



Health and labour market participation

Initial findings from Next Steps at Age 32

Boosting labour market participation across the population is essential for generating and sustaining national economic growth¹. However, the UK workforce faces a growing employment crisis², with one in six of those aged 25-34 unemployed or not looking for work³. At the same time, the proportion of working-age individuals reporting long-term health conditions has risen from 29% to 36% between 2016 and 2023⁴. The impact of poor health on labour market participation⁵ presents a significant challenge to the UK economy and society.

This briefing presents findings from the Next Steps Age 32 Sweep, a cohort study documenting life experiences among adults in their 30s born in 1989/90 and living in England. Understanding what happens in people's early 30s is particularly important, as the ages between 25 and 40 often set the foundation for long-term labour market outcomes^{6,7}.

This briefing explores the relationship between physical and mental health and economic activity and considers how improving health could support future labour market participation.

We ask the following questions:

1. How are people in their early 30s in England engaged in the labour market?
2. What is the prevalence of self-rated general health and mental health problems at age 32?
3. Are prior accumulated health disadvantages more common among those not unemployed or inactive than those in employment at age 32?

ABOUT THE DATA

Next Steps Age 32 Sweep

Next Steps is following the lives of around 16,000 people in England born in 1989-90. The Age 32 Sweep took place between April 2022 and September 2023. Over 7,000 study members took part in a 60-minute survey, either online or with an interviewer. Data from this and previous sweeps of Next Steps are available to download from the UK Data Service.

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Key findings

- At age 32, around 10% of the sample was not in employment.
- At age 32, 22% experienced poor mental health and 10% rated their general health as poor. More females reported poor mental health compared with males (26% versus 19%), while self-rated general health issues were similar by sex.
- One in five people (20%) experienced poor, declining or fluctuating self-rated general health from childhood to their early 30s. Regarding mental health, nearly half (47%) showed similar patterns.
- Around 30–40% of those unemployed or economically inactive at age 32 reported poor general health at earlier life stages, compared with 10–13% of those in employment.

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Economic activity measures

We conceptualise labour market participation as economic activity following the government's definition⁸, including three categories:

- 1) In employment: employed and self-employed full-time or part-time.
- 2) Unemployed: actively seeking employment.
- 3) Inactive: not in employment or unemployed (e.g. looking after home or family, sick, in education or training and doing voluntary work).

There are trends towards greater equality in employment



Self-rated general health and mental health

Self-rated general health was measured on a five-point scale at age 32, with "good" or "excellent" classified as good and "fair", "poor" or "not good at all" considered poor.

Mental health was measured using the General Health Questionnaire (GHQ-12), a validated screening tool for psychological distress⁹. Scores were categorised into good and poor mental health, with poor mental health indicating high risk for potential mental disorders¹⁰.

In addition to the physical health and mental health measures at age 32, we can also measure their health and mental health in childhood (ages 0-16, reported retrospectively at age 32), adolescence (surveyed at age 17), and early adulthood (surveyed at age 25).

Results

Economic activity at age 32

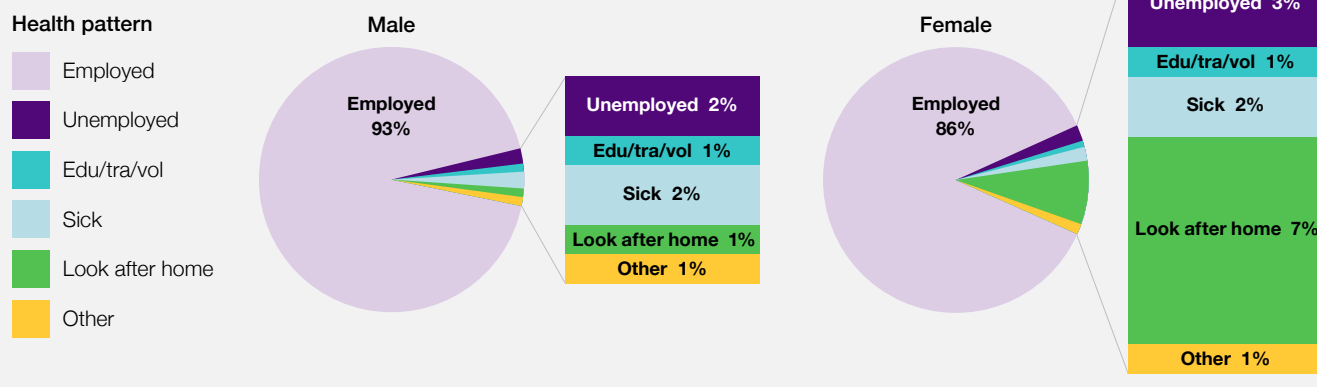
Participants' current labour market status was determined by the activity they reported doing in a regular week. At age 32, the vast majority of participants (90%) were in employment, which is slightly higher than national rates for 25-34-year-olds in the United Kingdom³.

