81.2	80.0	82.4
Present	65.2	58.5	71.4	28.1	20.2	37.7	14.6	13.3	16.0	23.3	20.6	26.3	18.8	17.6	20.0
Bases	*287*			*122*			*3701*			*1094*			*5204*		

Table 4.3 Probable psychosis, by employment and claimant group						
Base: 18 to 64 year-olds	**ESA claimants**	**JSA claimants**	**Employed**	**Others**	**Total**	**P value***
	%	%	%	%	%	
Present	16.7	0.5	0.1	1.6	1.2	<0.001
Bases	*287*	*122*	*3701*	*1094*	*5204*	

*p value for whether prevalence of probable psychosis varied by employment/claimant group.

Table 4.4 Probable psychosis, by employment and claimant group (with confidence intervals)															
Base: 18 to 64 year-olds	**ESA claimants**			**JSA claimants**			**Employed**			**Others**			**Total**		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Not present	83.3	77.7	87.7	99.5	96.5	99.9	99.9	99.7	99.9	98.4	97.4	99.0	98.8	98.5	99.1
Present	16.7	12.3	22.3	0.5	0.1	3.5	0.1	0.1	0.3	1.6	1.0	2.6	1.2	0.9	1.5
Bases	*287*			*122*			*3701*			*1094*			*5204*		

Table 4.5 Post-traumatic stress disorder (PTSD), by employment and claimant group						
Base: 18 to 64 year-olds	**ESA claimants**	**JSA claimants**	**Employed**	**Others**	**Total**	**P value***
	%	%	%	%	%	
Screen positive	29.6	12.2	2.7	7.5	4.9	<0.001
Bases	*259*	*114*	*3578*	*1021*	*4972*	

*p value for whether prevalence of screening positive for possible PTSD varied by employment/claimant group.

Table 4.6 Post-traumatic stress disorder (PTSD), by employment and claimant group (with confidence intervals)															
Base: 18 to 64 year-olds	**ESA claimants**			**JSA claimants**			**Employed**			**Others**			**Total**		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Screen negative	70.4	64.1	75.9	87.8	79.5	93.1	97.3	96.5	97.9	92.5	90.4	94.2	95.1	94.3	95.7
Screen positive	29.6	24.1	35.9	12.2	6.9	20.5	2.7	2.1	3.5	7.5	5.8	9.6	4.9	4.3	5.7
Bases	*259*			*114*			*3578*			*1021*			*4972*		

Table 4.7 Bipolar disorder, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Screen positive	13.1	3.3	1.7	2.2	2.3	<0.001
Bases	*262*	*114*	*3580*	*1025*	*4981*	

*p value for whether prevalence of possible bipolar disorder varied by employment/claimant group.

Table 4.8 Bipolar disorder, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Screen negative	86.9	81.5	90.8	96.7	91.7	98.8	98.3	97.7	98.7	97.8	96.4	98.6	97.7	97.1	98.2
Screen positive	13.1	9.2	18.5	3.3	1.2	8.3	1.7	1.3	2.3	2.2	1.4	3.6	2.3	1.8	2.9
Bases	*262*			*114*			*3580*			*1025*			*4981*		

Table 4.9 Problematic use of alcohol by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Screen positive	19.8	28.4	24.4	16.4	22.7	<0.001
Bases	*270*	*117*	*3608*	*1054*	*5049*	

*p value for whether prevalence of signs of potential alcohol dependence (scoring 8 or more on the AUDIT) varied by employment/claimant group.

Table 4.10 Problematic use of alcohol (AUDIT 8+), by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Screen positive	19.8	15.3	25.1	28.4	19.5	39.4	24.4	22.8	26.2	16.4	13.7	19.5	22.7	21.3	24.2
Screen negative	80.2	74.9	84.7	71.6	60.6	80.5	75.6	73.8	77.2	83.6	80.5	86.3	77.3	75.8	78.7
Bases	*270*			*117*			*3608*			*1054*			*5049*		

Table 4.11 Signs of drug dependence, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
One or more sign	12.8	7.9	3.3	3.4	3.7	<0.001
Bases	*236*	*107*	*3517*	*988*	*4848*	

*p value for whether prevalence of one or more signs of drug dependence varied by employment/claimant group.

