HSE

Health and Safety Executive

# Self-reported work-related illness and workplace injuries in 2005/06:

## Results from the Labour Force Survey

national STATISTICS

For information about health and safety ring
HSE's Infoline Tel: 0845 345 0055
Fax: 0845 408 9566
Textphone: 0845 408 9577
E-mail: hse.infoline@natbrit.com or write to
HSE Information Services, Caerphilly Business Park,
Caerphilly CF83 3GG.



**A National Statistics publication**

National Statistics are produced to high professional standards set out in the National Statistics Code of Practice. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.

## Contents

## Introduction

The HSE commissioned a module of questions in the winter quarter (December 2005 to February 2006) of the Labour Force Survey (LFS), to gain a view of work-related illness and workplace injury in the last 12 months, based on individuals' perceptions. The LFS is a household survey consisting currently of about 50 000 responding households in Great Britain, and is intended to be representative of the population. The results are described as *2005/06* throughout this report.

A module of questions on workplace injury has appeared annually in the LFS winter quarter since 1992/93 and complements the flow of the injury reports made by employers and others under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).

Questions on work-related illness (known as the surveys of self-reported work-related illness (SWI)) were included in the LFS on an ad hoc basis until 2003/04, since then questions have appeared annually in the winter quarter. They provide an indication of the overall scale of work-related illness and its distribution by major disease groups. Responses obviously depend on laypeople's perceptions of medical matters, but such perceptions are of interest and importance in their own right. However, they cannot be taken directly as an indicator of the 'true' extent of work-related illness. People's beliefs may be mistaken: they may ascribe the cause of illness to their work when there is no such link; and may fail to recognise a link with working conditions when there is one e.g. possible multifactorial nature of ill health or delay between exposure and ill health (several decades in the case of cancer). Taken with other national data sources such as specialist doctor surveillance schemes and the Industrial Injuries Scheme, a picture of the overall scale and distribution of work-related illness, including associated occupations and industries, can be developed. The Health and Safety Executive (HSE) publication "Health and Safety Statistics 2005/06" (HSS0506) (http://www.hse.gov.uk/statistics/overall/hssh0506.pdf) attempts to draw together all these sources (and others) and presents the latest top-level work-related illness, as well as workplace injury, statistics.

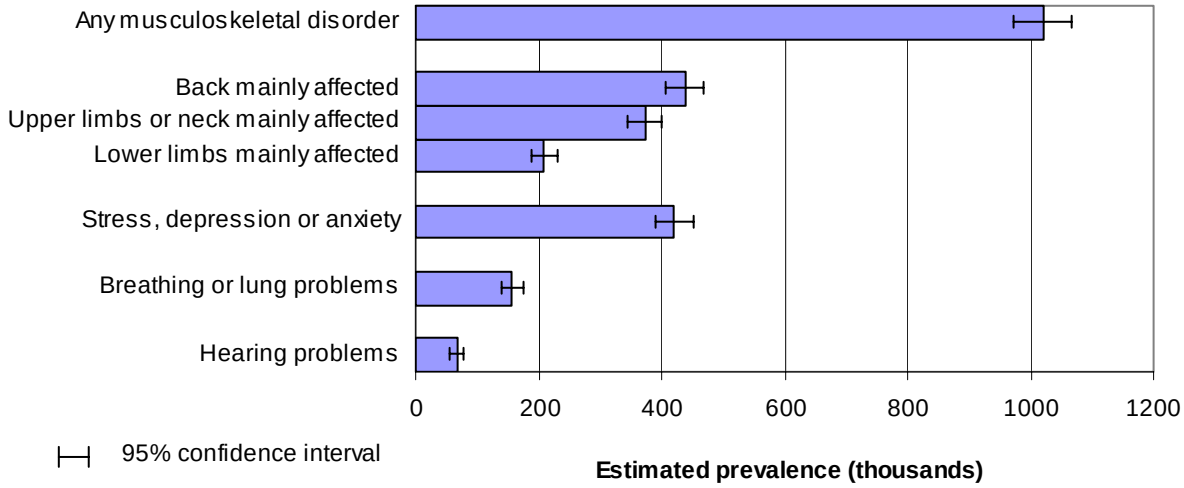
Headline results from the 2005/06 survey were published for the first time in HSS0506, providing estimates of the overall *prevalence* (including long standing as well as new cases) of self-reported work-related illness in the last 12 months, of *incidence* (new cases) of workplace injury and work-related illness in the same period and of annual working days lost due to workplace injury and work-related illness. This report focuses on providing more detailed results by a range of demographic and employment-related variables; some results have been presented as three-year averages (based on 2003/04, 2004/05 and 2005/06) as annual sample numbers are not sufficiently large to provide reliable estimates. Some broad comparisons of the latest results with those from earlier surveys are also presented. Links to detailed tables are included throughout the report and a table index linking to the full range of tables can be found at http://www.hse.gov.uk/statistics/lfs/index.htm.

## Key facts

- 2.0 million people were suffering from an **illness** they believe was caused or made worse by their current or past work.
- **Musculoskeletal disorders** were by far the most common with 1 020 000 people suffering, followed by **stress, depression or anxiety** with 420 000 people.
- 523 000 were new (incidence) cases of **work-related illness**. In terms of people *working in the last 12 months,* this equates to a rate of 1600 per 100 000 people.
- **Stress, depression or anxiety** and **musculoskeletal disorders** accounted for a large proportion of new cases, 195 000 and 190 000 respectively.
- 299 000 **non-fatal reportable injuries** occurred, a rate of 1100 per 100 000 workers.
- 30 million **working days** were lost overall (1.3 days *per worker*), 24 million due to work-related illness and 6 million due to workplace injury.
- Males carried a higher *prevalence* (long standing as well as new cases) rate of **work-related illness** than females, but the reverse was true for *incidence* (new cases). Days lost *per worker* for males and females were similar.
- Industry sectors health and social work, public administration and defence, construction and transport, storage and communication had high *prevalence* rates (three-year average) of **work-related illness**.
- Occupation groups with high *prevalence* rates (three-year average) of **work-related illness** were health and social welfare associate professionals, protective service occupations, skilled construction and building trades, skilled agricultural trades, teaching and research professionals and skilled metal and electrical trades.
- Industry sectors with high *incidence* rates (three-year average) of **reportable non-fatal injuries** included agriculture, hunting, forestry and fishing, construction, transport, storage and communication and manufacturing.
- Occupation groups carrying highest **reportable non-fatal injuries** *incidence* rates (three-year average) included: protective service occupations; elementary trades, plant and storage related occupations; skilled construction and building trades; transport and mobile machine drivers and operatives; skilled metal and electrical trades; skilled agricultural trades; process, plant and machine operatives; textiles, printing and other skilled trades; elementary administration and service occupations and caring personal service occupations.

## Overall picture – ill health prevalence

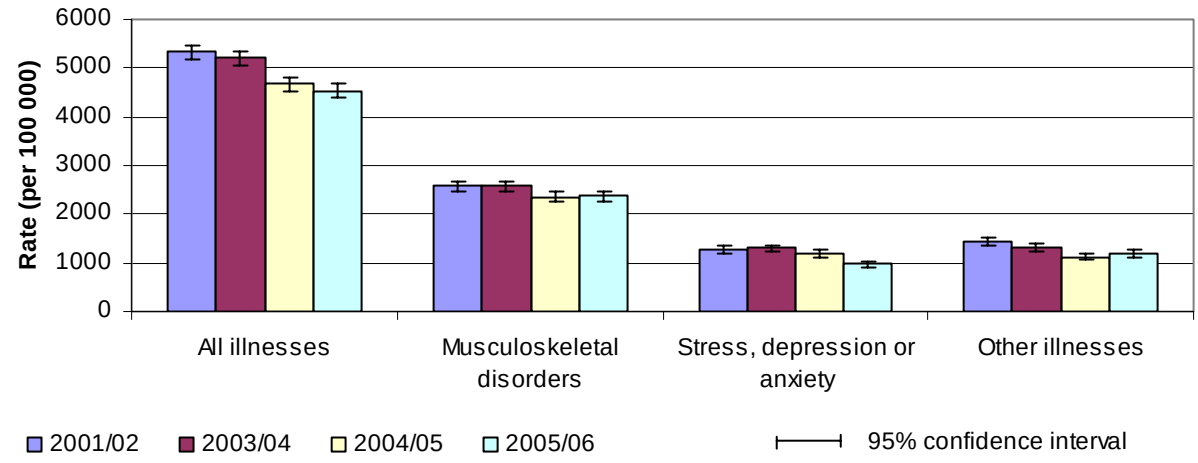
**Figure 1: Estimated 2005/06 prevalence of self-reported illness caused or made worse by work, by type of illness, for people ever employed**




- In 2005/06, an estimated 1 958 000 people in Great Britain believed they were suffering from an illness that was caused or made worse by their current or past work. This *prevalence* estimate includes long standing as well as new cases.
- Musculoskeletal disorders (bone, joint or muscle problems) were by far the most commonly reported work-related illnesses, around half of the total, with an estimated 1 020 000 people *ever* employed affected. Stress, depression or anxiety was the second most commonly reported illness, affecting 420 000 people *ever* employed, followed by breathing or lung problems (156 000) and hearing problems (68 000).

See http://www.hse.gov.uk/statistics/lfs/0506/typesex1e.htm for all types of illness, including those not listed above.

**Figure 2: Estimated prevalence rates of self-reported illness caused or made worse by work, by main type of complaint, for people who have ever worked, 2001/02, 2003/04-2005/06**

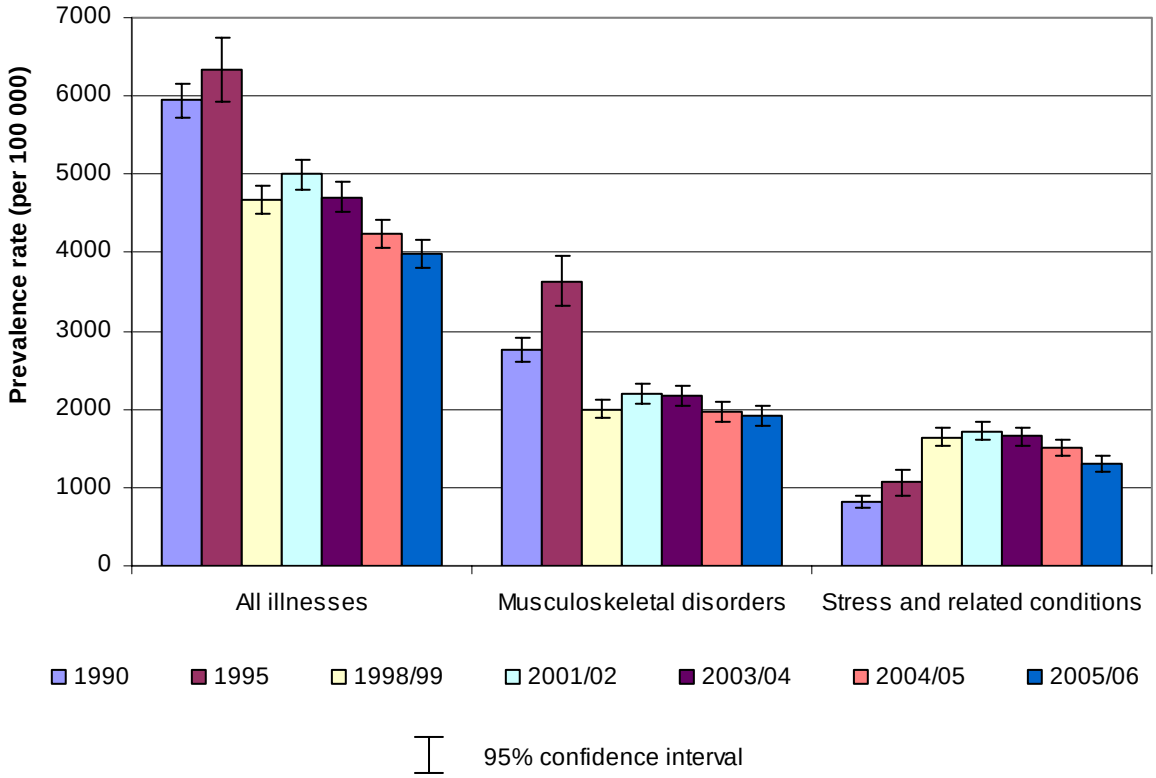



- For all illnesses, the 2005/06 *prevalence* rate of 4500 per 100 000 people (4.5%) *ever* employed was similar to that in 2004/05 (4700 per 100 000 people - 4.7%), but statistically significantly lower than in 2003/04 (5200 per 100 000 people - 5.2%) and 2001/02 (5300 per 100 000 people - 5.3%).
- The rate for musculoskeletal disorders in 2005/06 was similar to the corresponding rate in 2004/05, but statistically significantly lower than in 2003/04 and 2001/02. The rate for stress, depression or anxiety in 2005/06 was statistically significantly lower than in any of the three earlier surveys.
- For 'other illnesses', the prevalence rate in 2005/06 was similar to that in 2004/05, but lower than in 2003/04, which in turn was lower than in 2001/02. All differences were statistically significant.

See http://www.hse.gov.uk/statistics/lfs/0506/typesex1e.htm.

## Overall picture – ill health prevalence (continued)

**Figure 3: Comparison of estimated prevalence rates of self-reported work-related illness, per 100 000 people working in the last 12 months in England and Wales, 1990 to 2005/06**

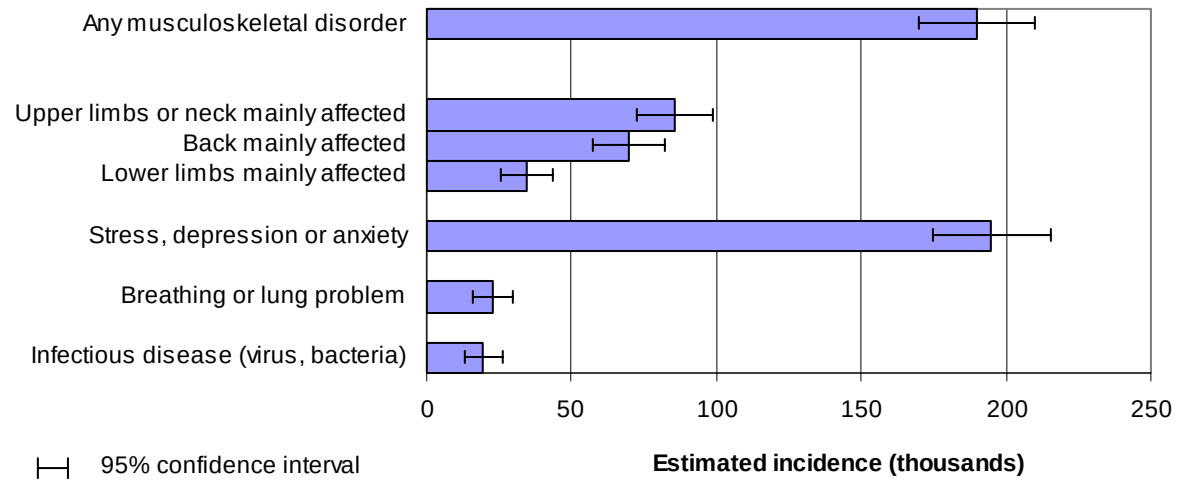



- Comparisons between the latest figures and those from the previous six surveys of self-reported work-related illness have to be based on a restricted coverage (e.g. limited to people who worked in the last 12 months), and even on this basis are affected by differences in survey design and level of information collected. The 2001/02 and 2003/04-2005/06 surveys are the most compatible, but the 1995 survey, with its two-stage design and very detailed questionnaire is the least similar to the other six surveys.
- Broad comparisons based on people living in England and Wales who have worked in the last 12 months suggest that the overall *prevalence* of self-reported work-related illness has fallen since 1990. In 1990 and 1995 the estimated rates were similar (not statistically significantly different). More recently they have fluctuated, but the rates in 2004/05 and 2005/06 were of a similar order and statistically significantly lower than those in any of the earlier surveys.
- For musculoskeletal disorders, these comparisons suggest that the estimated *prevalence* rate has fallen since 1990. The rates in 2004/05 and 2005/06 were similar, but they were statistically significantly lower than those in 2003/04 and 2001/02, similar to the rate in 1998/99, and statistically significantly lower than those in 1995 and 1990.
- The estimated prevalence rate of stress and related (mainly heart) conditions increased during the 1990s, then appeared to level off between 1998/99 and 2004/05, at around double the level of 1990, before falling somewhat in 2005/06.

See http://www.hse.gov.uk/statistics/tables/swit2.htm.

## Overall picture – ill health incidence

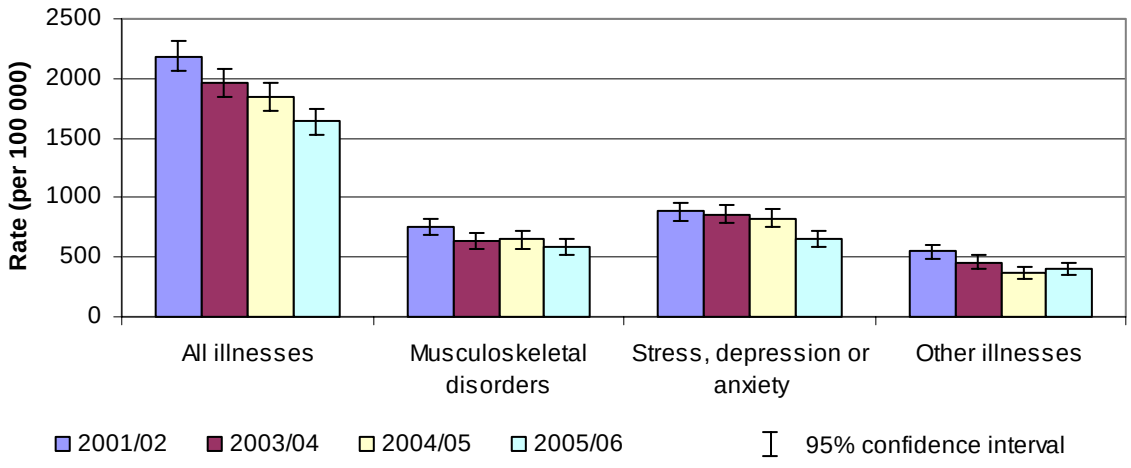
**Figure 4: Estimated 2005/06 incidence of self-reported illness caused or made worse by work, by type of complaint, for people who have ever worked**




- An estimated 523 000 people *ever* employed, first became aware of their work-related illness in the previous 12 months, around one quarter of sufferers (*prevalent* cases).
- Stress, depression or anxiety and musculoskeletal disorders accounted for a large proportion of new (*incidence*) cases of work-related illness in the last year, affecting an estimated 195 000 and 190 000 people who have *ever* worked respectively.
- Other conditions accounting for over 3% of all new cases, except 'other types of complaint', were breathing and lung problems (23 000) and infectious disease (20 000).

See http://www.hse.gov.uk/statistics/lfs/0506/typesex2e.htm for all types of illness, including those not listed above.

**Figure 5: Estimated incidence rates of self-reported illness caused or made worse by work, by main type of complaint, per 100 000 people working in the last 12 months, 2001/02, 2003/04-2005/06**




- For all work-related illnesses, an estimated 1600 per 100 000 people (1.6%) *working in the last 12 months* first became aware of their illness in 2005/06. This *incidence* rate was statistically significantly lower than the corresponding rates in 2004/05 (1800 per 100 000 people - 1.8%), in 2003/04 (2000 per 100 000 people - 2.0%) and in 2001/02 (2200 per 100 000 people - 2.2%). Furthermore, the *incidence* rates have followed a downward trend over time.
- The rate for musculoskeletal disorders in 2005/6 was similar to those in 2004/05 and 2003/04, but statistically significantly lower than that in 2001/02. However, the rate for stress, depression or anxiety in 2005/06 was statistically significantly lower than in all three earlier surveys.
- For 'other illnesses', the rate in 2005/06 was of a similar order to those in 2004/05 and 2003/04, but statistically significantly lower than in 2001/02.

See http://www.hse.gov.uk/statistics/lfs/0506/typesex2w12.htm.

## Overall picture – injury incidence

**Figure 6: Estimated annual incidence rates of reportable non-fatal injuries to workers, 1999/00 – 2005/06**

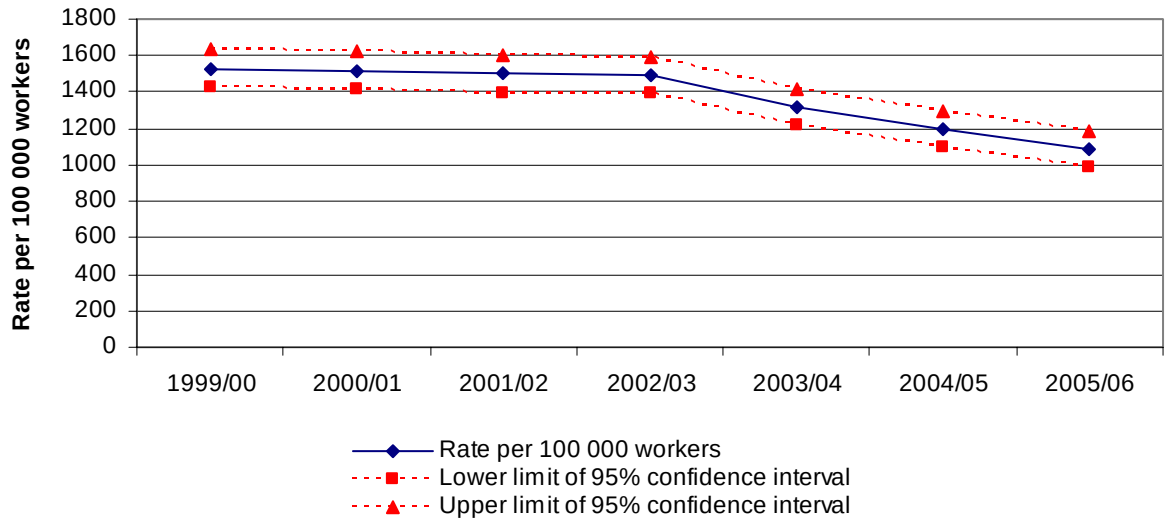


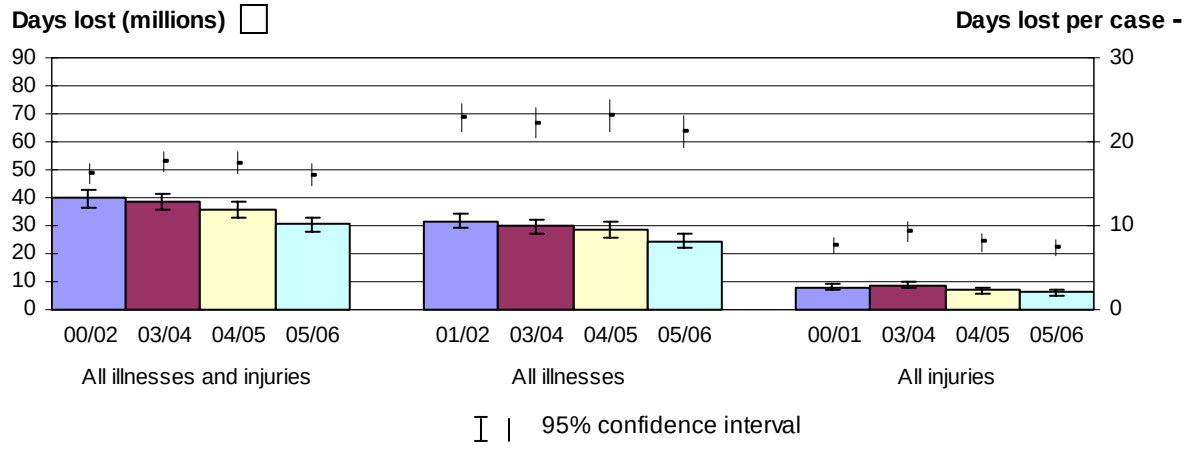

**Table A: Estimated annual incidence and rates of reportable non-fatal injury to workers, 1999/00-2005/06**

| Year | Sample cases | Estimated incidence (thousands) | | | Rate per 100 000 workers | | |
|---|---|---|---|---|---|---|---|
| | | | 95% C.I. | | | 95% C.I. | |
| | | central | lower | upper | central | lower | upper |
| 1999/00 | 896 | **403** | 376 | 429 | **1530** | 1430 | 1630 |
| 2000/01 | 849 | **403** | 376 | 431 | **1520** | 1410 | 1620 |
| 2001/02 | 850 | **401** | 374 | 429 | **1500** | 1400 | 1600 |
| 2002/03 | 824 | **402** | 374 | 430 | **1490** | 1390 | 1600 |
| 2003/04 | 695 | **358** | 331 | 385 | **1310** | 1210 | 1410 |
| 2004/05 | 608 | **328** | 301 | 354 | **1200** | 1100 | 1290 |
| 2005/06 | 535 | **299** | 273 | 325 | **1090** | 990 | 1180 |

- Table A shows the *annual* estimated incidence and corresponding rates per 100 000 workers of reportable non-fatal injuries to workers in 1999/00-2005/06. Figure 6 displays information for rates only. Reportable non-fatal injuries include all those workplace injuries sustained as a result of a non-traffic accident, resulting in over 3 days of absence from work.
- The incidence rate remained relatively stable between 1999/00 to 2002/03, but has since fallen reaching 1100 per 100 000 workers (1.1%) in 2005/06.

## Overall picture – ill health and injury working days lost

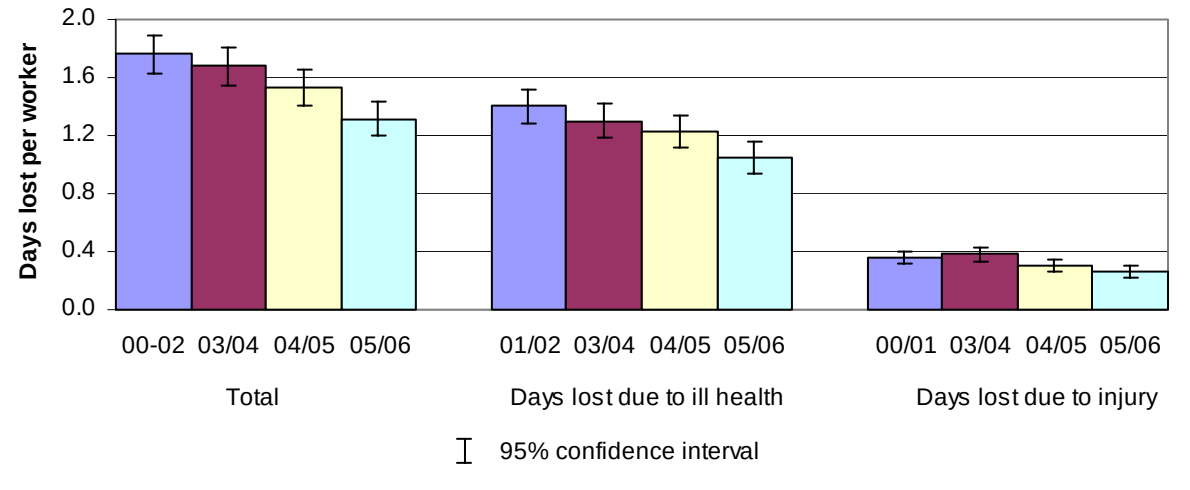
**Figure 7: Estimated days (full-day equivalent) off work and days lost per case due to self-reported work-related ill health and workplace injury, 2000-02, 2003/04-2005/06**




- Working days lost are expressed as full-day equivalents, to allow for variation in daily hours worked, and are available for 2000/01 (injuries only), 2001/02 (ill health only), 2003/04, 2004/05 and 2005/06. Combined 2000/01 injury data and 2001/02 ill health data is classed as 2000-02.
- In 2005/06, the combined estimate of the number of working days lost due to work-related illness and workplace injury was 30.5 million. On average, each person suffering took 16.0 days off work in that 12 month period. This was similar to the days lost *per case* estimates in the earlier surveys.
- Work-related illness and workplace injuries accounted for an estimated 24.3 and 6.1 million working days lost respectively in 2005/06, with corresponding days lost *per case* of 21.2 and 7.4 days. For ill health, the days lost *per case* were similar in all four surveys. However, the injury rate in 2005/06 was similar to those in 2004/05 and 2000/01, but statistically significantly lower than that in 2003/04.

See http://www.hse.gov.uk/statistics/tables/0506/swit1.htm.