There were some clear differences between males and females (Figure 1). A lower proportion of females were in employment compared to males (87% versus 93%), and more females looked after the home full-time (7% compared with 1%). However, this sex gap in employment (around 6 percentage points) is smaller than that seen in 2011, when the female employment rate for ages 25-34 was 14 percentage points lower than the male rate¹¹. This is consistent with a previous report suggesting a narrowing sex gap in labour market participation across generations, with trends towards greater equality in employment¹².

TABLE 1: PARTICIPANTS' CURRENT ACTIVITIES AT AGE 32

Economic activity	%
In employment	90%
Unemployed	3%
Inactive	7%
– In education, training or voluntary work	1%
– Looking after home full-time	4%
– Disabled/sick	1%
– Other	1%

FIGURE 1: PARTICIPANTS' CURRENT ACTIVITIES AT AGE 32 BY SEX

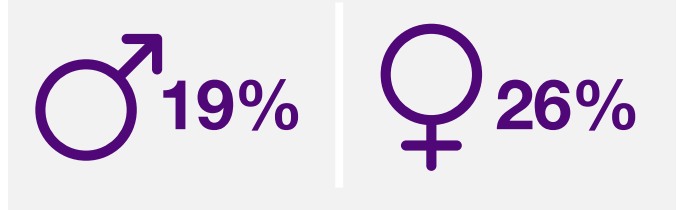


Prevalence of health problems at age 32

Few people at this age reported being in poor health (10%), with little difference between males and females.

Poor mental health, however, is more common than poor physical health. Around one in five participants (22%) reported symptoms of poor mental health, a figure similar to findings from the 2023/24 NHS England survey¹³. More females (26%) reported poor mental health compared to males (19%), and this difference was statistically significant.

FIGURE 2: PREVALENCE OF POOR MENTAL HEALTH AT AGE 32 BY SEX



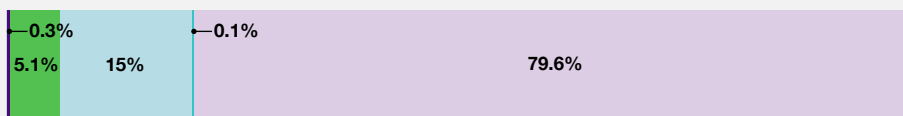
Health across the life stages

Figure 3 shows how people’s health from childhood to adulthood relates to their health at age 32. Most people maintained good health over time, although the patterns differed between general health and mental health.

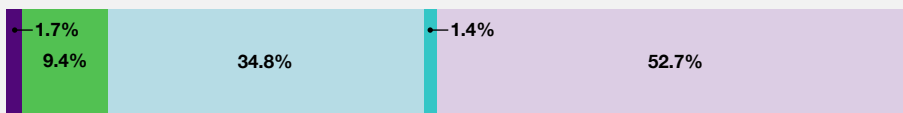
“Around one in five participants reported symptoms of poor mental health.”

FIGURE 3: HEALTH PATTERNS FROM CHILDHOOD TO ADULTHOOD BY HEALTH MEASURES

Overall health stability and change (general health)



Overall health stability and change (mental health)



Health pattern

- Good health persists
- Improvement at age 32
- Fluctuating health
- Decline at age 32
- Poor health persists

We grouped people’s health patterns into five types, separately for general and mental health: 1) good health persists: having good health at every stage of life; 2) improvement at age 32: poor health in childhood, adolescence and early adulthood, followed by good health at age 32; 3) fluctuating health: health went up and down across different stages; 4) declined at age 32: good health in childhood, adolescence and early adulthood, followed by good health at age 32; and 5) poor health persists: having poor health throughout all stages.

For general health, nearly four in five (80%) participants said they had good general health at every stage of life, from childhood to age 32. A small share (around 5%) developed poor health by age 32, while very few showed improvement (less than 1%) or experienced poor health throughout life (also less than 1%). This suggests that the majority of people’s self-reported general health remained relatively stable up to age 32.

Mental health showed much greater fluctuation over time. Just over half (53%) maintained good mental health throughout. Around one in ten had good mental health earlier but reported poor mental health at age 32 (9%). A small minority (about 2%) experienced persistent mental health problems, while another 1% showed improvement in adulthood. These shifts highlight that mental health tends to change over time, compared with general health.