Table 4.12 Signs of drug dependence, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
One or more sign	12.8	9.2	17.7	7.9	3.8	15.7	3.3	2.5	4.2	3.4	2.1	5.4	3.7	3.1	4.4
None	87.2	82.3	90.8	92.1	84.3	96.2	96.7	95.8	97.5	96.6	94.6	97.9	96.3	95.6	96.9
Bases	*236*			*107*			*3517*			*988*			*4848*		

Table 4.13 In receipt of mental health treatment, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
No treatment	33.9	77.8	90.9	83.2	86.7	<0.001
Medication only	42.9	16.9	6.9	13.2	9.9	
Counselling only	2.5	3.5	1.5	1.6	1.6	
Both medication and counselling	20.6	1.8	0.6	2.0	1.8	
Bases	*287*	*122*	*3701*	*1094*	*5204*	

*p value for whether prevalence of receiving no mental health treatment varied by employment/claimant group.

Table 4.14 In receipt of mental health treatment, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
No treatment	33.9	27.9	40.6	77.8	68.6	84.9	90.9	89.9	91.9	83.2	80.7	85.4	86.7	85.7	87.6
Medication only	42.9	36.7	49.4	16.9	10.6	25.9	6.9	6.1	7.8	13.2	11.3	15.5	9.9	9.1	10.8
Counselling only	2.5	1.3	4.9	3.5	1.3	9.2	1.5	1.1	2.1	1.6	0.9	2.6	1.6	1.3	2.1
Both medication and counselling	20.6	15.9	26.3	1.8	0.6	4.8	0.6	0.4	1.0	2.0	1.3	3.0	1.8	1.4	2.2
Bases	*287*			*122*			*3701*			*1094*			*5204*		

Table 4.15 Requested but not received specific mental health treatment in past year, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Unmet request	11.2	4.5	1.2	2.3	1.9	<0.001
Bases	*287*	*122*	*3700*	*1093*	*5202*	

*p value for whether the prevalence of requesting but not receiving specific treatment varied by employment/claimant group.

Table 4.16 Requested but not received specified mental health treatment in past year, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Unmet request	11.2	7.7	16.0	4.5	1.6	12.0	1.2	0.9	1.7	2.3	1.5	3.5	1.9	1.6	2.4
No unmet request	88.8	84.0	92.3	95.5	88.0	98.4	98.8	98.3	99.1	97.7	96.5	98.5	98.1	97.6	98.4
Bases	*287*			*122*			*3700*			*1093*			*5202*		

Chapter 5 Tables: social support and mental wellbeing

For further details on the measures presented in Tables 5.1 to 5.26, see Chapter 5.

Table 5.1 Household type, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
1 adult aged 16 to 59, no children	33.1	23.9	8.3	7.0	9.4	0.001
2 adults, both 16 to 59, no children	21.4	22.4	28.8	15.6	25.7	
Small family**	8.8	18.8	22.1	17.8	20.6	
Large family**	5.6	6.9	5.9	11.1	6.9	
Large adult household**	23.3	24.1	30.4	31.6	30.2	
2 adults, 1 or both aged 60+, no children	3.4	1.8	3.7	12.1	5.3	
1 adult, aged 60+, no children	4.3	2.1	0.8	4.9	1.8	
Bases	*287*	*122*	*3701*	*1094*	*5204*	

*p value for whether prevalence of one person aged 16 to 59 and living alone varied by employment/claimant group.

**'Small family' refers to a unit with one or two adults and one, two or three children, while 'large family' refers to units with either at least three adults and at least two children, or at least three children and at least one adult. 'Large adult household' refers to units with at least three adults and no children.

Table 5.2 Household type, by employment and claimant group (with confidence intervals)

Base: *18 to 64 year-olds*	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
1 adult aged 16 to 59, no children	33.1	27.9	38.8	23.9	17.6	31.7	8.3	7.6	9.1	7.0	5.7	8.4	9.4	8.8	10.1
2 adults, both 16 to 59, no children	21.4	16.4	27.4	22.4	15.3	31.5	28.8	27.1	30.5	15.6	13.4	18.0	25.7	24.3	27.1
Small family	8.8	5.7	13.2	18.8	12.2	27.8	22.1	20.7	23.6	17.8	15.4	20.4	20.6	19.5	21.8
Large family	5.6	3.3	9.3	6.9	2.8	15.9	5.9	5.0	6.8	11.1	9.1	13.6	6.9	6.1	7.9
Large adult household	23.3	17.1	30.9	24.1	16.0	34.7	30.4	28.5	32.5	31.6	28.3	35.0	30.2	28.6	31.9
2 adults, 1 or both aged 60+, no children	3.4	1.8	6.5	1.8	*0.4*	*6.8*	3.7	*3.1*	*4.2*	12.1	*10.3*	*14.2*	5.3	*4.7*	*5.9*
1 adult, aged 60+, no children	4.3	2.8	6.7	2.1	1.1	4.2	0.8	0.6	1.0	4.9	4.0	5.9	1.8	1.6	2.1
Bases	*287*			*122*			*3701*			*1094*			*5204*		

Table 5.3	Caring responsibilities due to disability or sickness, by employment and claimant group					
Base: 18 to 64 year-olds	**ESA claimants**	**JSA claimants**	**Employed**	**Others**	**Total**	**P value***
	%	%	%	%	%	
Carer	23.3	14.9	18.4	27.4	20.3	<0.001
Bases	*287*	*122*	*3701*	*1094*	*5204*	

*p value for whether prevalence of caring responsibilities due to disability or sickness varied by employment/claimant group.