**Figure 8: Estimated working days lost per (full-time equivalent) worker due to work-related ill health and workplace injuries, 2000-02, 2003/04-2005/06**

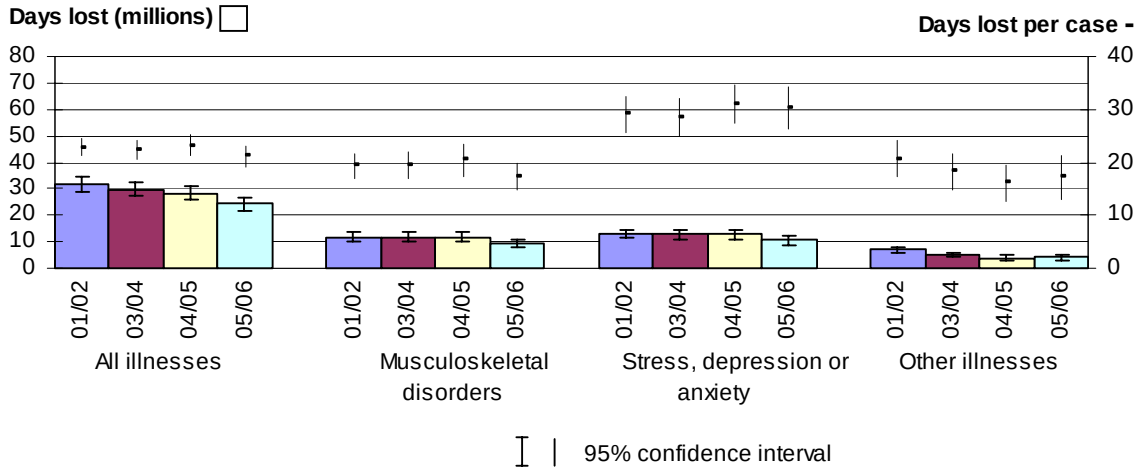



- The estimated number of working days lost (full-day equivalent) due to ill health and injury equated to an annual loss of 1.3 days *per worker* in 2005/06, which was statistically significantly lower than in the three earlier surveys. This pattern was also true for ill health, where the rate fell to 1.0 days in 2005/06. However, for workplace injuries, the estimated rate of 0.26 days *per worker* in 2005/06 was similar to that in 2004/05, but was statistically significantly lower than those in 2003/04 and 2000/01.

See http://www.hse.gov.uk/statistics/tables/0506/swit1.htm.

## Overall picture – ill health and injury working days lost (continued)

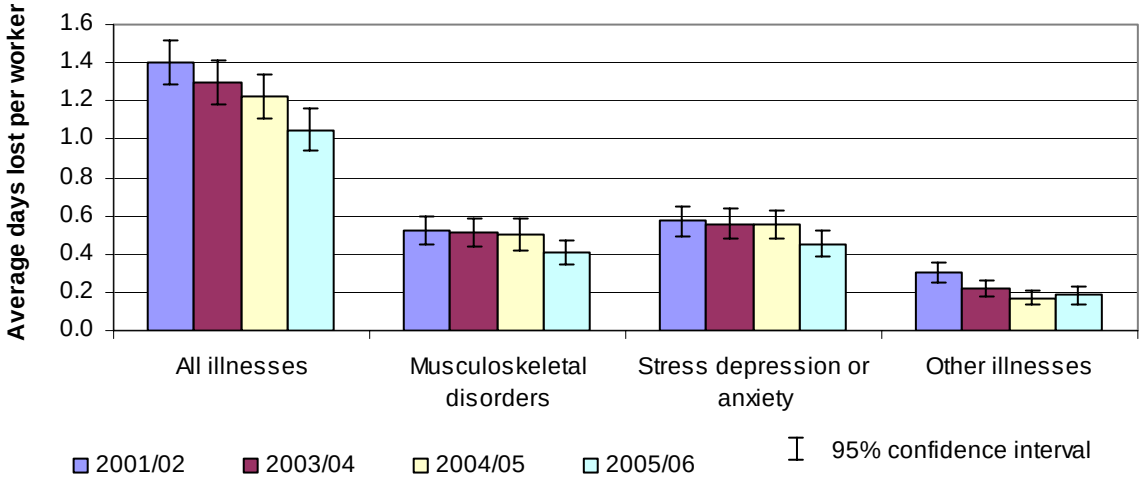
**Figure 9: Estimated days (full-day equivalent) off work and average days lost per case due to self-reported illness caused or made worse by work, by main type of complaint, 2001/02, 2003/04-2005/06**




- Stress, depression or anxiety and musculoskeletal disorders accounted for the majority of working days lost in 2005/06, with an estimated 10.5 million and 9.5 million days off work (full-day equivalent) respectively.
- In 2005/06, the average annual days lost *per case* for stress, depression or anxiety, at 30.1 days, was statistically significantly higher than that for musculoskeletal disorders, at 17.3 days, and also than that for 'other illnesses' (illnesses other than musculoskeletal disorders and stress, depression or anxiety), at 17.1 days. This pattern was also true in the three earlier surveys. However, across the four surveys, the respective rates for musculoskeletal disorders, stress, depression or anxiety and 'other illnesses' remained constant (not statistically significantly different).

See http://www.hse.gov.uk/statistics/tables/0506/swit1.htm.

**Figure 10: Estimated average days lost per (full-time equivalent) worker due to self-reported illness caused or made worse by work, by main type of complaint, 2001/02, 2003/04-2005/06**

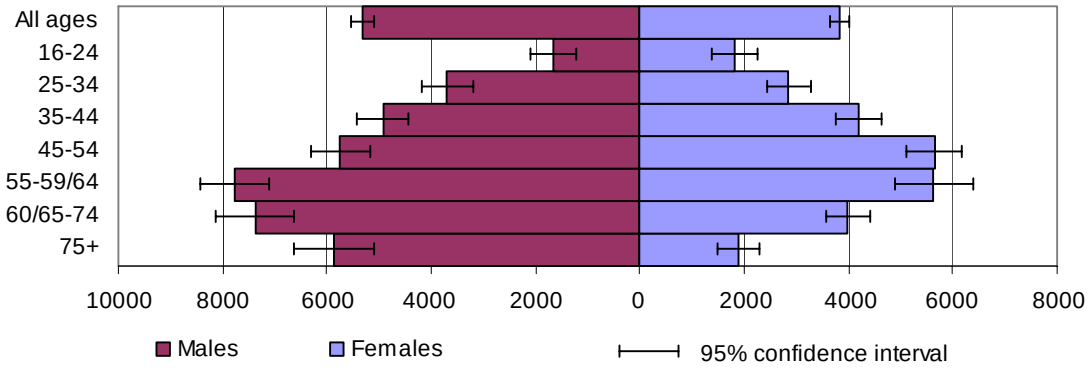



- In 2005/06, the average days lost *per worker* due to work-related illness equated to an annual loss of 1.0 days *per worker*, which was statistically significantly lower than those in 2004/05 (1.2 days), 2003/04 (1.3 days) and 2001/02 (1.4 days).
- For musculoskeletal disorders and stress, depression or anxiety, the rates of 0.41 days and 0.45 days *per worker* in 2005/06 were similar to those in 2004/05, but lower than in 2001/02. The rate for 'other illnesses' (illnesses other than musculoskeletal disorders and stress, depression or anxiety) in 2005/06 was also lower than in 2001/02. All differences were statistically significant.

See http://www.hse.gov.uk/statistics/tables/0506/swit1.htm.

## Demographic characteristics – ill health by age and gender

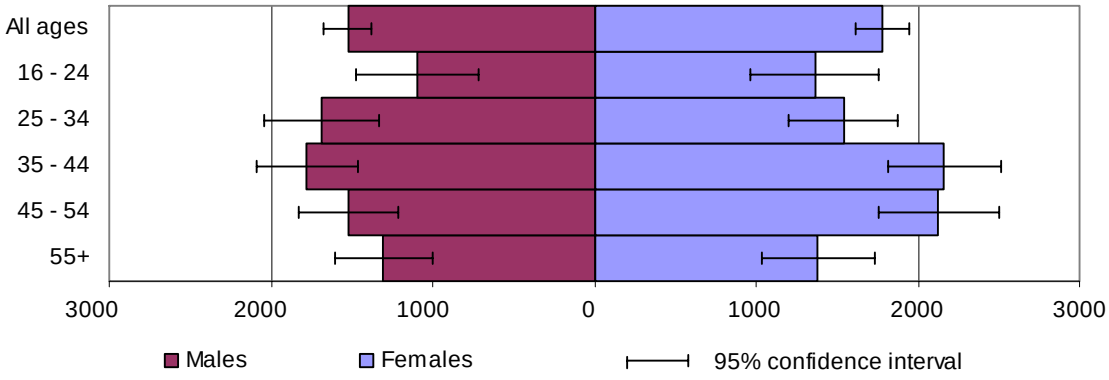
**Figure 11: Estimated 2005/06 prevalence rates of self-reported illness caused or made worse by work, by age and gender, per 100 000 people ever employed**




- In 2005/06, an estimated 1 110 000 males suffered from a work-related illness, compared with an estimated 847 000 females. At 5300 per 100 000 males (5.3%) *ever* employed, the *prevalence* rate was statistically significantly higher than that for females (3800 per 100 000 females - 3.8%).
- The highest rates for males were in the 55-64 and 65-74 year age groups. Both rates were higher than the rates for all other age groups and for males as a whole. The two youngest age groups (16-24 and 25-34 years) carried the lowest rates. Both rates were lower than the rates for all other age groups and for males as a whole. All differences were statistically significant.
- For females, the 55-59 and 45-54 year age groups carried the highest rates of work-related illness. Both rates were statistically significantly higher than the rates in each of the remaining age groups and for females as a whole. The lowest rates were in the oldest (75+ years) and youngest (16-24 and 25-34 years) age groups. These rates were statistically significantly lower than the rates for all other age groups and for females as a whole.

See http://www.hse.gov.uk/statistics/lfs/0506/wriage1e.htm.

**Figure 12: Estimated 2005/06 incidence rates of self-reported illness caused or made worse by work, by age and gender, per 100 000 people employed in the last 12 months**

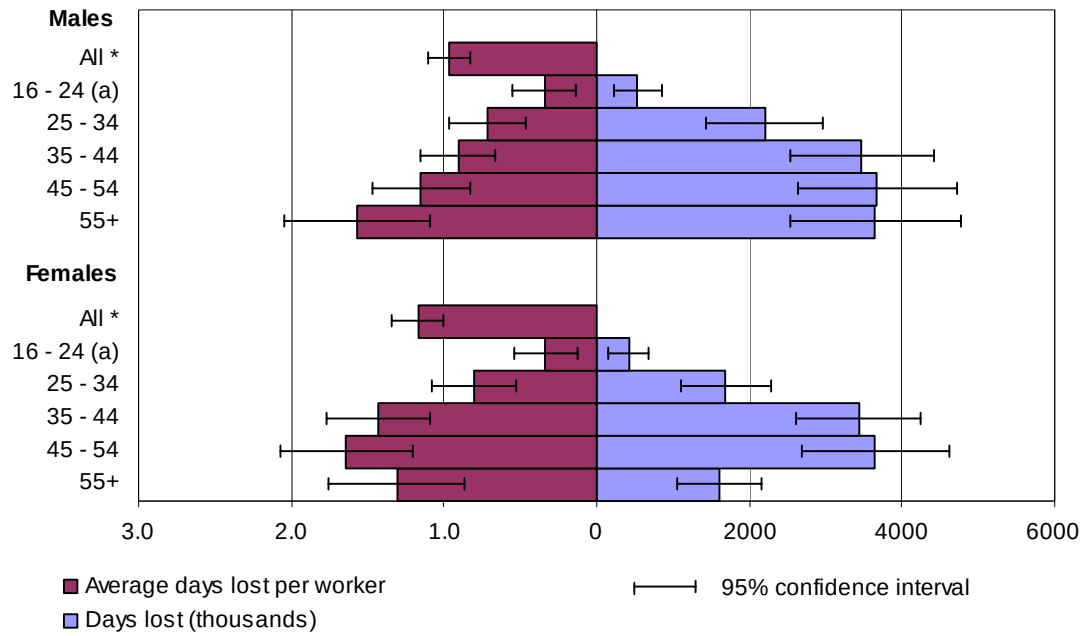



- An estimated 261 000 males and 262 000 females who have *ever* worked developed a work-related illness in 2005/06 - around one quarter and one third of the corresponding *prevalence* estimates.
- For people *employed in the last 12 months*, Figure 12 shows the estimated *incidence* rates by five age groups and gender. The rate for males was statistically significantly lower than the rate for females - 1500 and 1800 per 100 000 people (1.5% and 1.8%) respectively.
- For females, the 35-44 and 45-54 year age groups carried the highest rates. At the other end of the scale, males and females aged 16-24 years carried the lowest rates, along with the oldest age group (55+ years) for females. All rates were statistically significantly different from the corresponding gender-specific rate.

See http://www.hse.gov.uk/statistics/lfs/0506/wriage2e.htm and http://www.hse.gov.uk/statistics/lfs/0506/wriage2w12.htm.

## Demographic characteristics – ill health by age and gender (continued)

**Figure 13: Estimated days off work (full-day equivalent) and average days lost per worker in 2005/06 due to self-reported illness caused or made worse by work, by age and gender**




***Notes:***

*(a) Estimates based on fewer than 40 sample cases.*

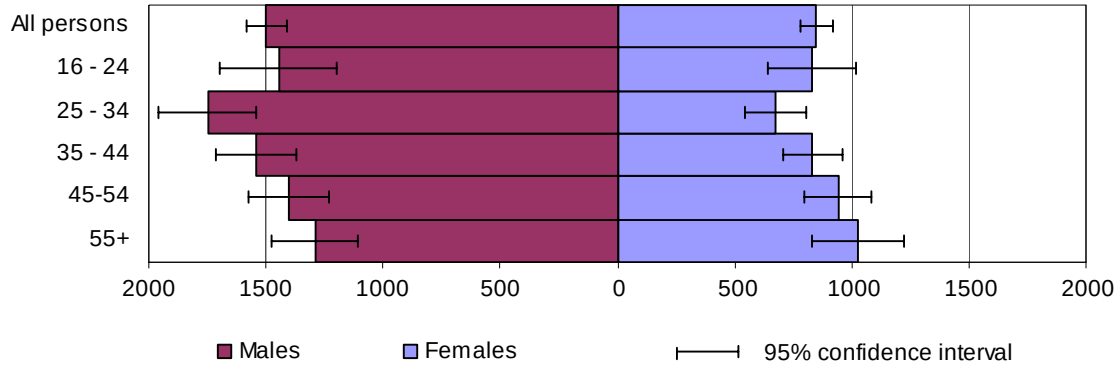
** The estimated working days lost of 13.5 million (CI: 11.6 to 15.5 million) for males and 10.8 million (9.3 to 12.3 million) for females are too large to be shown here.*

- In 2005/06, males took an estimated 13.5 million days off work due to work-related illness, compared with 10.8 million days taken off by females. Nevertheless, average days lost *per worker* were of a similar order (not statistically significantly different), at 0.97 and 1.2 days respectively.
- For males, the estimated rate of 1.6 days lost *per worker* for males aged 55+ years was higher than the average rate for all males and the youngest age-groups (16-24 and 25-34 years), which carried rates of between 0.14 and 0.55 days and 0.72 days respectively. All differences were statistically significant.
- For females, the estimated rate of 1.6 days *per worker* for females aged 45-54 years was higher than those for the youngest age groups (16-24 and 25-34 years), which carried the lowest rates, with respective rates of between 0.12 and 0.55 days, and 0.80 days. All differences were statistically significant.

See http://www.hse.gov.uk/statistics/lfs/0506/wriage3.htm.

## Demographic characteristics – injuries by age and gender

**Figure 14: Estimated incidence rates of reportable non-fatal injury per 100 000 workers, by age and gender, averaged 2003/04-2005/06**

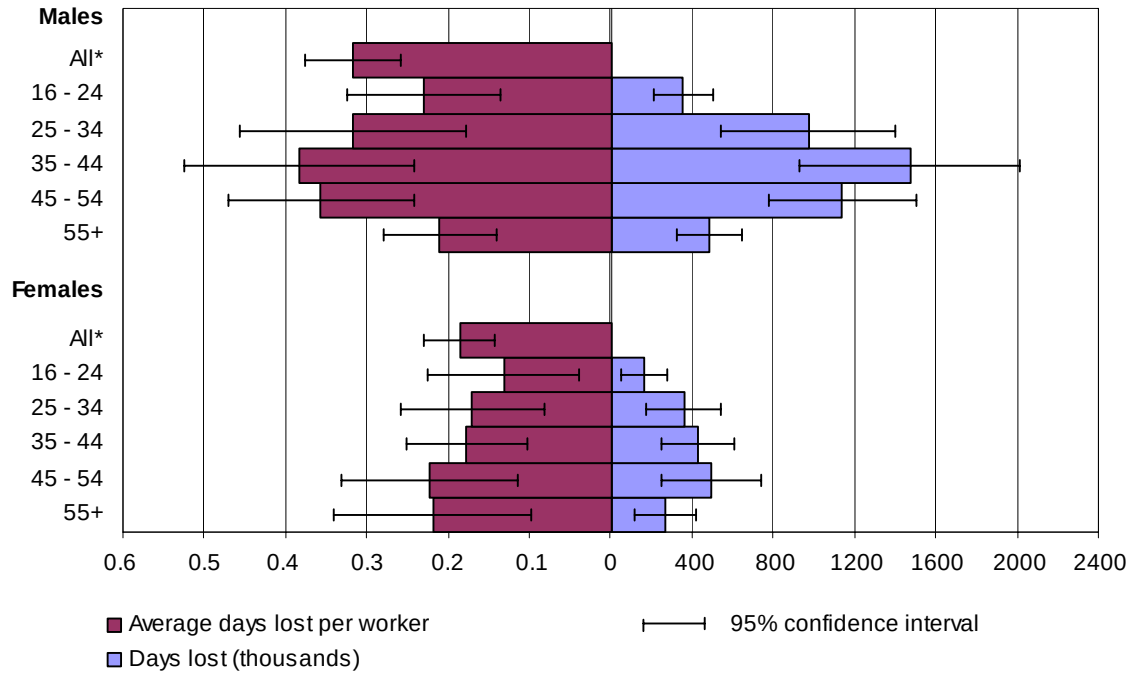



- Figure 14 shows *incidence* rates of non-fatal reportable injuries to workers presented as *three-year averages* using three successive years of data (2003/04, 2004/05 and 2005/06), by age and gender. Reportable non-fatal injuries include all those workplace injuries sustained as a result of a non-traffic accident, resulting in over 3 days of absence from work.
- The estimated *average incidence* of non-fatal reportable injuries sustained by males was 220 000, and by females an estimated 108 000. At 1500 per 100 000 male workers (1.5%), the *average incidence* rate for males was statistically significantly higher than that for females (850 per 100 000 female workers - 0.85%).
- The 25-34 year age group carried the highest rate for males, but the lowest for females. Furthermore, the oldest (55+ years) age group for males carried the lowest rate. All were statistically significantly different from the overall gender-specific rate. However, research by the Institute for Employment Research (IER) showed that differing rates of non-fatal injury between younger and older workers is largely explained by industry or occupational profiles of the working population in those groups (see IER report http://www.hse.gov.uk/research/rrhtm/rr386.htm).

See http://www.hse.gov.uk/statistics/lfs/0506/injage1_3yr.htm.

## Demographic characteristics – injuries by age and gender (continued)

**Figure 15: Estimated days off work (full-day equivalent) and average days lost per (full-time equivalent) worker in 2005/06 due to self-reported workplace injury, by age and gender**



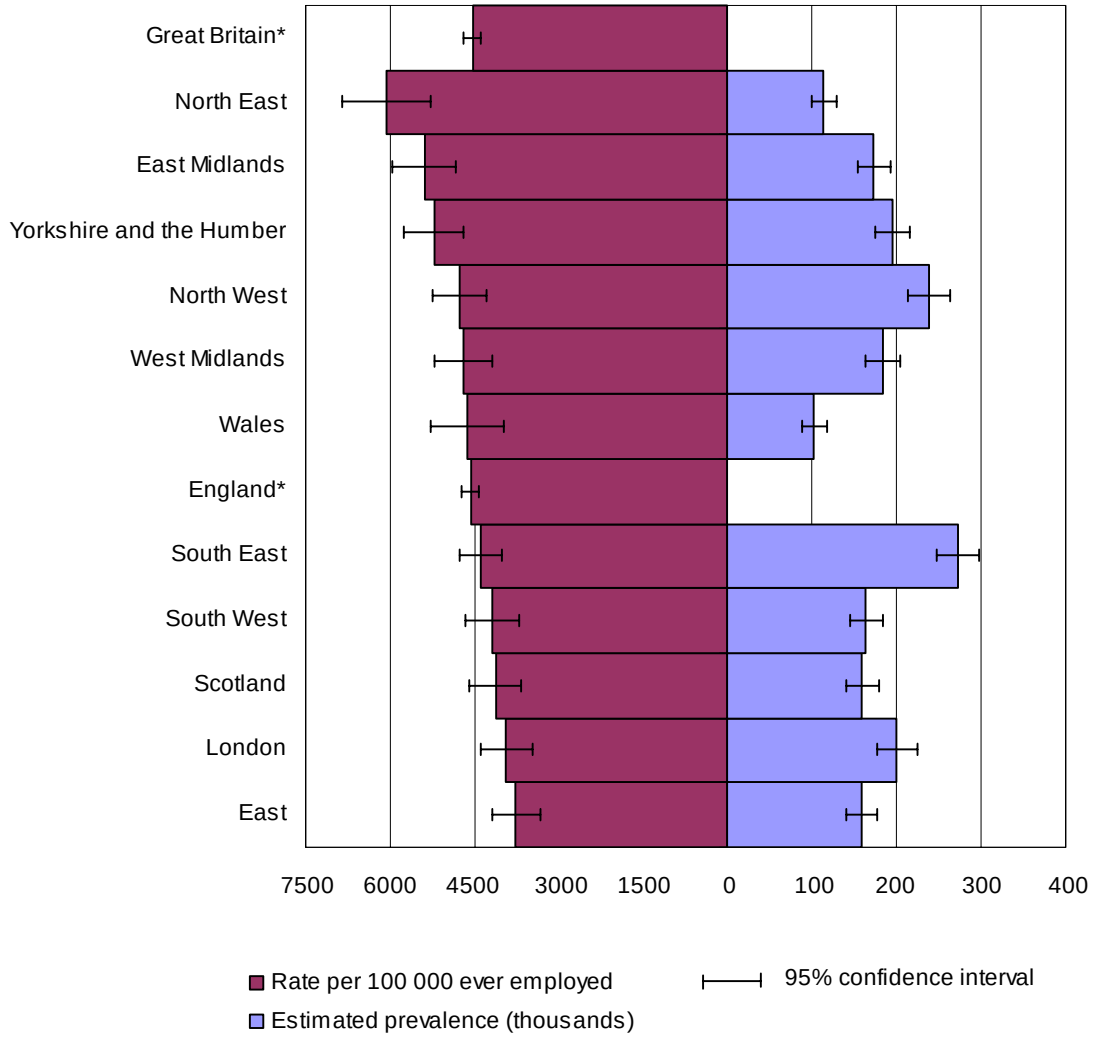

***Note:*** ** The estimated working days lost of 4.4 million (CI: 3.6 to 5.2 million) for males and 1.7 million (CI: 1.3 to 2.1 million) for females are too large to be shown here.*

- Figure 15 shows the estimated days lost and associated average days lost *per worker* due to workplace injury in 2005/06, by age and gender. Workplace injuries include all those sustained as a result of a non-road traffic accident, not just reportable injuries resulting in over 3 days of absence from work.
- In 2005/06, males took an estimated 4.4 million days off work due to workplace injury, compared with 1.7 million days taken off by females. The average days lost *per worker* for males, at 0.32 days, was statistically significantly higher than the corresponding rate of 0.19 days for females.
- For males, the oldest age group (55+ years) carried the lowest rate, statistically significantly lower than the rate for all males and also those for males aged 35-44 and 45-54 years. However, female age-specific rates were of a similar order (not statistically significantly different to the overall female rate).

See http://www.hse.gov.uk/statistics/lfs/0506/injage2.htm.

## Demographic characteristics – ill health by country and region

**Figure 16: Estimated 2005/06 prevalence and rates of self-reported illness caused or made worse by work, by country and government office region within England, for people ever employed**




***Note:***

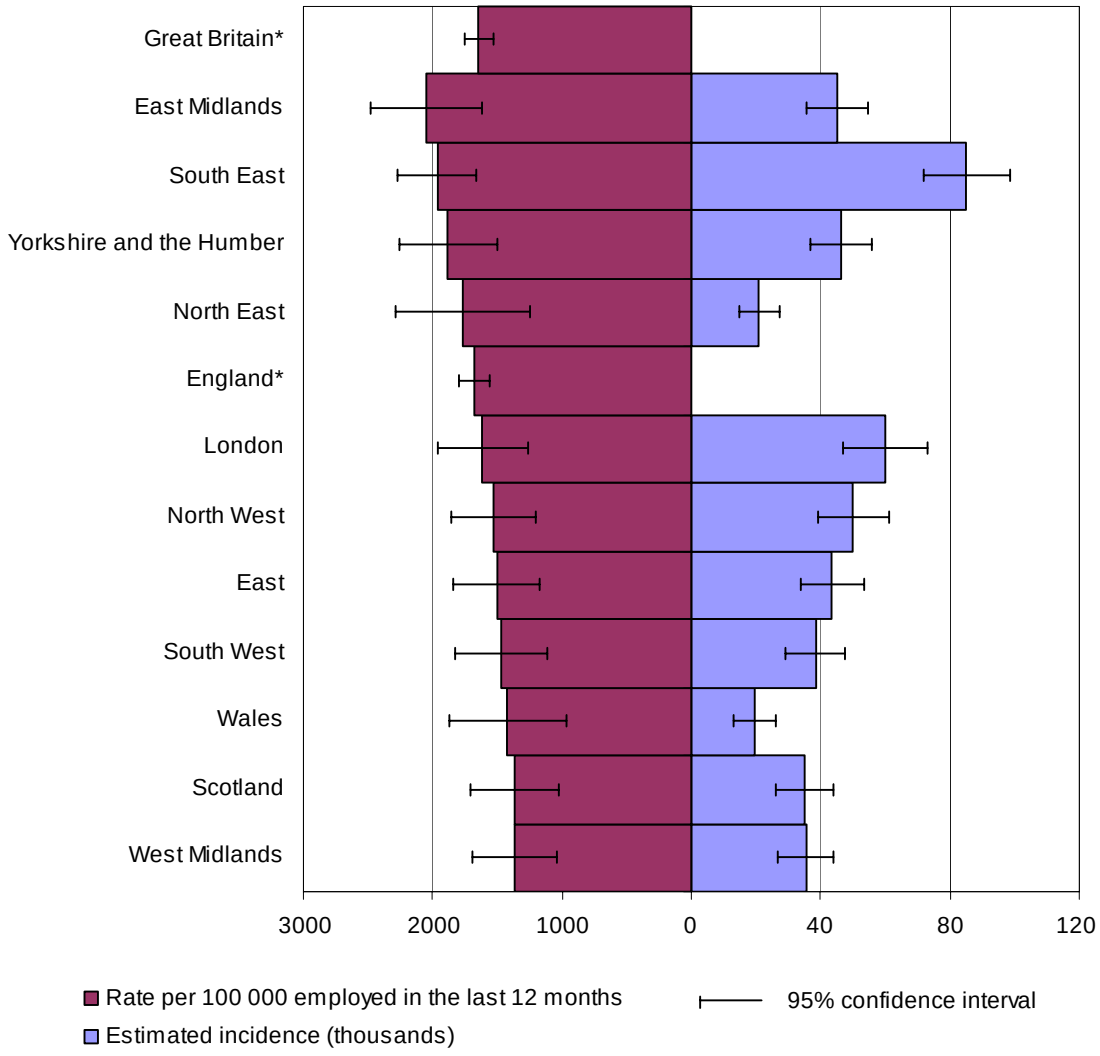
** The national estimated prevalence of 1958 000 (CI:1893 000 to 2022 000) for Great Britain and 1696 000 (CI:1636 000 to 1757 000) for England are too large to be conveniently shown in this figure.*

- In 2005/06, the *prevalence* rates for England (4600 per 100 000 people *ever* employed - 4.6%), Scotland (4100 per 100 000 people - 4.1%) and Wales (4600 per 100 000 people - 4.6%) were of a similar order (not statistically significantly different).
- Within England, the government office regions with the highest *prevalence* rates were the North East (6100 per 100 000 people *ever* employed - 6.1%), East Midlands (5400 per 100 000 people - 5.4%) and Yorkshire and the Humber (5200 per 100 000 people - 5.2%). All three government office regions had statistically significantly higher *prevalence* rates than England and Great Britain.
- The East and London, with respective rates of 3800 and 3900 per 100 000 people (3.8% and 3.9%) *ever* employed, carried the lowest prevalence rates. Both were statistically significantly lower than the rates for England and Great Britain.

See http://www.hse.gov.uk/statistics/lfs/0506/wrigor1e.htm.