The relationship between poor health and economic inactivity

We were particularly interested in whether people’s accumulated health from childhood through to age 25 is linked to economic activity in their early 30s. We explore this descriptively by counting how many times someone reported poor health across the life course¹⁴ and comparing differences by economic activity at age 32. We do not look at timing or sequence of poor health in the present analyses and the results are illustrative

but not causal. Nevertheless, this provides a useful summary measure of accumulated health disadvantages across life stages.

The following figures show the proportion of individuals with health issues in the previous three life stages (childhood, adolescence and early adulthood) by their economic activity status at age 32, split by sex.

FIGURE 4: ACCUMULATED POOR SELF-RATED HEALTH ACROSS THREE PREVIOUS LIFE STAGES AND ECONOMIC ACTIVITY AT AGE 32 BY SEX

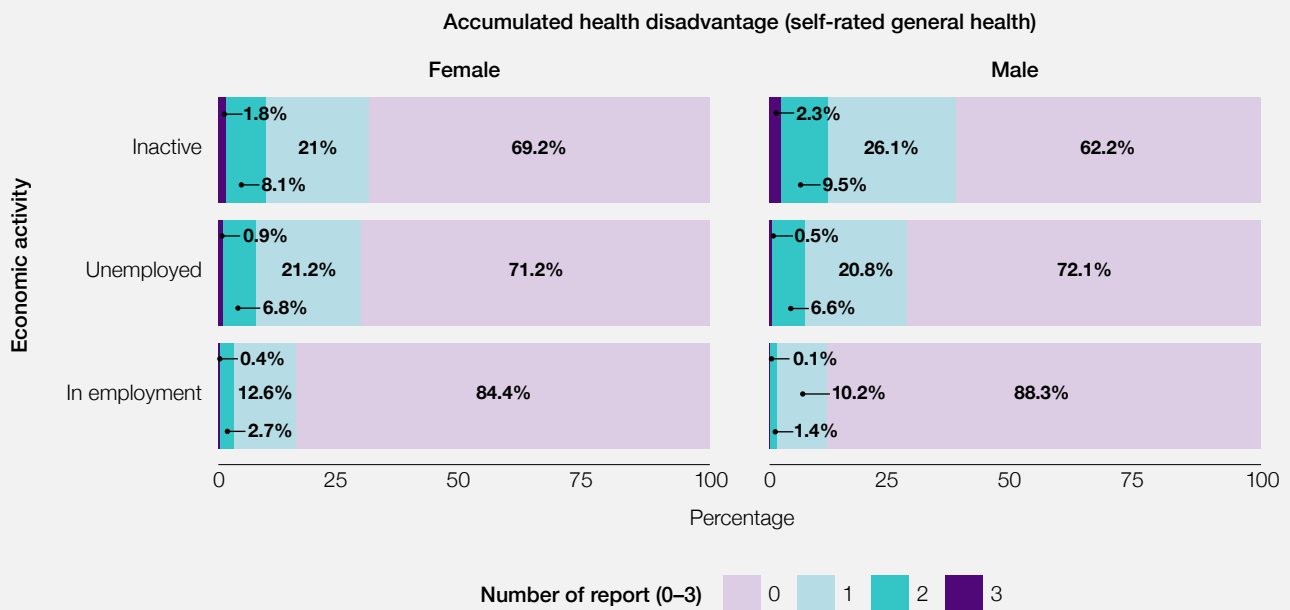


Figure 4 shows that individuals who were unemployed or inactive at age 32 were much more likely to have had poor general health at some stage in earlier life. Around 40% of inactive males and 30% of inactive females had experienced poor health in at least one stage, compared to 10–13% of those in employment.

Among males, health problems were especially concentrated among those who were inactive rather than those who were unemployed. Among females, both the unemployed and inactive groups showed similarly high levels of accumulated poor health. These findings highlight the importance of distinguishing between inactivity and unemployment when examining health trajectories, as the patterns are nuanced and differ by sex.