Table 5.4	Caring responsibilities due to disability or sickness, by employment and claimant group (with confidence intervals)														
Base: 18 to 64 year-olds	**ESA claimants**			**JSA claimants**			**Employed**			**Others**			**Total**		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Not a carer	23.3	17.8	30.0	14.9	8.8	24.1	18.4	16.9	19.9	27.4	24.3	30.7	20.3	19.0	21.7
Carer	76.7	70.0	82.2	85.1	75.9	91.2	81.6	80.1	83.1	72.6	69.3	75.7	79.7	78.3	81.0
Bases	*287*			*122*			*3701*			*1094*			*5204*		

Table 5.5 Number of people feel close to, by employment and claimant group						
Base: 18 to 64 year-olds	**ESA claimants**	**JSA claimants**	**Employed**	**Others**	**Total**	**P value***
	%	%	%	%	%	
0 to 5	34.9	27.8	10.3	19.4	13.5	<0.001
6 to 10	37.1	40.3	35.1	34.6	35.2	
11 to 15	12.9	16.1	26.0	23.5	24.7	
16+	15.1	15.8	28.6	22.5	26.5	
Bases	*285*	*122*	*3681*	*1068*	*5156*	

*p value for whether prevalence of feeling close to five or fewer other people varied by employment/claimant group.

Table 5.6 Number of people feel close to, by employment and claimant group (with confidence intervals)															
Base: 18 to 64 year-olds	**ESA claimants**			**JSA claimants**			**Employed**			**Others**			**Total**		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
0 to 5	34.9	28.8	41.6	27.8	19.9	37.4	10.3	9.3	11.4	19.4	17.1	22.1	13.5	12.5	14.6
6 to 10	37.1	30.5	44.2	40.3	31.5	49.8	35.1	33.4	37.0	34.6	31.3	38.0	35.2	33.7	36.8
11 to 15	12.9	8.9	18.4	16.1	9.8	25.3	26.0	24.4	27.6	23.5	20.6	26.6	24.7	23.3	26.1
16+	15.1	10.8	20.8	15.8	8.7	26.9	28.6	26.8	30.4	22.5	19.5	25.9	26.5	25.1	28.1
Bases	*285*			*122*			*3681*			*1068*			*5156*		

Table 5.7 'People can be relied on no matter what', by employment and claimant group						
Base: 18 to 64 year-olds	**ESA claimants**	**JSA claimants**	**Employed**	**Others**	**Total**	**P value**
	%	%	%	%	%	
Certainly true	74.2	81.3	91.4	86.8	89.6	<0.001
Bases	*286*	*122*	*3695*	*1071*	*5174*	

*p value for whether prevalence of thinking it 'certainly true' that people can be relied on no matter what, varied by employment/claimant group.

Table 5.8 'People can be relied on no matter what', by employment and claimant group (with confidence intervals)															
Base: 18 to 64 year-olds	**ESA claimants**			**JSA claimants**			**Employed**			**Others**			**Total**		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Not true	7.6	5.0	11.3	4.0	1.3	11.5	0.6	0.4	1.0	2.2	1.3	3.6	1.3	1.0	1.7
Partly true	18.2	13.6	24.0	14.7	8.8	23.7	7.9	7.0	8.9	11.0	9.1	13.3	9.1	8.3	10.0
Certainly true	74.2	67.9	79.7	81.3	71.8	88.1	91.4	90.4	92.4	86.8	84.3	89.0	89.6	88.6	90.5
Bases	*286*			*122*			*3695*			*1071*			*5174*		

Table 5.9 Proportion who find tasks at home and work very stressful, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Most of the time/ usually	39.2	18.5	13.6	14.6	15.0	<0.001
Bases	*261*	*114*	*3583*	*1028*	*4986*	

*p value for whether prevalence of finding tasks at home and work very stressful usually or most of the time varied by employment/claimant group.