## Demographic characteristics – ill health by country and region (continued)

**Figure 17: Estimated 2005/06 incidence and rates of self-reported illness caused or made worse by work, by country and government office region within England**




***Note:***

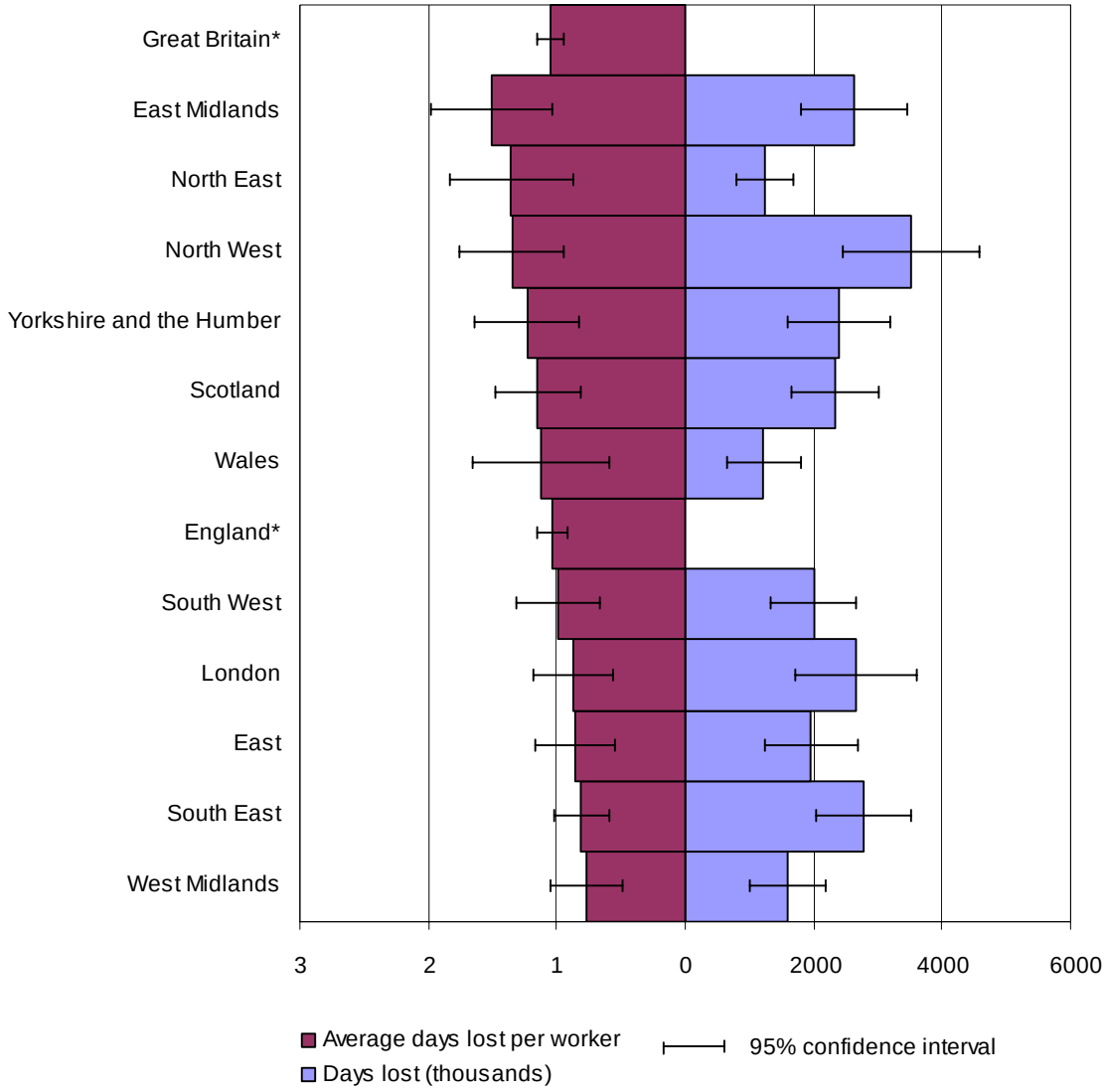
** The national estimated incidence of 480 000 (CI: 447 000 to 512 000) for Great Britain and 425 000 (CI: 394 000 to 456 000) for England are too large to be shown here.*

- In 2005/06, the *incidence* rates for England (1700 per 100 000 people *employed in the last 12 months* - 1.7%), Wales (1400 per 100 000 people - 1.4%) and Scotland (1400 per 100 000 people - 1.4%) were of a similar order (not statistically significantly different).
- Within England, the South East carried the highest rate, with an estimated 2000 per 100 000 people (2.0%) *employed in the last 12 months*. This rate was statistically significantly higher than the rate for England and for Great Britain.

See http://www.hse.gov.uk/statistics/lfs/0506/wrigor2w12.htm.

## Demographic characteristics – ill health by country and region (continued)

**Figure 18: Estimated days off work (full-day equivalent) and average days lost per (full-time equivalent) worker in 2005/06 due to self-reported illness caused or made worse by work, by country and government office region within England**



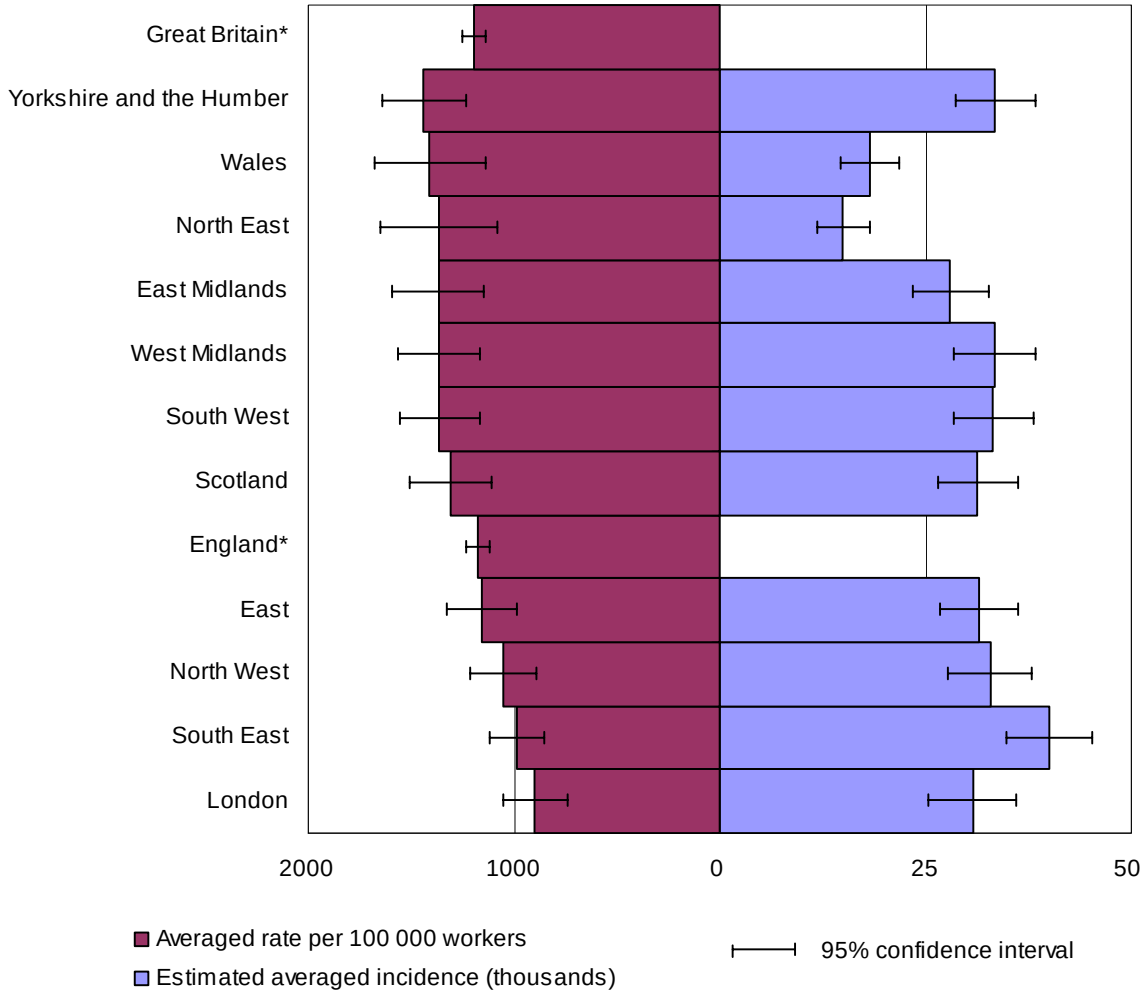

***Note:** *The estimated working days lost of 24.3 million (CI: 21.8 to 26.8 million) for Great Britain and 20.8 million (CI: 18.4 to 23.1 million) for England are too large to be conveniently shown in this figure.*

- In 2005/06, the average number of days lost *per worker* was of a similar order (not statistically significantly different) for England (1.0 days *per worker*), Wales (1.1 days) and Scotland (1.1 days).
- Within England, most regions carried rates which were similar (not statistically significantly different) to that for England, with the exception of the East Midlands (1.5 days *per worker*), where the rate was higher, and the South East (0.81 days *per worker*), where the rate was lower. Both differences were statistically significant.

See http://www.hse.gov.uk/statistics/lfs/0506/wrigor3.htm.

## Demographic characteristics – injuries by country and region

**Figure 19: Estimated incidence and rates of reportable non-fatal injury to workers, by country and government office region within England, averaged 2003/04-2005/06**



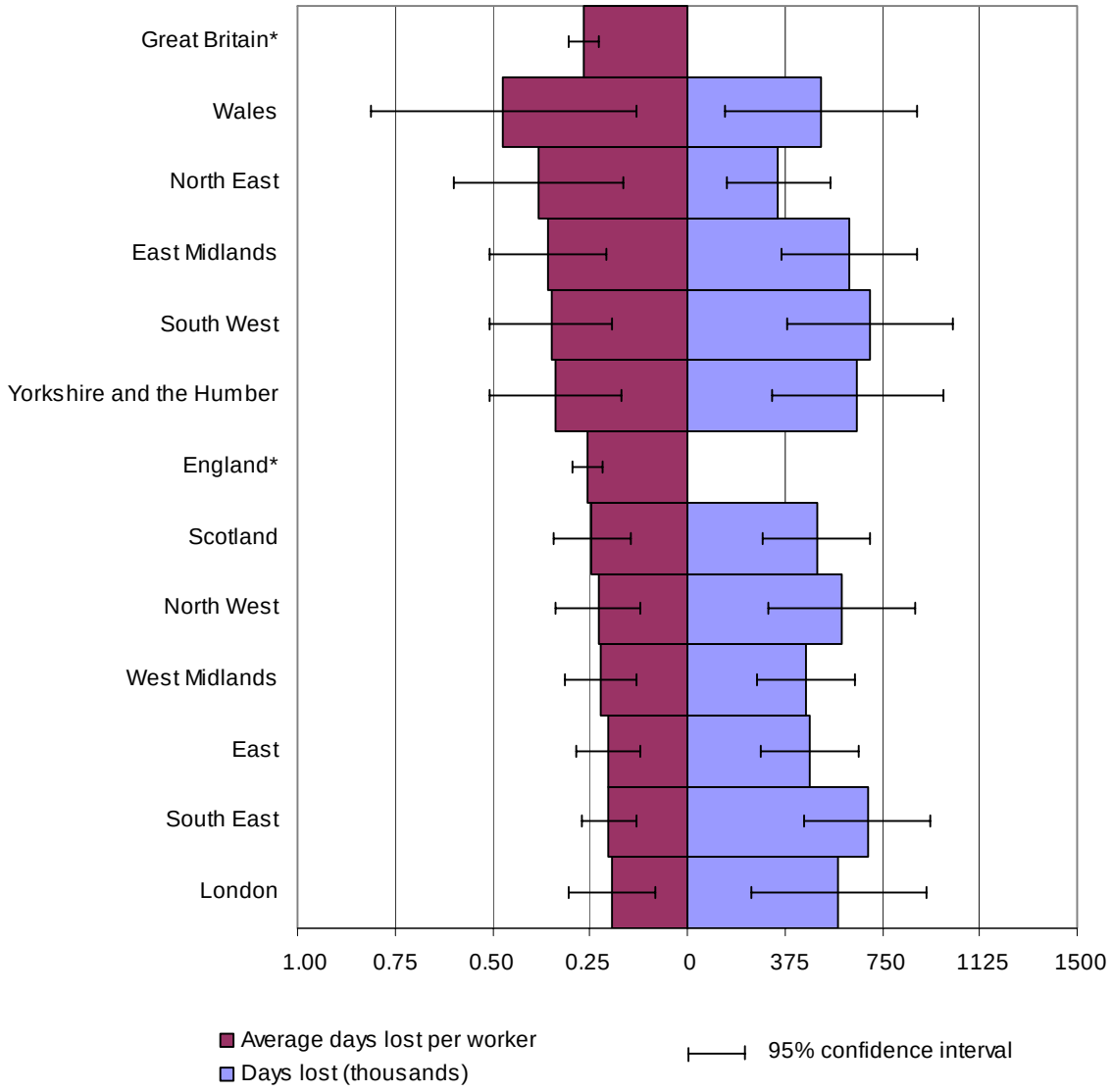

***Note:***
** The national estimated average incidence of 328 000 (CI: 313 000 to 344 000) for Great Britain and 278 000 (CI: 264 000 to 293 000) for England are too large to be conveniently shown in this figure.*

- Figure 19 shows *incidence* estimates and rates of non-fatal reportable injuries to workers presented as *three-year averages* using three successive years of data (2003/04, 2004/05 and 2005/06*),* by country and government office region. Reportable non-fatal injuries include all those workplace injuries sustained as a result of a non-traffic accident, resulting in over 3 days of absence from work.
- The averaged *incidence* rates for England (1200 per 100 000 workers - 1.2%), Wales (1400 per 100 000 workers - 1.4%) and Scotland (1300 per 100 000 workers - 1.3%) were of a similar order (not statistically significantly different).
- Within England, Yorkshire and the Humber (1400 per 100 000 workers - 1.4%) carried an averaged *incidence* rate which was higher than the corresponding rate for England, whereas London (900 per 100 000 workers – 0.90%) and the South East (990 per 100 000 workers - 0.99%) carried rates lower than that for England. All differences were statistically significantly different. However, research by the Institute for Employment Research (IER) showed that differing rates of non-fatal injury between regions is largely explained by industry or occupational profiles of the working population in those regions (see IER report at http://www.hse.gov.uk/research/rrhtm/rr386.htm).

See http://www.hse.gov.uk/statistics/lfs/0506/injgor1_3yr.htm.

## Demographic characteristics – injuries by country and region (continued)

**Figure 20: Estimated days off work (full-day equivalent) and average days lost per worker in 2005/06 due to self-reported workplace injury, by country and government office region within England**



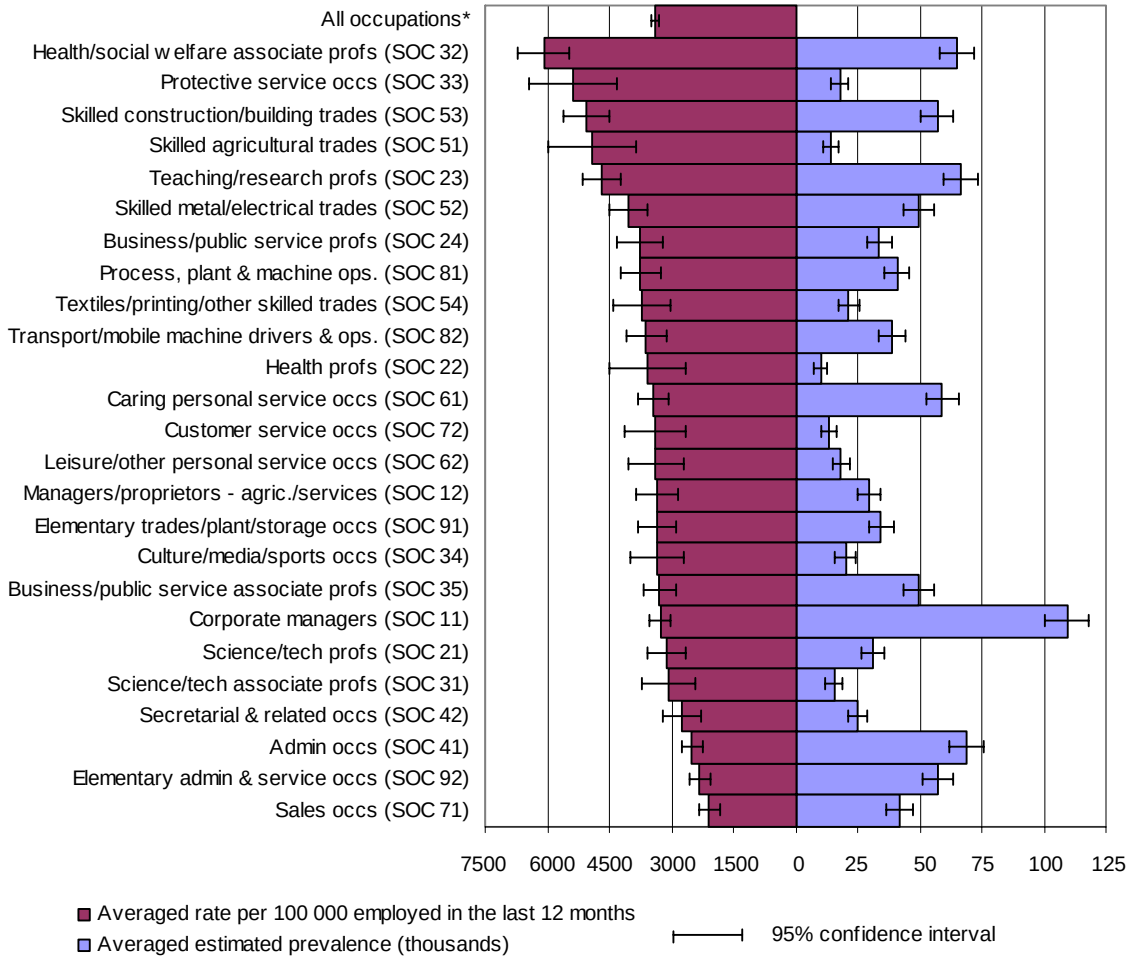

***Note:***
** The estimated working days lost of 6.1 million (CI: 5.2 to 7.0 million) for Great Britain and 5.1 million (CI: 4.3 to 5.9 million) for England are too large to be conveniently shown in this figure.*

- Figure 20 shows the annual estimated days lost and days lost *per worker* due to workplace injury, by country and government office region. Workplace injuries include all those sustained as a result of a non-road traffic accident, not just reportable injuries resulting in over 3 days of absence from work.
- In 2005/06, the average days lost *per worker* was of a similar order (not statistically significantly different) for England (0.26 days *per worker*), Wales (0.47 days) and Scotland (0.24 days). Furthermore, the rates for regions within England were also similar to the overall rate for England (not statistically significantly different).

See http://www.hse.gov.uk/statistics/lfs/0506/injgor2.htm.

## Employment details – ill health by occupation

**Figure 21: Estimated prevalence and rates of self-reported illness caused or made worse by current or most recent job, by occupation, for people working in the last 12 months, averaged 2003/04-2005/06**



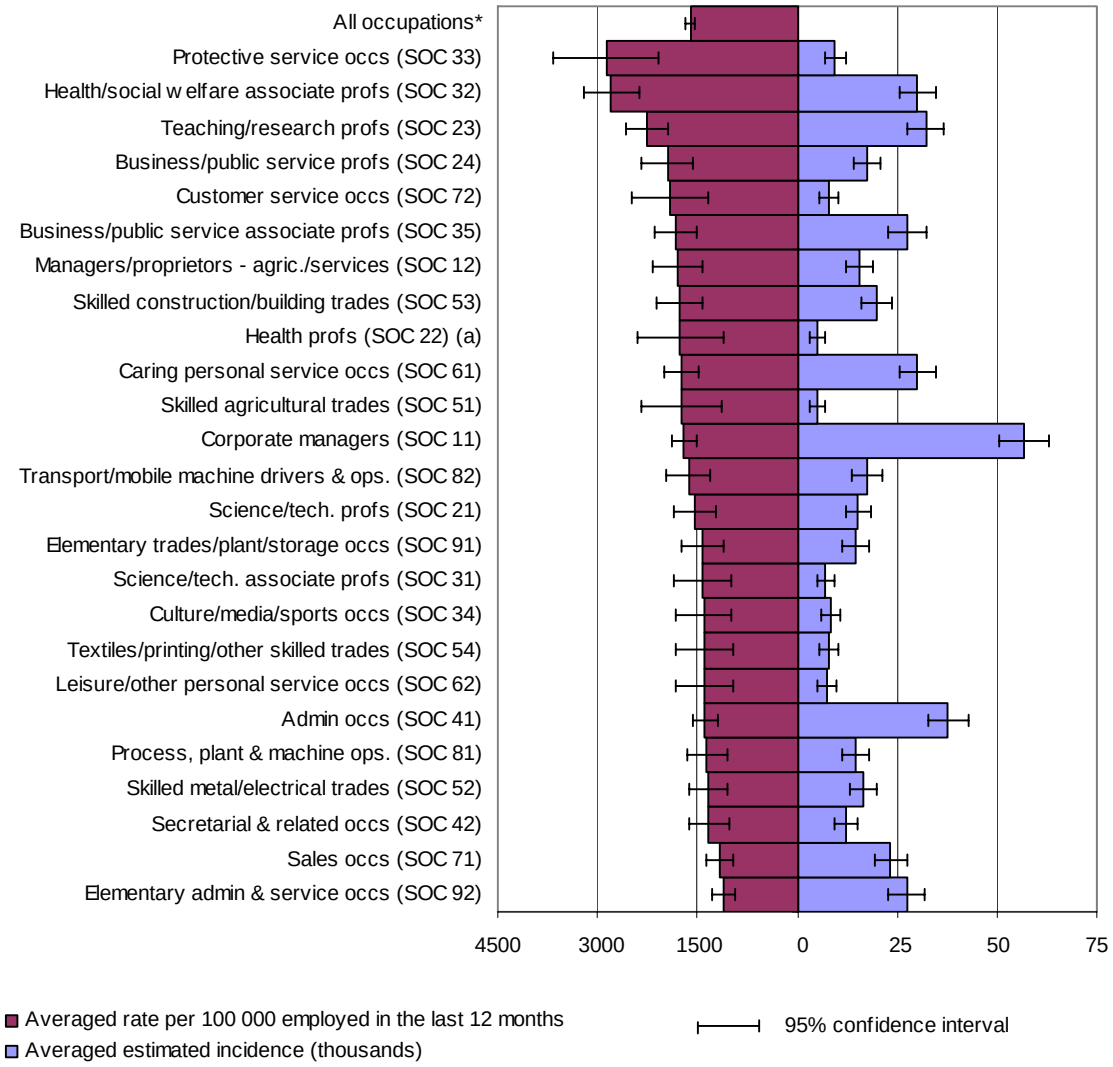

***Note:***

** The national averaged estimated prevalence of 989 000 (CI: 962 000 to 1 016 000) is too large to be conveniently shown here.*

- Figure 21 shows the estimated *prevalence* and associated rates of illness ascribed to the *current or most recent job,* by occupational sub-major group, for people *working in the last 12 months*. Results have been presented as *three-year averages* using three successive years of data (2003/04, 2004/05 and 2005/06).
- Health and social welfare associate professionals (sub-major group 32), protective service occupations (sub-major group 33), skilled construction and building trades (sub-major group 53), skilled agricultural trades (sub major group 51), teaching and research professionals (sub-major group 23) and skilled metal and electrical trades (sub-major group 52) all carried rates which were statistically significantly higher than the rate for all occupations.
- At the other end of the scale, sales occupations (sub-major group 71), elementary administration and service occupations (sub-major group 92), administrative occupations (sub-major group 41) and secretarial and related occupations (sub-major group 42) all displayed rates which were statistically significantly lower than the rate for all occupations.
- More detailed *averaged prevalence* estimates and rates by occupation can be found at http://www.hse.gov.uk/statistics/lfs/0506/wriocc2_3yr.htm. *Annual* results are also available at http://www.hse.gov.uk/statistics/lfs/0506/wriocc2.htm.

## Employment details – ill health by occupation (continued)

**Figure 22: Estimated incidence and rates of self-reported illness caused or made worse by current or most recent job, by occupation, for people working in the last 12 months, averaged 2003/04-2005/06**




***Notes:***

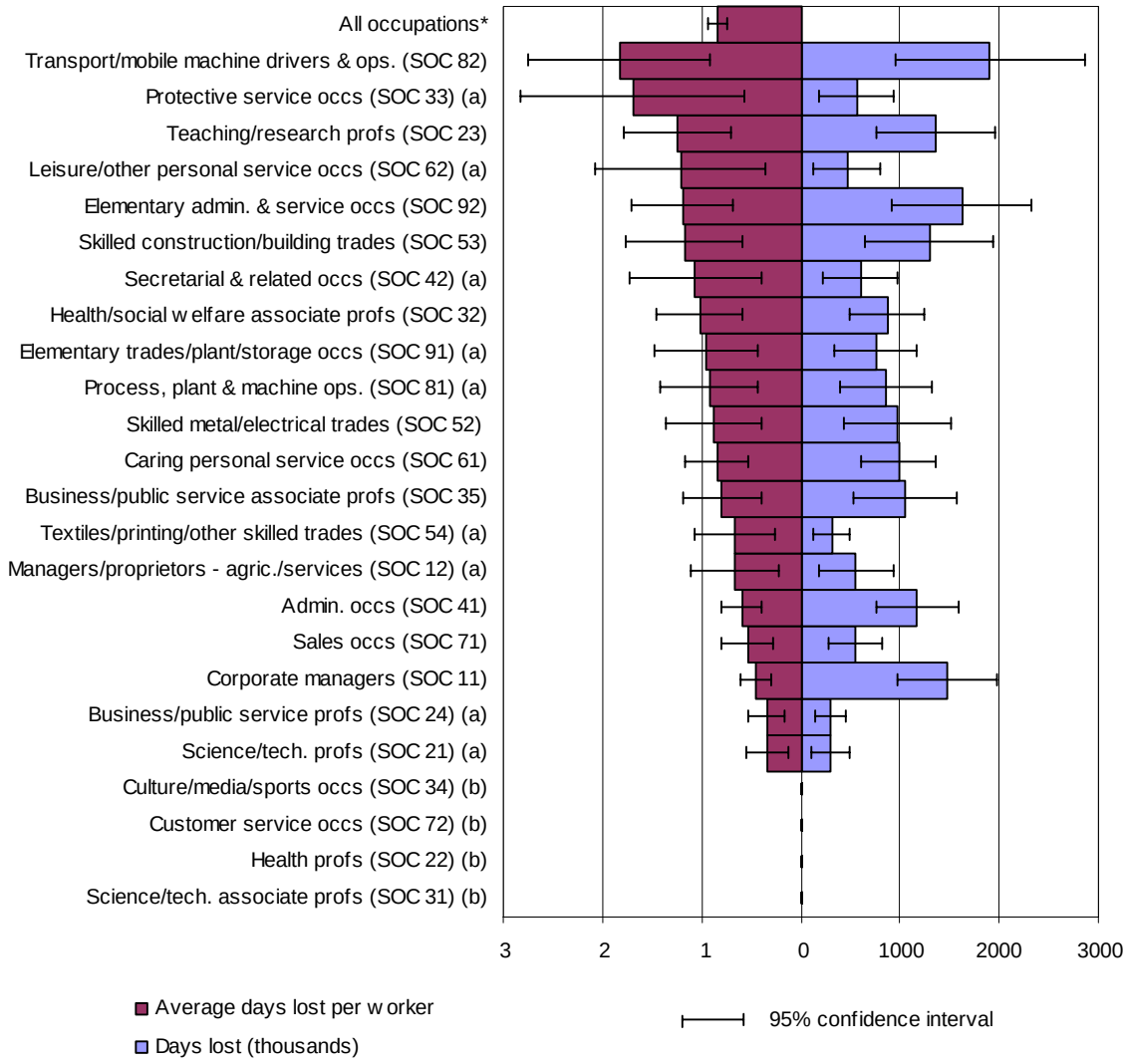
*(a) Estimates based on fewer than 30 sample cases.*

** The national averaged estimated incidence of 468 000 (CI: 449 000 to 486 000) is too large to be shown here.*

- Figure 22 displays *incidence* estimates and rates associated with the *current or most recent job* by occupational sub-major group, for people *working in the last 12 months*. Results have been presented as *three-year averages* using three successive years of data (2003/04, 2004/05 and 2005/06).
- Protective services (sub-major group 33), health and social welfare associate professionals (sub-major group 32) and teaching and research professionals (sub-major group 23) all carried rates statistically significantly higher than the rate for all occupations.
- At the other end of the scale, elementary administration and service occupations (sub-major group 92), sales occupations (sub-major group 71) and administrative occupations (sub-major group 41) all had rates which were statistically significantly lower than the all occupation rate.
- More detailed *averaged incidence* estimates and rates by occupations can be found at http://www.hse.gov.uk/statistics/lfs/0506/wriocc4_3yr.htm. *Annual* results are also available at http://www.hse.gov.uk/statistics/lfs/0506/wriocc4.htm.