FIGURE 5: ACCUMULATED POOR MENTAL HEALTH ACROSS THREE PREVIOUS LIFE STAGES AND ECONOMIC ACTIVITY AT AGE 32 BY SEX

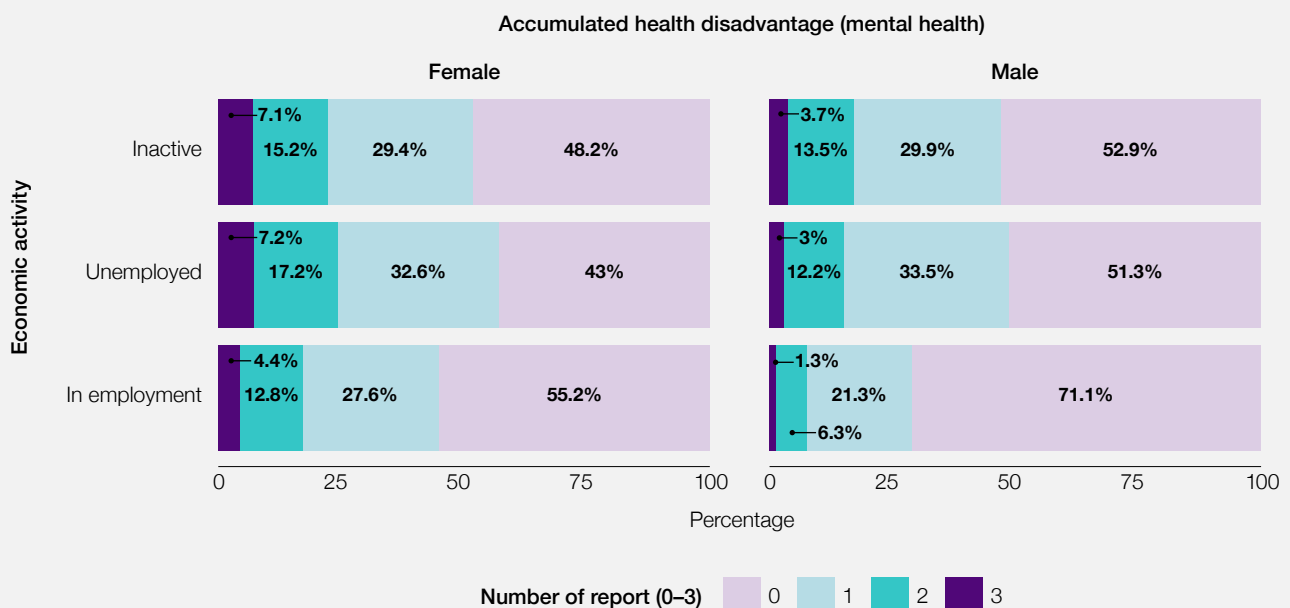


Figure 5 shows how often participants experienced poor mental health across childhood, adolescence and early adulthood.

Mental health problems were more commonly reported than poor general health for those in employment, inactive and unemployed, with at least a quarter of individuals in every category experiencing poor mental health across childhood and by age 25.

However, differences between those in employment and those unemployed and inactive were striking. Around 50% of both unemployed and inactive males and females reported poor mental health in at least one earlier stage, compared with 25% of employed males and 45% of employed females. For males, this means the unemployed and inactive groups had roughly double the rate of poor mental health compared to employed males. Among females, the gap was smaller but still evident, with employed women showing only a modest difference from their unemployed/inactive counterparts.

Considerations for policymaking

This briefing paper explores employment status and health among an English cohort of adults in their 30s. Work and Pensions Secretary Liz Kendall MP from 2024-2025 said, “Spiralling inactivity is the greatest employment challenge for a generation,” highlighting economic growth and boosting labour market participation as critical priorities for the government. Therefore, understanding the underlying drivers of not-in-employment groups will be crucial for policymakers.

The findings suggest a clear association between health across the life course and labour market participation in early adulthood, for both general and mental health. Sex differences in these patterns suggest that health-labour market links are not uniform, while the concentration of disadvantage earlier in life underlines the importance of early identification and support. Ensuring greater access to healthcare services and increasing awareness of support may help people with health problems remain in the workforce.

Our findings suggest that poor health is particularly concentrated among those who are economically inactive, pointing to barriers that may prevent people with health conditions from remaining in or re-entering paid work. Many people with health problems may want to work but face barriers, such as limited availability of flexible or suitable roles¹⁵. The barriers may also differ between health conditions. While existing schemes, such as ‘Access to Work’ and the ‘Equality Act 2010’, aim to support disabled workers, awareness and implementation are uneven, particularly among smaller employers with fewer resources or limited familiarity with legal obligations^{16,17}.

Ensuring the clarity and consistency of employment support initiatives and increasing awareness may help individuals overcome work-related health barriers¹⁸. A coordinated approach across health, welfare, and employment services may also be beneficial in supporting individuals facing health-related barriers to work¹⁹.

Opportunities for future research

Next Steps captures the lived experience of the millennial generation, particularly the transition from adolescence to adulthood. Information about the cohort members’ education and economic activities has been collected since age 14. This rich information about their economic activities and health at different life stages can allow future research to evaluate whether health and employment status connections are reciprocal.

Additionally, various personality traits and attitude measures in Next Steps can enable future studies to explore whether individual characteristics can help protect people experiencing health problems from adverse labour market outcomes in later life. Additionally, future research can also explore ways in which the education system can facilitate and foster the development and effective application of such traits.

Future research could also explore how the associations between health and work vary across different social groups, including minoritised ethnic groups and socioeconomically disadvantaged, or across different geographic regions of the country.

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