Table 5.10 Proportion who find tasks at home and work very stressful, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Most of the time/ usually	39.2	32.3	46.6	18.5	11.9	27.7	13.6	12.4	15.0	14.6	12.2	17.3	15.0	13.8	16.2
Occasionally/ never	60.8	53.4	67.7	81.5	72.3	88.1	86.4	85.0	87.6	85.4	82.7	87.8	85.0	83.8	86.2
Bases	*261*			*114*			*3583*			*1028*			*4986*		

Table 5.11 Feel socially isolated and lonely, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	
Very much/ sometimes	56.0	35.1	16.4	24.5	20.0	<0.001
Bases	*262*	*114*	*3584*	*1029*	*4989*	

*p value for whether prevalence of feeling socially isolated and lonely sometimes or very much varied by employment/claimant group.

Table 5.12 Feel socially isolated and lonely, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Very much/ sometimes	56.0	48.4	63.4	35.1	25.7	45.9	16.4	15.1	17.8	24.5	21.7	27.5	20.0	18.7	21.2
Not often/ never	44.0	36.6	51.6	64.9	54.1	74.3	83.6	82.2	84.9	75.5	72.5	78.3	80.0	78.8	81.3
Bases	*262*			*114*			*3584*			*1029*			*4989*		

Table 5.13 Mental wellbeing summary (mean score)*, by employment and claimant group

Base: 18 to 64 year-olds	**ESA claimants**	**JSA claimants**	**Employed**	**Others**	**Total**	**P value****
	Mean score	Mean score	Mean score	Mean score	Mean score	
Mental wellbeing	40.1	49.1	53.5	51.6	52.4	<0.001
Bases	*282*	*119*	*3679*	*1079*	*5159*	

*Measured using the Warwick Edinburgh Mental Well-being Scale (WEMWBS).

**p value for whether mean mental wellbeing (WEMWBS) score varied by employment/claimant group.

Table 5.14 Mental wellbeing summary (mean score)*, by employment and claimant group (with standard deviations)

Base: 18 to 64 year-olds	**ESA claimants**		**JSA claimants**		**Employed**		**Others**		**Total**	
	Mean Score	sd**	Mean Score	sd	Mean Score	sd	Mean Score	sd	Mean Score	sd
Mental Wellbeing	40.1	10.22	49.1	10.67	53.5	7.98	51.6	10.40	52.4	9.11
Bases	*282*		*119*		*3679*		*1079*		*5159*	

*Measured using the Warwick Edinburgh Mental Well-being Scale (WEMWBS).

**'sd' refers to the standard deviation. This is a measure of how spread out the values in a sample are. A low standard deviation indicates that the values tend to be close to the sample mean, while a higher standard deviation indicates that the values are spread out over a wider range.

Table 5.15 Feeling confident *, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value**
	%	%	%	%	%	%
Some/ often/ all of the time	48.2	80.3	94.0	84.8	89.9	<0.001
Bases	*286*	*122*	*3699*	*1092*	*5199*	

* Item from the 14-item Warwick Edinburgh Mental Well-Being Scale (WEMBWS)

**p value for whether prevalence of feeling confident some/often/all the time varied by employment/claimant group.

Table 5.16 Feeling confident* , by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Some/ often/ all of the time	48.2	41.6	55.0	80.3	71.5	86.8	94.0	93.0	94.8	84.8	82.2	87.0	89.9	88.9	90.8
Never / rarely	51.8	45.0	58.4	19.7	13.2	28.5	6.0	5.2	7.0	15.2	13.0	17.8	10.1	9.2	11.1
Bases	*286*			*122*			*3699*			*1092*			*5199*		

* Item from the 14-item Warwick Edinburgh Mental Well-Being Scale (WEMBWS)

Table 5.17 Have energy to spare*, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value**
	%	%	%	%	%	%
Some/ often/ all of the time	32.7	63.4	72.7	68.1	69.9	<0.001
Bases	*287*	*122*	*3700*	*1093*	*5202*	

* Item from the 14-item Warwick Edinburgh Mental Well-Being Scale (WEMBWS)

** p value for whether prevalence of feeling have energy to spare some/often/all the time varied by employment/claimant group.