## Employment details – ill health by occupation (continued)

**Figure 23: Estimated days (full-day equivalent) off work and average days lost per worker in 2005/06 due to self-reported illness caused or made worse by the current or most recent job, by occupation**




***Notes:***

*(a) Estimates based on fewer than 40 sample cases.*

*(b) Sample cases too small to provide reliable estimates.*

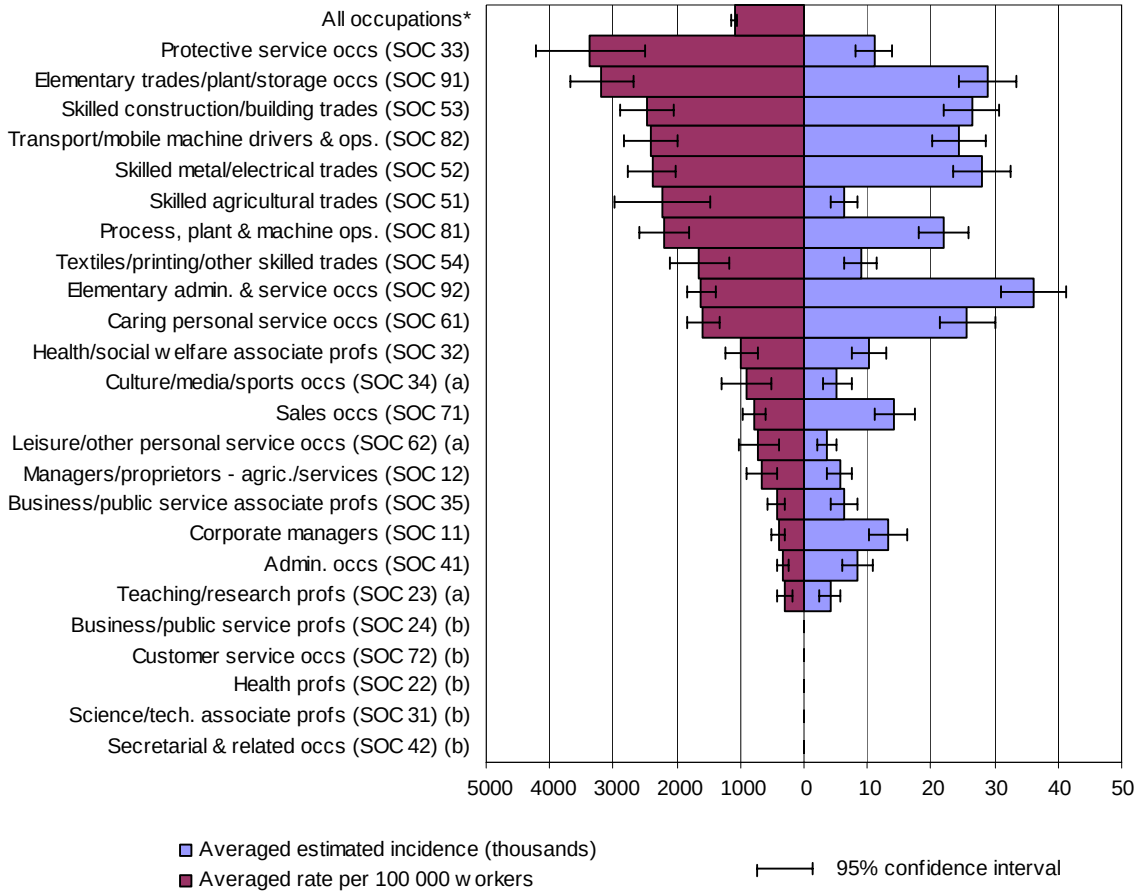
** The estimated working days lost of 19.6 million (CI: 17.4 to 21.8 million) is too large to be shown here.*

- Figure 23 presents the amount of time that individuals took off work in 2005/06 due to illness caused or made worse by *the current or most recent job* and the corresponding average days off *per worker,* by occupational sub-major group.
- The group which carried the highest number of days lost *per worker* (*w*here sample numbers were sufficiently large to provide reliable estimates) was transport and mobile machine drivers and operatives (sub-major group 82) with a rate of 1.8 days. As well as being statistically significantly higher than the corresponding rate for all industries, this rate was also higher than science and technology professionals (sub-major group 21 - between 0.12 and 0.54 days), business and public service professionals (sub-major group 24 - between 0.16 to 0.53 days), corporate managers (sub-major group 11 - 0.46 days), sales occupations (sub-major group 71 - 0.53 days) and administrative occupations (sub-major group 41 - 0.60 days), which carried the lowest rates.

See http://www.hse.gov.uk/statistics/lfs/0506/wriocc6.htm.

## Employment details – injuries by occupation

**Figure 24: Estimated incidence and rates of self-reported reportable non-fatal injury sustained in the current or most recent job, by occupation, for people working in the last 12 months, averaged 2003/04-2005/06**




***Notes:***

*(a) Estimates based on fewer than 30 sample cases.*

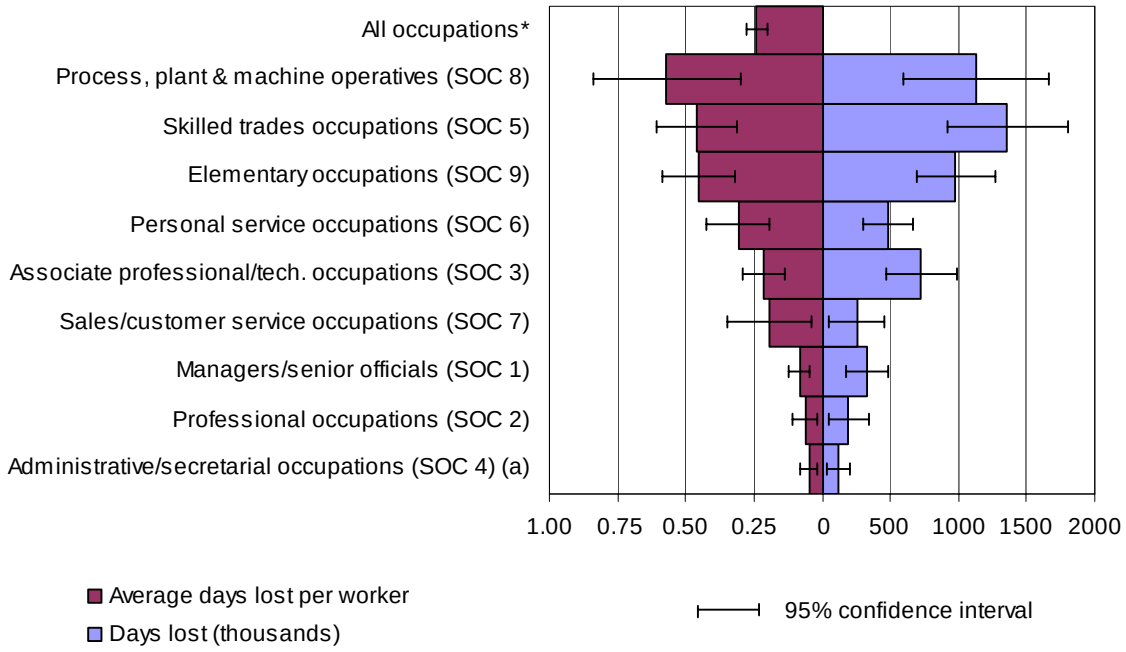
*(b) Sample cases too small to provide reliable estimates.*

** The national averaged estimated incidence of 300 000 (CI: 285 000 to 315 000) is too large to be shown here.*

- Figure 24 gives an occupational breakdown for workers who sustained a reportable non-fatal workplace injury in their *current or most recent job*. Such injuries include those sustained as a result of a non-traffic accident, resulting in over 3 days of absence from work. Results have been presented as *three-year averages,* using three successive years of data (2003/04, 2004/05 and 2005/06).
- Occupational sub-major groups carrying the highest *averaged incidence* rates (where sample numbers were sufficiently large to provide reliable estimates) were: protective service occupations (sub-major group 33); elementary trades, plant and storage related occupations (sub-major group 91); skilled construction and building trades (sub-major group 53); transport and mobile machine drivers and operatives (sub-major group 82); skilled metal and electrical trades (sub-major group 52); skilled agricultural trades (sub-major group 51); process, plant and machine operatives (sub-major group 81); textiles, printing and other skilled trades (sub-major group 54); elementary, administration and service occupations (sub-major group 92) and caring personal service occupations (sub-major group 61). All had rates statistically significantly higher than the all occupation rate.
- More detailed *averaged incidence* estimates and rates by occupation, where sample cases are sufficiently large to provide reliable estimates, are available at http://www.hse.gov.uk/statistics/lfs/0506/injocc1_3yr.htm.

## Employment details – injuries by occupation (continued)

**Figure 25: Estimated days off work (full-day equivalent) and average days lost per worker in 2005/06 due to self-reported workplace injury, by occupation**




***Notes:***

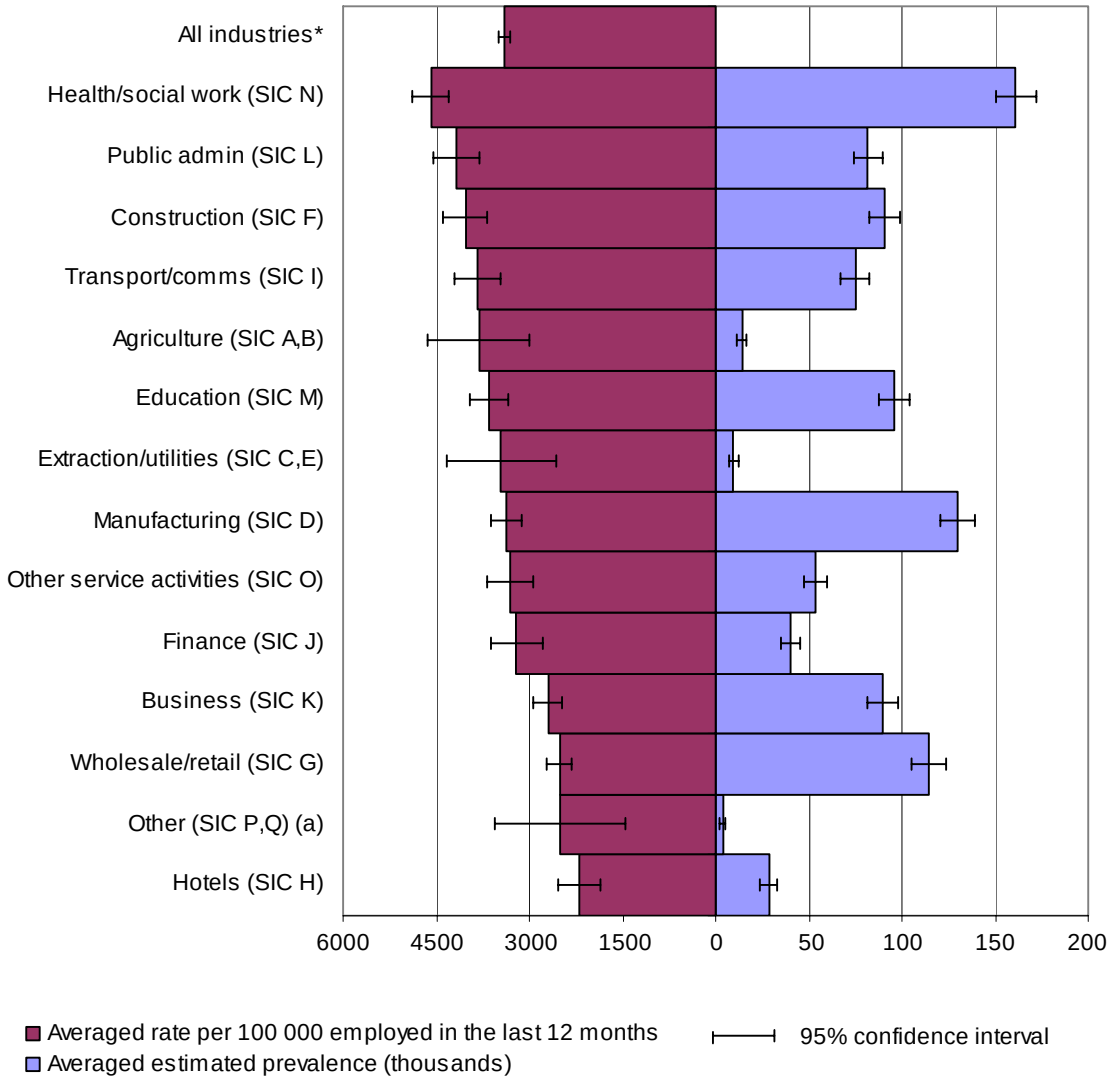
*(a) Estimates based on fewer than 40 sample cases.*

** The estimated working days lost of 5.6 million (CI: 4.7 to 6.5 million) is too large to be shown here.*

- Figure 25 presents estimated days lost and associated average days lost *per worker* in 2005/06 due to workplace injuries sustained in *the current or most recent job*, by occupation. Workplace injuries include all those sustained as a result of a non-road traffic accident, not just reportable injuries resulting in over 3 days of absence from work.
- Process, plant and machine operatives (major group 8 - 0.57 days*)*, skilled trades occupations (major group 5 - 0.46 days) and elementary occupations (major group 9 - 0.45 days) carried the highest days lost *per worker.* As well as being statistically significantly higher than the corresponding rate for all industries, these rates were higher than those for managers and senior officials (major group 1 - 0.082 days), professional occupations (major group 2 - 0.062 days) and administrative and secretarial occupations (major group 4 - between 0.016 and 0.081 days), which carried the lowest rates.
- More detailed *averaged incidence* estimates and rates by occupation, where sample cases are sufficiently large to provide reliable estimates, are available at http://www.hse.gov.uk/statistics/lfs/0506/injocc2.htm.

## Employment details – ill health by industry

**Figure 26: Estimated prevalence and rates of self-reported illness caused or made worse by current or most recent job, by industry, for people working in the last 12 months, averaged 2003/04-2005/06**




***Notes:***

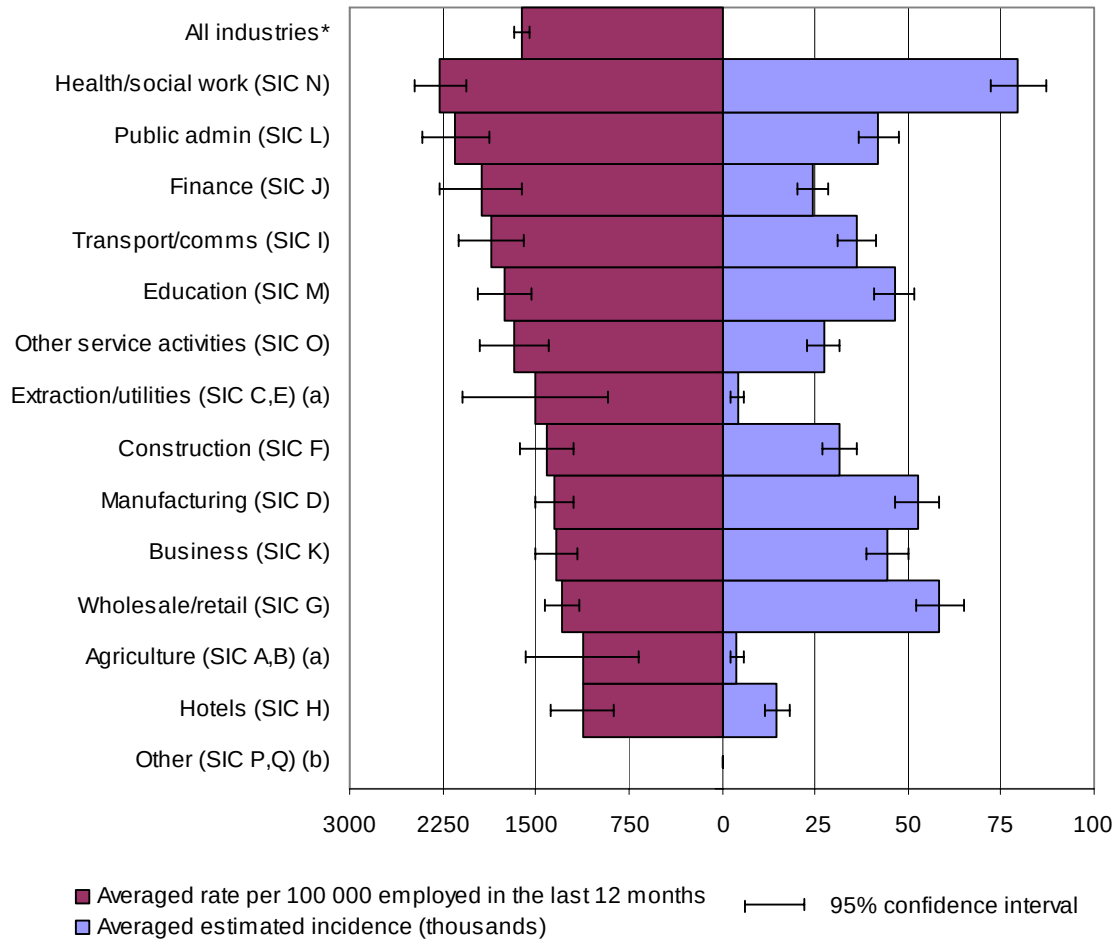
*(a) Estimates based on fewer than 30 sample cases.*

** The national averaged estimated prevalence of 989 000 (CI: 962 000 to 1 016 000) is too large to be shown here.*

- Figure 26 shows *prevalence* estimates and rates of illness ascribed to the *current or most recent job*, for people *working in the last 12 months*, by industry section. Results have been presented as *three-year averages* using three successive years of data (2003/04, 2004/05 and 2005/06).
- Industry sections which carried rates which were statistically significantly higher than the rate for all industries were: health and social work (section N); public administration and defence (section L); construction (section F) and transport, storage and communication (section I). At the other end of the scale, industry sections carrying rates which were statistically significantly lower than the overall industry rate were: hotels and restaurants (section H); wholesale and retail trade (section G) and real estate, renting and business activities (section K).
- *Averaged prevalence* estimates and rates by industry section, along with industry divisions, groups and classes, where sample cases are sufficiently large to provide reliable estimates, are available at http://www.hse.gov.uk/statistics/lfs/0506/wriind2_3yr.htm**.** *Annual* results are also available at http://www.hse.gov.uk/statistics/lfs/0506/wriind2.htm.

## Employment details – ill health by industry (continued)

**Figure 27: Estimated incidence and rates of self-reported illness caused or made worse by current or most recent job, by industry, for people working in the last 12 months, averaged 2003/04-2005/06**




***Notes:***

*(a) Estimates based on fewer than 30 sample cases.*

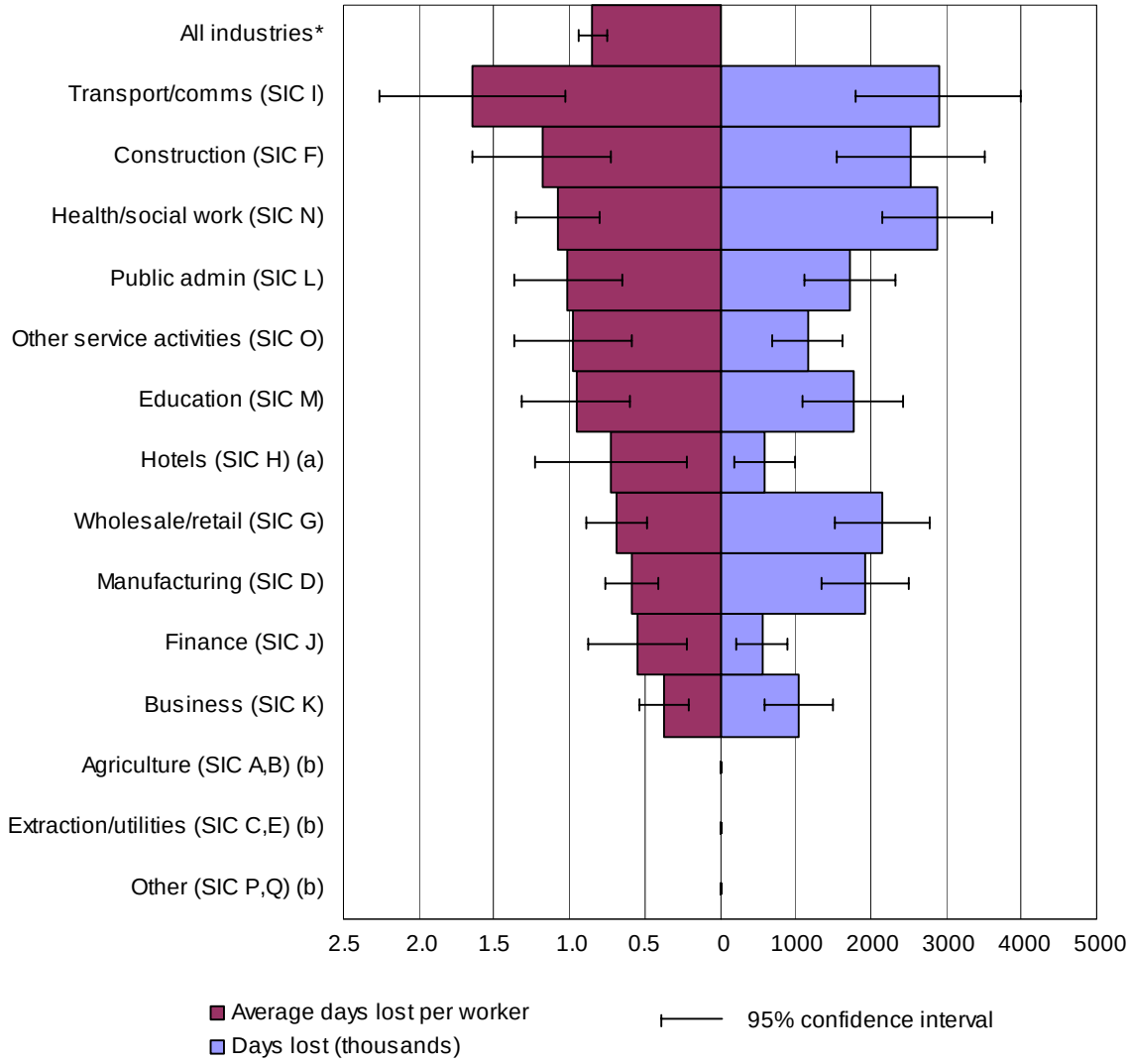
*(b) Sample cases too small to provide reliable estimates.*

** The national averaged estimated incidence of 468 000 (CI: 449 000 to 486 000) is too large to be shown here.*

- Figure 27 gives an industrial breakdown for people who became aware of their work-related illness in the last 12 months and attributed their illness to their *current or most recent job* in that period. Results have been presented as *three-year averages* using three successive years of data (2003/04, 2004/05 and 2005/06).
- The industry sections carrying the highest *incidence* rates (where sample numbers were sufficiently large to provide reliable estimates) were health and social work (section N) and public administration and defence (section L). Both rates were statistically significantly higher than the rate across all industries. *Prevalence* rates were also consistently high in these two industry sections.
- At the other end of the scale, hotels and restaurants (section H), agriculture, hunting, forestry and fishing (sections A, B), wholesale and retail trade (section G), real estate, renting and business activities (section K) and manufacturing (section D) carried the lowest rates. All five rates were statistically significantly lower than the rate across all industries.
- *Averaged* estimated *incidence* and rates by industry section, along with industry divisions, groups and classes, where sample cases are sufficiently large to provide reliable estimates, are available at http://www.hse.gov.uk/statistics/lfs/0506/wriind4_3yr.htm. *Annual* results are also available at http://www.hse.gov.uk/statistics/lfs/0506/wriind4.htm.

## Employment details – ill health by industry (continued)

**Figure 28: Estimated days (full-day equivalent) off work and average days lost per worker in 2005/06 due to self-reported illness caused or made worse by the current or most recent job, by industry**




***Notes:***

*(a) Estimates based on fewer than 40 sample cases.*

*(b) Sample cases too small to provide reliable estimates.*

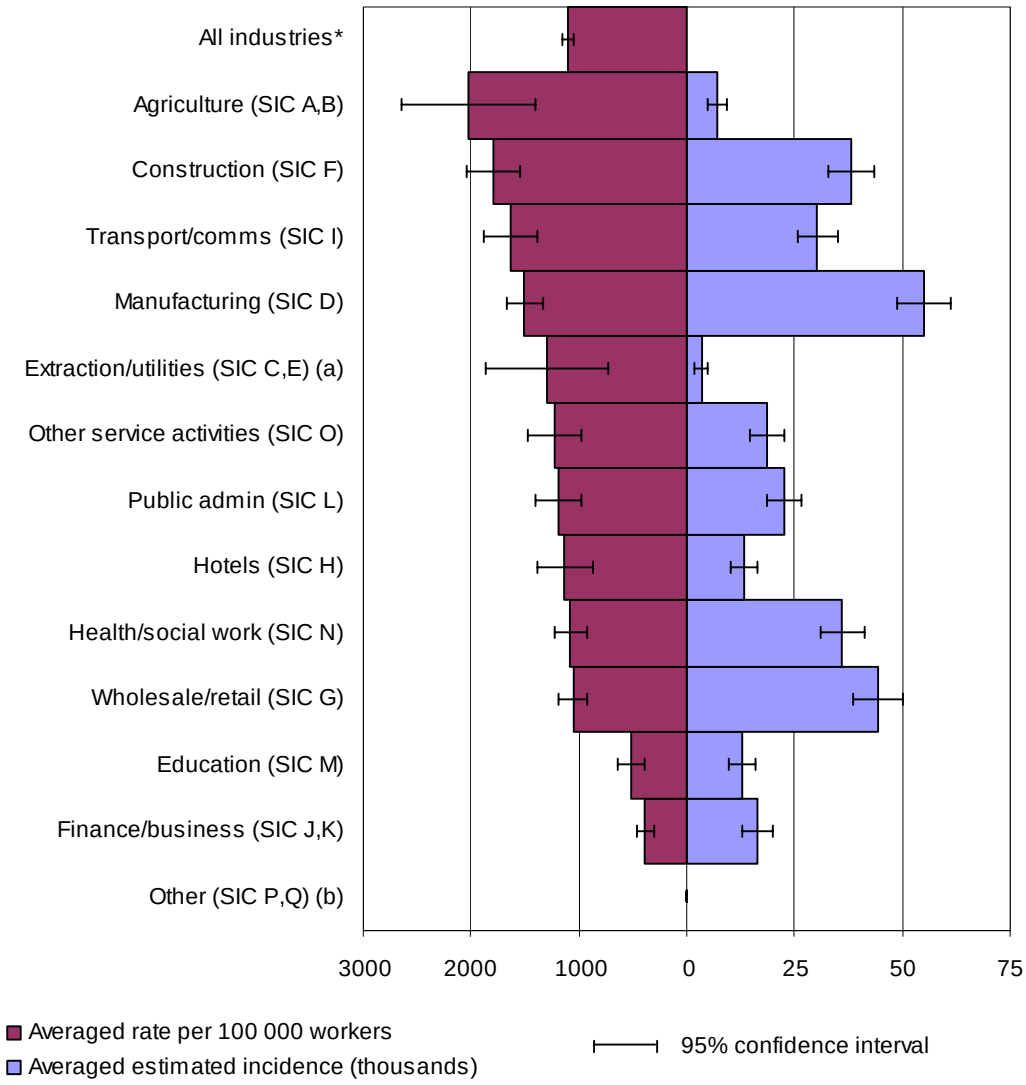
** The estimated working days lost of 19.6 million (CI: 17.4 to 21.8 million) is too large to be shown here.*

- Figure 28 presents the amount of time that individuals took off work in 2005/06 due to illnesses caused or made worse by *the current or most recent job* and the corresponding average time off *per worker,* by industry section .
- The industry carrying the highest average number of days lost *per worker* (where sample numbers were sufficiently large to provide reliable estimates) was transport, storage and communication (section I), with a rate of 1.6 days. As well as being statistically significantly higher than the corresponding rate for all industries, this rate was higher than those for real estate, renting and business activities (section K - 0.37 days) and manufacturing (section D - 0.58 days), which carried the lowest rates.

See http://www.hse.gov.uk/statistics/lfs/0506/wriind6.htm.

## Employment details – injuries by industry

**Figure 29: Estimated incidence and rates of self-reported reportable non-fatal injury sustained in the current or most recent job, by industry, for people working in the last 12 months, averaged 2003/04-2005/06**




***Notes:***

*(a) Estimates based on fewer than 30 sample cases.*

*(b) Sample cases too small to provide reliable estimates.*

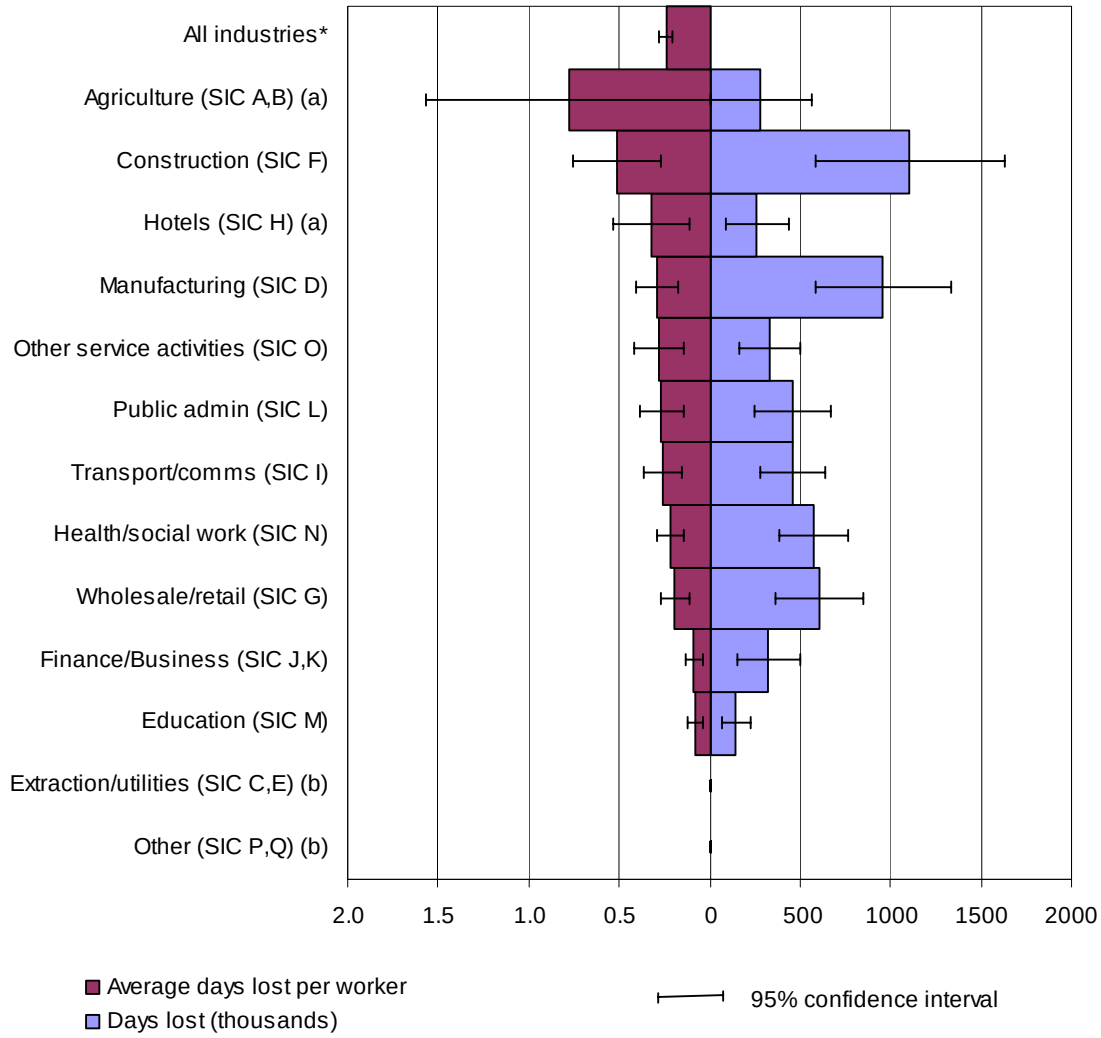
** The national average estimated incidence of 300 000 (CI: 285 000 to 315 000) is too large to be shown in this figure.*

- Figure 29 gives an industrial breakdown for workers who sustained a reportable non-fatal workplace injury in their *current or most recent job*. Such injuries include those sustained as a result of a non-traffic accident, resulting in over 3 days of absence from work. Results have been presented as *three-year averages* using three successive years of data (2003/04, 2004/05 and 2005/06).
- Industry sections which carried the highest *averaged incidence* rates (where sample numbers were sufficiently large to provide reliable estimates) were: agriculture, hunting, forestry and fishing (sections A, B); construction (section F); transport, storage and communication (section I) and manufacturing (section D). All four were statistically significantly higher than the rate across all industries. At the other end of the scale, industry sections carrying rates which were statistically significantly lower than the overall industry rate were finance and business (sections J, K) and education (section M).

See http://www.hse.gov.uk/statistics/lfs/0506/injind1_3yr.htm.

## Employment details – injuries by industry (continued)

**Figure 30: Estimated days off work (full-day equivalent) and average days lost per worker in 2005/06 due to self-reported workplace injury, by industry**




***Notes:***

*(a) Estimates based on fewer than 40 sample cases.*

*(b) Sample numbers too small to provide reliable estimates.*

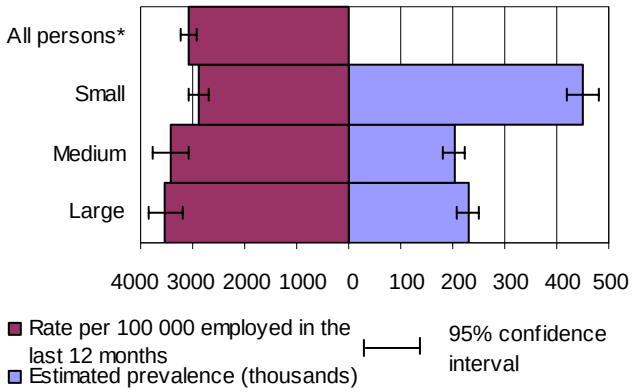
** The estimated working days lost of 5.6 million (CI: 4.7 to 6.5 million) is too large to be shown here.*

- Figure 30 presents the amount of time that individuals took off work and associated average days lost *per worker* in 2005/06 due to injuries sustained in the *current or most recent* job. Workplace injuries include all those sustained as a result of a non-road traffic accident, not just reportable injuries resulting in over 3 days of absence from work.
- The industry carrying the highest average number of days lost *per worker* (where sample numbers were sufficiently large to provide reliable estimates) was construction (section F), with a rate of 0.52 days. As well as being statistically significantly higher than the corresponding rate for all industries, this rate was higher than those for education (section M - 0.078 days) and finance and business (sections J, K – 0.085 days), which carried the lowest rates.

See http://www.hse.gov.uk/statistics/lfs/0506/injind2.htm.

## Employment details – ill health by workplace size

**Figure 31: Estimated 2005/06 prevalence and rates of self-reported illness caused or made worse by current or most recent job, by workplace size, for people working in the last 12 months**

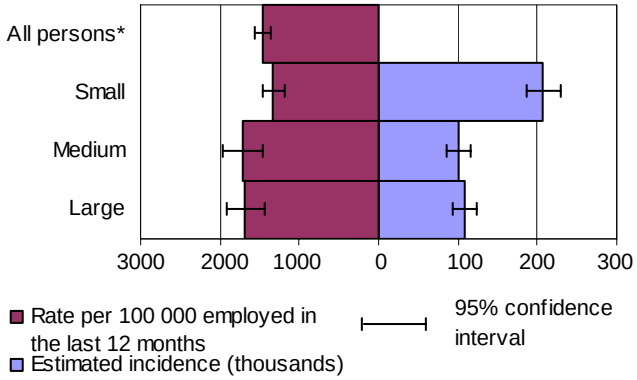



***Note:** *The national estimated prevalence of 902 000 (CI: 857 000 to 946 000) is too large to be shown here.*

- Figure 31 presents *prevalence* estimates and rates of self-reported work-related illness ascribed to the *current or most recent job in the last 12 months*, for small (less than 50 employees), medium (between 50 and 249 employees) and large (at least 250 employees) workplaces.
- In 2005/06, the estimated *prevalence* rate for small workplaces of 2900 per 100 000 people (2.9%) *working in the last 12 months* was statistically significantly lower than the rates for large workplaces (3500 per 100 000 people - 3.5%) and medium-sized workplaces (3400 per 100 000 people - 3.4%).

See http://www.hse.gov.uk/statistics/lfs/0506/wrisize2.htm.

**Figure 32: Estimated 2005/06 incidence and rates of self-reported illness caused or made worse by current or most recent job, by workplace size, for people working in the last 12 months**

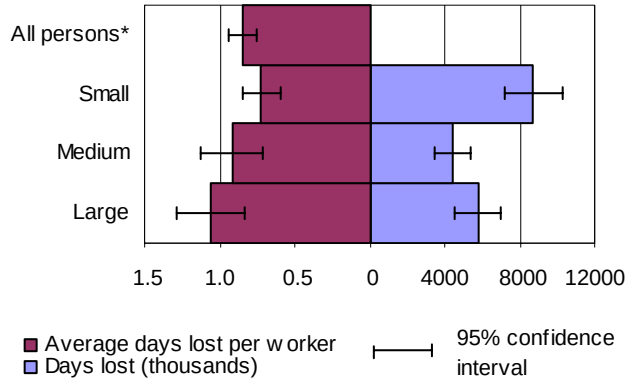



***Note:** *The national estimated incidence of 427 000 (CI: 396 000 to 458 000) is too large to be shown here.*

- In 2005/06, the *incidence* rate for small workplaces of 1300 per 100 000 people (1.3%) *employed in the last 12 months* was statistically significantly lower than those for medium and large workplaces (both 1700 per 100 000 people - 1.7%).

See http://www.hse.gov.uk/statistics/lfs/0506/wrisize4.htm.

**Figure 33: Estimated days off work (full-day equivalent) and average days lost per worker in 2005/06 due to self-reported work-related illness, by workplace size**



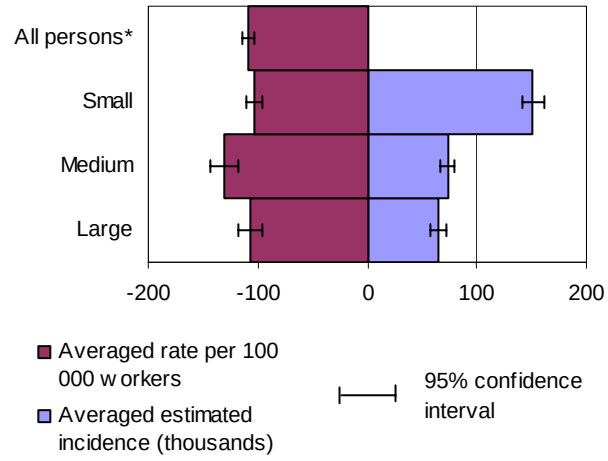

***Note:** *The estimated working days lost of 19.6 million (CI: 17.4 to 21.8 million) is too large to be shown here.*

- Figure 33 show the estimated days off work and associated average days lost *per worker* in 2005/06 due to work-related illness for small, medium and large workplaces. The rate for small workplaces of 0.72 days lost *per worker* was statistically significantly lower than the rate of 1.1 days for large workplaces, and was of a similar order (not statistically significantly different) to the rate of 0.92 days for medium workplaces.

See http://www.hse.gov.uk/statistics/lfs/0506/wrisize6.htm.

## Employment details – injuries by workplace size

**Figure 34: Estimated incidence and rates of reportable non-fatal injuries sustained in the current or most recent job, by workplace size, for people working in the last 12 months, averaged 2003/04-2005/06**

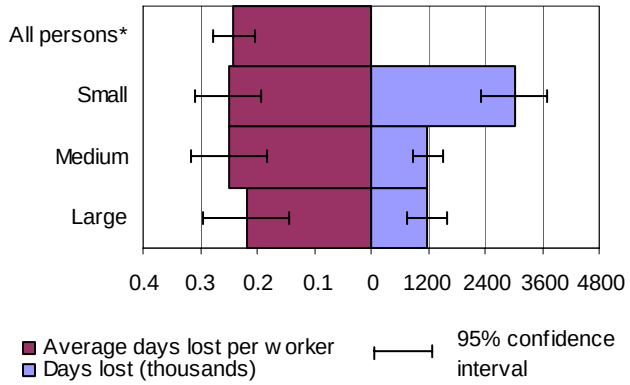



***Note:*** **The averaged estimated incidence of 300 000 (CI: 285 000 to 315 000) is too large to be shown here.*

- Figure 34 presents *averaged incidence* estimates and rates for non-fatal reportable injuries to workers, by workplace size. Such injuries include those sustained as a result of a non-traffic accident, resulting in over 3 days of absence from work. Results have been presented as *three-year averages,* using three successive years of data (2003/04, 2004/05 and 2005/06).
- The *averaged incidence* rate for medium workplaces (50-249 employees) of 1300 per 100 000 workers (1.3%) was statistically significantly higher than the rates of 1000 per 100 000 (1.0%) for small workplaces (less than 50 employees) and 1100 per 100 000 (1.1%) for large workplaces (250+ employees).

See http://www.hse.gov.uk/statistics/lfs/0506/injsize2_3yr.htm.

**Figure 35: Estimated days off work (full-day equivalent) and average days lost per worker in 2005/06 due to self-reported workplace injury, by workplace size**



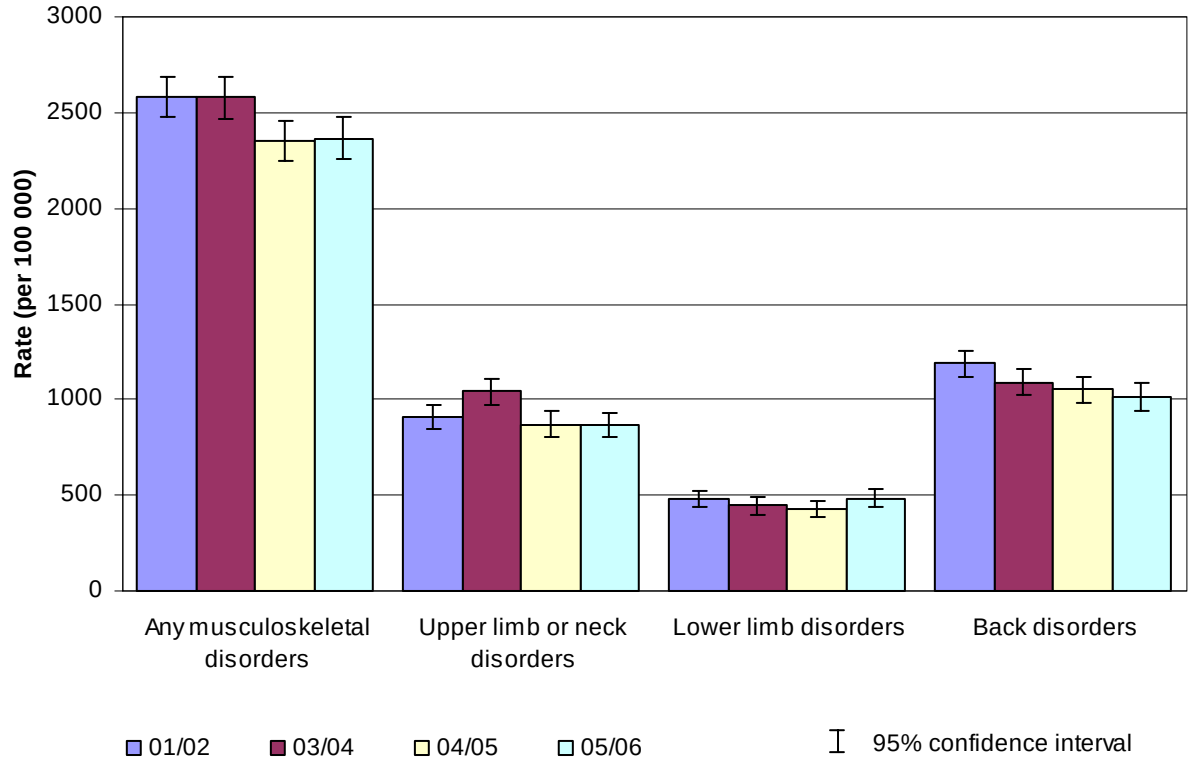

***Note:*** **The estimated working days lost of 5.6 million (CI: 4.7 to 6.5 million) is too large to be shown here.*

- Estimated days off work and associated days lost *per worker* in 2005/06, for small, medium and large workplaces are shown for workplace injury in Figure 35. The average days lost *per worker* for small, medium and large workplaces were of a similar order (not statistically significantly different).

See http://www.hse.gov.uk/statistics/lfs/0506/injsize4.htm

## Ill health – Musculoskeletal disorders

**Figure 36: Estimated prevalence rates of self-reported musculoskeletal disorders caused or made worse by work, for people ever employed, 2001/02, 2003/04-2005/06**

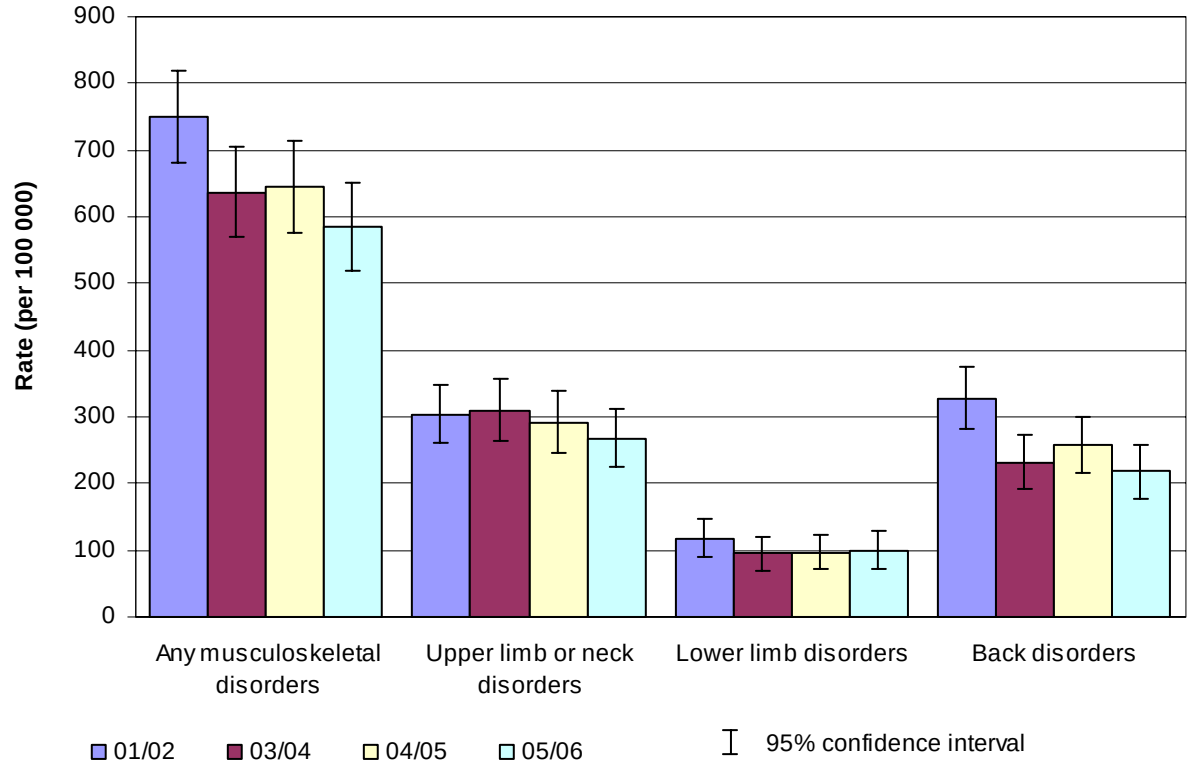



- Musculoskeletal disorders were by far the most commonly reported work-related illness, with an estimated *prevalence* of 1 020 000 people *ever* employed affected, equating to 2400 per 100 000 people (2.4%) *ever* employed in Great Britain. This rate was similar to the corresponding rate in 2004/05, but statistically significantly lower than in 2003/04 and 2001/02.
- Of the estimated *prevalence* of individuals suffering from a work-related musculoskeletal disorder in 2005/06, around two-fifths (437 000) suffered from a disorder mainly affecting the back, over one-third (374 000) mainly affecting the upper limbs or neck and around one-fifth (209 000) mainly affecting the lower limbs (see Figure 1).
- Figure 36 presents the *prevalence* rates of work-related illness by type of musculoskeletal disorder, in 2001/02 and 2003/04-2005/06. The *prevalence* rates for musculoskeletal disorders mainly affecting the upper limbs in 2005/06 and 2004/05 were of a similar order, but both were lower than in 2003/04, which in turn was higher than in 2001/02. The rates for those mainly affecting the back in 2005/06 and 2004/05 were similar but were both lower than in 2001/02. Rates for musculoskeletal disorders mainly affecting the lower limbs remained constant between 2001/02 and 2004/05. The rates were similar in 2005/06 and 2004/05, but the 2005/06 rate was higher than in 2003/04. All differences were statistically significant.

See http://www.hse.gov.uk/statistics/tables/0506/swit3.htm.

## Ill health – Musculoskeletal disorders (continued)

**Figure 37: Estimated incidence rates of self-reported musculoskeletal disorders caused or made worse by work, per 100 00 people working in the last 12 months, 2001/02, 2003/04-2005/06**

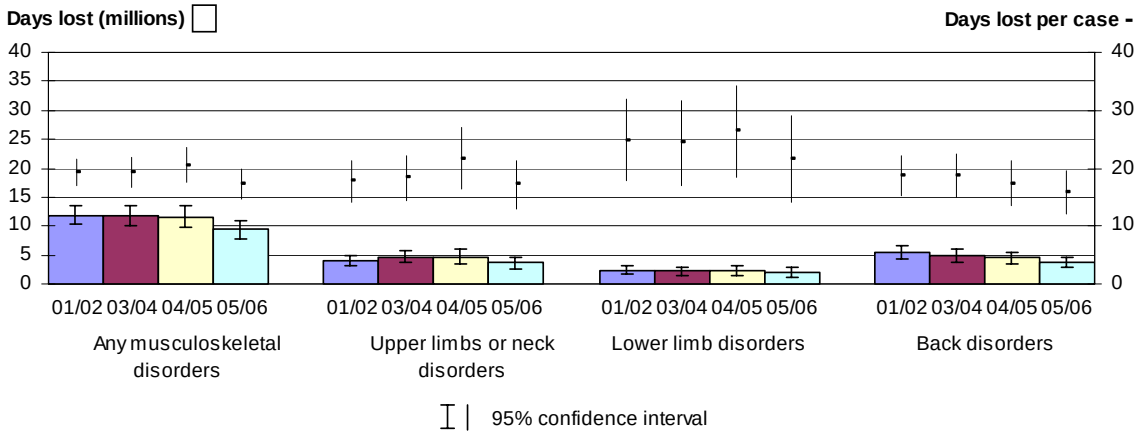



- In total, around one-fifth of the estimated *prevalence* of work-related musculoskeletal disorders in 2005/06 were new cases, 190 000 people *ever* employed. In terms of people employed *in the last 12 months,* this equates to an estimated 580 per 100 000 people (0.58%) who became aware of their disorder in this period. This *incidence* rate was of a similar order to the rates in 2004/05 and 2003/04, but statistically significantly lower than the rate in 2001/02.
- Of the estimated incidence of work-related musculoskeletal disorders in 2005/06, around two-fifths (70 000) had a disorder mainly affecting the back, around half (86 000) mainly affecting the upper limbs or neck and around one-fifth (34 000) mainly affecting the lower limbs (see Figure 4).
- Figure 37 presents *incidence* rates of work-related illness, for people *working in the last 12 months*, by type of musculoskeletal disorder, in 2001/02 and 2003/04-2005/06. The rates for musculoskeletal disorders mainly affecting the upper limbs or neck and those mainly affecting the lower limbs were of a similar order in all four surveys (not statistically significantly different). However, the rates for musculoskeletal disorders mainly affecting the back were of a similar order in 2005/06, 2004/05 and 2003/04, but in all three surveys the rate was statistically significantly lower than in 2001/02.

See http://www.hse.gov.uk/statistics/lfs/0506/typesex2e.htm and http://www.hse.gov.uk/statistics/lfs/0506/typesex2w12.htm.

## Ill health – Musculoskeletal disorders (continued)

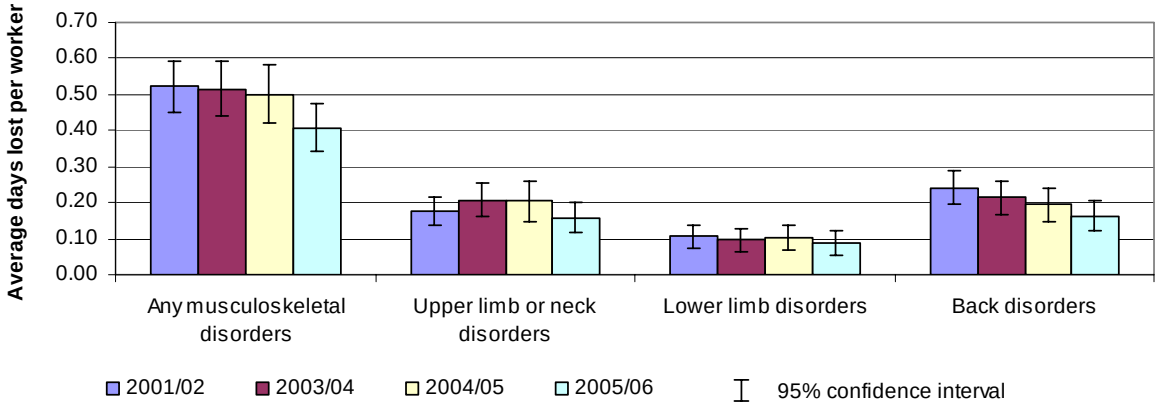
**Figure 38: Estimated days (full-day equivalent) off work and average days lost per case due to self-reported illness caused or made worse by work, by type of musculoskeletal disorder, 2001/02, 2003/04-2005/06**




- In 2005/06, an estimated 9.5 million working days (full-day equivalent) were lost through work-related musculoskeletal disorders. Of the estimated number of days taken off work due to work-related musculoskeletal disorders, around 80% were accounted for by conditions mainly affecting the back and those mainly affecting the upper limbs or neck, at 3.8 million days and 3.7 million days respectively. The remainder, an estimated 2.0 million days, were accounted for by conditions mainly affecting the lower limbs.
- On average, people suffering from a work-related musculoskeletal disorder took an estimated 17.3 days off work in 2005/06 because of their complaint. For conditions mainly affecting the back, the rate was 15.7 days, whilst for conditions mainly affecting the upper limbs or neck and those mainly affecting the lower limbs the rates were 17.2 days and 21.6 days respectively. Rates for musculoskeletal disorders mainly affecting the upper limbs or neck, lower limbs or back were all similar (not statistically significantly different) in 2005/06 to the corresponding rates in 2004/05, 2004/05 and 2001/02.

See http://www.hse.gov.uk/statistics/lfs/0506/typesex3.htm.

**Figure 39: Estimated average days lost per worker (full-time equivalent) due to self-reported illness caused or made worse by work, by type of musculoskeletal disorder, 2001/02, 2003/04-2005/06**

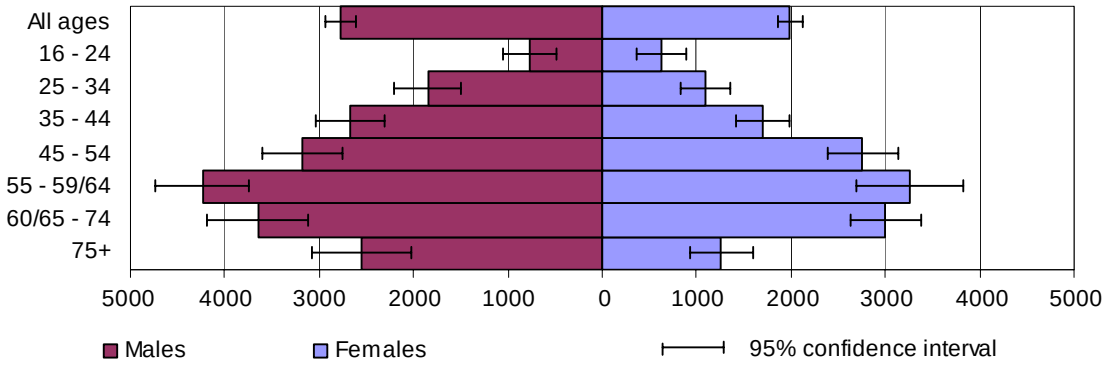



- In 2005/06, the average days lost per worker due to musculoskeletal disorders was similar to that in 2004/05, but was lower than those in 2003/04 and 2001/02. The corresponding rate for conditions mainly affecting the back in 2005/06 was lower than that in 2001/02, whereas the rates for those mainly affecting the upper limbs or neck and those mainly affecting the lower limbs were similar in 2005/06 to those in the three earlier surveys. All differences were statistically significant.

See http://www.hse.gov.uk/statistics/tables/0506/swit1.htm.

## Ill health – Musculoskeletal disorders by age and gender

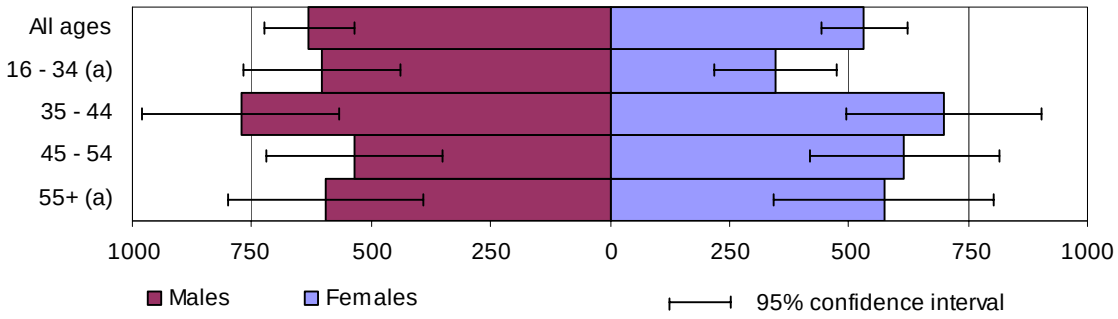
**Figure 40: Estimated 2005/06 prevalence rates of self-reported musculoskeletal disorders caused or made worse by work, by age and gender, per 100 000 people ever employed**




- Figure 40 gives the 2005/06 estimated *prevalence* rates of work-related musculoskeletal disorders by seven age groups and gender. The rate of 2800 per 100 000 males (2.8%) *ever* employed was statistically significantly higher than the corresponding rate of 2000 per 100 000 for females (2.0%).
- The oldest working age group (55-64 years for males and 55-59 years for females) and males and females aged 45-54 years, along with males aged 65-74 years and females aged 60-74 years carried the highest *prevalence* rates. All were statistically significantly higher than the corresponding gender-specific rate and rates for males and females aged less than 35 years and females aged 35-44 years and over 74 years which carried the lowest gender specific rates.

See http://www.hse.gov.uk/statistics/lfs/0506/msdage1e.htm.