Table 5.18 Have energy to spare*, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Some/ often/ all of the time	32.7	26.3	39.8	63.4	53.4	72.3	72.7	71.0	74.2	68.1	65.0	71.1	69.9	68.4	71.2
Never / rarely	67.3	60.2	73.7	36.6	27.7	46.6	27.3	25.8	29.0	31.9	28.9	35.0	30.1	28.8	31.6
Bases	*287*			*122*			*3700*			*1093*			*5202*		

* Item from the 14-item Warwick Edinburgh Mental Well-Being Scale (WEMBWS)

Table 5.19 Feeling useful*, by employment and claimant group

Base: *18 to 64 year-olds*	ESA claimants	JSA claimants	Employed	Others	Total	P value**
	%	%	%	%	%	
Some/ often/ all of the time	61.5	80.4	95.0	87.2	91.7	<0.001
Bases	*286*	*121*	*3694*	*1090*	*5191*	

* Item from the 14-item Warwick Edinburgh Mental Well-Being Scale (WEMBWS)

** p value for whether prevalence of feeling useful some/often/all the time varied by employment/claimant group.

Table 5.20 Feeling useful*, by employment and claimant group (with confidence intervals)

Base: *18 to 64 year-olds*	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Some/ often/ all of the time	61.5	54.8	67.9	80.4	71.3	87.2	95.0	94.1	95.8	87.2	84.7	89.4	91.7	90.8	92.6
Never / rarely	38.5	32.1	45.2	19.6	12.8	28.7	5.0	4.2	5.9	12.8	10.6	15.3	8.3	7.4	9.2
Bases	*286*			*121*			*3694*			*1090*			*5191*		

* Item from the 14-item Warwick Edinburgh Mental Well-Being Scale (WEMBWS)

Table 5.21 Able to think clearly*, by employment and claimant group

Base: *18 to 64 year-olds*	ESA claimants	JSA claimants	Employed	Others	Total	P value**
	%	%	%	%	%	%
Some/ often/ all of the time	71.9	88.1	97.4	91.0	94.8	<0.001
Bases	*287*	*122*	*3700*	*1093*	*5202*	

* Item from the 14-item Warwick Edinburgh Mental Well-Being Scale (WEMBWS)

**p value for whether prevalence of feeling able to think clearly some/often/all of the time varied by employment/claimant group.

Table 5.22 Able to think clearly*, by employment and claimant group (confidence intervals)

Base: *18 to 64 year-olds*	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Some/ often/ all of the time	71.9	65.5	77.5	88.1	81.7	92.5	97.4	96.6	97.9	91.0	88.9	92.7	94.8	94.1	95.4
Never / rarely	28.1	22.5	34.5	11.9	7.5	18.3	2.6	2.1	3.4	9.0	7.3	11.1	5.2	4.6	5.9
Bases	*287*			*122*			*3700*			*1093*			*5202*		

* Item from the 14-item Warwick Edinburgh Mental Well-Being Scale (WEMBWS)

Table 5.23 Able to make decisions about things*, by employment and claimant group						
Base: 18 to 64 year-olds	**ESA claimants**	**JSA claimants**	**Employed**	**Others**	**Total**	**P value****
	%	%	%	%	%	%
Some/ often/ all of the time	81.0	94.6	98.1	94.8	96.6	<0.001
Bases	*286*	*122*	*3700*	*1093*	*5201*	

* Item from the 14-item Warwick Edinburgh Mental Well-Being Scale (WEMBWS)

**p value for whether prevalence of feeling able to make decisions some/often/all the time varied by employment/claimant group.

Table 5.24 Able to make decisions about things*, by employment and claimant group (with confidence intervals)															
Base: 18 to 64 year-olds	**ESA claimants**			**JSA claimants**			**Employed**			**Others**			**Total**		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Some/often/all of the time	81.0	75.4	85.7	94.6	88.4	97.6	98.1	97.5	98.5	94.8	93.1	96.1	96.6	96.0	97.2
Never / rarely	19.0	14.3	24.6	5.4	2.4	11.6	1.9	1.5	2.5	5.2	3.9	6.9	3.4	2.8	4.0
Bases	*286*			*122*			*3700*			*1093*			*5201*		

* Item from the 14-item Warwick Edinburgh Mental Well-Being Scale (WEMBWS)

Table 5.25 Whether other people can generally be trusted, by employment and claimant group

Base: 18 to 64 year-olds	ESA claimants	JSA claimants	Employed	Others	Total	P value*
	%	%	%	%	%	%
Yes	55.9	55.4	82.6	76.1	79.7	<0.001
Bases	*262*	*112*	*3578*	*1028*	*4980*	

*p value for whether prevalence of whether other people can generally be trusted varied by employment/claimant group.

Table 5.26 Whether other people can generally be trusted, by employment and claimant group (with confidence intervals)

Base: 18 to 64 year-olds	ESA claimants			JSA claimants			Employed			Others			Total		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Yes	55.9	48.3	63.2	55.4	44.5	65.8	82.6	81.1	84.1	76.1	73.1	78.9	79.7	78.3	81.1
No	44.1	36.8	51.7	44.6	34.2	55.5	17.4	15.9	18.9	23.9	21.1	26.9	20.3	18.9	21.7
Bases	*262*			*112*			*3578*			*1028*			*4980*		