**Figure 41: Estimated 2005/06 incidence rates of self-reported musculoskeletal disorders caused or made worse by work, by age and gender, per 100 000 people working in the last 12 months**



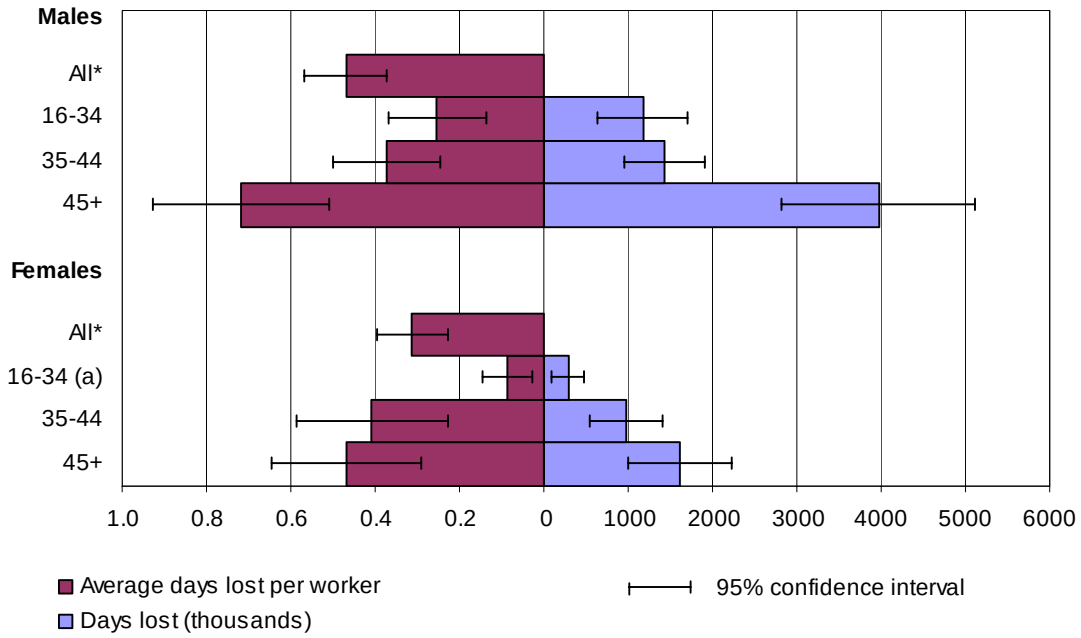

***Note:*** *(a) Rates for females based on fewer than 30 sample cases.*

- The estimated *incidence* of work-related musculoskeletal disorders in 2005/06 was 106 000 for males who have *ever* been employed and 84 000 for females.
- Figure 41 presents *incidence* rates by age and gender *for people working in the last 12 months*. The *incidence* rates for males and females were of a similar order (not statistically significantly different), at 630 per 100 000 males (0.63%) and 530 per 100 000 females (0.53%) who *worked in the last 12 months*. The rate for females aged 16-34 years of 350 per 100 000 (0.35%) was statistically significantly lower than the overall rate for females, whereas age-specific rates for males were similar.

See http://www.hse.gov.uk/statistics/lfs/0506/msdage2e.htm and http://www.hse.gov.uk/statistics/lfs/0506/msdage2w12.htm.

## Ill health – Musculoskeletal disorders by age and gender (continued)

**Figure 42: Estimated days (full-day equivalent) off work and average days lost per (full-time equivalent) worker due to self-reported musculoskeletal disorders caused or made worse by work, by age and gender, 2001/02, 2003/04-2005/06**




***Notes:***

*(a) Estimates based on fewer than 40 sample cases.*

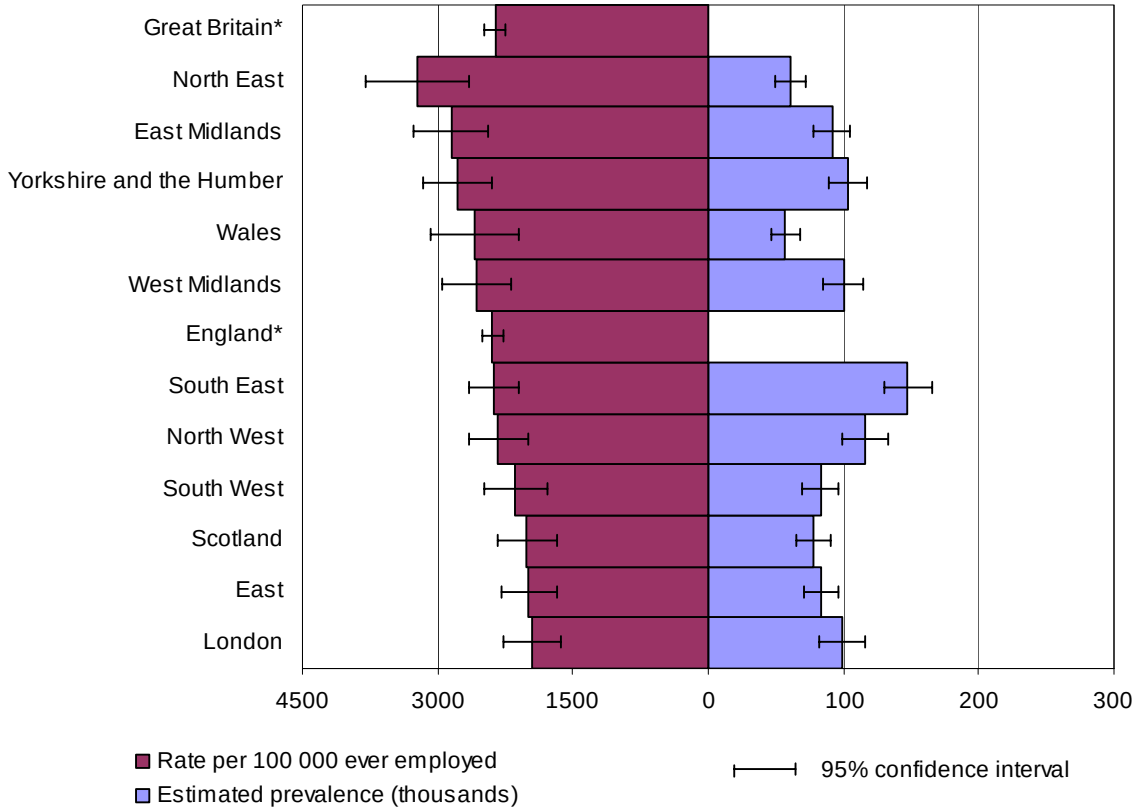
** The estimated working days lost of 6.6 million (CI: 5.2 to 7.9 million) for males and 2.9 million (2.1 to 3.6 million) for females are too large to be shown here.*

- Males were responsible for taking an estimated 6.6 million days off work due to work-related musculoskeletal disorders in 2005/06, whereas females took an estimated 2.9 million days. In terms of days lost *per worker*, the rate for males of 0.47 days was statistically significantly higher than that of 0.31 days for females.
- For both males and females, the rate in the oldest age group (45+ years) was higher than those in the youngest age group (16-34 years). Males aged 45+ years also carried a higher rate than those aged 35-44 years, whilst females aged 35-44 years carried a higher rate than that in the youngest group. All differences were statistically significant.

See http://www.hse.gov.uk/statistics/lfs/0506/msdage3.htm.

## Ill health – Musculoskeletal disorders by country and region

**Figure 43: Estimated 2005/06 prevalence and rates of self-reported musculoskeletal disorders caused or made worse by work, by country and government office region within England, for people ever employed**




***Note:*** **The national estimated prevalence of 1 020 000 (CI: 974 000 to 1 067 000) for Great Britain and 857 000 (CI: 815 000 to 899 000) for England are too large to be conveniently shown in this figure.*

- In 2005/06, the *prevalence* rate of work-related musculoskeletal disorders for people living in England (2400 per 100 000 people *ever* employed - 2.4%) was statistically significantly higher than the rate for people living in Scotland (2000 per 100 000 people - 2.0%), but of a similar order (not statistically significantly different) to the rate for Wales (2600 per 100 000 - 2.6%).
- Within England, the North East (3200 per 100 000 people *ever* employed - 3.2%), the East Midlands (2900 per 100 000 people - 2.9%) and Yorkshire and the Humber (2800 per 100 000 people - 2.8%) carried rates which were statistically significantly higher than the rates for England and Great Britain. The rates for London and the East (both 2000 per 100 000 people - 2.0%) were statistically significantly lower than those for England and Great Britain.

See http://www.hse.gov.uk/statistics/lfs/0506/msdgor1e.htm.

- **Incidence**: Within England, most government office regions (with sufficiently large sample numbers to provide reliable estimates) carried similar rates to that for England in 2005/06, with the exception of the South East, where the rate was higher, and the North West, where the rate was lower. Both rates were statistically significantly different to that for England. Sample numbers were too small to provide reliable annual incidence rates for Scotland and Wales.

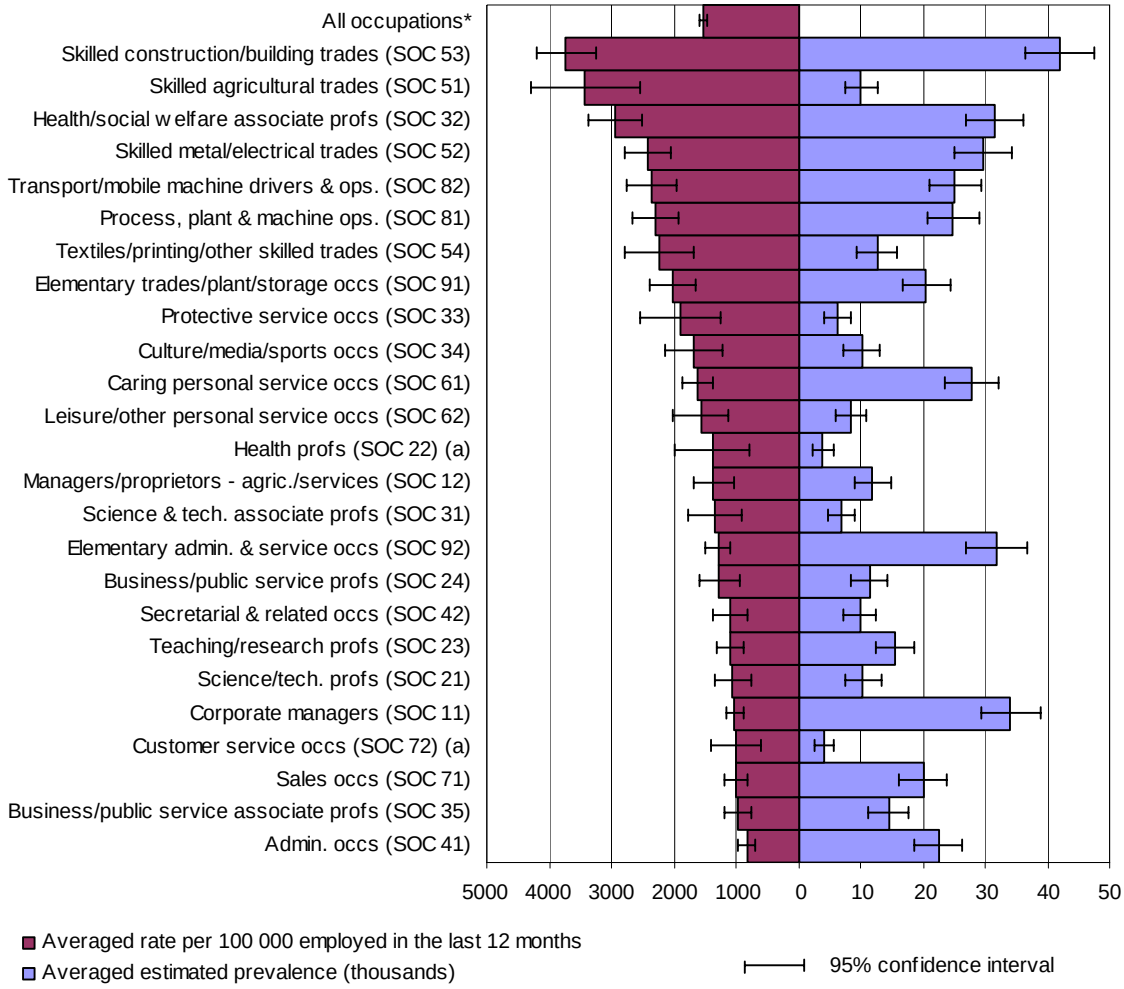
See http://www.hse.gov.uk/statistics/lfs/0506/msdgor2w12.htm.

- **Days lost:** Average days lost *per worker* were of a similar order (not statistically significantly different) for England (0.42 days), Wales (0.42 days) and Scotland (0.33 days) in 2005/06. The East Midlands, with a rate of 0.78 days lost *per worker,* was the only region carrying a rate which was statistically significantly higher than that for England. This rate was also statistically significantly higher than the rate for the South West, which carried the lowest rate (0.22 days).

See http://www.hse.gov.uk/statistics/lfs/0506/msdgor3.htm.

## Ill health – Musculoskeletal disorders by occupation

**Figure 44: Estimated prevalence and rates of self-reported musculoskeletal disorders caused or made worse by current or most recent job, by occupation, for people working in the last 12 months, averaged 2003/04-2005/06**




***Notes:***

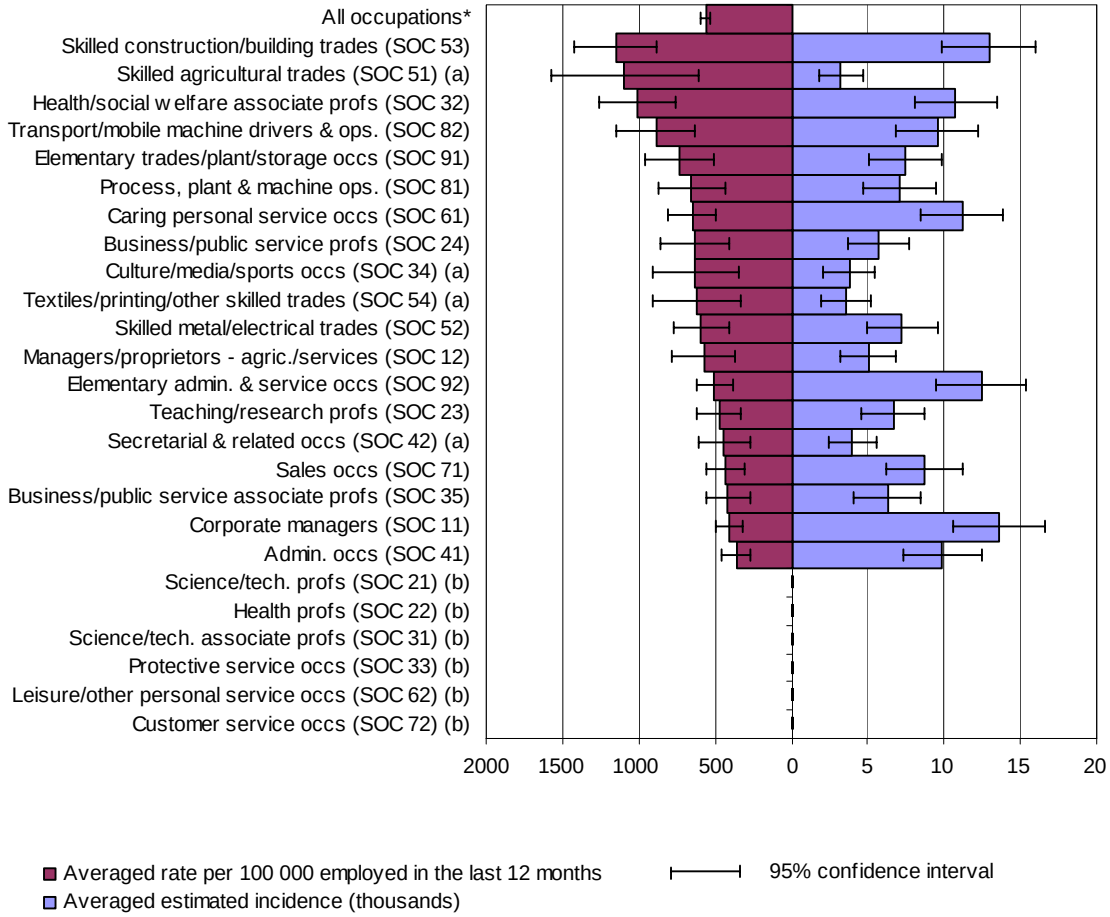
*(a) Estimates based on fewer than 30 sample cases.*

** The national averaged estimated prevalence of 447 000 (CI: 429 000 to 465 000) is too large to be shown here.*

- Figure 44 shows the estimated *prevalence* and rates of musculoskeletal disorders ascribed to the *current or most recent job* by occupational sub-major group, for people *working in the last 12 months*. Results have been presented as *three-year averages* using three successive years of data (2003/04, 2004/05 and 2005/06).
- A range of occupations carried high rates: skilled construction and building trades (sub-major group 53); skilled agricultural trades (sub-major group 51); health and social welfare associate professionals (sub-major group 32); skilled metal and electrical trades (sub-major group 52); transport and mobile machine drivers and operatives (sub-major group 82); process, plant and machine operatives (sub-major group 81); textiles, printing and other skilled trades (sub-major group 54) and elementary trades, plant and storage related occupations (sub-major group 91). All these rates were statistically significantly higher than the rate for all occupations.
- More detailed *three-year average* results are available, where sample numbers are sufficiently large to provide reliable estimates, for certain minor and unit occupational groups at http://www.hse.gov.uk/statistics/lfs/0506/msdocc2_3yr.htm. *Annual* results are also available at http://www.hse.gov.uk/statistics/lfs/0506/msdocc2.htm.

## Ill health – Musculoskeletal disorders by occupation (continued)

**Figure 45: Estimated incidence and rates of self-reported musculoskeletal disorders caused or made worse by current or most recent job, by occupation, for people working in the last 12 months, averaged 2003/04-2005/06**




***Notes:***

*(a) Estimates based on fewer than 30 sample cases.*

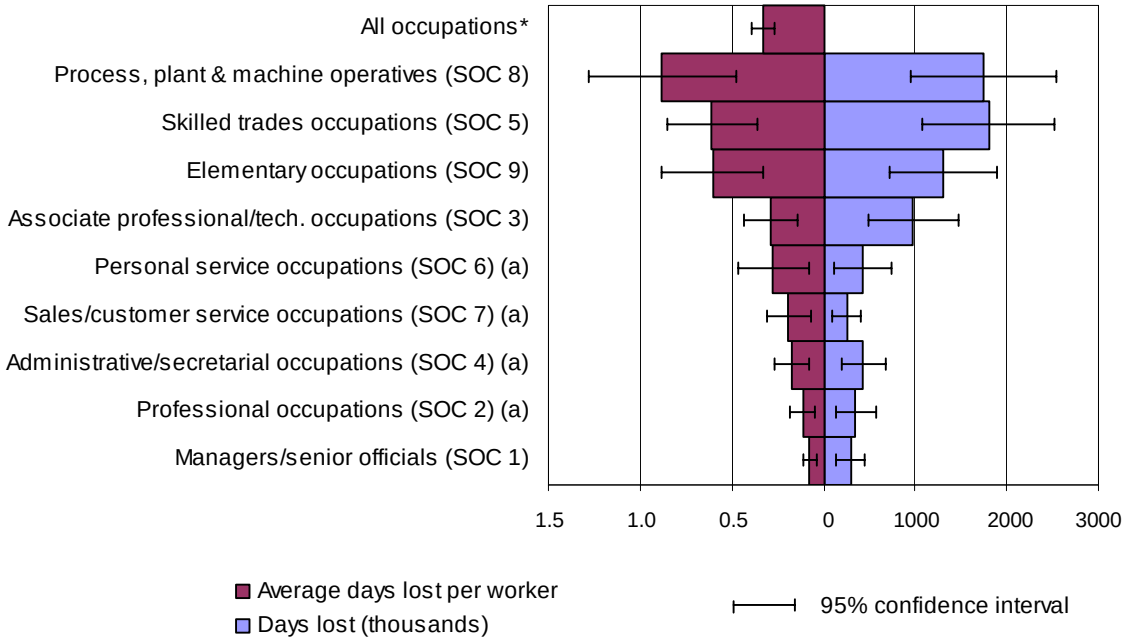
*(b) Sample cases too small to provide reliable estimates.*

** The national averaged estimated incidence of 164 000 (CI: 153 000 to 175 000) is too large to be shown here.*

- Figure 45 displays *incidence* estimates and rates of musculoskeletal disorders associated with the *current or most recent* job by occupational sub-major group, for people *working in the last 12 months*. Results have been presented as *three-year averages* using three successive years of data (2003/04, 2004/05 and 2005/06).
- Where sample numbers were sufficiently large to provide reliable estimates, occupational sub-major groups carrying rates which were statistically significantly higher than the rate for all occupations were: skilled construction and building trades (sub-major group 53); skilled agricultural trades (sub-major group 51); health and social welfare associate professionals (sub-major group 32) and transport and mobile machine drivers and operatives (sub-major group 82). *Prevalence* rates were also consistently high in these occupations.
- More detailed *three-year average* results are available, where sample numbers are sufficiently large to provide reliable estimates, at http://www.hse.gov.uk/statistics/lfs/0506/msdocc4_3yr.htm. *Annual* results are also available at http://www.hse.gov.uk/statistics/lfs/0506/msdocc4.htm.

## Ill health – Musculoskeletal disorders by occupation (continued)

**Figure 46: Estimated days (full-day equivalent) off work and average days lost per (full-time equivalent) worker in 2005/06 due to self-reported musculoskeletal disorders caused or made worse by the current or most recent job, by occupation**




***Notes:***

*(a) Estimates based on fewer than 40 sample cases.*

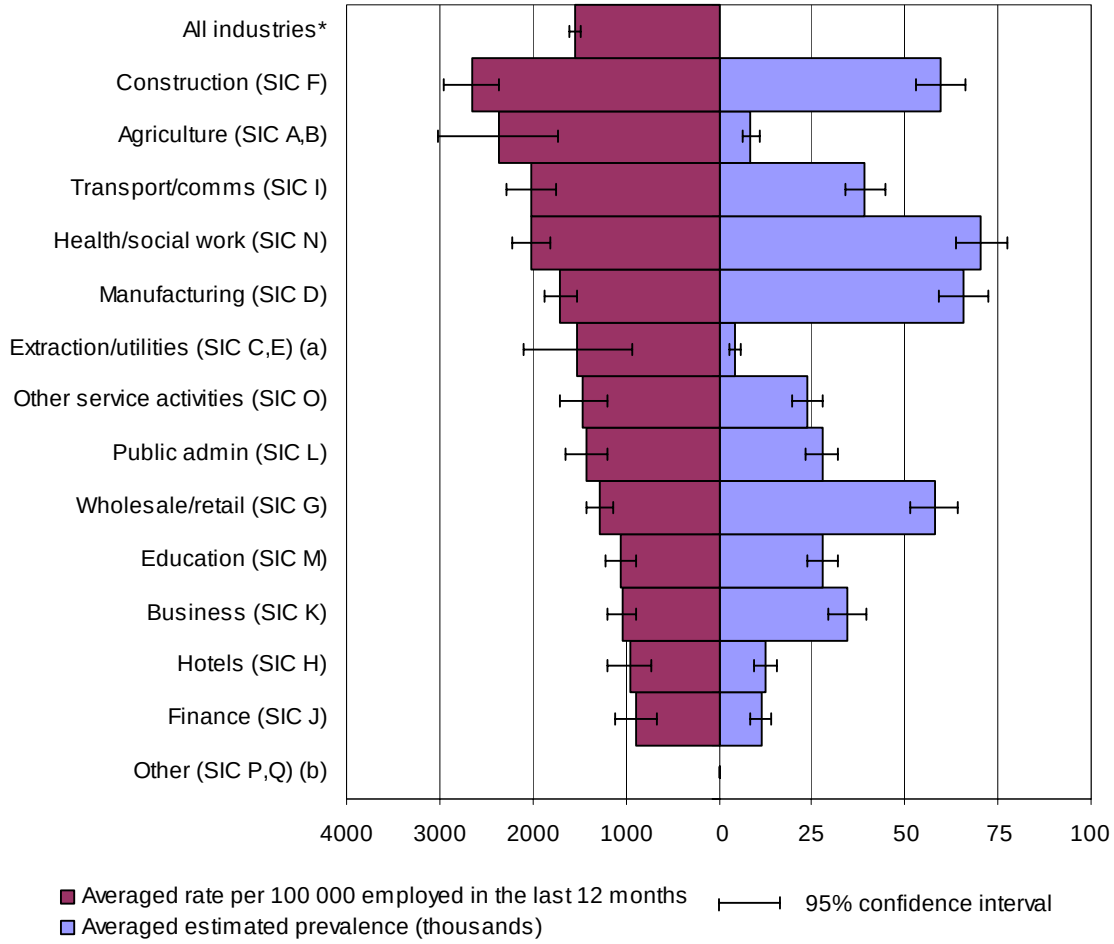
** The estimated working days lost of 7.6 million (CI: 6.2 to 9.0 million) is too large to be shown here.*

- Figure 46 presents the amount of time that individuals took off work in 2005/06 due to musculoskeletal disorders caused or made worse by the *current or most recent job* and the corresponding average time off *per worker,* by occupational major group.
- The occupations carrying the highest average number of days lost *per worker* were: process, plant and machine operatives (major group 8 - 0.88 days); skilled trades occupations (major group 5 - 0.61 days) and elementary occupations (major group 9 - 0.61 days). All three rates were statistically significantly higher than the rate for all occupations and those for managers and senior officials (major group 1 – 0.074 days), professional occupations (major group 2 – between 0.044 and 0.18 days), administrative and secretarial occupations (major group 4 – between 0.077 and 0.26 days) and sales and customer service occupations (major group 7 – between 0.072 and 0.31 days), which carried the lowest rates.

See http://www.hse.gov.uk/statistics/lfs/0506/msdocc6.htm.

## Ill health – Musculoskeletal disorders by industry

**Figure 47: Estimated prevalence and rates of self-reported musculoskeletal disorders caused or made worse by current or most recent job, by industry, for people working in the last 12 months, averaged 2003/04-2005/06**




***Notes:***

*(a) Estimates based on fewer than 30 sample cases.*

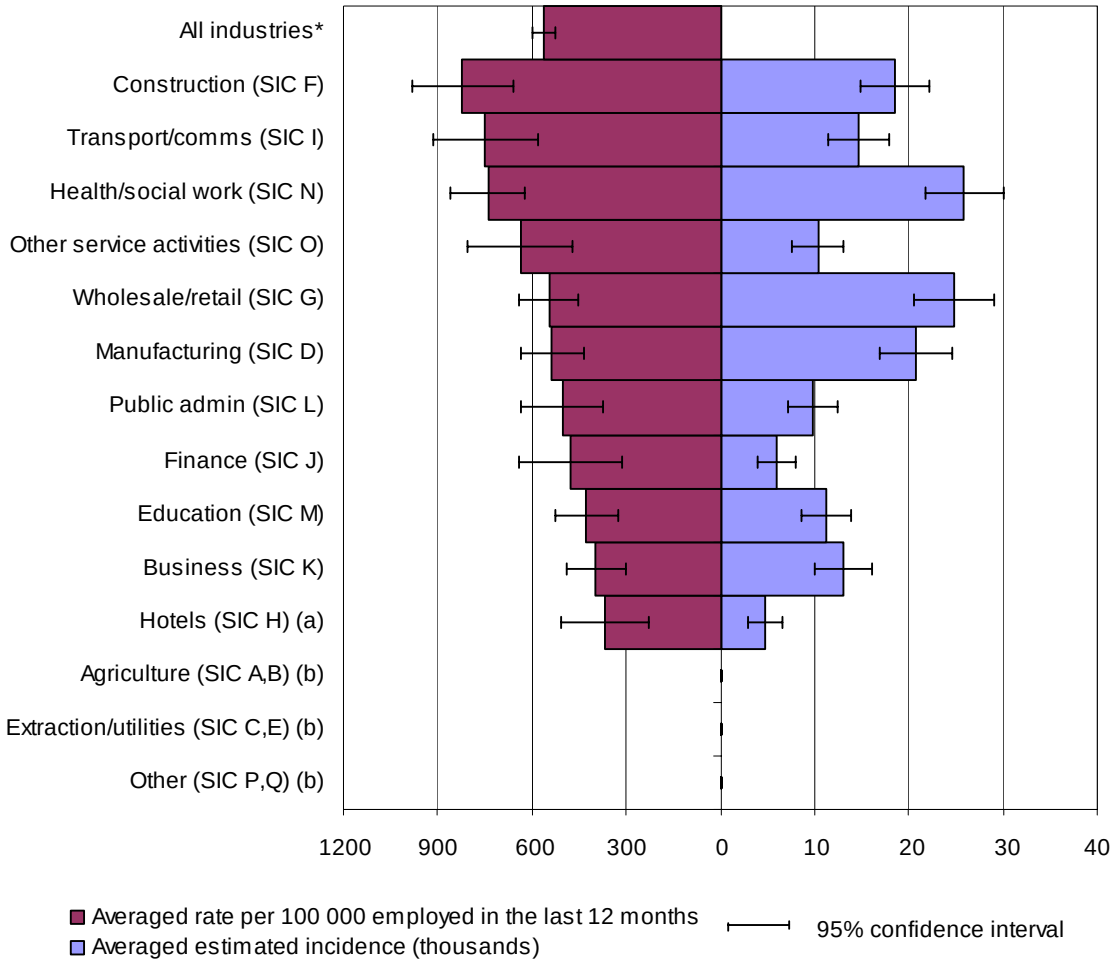
*(b) Sample cases too small to provide reliable estimates.*

** The national averaged estimated prevalence of 447 000 (CI: 429 000 to 465 000) is too large to be shown here.*

- Figure 47 presents the estimated *prevalence* and rates of self-reported musculoskeletal disorders associated with the *current or most recent job*, by industry section, for people *working in the last 12 months*. Results have been presented as *three-year averages* using three successive years of data (2003/04, 2004/05 and 2005/06).
- Industry sections carrying rates statistically significantly higher than the rate for all industries, where sample numbers were sufficiently large to provide reliable estimates, were: construction (section F); agriculture, hunting, forestry and fishing (sections A, B); transport, storage and communication (section I) and health and social work (section N).
- At the other end of the scale, industry sections carrying rates which were statistically significantly lower than the overall rate were: financial intermediation (section J); hotels and restaurants (section H); real estate, renting and business activities (section K); education (section M) and wholesale and retail trade (section G).
- *Averaged prevalence* estimates and rates by industry section, along with industry division, group and class, where sample cases are sufficiently large to provide reliable estimates, are available at http://www.hse.gov.uk/statistics/lfs/0506/msdind2_3yr.htm. *Annual* results are also available at http://www.hse.gov.uk/statistics/lfs/0506/msdind2.htm.

## Ill health – Musculoskeletal disorders by industry (continued)

**Figure 48: Estimated incidence and rates of self-reported musculoskeletal disorders caused or made worse by current or most recent job, by industry, for people working in the last 12 months, averaged 2003/04-2005/06**




***Notes:***

*(a) Estimates based on fewer than 30 sample cases.*

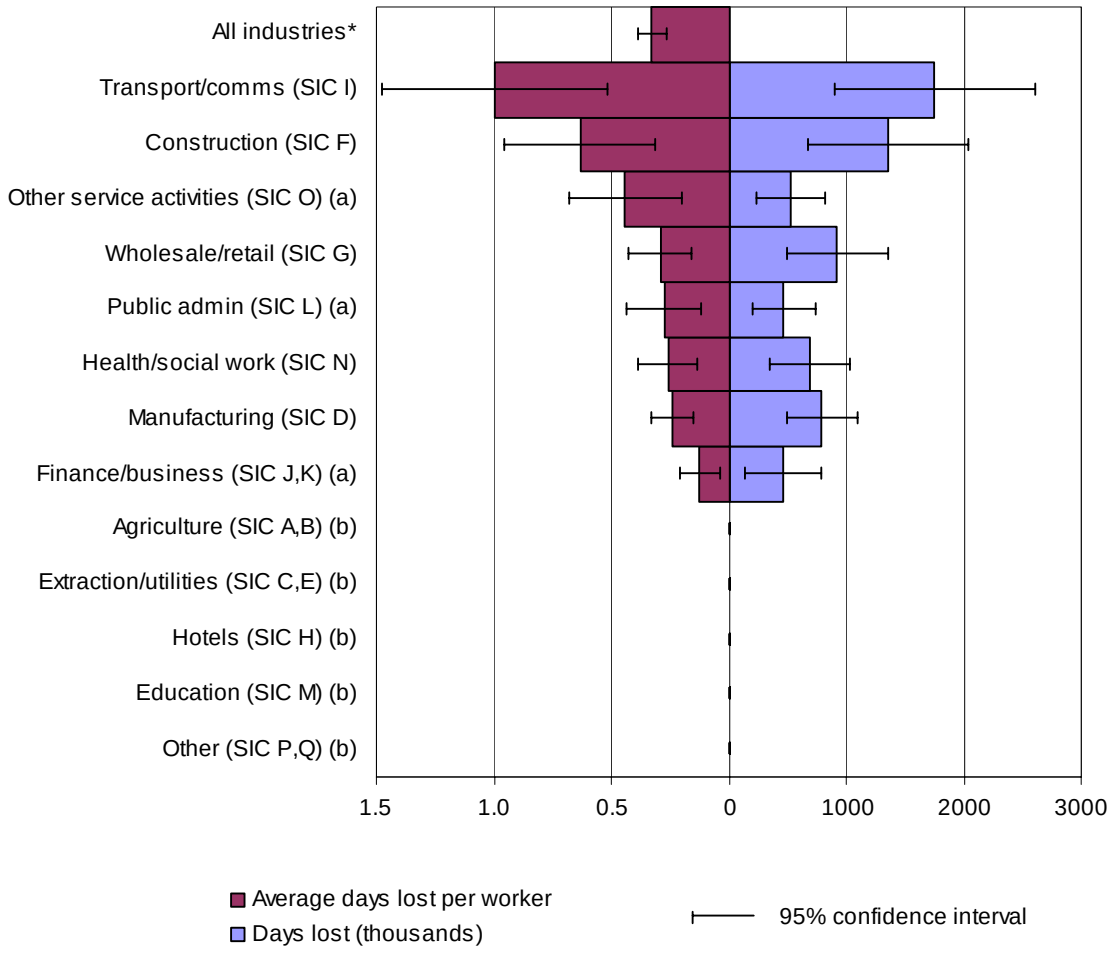
*(b) Sample cases too small to provide reliable estimates.*

** The national averaged estimated incidence of 164 000 (CI: 153 000 to 175 000) is too large to be shown here.*

- Figure 48 gives an industrial breakdown for those who became aware of their work-related musculoskeletal disorders in the last 12 months and attributed their condition to their *current or most recent job* in that period. Results have been presented as *three-year averages* using three successive years of data (2003/04, 2004/05 and 2005/06).
- Where the sample numbers were sufficiently large to provide reliable estimates, construction (section F), transport storage and communication (section I) and health and social work (section N) carried the highest *averaged incidence* rates. All three were statistically significantly higher than the rate for all industries.
- At the other end of the scale, the rates for hotel and restaurants (section H), real estate, renting and business activities (section K) and education (section M) were statistically significantly lower than the all industry rate.
- *Averaged incidence* estimates and rates by industry section, along with industry division, group and class, where sample cases are sufficiently large to provide reliable estimates, are available at http://www.hse.gov.uk/statistics/lfs/0506/msdind4_3yr.htm. *Annual* results are also available at http://www.hse.gov.uk/statistics/lfs/0506/msdind4.htm.

## Ill health – Musculoskeletal disorders by industry (continued)

**Figure 49: Estimated days (full-day equivalent) off work and average days lost per (full-time equivalent) worker in 2005/06 due to self-reported musculoskeletal disorders caused or made worse by the current or most recent job, by industry**




***Notes:***

*(a) Estimates based on fewer than 40 sample cases.*

*(b) Sample cases too small to provide reliable estimates.*

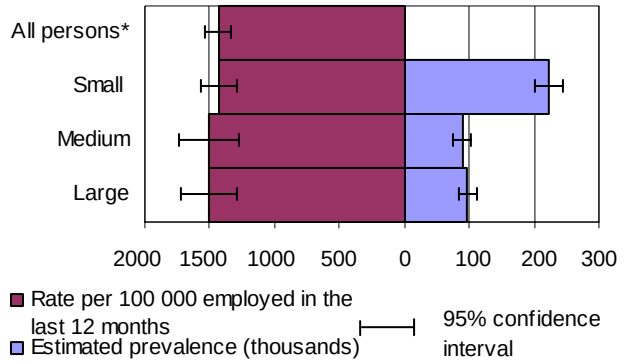
** The estimated working days lost of 7.6 million (CI: 6.2 to 9.0 million) is too large to be shown here.*

- Figure 49 presents the amount of time that individuals took off work in 2005/06 associated with musculoskeletal disorders caused or made worse by the *current or most recent job*, and the corresponding average time off work *per worker*, by industry section.
- The industries carrying the highest days lost *per worker*, where sample numbers were sufficiently large to provide reliable estimates, were transport, storage, and communication (section I) and construction (section F), with rates of 1.0 and 0.63 days respectively. Both rates were higher than finance and business (sections J, K) which carried the lowest rate of between 0.038 and 0.21 days.

See http://www.hse.gov.uk/statistics/lfs/0506/msdind6.htm.

## Ill health – Musculoskeletal disorders by workplace size

**Figure 50: Estimated 2005/06 prevalence and rates of self-reported musculoskeletal disorders caused or made worse by current or most recent job, by workplace size, for people working in the last 12 months**

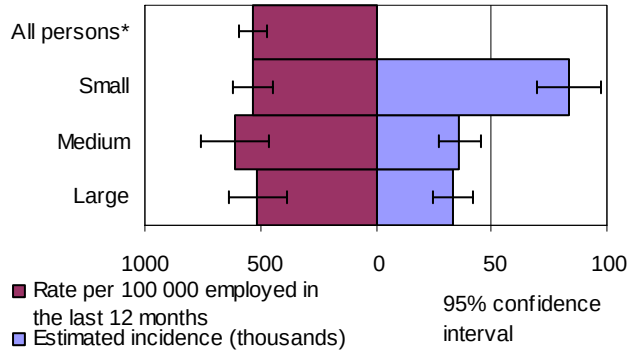



***Note:*** ** The national estimated prevalence of 419 000 (CI: 389 000 to 449 000) is too large to be shown in here.*

- Figure 50 presents *prevalence* estimates and rates of self-reported musculoskeletal disorders ascribed to the *current or most recent job*, for small, medium and large workplaces, for people *working in the last 12 months*. In 2005/06, the rates for small (less than 50 employees), medium (between 50 and 249 employees) and large (250+ employees) workplaces were of a similar order (not statistically significantly different), with an estimated 1400 per 100 000 people (1.4%) *employed in the last 12 months* for small workplaces and 1500 per 100 000 (1.5%) for medium-sized and large workplaces.

See http://www.hse.gov.uk/statistics/lfs/0506/msdsize2.htm

**Figure 51: Estimated 2005/06 incidence and rates of self-reported musculoskeletal disorders caused or made worse by current or most recent job, by workplace size, for people working in the last 12 months**

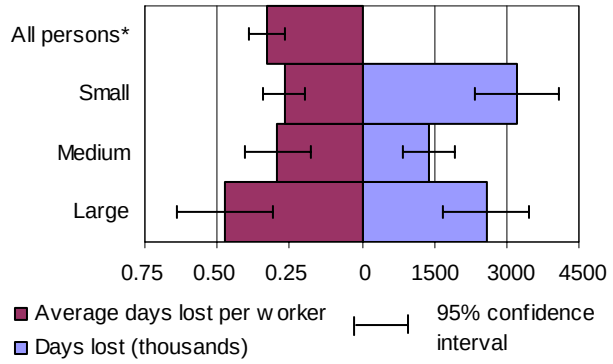



***Note:*** **The national estimated incidence of 156 000 (CI: 138 000 to 174 000) is too large to be shown here.*

- Figure 51 shows that in 2005/06 the estimated *incidence* rates for small, medium and large workplaces were of a similar order (not statistically significantly different). Small workplaces carried a rate of 540 per 100 000 (0.54%) *employed in the last 12 months,* compared with a rate of 610 per 100 000 (0.61%) for medium-sized workplaces and 510 per 100 000 (0.51%) for large workplaces.

See http://www.hse.gov.uk/statistics/lfs/0506/msdsize4.htm

**Figure 52: Estimated days off work (full-day equivalent) and average days lost per worker in 2005/06 due to self-reported work-related musculoskeletal disorders, by workplace size**




***Note:*** **The estimated working days lost of 7.6 million (CI: 6.2 to 9.0 million) is too large to be shown here.*

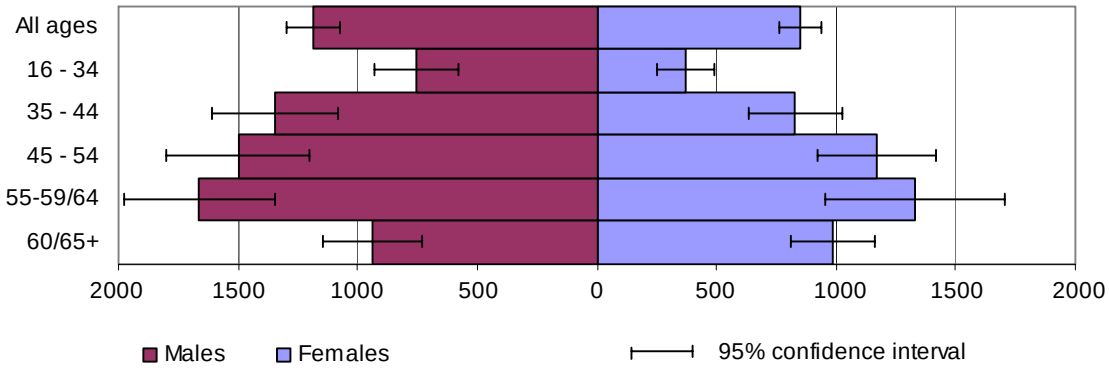
- Estimated days off work and associated average days lost *per worker* in 2005/06 for small, medium and large workplaces are presented for self-reported work-related musculoskeletal disorders in Figure 52. The rate for small workplaces of 0.27 days lost *per worker* was statistically significantly lower than the rate of 0.47 days for large workplaces, but similar to that of 0.29 days for medium-sized workplaces.

See http://www.hse.gov.uk/statistics/lfs/0506/msdsize6.htm.

## Ill health – Musculoskeletal disorders mainly affecting the back by demographic characteristics

- In 2005/06, an estimated 437 000 people in Great Britain believed they were suffering from a musculoskeletal disorder mainly affecting the back that was caused or made worse by their current or past work. This equates to 1000 per 100 000 (1.0%) people who have *ever* worked in Great Britain, similar (not statistically significantly different) to the estimated rate of 1100 per 100 000 people (1.1%) in 2004/05 and 2003/04, but statistically significantly lower than that of 1200 per 100 000 people (1.2%) in 2001/02 (see Figure 36).
- In total, an estimated 16% of sufferers, 70 000 people *ever* employed, *first became aware* of their work-related musculoskeletal disorder mainly affecting the back in the previous 12 months. In terms of people *employed in the last 12 months,* this equates to an estimated 220 per 100 000 people (0.22%) with a *new* work-related musculoskeletal disorder mainly affecting the back in this period. This rate was similar (not statistically significantly different) to the corresponding rates in 2004/05 (260 per 100 000 people - 0.26%) and 2003/04 (230 per 100 000 people - 0.23%), but was statistically significantly lower than that of 330 per 100 000 people (0.33%) in 2001/02 (see Figure 37).
- An estimated 3.8 million working days (full-day equivalent) were lost in 2005/06 through musculoskeletal disorders mainly affecting the back caused or made worse by work. On average, each person suffering took an estimated 15.7 days off in that 12 month period. This equates to an annual loss of 0.16 days *per worker*, which was of a similar order (not statistically significantly different) to the corresponding rates of 0.19 days in 2004/05 and 0.21 days in 2003/04, but was statistically significantly lower than that of 0.24 days in 2001/02 (see Figures 38 and 39).

**Figure 53: Estimated 2005/06 prevalence rates of self-reported musculoskeletal disorders mainly affecting the back caused or made worse by work, by age and gender, per 100 000 people ever employed**

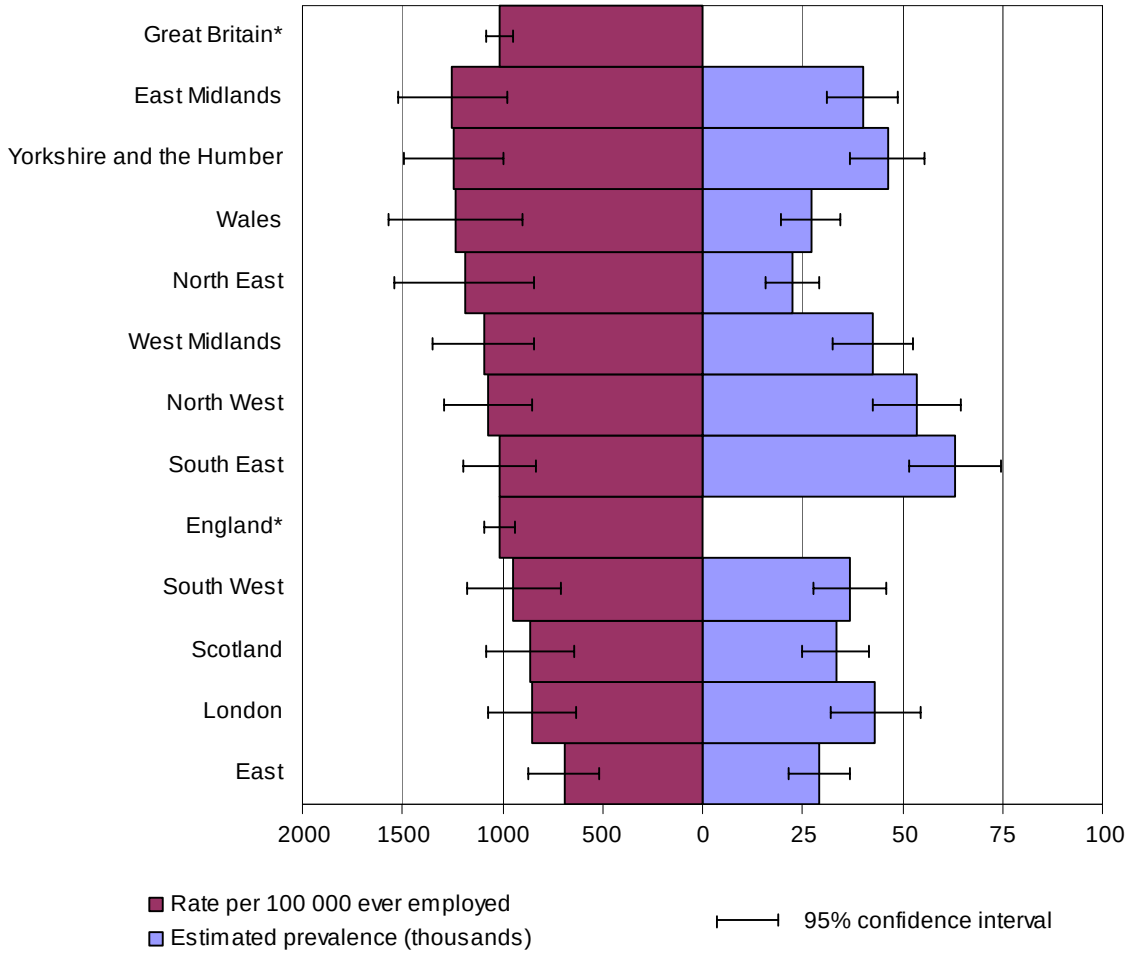



- Figure 53 presents estimated *prevalence* rates by five age groups and gender. In 2005/06, an estimated 248 000 males suffered from a work-related musculoskeletal disorder mainly affecting the back, compared with an estimated 189 000 females.
- Males carried a statistically significantly higher rate of musculoskeletal disorders mainly affecting the back than females - an estimated 1200 per 100 000 males (1.2%) compared with 850 per 100 000 females (0.85%) *ever* employed.
- For both males and females, the age groups carrying the highest rates of a work-related musculoskeletal disorder mainly affecting the back were the oldest working age group (55-64 years for males and 55-59 years for females) and the 45-54 year age group. The rates were statistically significantly higher than the corresponding gender-specific rates. The youngest (16-34 years) age group for males and females and the oldest (65+ years) age group for males carried rates which were statistically significantly lower than the corresponding gender-specific rates.

See http://www.hse.gov.uk/statistics/lfs/0506/backage1e.htm.

## Ill health – Musculoskeletal disorders mainly affecting the back by demographic characteristics (continued)

**Figure 54: Estimated 2005/06 prevalence and rates of self-reported musculoskeletal disorders mainly affecting the back caused or made worse by work, by country and government office region within England, for people ever employed**




***Note:***

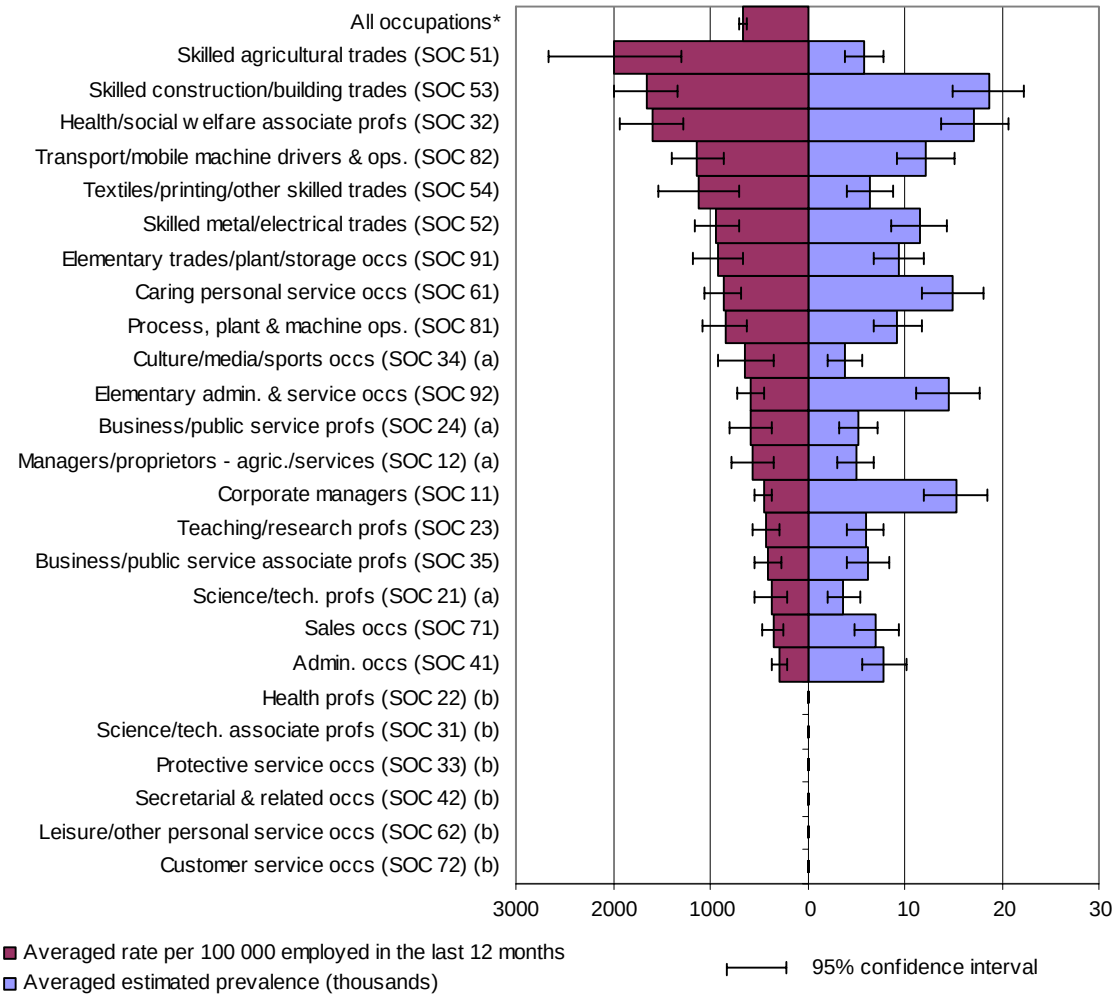
** The national estimated prevalence of 437 000 (CI: 407 000 to 468 000) for Great Britain and 377 000 (CI: 348 000 to 406 000) for England are too large to be shown here.*

- For people *ever* employed, the *prevalence* rates of work-related musculoskeletal disorders mainly affecting the back in England (1000 per 100 000 people - 1.0%), Wales (1200 per 100 000 people - 1.2%) and Scotland (860 per 100 000 people - 0.86%) were of a similar order (not statistically significantly different) in 2005/06. Within England, all regions carried similar rates to that for England, with the exception of the East, where an estimated 690 per 100 000 people (0.69%) *ever* employed suffered from a musculoskeletal disorder mainly affecting the back. This rate was statistically significantly lower than the rate for England.

See http://www.hse.gov.uk/statistics/lfs/0506/backgor1e.htm.

## Ill health – Musculoskeletal disorders mainly affecting the back by employment characteristics

**Figure 55: Estimated prevalence and rates of self-reported musculoskeletal disorders mainly affecting the back caused or made worse by current or most recent job, by occupation, for people working in the last 12 months, averaged 2003/04-2005/06**




***Notes:***

*(a) Estimates based on fewer than 30 sample cases.*

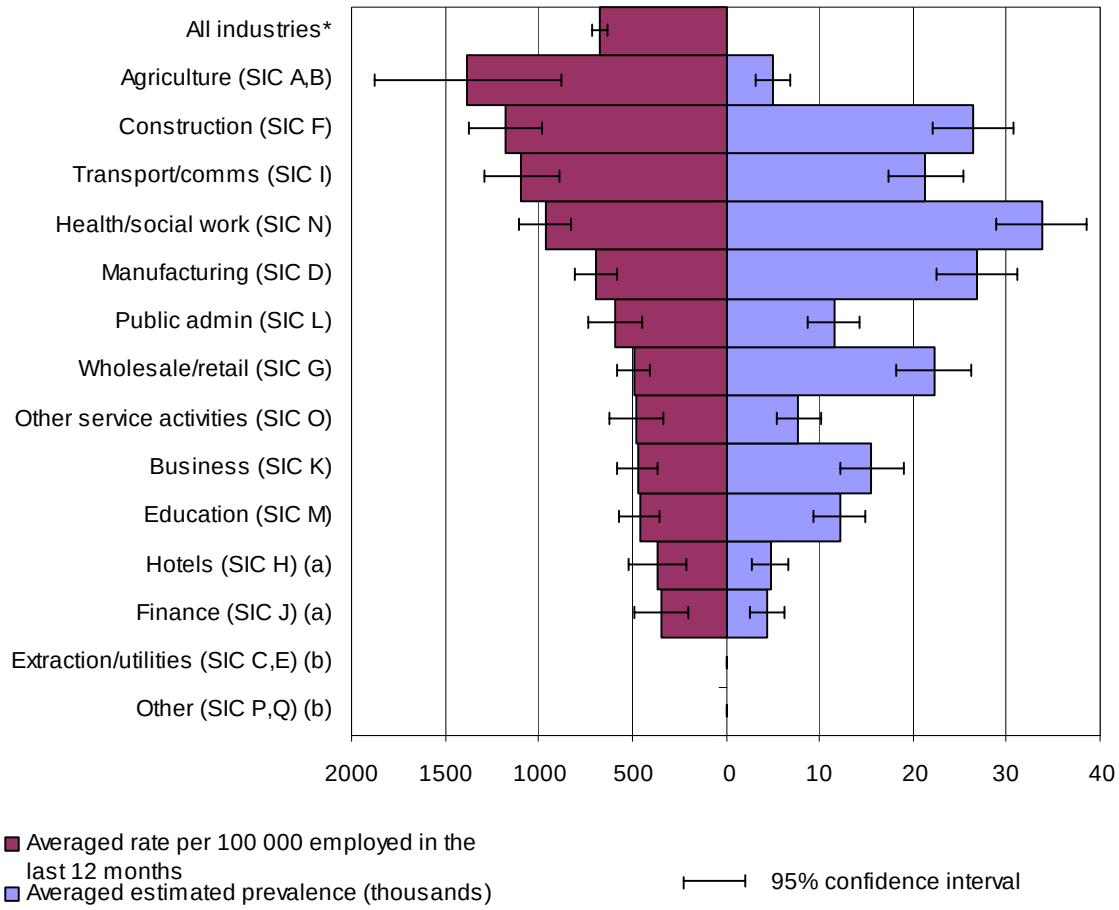
*(b) Sample cases too small to provide reliable estimates.*

** The national averaged estimated prevalence of 195 000 (CI: 183 000 to 207 000) is too large to be shown here.*

- Figure 55 shows the estimated *prevalence* and rates of musculoskeletal disorders mainly affecting the back ascribed to the *current or most recent job* by occupational sub-major group, for people *working in the last 12 months*. Results have been presented as *three-year averages* using three successive years of data (2003/04, 2004/05 and 2005/06).
- Examining the sub-major occupational groups, where sample numbers were sufficiently large to provide reliable estimates, skilled agricultural trades (sub-major group 51), skilled construction and building trades (sub-major group 53), health and social welfare associate professionals (sub-major group 32), transport and mobile machine drivers and operatives (sub-major group 82), textiles, printing and other skilled trades (sub-major group 54), skilled metal and electrical trades (sub-major group 52) and caring personal service occupations (sub-major group 61) carried high rates. All these rates were statistically significantly higher than the rate for all occupations.
- More detailed *averaged prevalence* estimates and rates by occupation, where sample cases are sufficiently large to provide reliable estimates, are available at http://www.hse.gov.uk/statistics/lfs/0506/backocc2_3yr.htm. *Annual* results are also available at http://www.hse.gov.uk/statistics/lfs/0506/backocc2.htm.

## Ill health – Musculoskeletal disorders mainly affecting the back by employment characteristics (continued)

**Figure 56: Estimated prevalence and rates of self-reported musculoskeletal disorders mainly affecting the back caused or made worse by current or most recent job, by industry, for people working in the last 12 months, averaged 2003/04-2005/06**




***Notes:***

*(a) Estimates based on fewer than 30 sample cases.*

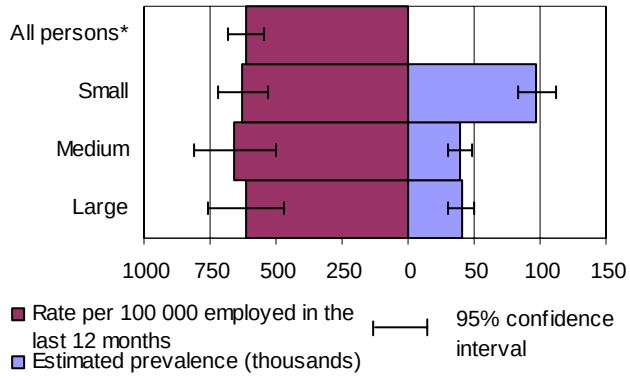
*(b) Sample cases too small to provide reliable estimates.*

** The national averaged estimated prevalence of 195 000 (CI: 183 000 to 207 000) is too large to be shown here.*

- Figure 56 presents the estimated *prevalence* and rates of self-reported musculoskeletal disorders mainly affecting the back associated with the *current or most recent job*, by industry section, *for people working in the last 12 months*. Results have been presented as *three-year averages using* three successive years of data (2003/04, 2004/05 and 2005/06).
- The industries carrying the highest rates, where sample sizes were large enough to provide reliable estimates, were: agriculture, hunting, forestry and fishing (sections A, B), construction (section F), transport, storage and communication (section I) and health and social work (section N). All four rates were statistically significantly higher than the rate across all industries.
- At the other end of the scale, industries carrying the lowest rates were: financial intermediation (section J), hotels and restaurants (section H), education (section M), real estate, renting and business activities (section K), other community, social and personal service activities (section O) and wholesale and retail trade (section G). The rates for these industries were statistically significantly lower than the rate across all industries.
- *Averaged prevalence* estimates and rates by industry section, along with industry division, group and class, where sample cases are sufficiently large to provide reliable estimates, are available at http://www.hse.gov.uk/statistics/lfs/0506/backind2_3yr.htm. *Annual* results are also available at http://www.hse.gov.uk/statistics/lfs/0506/backind2.htm.

## Ill health – Musculoskeletal disorders mainly affecting the back by employment characteristics (continued)

**Figure 57: Estimated 2005/06 prevalence and rates of self-reported musculoskeletal disorders mainly affecting the back caused or made worse by current or most recent job, by workplace size, for people working in the last 12 months**




***Note:*** **The national estimated prevalence of 179 000 (CI: 159 000 to 198 000) is too large to be shown here.*

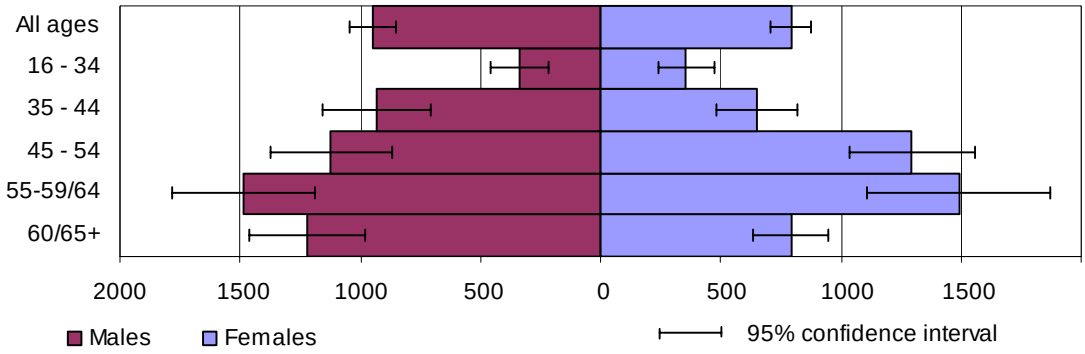
- Figure 57 presents 2005/06 *prevalence* estimates and rates of self-reported musculoskeletal disorders mainly affecting the back, *ascribed to the current or most recent job*, for small (less than 50 employees), medium (50-249 employees) and large (250+ employees) workplaces, for people working in the last 12 months.
- In 2005/06, the rates for small, medium and large workplaces were of a similar order (not statistically significantly different), with respective rates of 630 per 100 000 people (0.63%), 660 per 100 000 (0.66%) and 620 per 100 000 (0.62%) *employed in the last 12 months*.

See http://www.hse.gov.uk/statistics/lfs/0506/backsize2.htm.

## Ill health – Musculoskeletal disorders mainly affecting the upper limbs or neck by demographic characteristics

- In 2005/06, an estimated 374 000 people in Great Britain believed they were suffering from a musculoskeletal disorder mainly affecting the upper limbs or neck that was caused or made worse by their current or past work. This equates to 870 per 100 000 people (0.87%) who have *ever* worked in Great Britain and is the same as the estimated rate in 2004/05, but statistically significantly lower than the corresponding rate of 1000 per 100 000 people (1.0%) in 2003/04 and similar (not statistically significantly different) to that of 910 per 100 000 people (0.91%) in 2001/02 (see Figure 36).
- In total, an estimated 23% of sufferers, 86 000 people *ever* employed, *first became aware* of their work-related musculoskeletal disorder mainly affecting the upper limbs or neck in the previous 12 months. In terms of people *employed in the last 12 months,* this equates to an estimated 270 per 100 000 people (0.27%) with a *new* work-related musculoskeletal disorder mainly affecting the upper limbs or neck in this period. The rate was similar (not statistically significantly different) to the rates of 290 per 100 000 people (0.29%) in 2004/05, 310 per 100 000 people (0.31%) in 2003/04 and 300 per 100 000 (0.30%) in 2001/02 (see Figure 37).
- An estimated 3.7 million working days (full-day equivalent) were lost in 2005/06 through musculoskeletal disorders mainly affecting the upper limbs or neck caused or made worse by work. On average, each person suffering took an estimated 17.2 days off in that 12 month period. This equates to an annual loss of 0.16 days *per worker*, which was of a similar order (not statistically significantly different) to the corresponding rates of 0.20 days in 2004/05, 0.21 days in 2003/04 and 0.17 days in 2001/02 (see Figures 38 and 39).

**Figure 58: Estimated 2005/06 prevalence rates of self-reported musculoskeletal disorders mainly affecting the upper limbs or neck, caused or made worse by work, by age and gender, per 100 000 people ever employed**

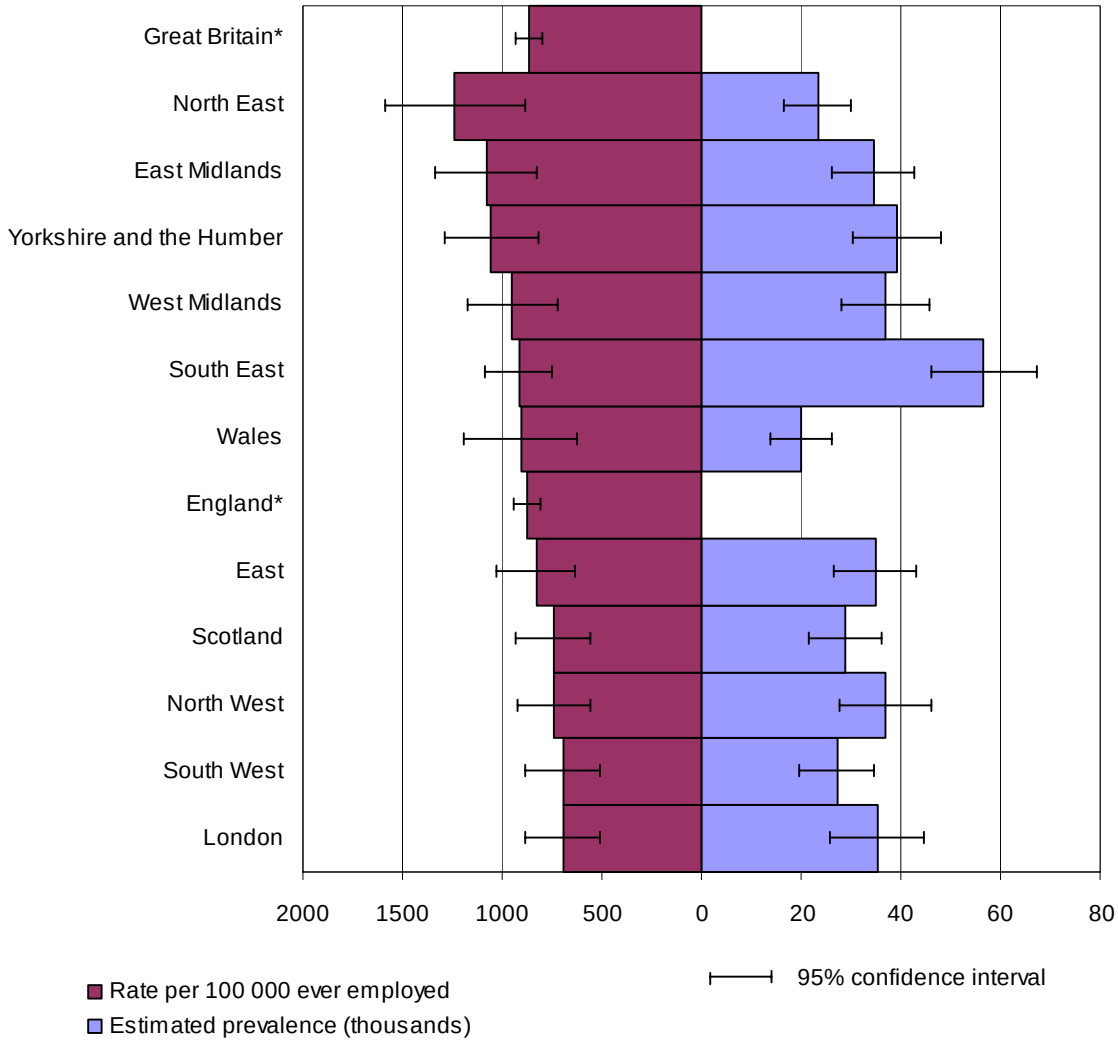



- Figure 58 presents estimated *prevalence* rates by five age groups and gender. In 2005/06, an estimated 198 000 males suffered from a work-related musculoskeletal disorder mainly affecting the upper limbs or neck, compared with an estimated 176 000 females. The overall rate for males of 940 per 100 000 males *ever* employed (0.94%) was statistically significantly higher than that for females, at 790 per 100 000 (0.79%).
- For both males and females, the age group carrying one of the highest rates was the oldest working age group (55-64 years for males and 55-59 years for females). For males, the 65+ years age group also carried a high rate, along with the 45-54 years age group for females. These rates were statistically significantly higher than the corresponding overall gender-specific rate. For both males and females, the youngest age group (16-34 years) carried the lowest rate. Their rates were statistically significantly lower than the corresponding gender-specific rates in each of the other age groups

See http://www.hse.gov.uk/statistics/lfs/0506/ulnage1e.htm.

## Ill health – Musculoskeletal disorders mainly affecting the upper limbs or neck by demographic characteristics (continued)

**Figure 59: Estimated 2005/06 prevalence and rates of self-reported musculoskeletal disorders mainly affecting the upper limbs or neck caused or made worse by work, by country and government office region within England, for people ever employed**




***Note:***

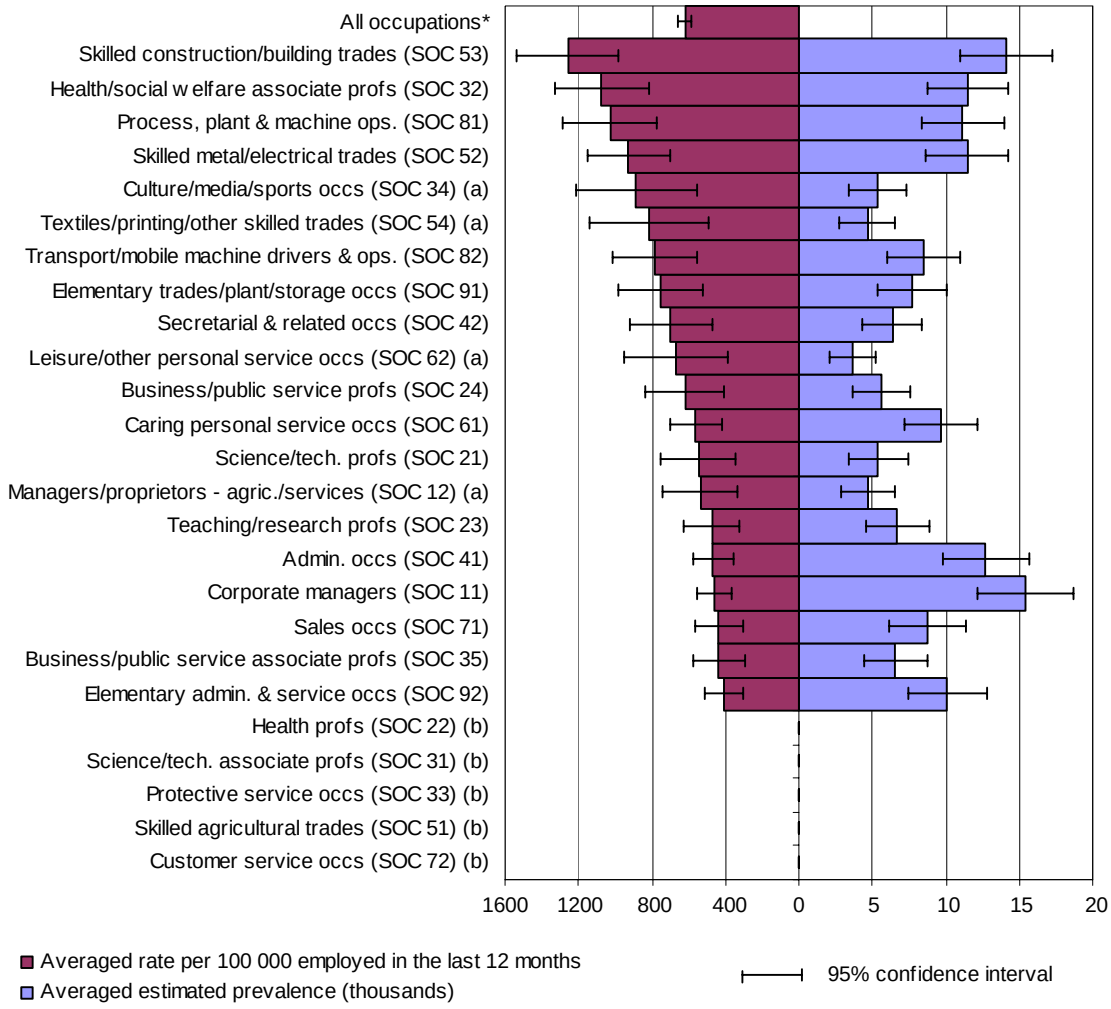
** The national estimated prevalence of 374 000 (CI: 346 000 to 401 000) for Great Britain and 325 000 (CI: 299 000 to 351 000) for England are too large to be shown here.*

- Figure 59 shows the estimated 2005/06 *prevalence* and rates of self-reported musculoskeletal disorders mainly affecting the upper limbs or neck caused or made worse by work, by country and government office region within England, for people *ever* employed.
- In 2005/06, the estimated *prevalence* rates of work-related musculoskeletal disorders mainly affecting the upper limbs or neck for people living in England (880 per 100 000 people *ever* employed - 0.88%), Wales (910 per 100 000 people - 0.91%) and Scotland (740 per 100 000 people - 0.74%) were of a similar order (not statistically significantly different). Within England, the North East carried the highest rate, with an estimated 1200 per 100 000 people (1.2%) *ever* employed suffering. This rate was statistically significantly higher than the rates for England and also London, which carried the lowest rate with an estimated 690 per 100 000 people (0.69%) *ever* employed.

See http://www.hse.gov.uk/statistics/lfs/0506/ulngor1e.htm.

## Ill health – Musculoskeletal disorders mainly affecting the upper limbs or neck by employment characteristics

**Figure 60: Estimated prevalence and rates of self-reported musculoskeletal disorders mainly affecting the upper limbs or neck caused or made worse by current or most recent job, by occupation, for people working in the last 12 months, averaged 2003/04-2005/06**




***Notes:***

*(a) Estimates based on fewer than 30 sample cases.*

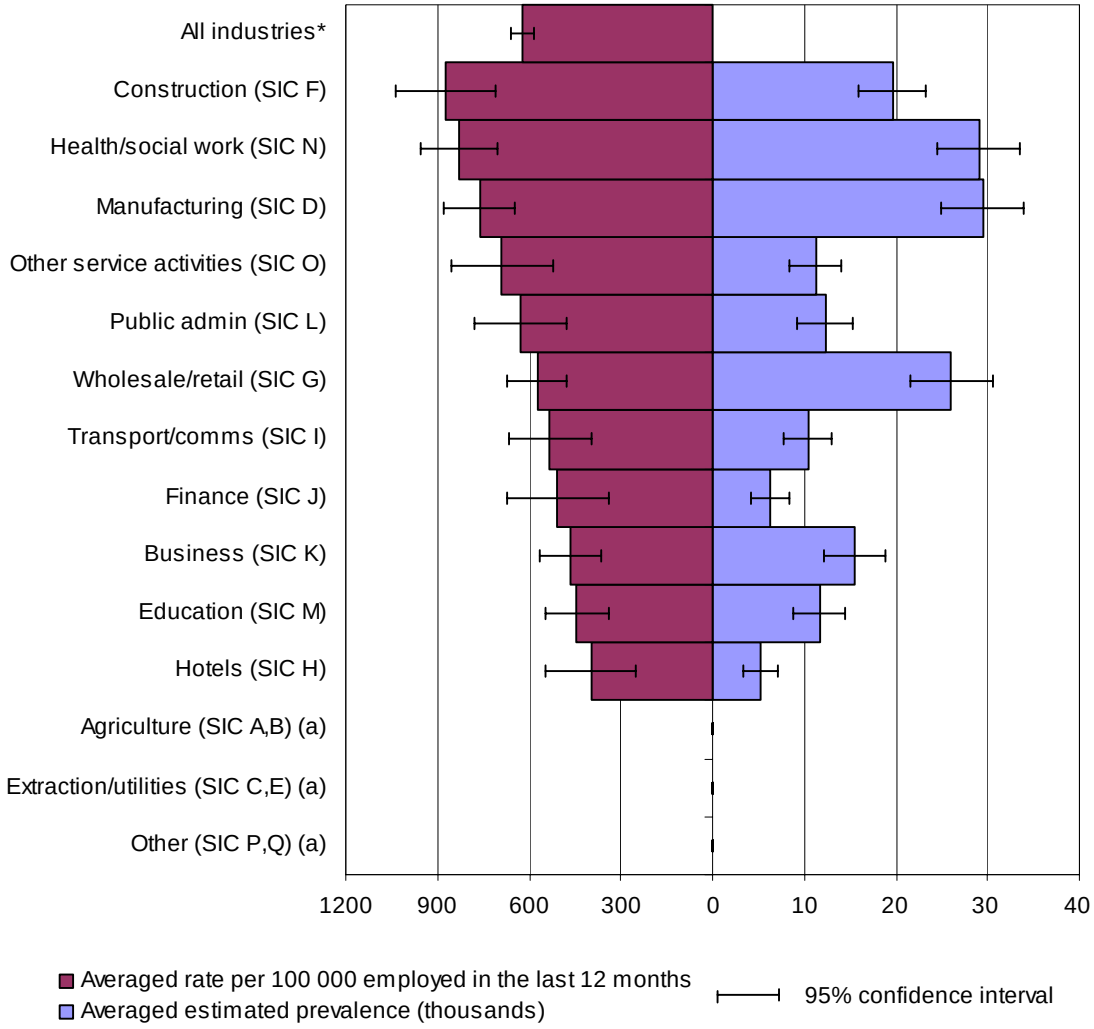
*(b) Sample cases too small to provide reliable estimates.*

** The national averaged estimated prevalence of 181 000 (CI: 169 000 to 192 000) is too large to be shown here.*

- Figure 60 shows the estimated *prevalence* and rates of musculoskeletal disorders affecting the upper limbs or neck ascribed to the *current or most recent job*, by occupational sub-major group, for people *working in the last 12 months*. Results have been presented as *three-year averages* using three successive years of data (2003/04, 2004/05 and 2005/06).
- Examining the occupational sub-major groups, where sample numbers are sufficiently large to provide reliable estimates, skilled construction and building trades (sub-major group 53), health and social welfare associate professionals (sub-major group 32), process, plant and machine operatives (sub-major group 81) and skilled metal and electrical trades (sub-major group 52) carried rates which were statistically significantly higher than the all occupation rate.
- More detailed *averaged prevalence* estimates and rates by occupation, where sample cases are sufficiently large to provide reliable estimates, are available at http://www.hse.gov.uk/statistics/lfs/0506/ulnocc2_3yr.htm. *Annual* results are also available at http://www.hse.gov.uk/statistics/lfs/0506/ulnocc2.htm.

## Ill health – Musculoskeletal disorders mainly affecting the upper limbs or neck by employment characteristics (continued)

**Figure 61: Estimated prevalence and rates of self-reported musculoskeletal disorders mainly affecting the upper limbs or neck caused or made worse by current or most recent job, by industry, for people working in the last 12 months, averaged 2003/04-2005/06**




***Notes:***

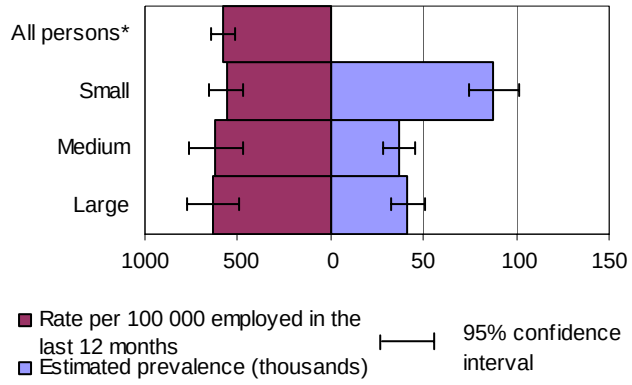
*(a) Sample cases too small to provide reliable estimates.*

** The national averaged estimated prevalence of 181 000 (CI: 169 000 to 192 000) is too large to be shown here.*

- Figure 61 presents the estimated *prevalence* and rates of self-reported musculoskeletal disorders mainly affecting the upper limbs or neck associated with the *current or most recent job*, by industry section, *for people working in the last 12 months*. Results have been presented as *three-year averages* using three successive years of data (2003/04, 2004/05 and 2005/06).
- The industries carrying the highest *averaged prevalence* rates, where sample sizes are large enough to provide reliable estimates, were: construction (section F); health and social work (section N) and manufacturing (section D). Their rates were statistically significantly higher than the rate for all industries.
- At the other end of the scale, the industries with the lowest rates were: hotel and restaurants (section H), education (section M) and real estate, renting and business activities (section K). All three rates were statistically significantly lower than the rate for all industries.
- *Averaged prevalence* estimates and rates by industry section, along with industry division, group and class, where sample cases are sufficiently large to provide reliable estimates, are available at http://www.hse.gov.uk/statistics/lfs/0506/ulnind2_3yr.htm. *Annual* results are also available at http://www.hse.gov.uk/statistics/lfs/0506/ulnind2.htm.

## Ill health – Musculoskeletal disorders mainly affecting the upper limbs or neck by employment characteristics (continued)

**Figure 62: Estimated 2005/06 prevalence and rates of self-reported musculoskeletal disorders mainly affecting the upper limbs or neck caused or made worse by current or most recent job, by workplace size, for people working in the last 12 months**




***Note:*** **The national estimated prevalence of 170 000 (CI: 151 000 to 189 000) is too large to be shown here.*

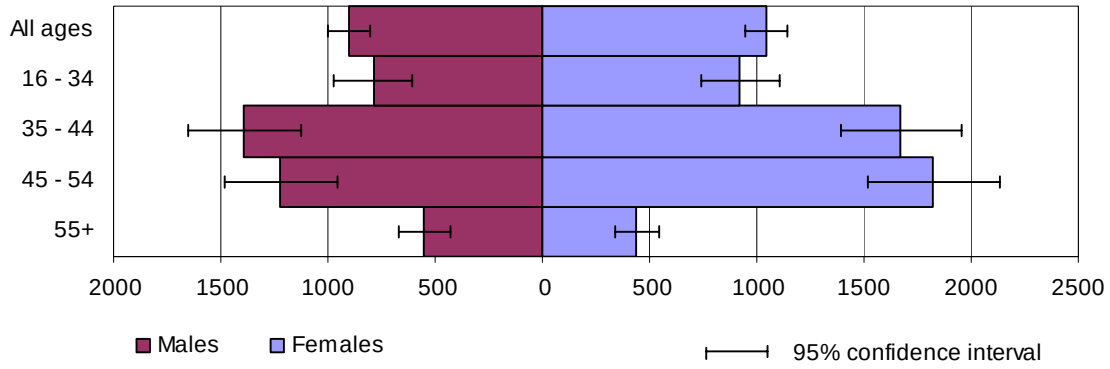
- Figure 62 presents 2005/06 *prevalence* estimates and rates of self-reported musculoskeletal disorders mainly affecting the upper limbs or neck, *ascribed to the current or most recent job*, for small (less than 50 employees), medium (50-249 employees) and large (at least 250 employees) workplaces, for people working in the last 12 months.
- In 2005/06, the rates for small (560 per 100 000 people *employed in the last 12 months* - 0.56%), medium (620 per 100 000 people - 0.62%) and large workplaces (640 per 100 000 people - 0.64%) were of a similar order (not statistically significantly different).

See http://www.hse.gov.uk/statistics/lfs/0506/ulnsize2.htm.

## Ill health – Stress, depression or anxiety by demographic characteristics

- In 2005/06, an estimated 420 000 people in Great Britain believed they were suffering from stress, depression or anxiety that was caused or made worse by their current or past work. This equates to 970 per 100 000 people (0.97%) who have *ever* worked in Great Britain (see Figure 2), statistically significantly lower than the corresponding rates in 2004/05 (1200 per 100 000 – 1.2%), and 2003/04 and 2001/02 (both 1300 per 100 000 – 1.3%).
- In total, an estimated 46% of sufferers, 195 000 people *ever* employed, *first became aware* of their work-related stress, depression or anxiety in the previous 12 months. In terms of people *employed in the last 12 months,* this equates to an estimated 660 per 100 000 (0.66%) people with a *new* case of work-related illness in this period. This was statistically significantly lower than the rates of 820 per 100 000 people (0.82%) in 2004/05, 860 per 100 000 people (0.86%) in 2003/04 and 890 per 100 000 (0.89%) in 2001/02 (see Figure 5).
- An estimated 10.5 million working days (full-day equivalent) were lost in 2005/06 through stress, depression or anxiety caused or made worse by work. On average, each person suffering took an estimated 30.1 days off in that 12 month period. This equates to an annual loss of 0.45 days *per worker* which was similar (not statistically significantly different) to the rates of 0.55 days in 2004/05 and 0.56 days in 2003/04, but was statistically significantly lower than that of 0.57 days in 2001/02 (see Figures 9 and 10).

**Figure 63: Estimated 2005/06 prevalence rates of self-reported stress, depression or anxiety caused or made worse by work, by age and gender, per 100 000 people ever employed**

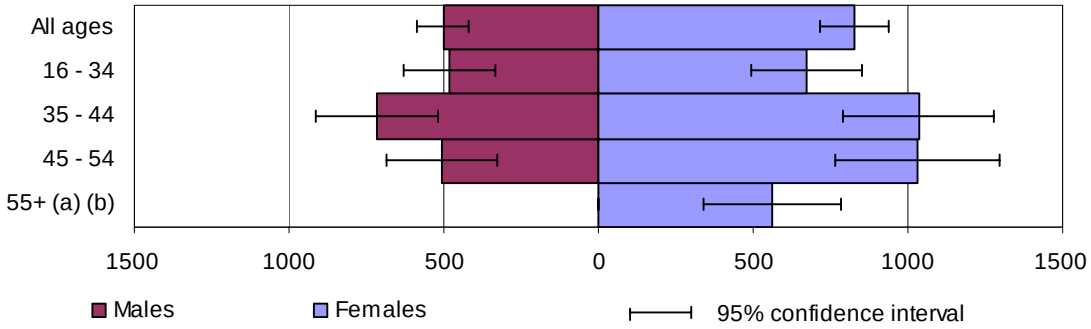



- Figure 63 gives the 2005/06 estimated *prevalence* rates of work-related stress, depression or anxiety, by four age groups and gender.
- In 2005/06, the rate for males at 900 per 100 000 (0.90%) *ever* employed was similar (not statistically significantly different) to that for females (1000 per 100 000 females - 1.0%). These rates equate to an estimated 189 000 males and 231 000 females *ever* employed who were suffering in 2005/06 from stress, depression or anxiety caused or made worse by work.
- For males and females, the 45-54 and 35-44 year age groups carried the highest rates of work-related stress, depression or anxiety. Rates for both age groups were statistically significantly higher than the corresponding overall gender-specific rate.
- Males and females in the oldest age group (55+ years) carried the lowest rates. These rates were statistically significantly lower than the corresponding overall rate for each gender and the gender-specific rates for all remaining age groups.

See http://www.hse.gov.uk/statistics/lfs/0506/strage1e.htm.

## Ill health – Stress, depression or anxiety by demographic characteristics (continued)

**Figure 64: Estimated 2005/06 incidence rates of self-reported stress, depression or anxiety caused or made worse by work, by age and gender, per 100 000 people working in the last 12 months**




***Notes:***

*(a) Estimates for females based on fewer than 30 sample cases.*

*(b) Sample cases for males too small to provide reliable estimates.*

- With an estimated *incidence* of 115 000, more females were affected by a *new* complaint of stress, depression or anxiety in 2005/06 than males (80 000).
- For people *who worked in the last 12 months*, the *incidence* rate for females, at 830 per 100 000 females (0.83%), was statistically significantly higher than the corresponding rate of 500 per 100 000 males (0.50%).
- For males, the 35-44 year age group carried the highest *incidence* rate of work-related stress, depression or anxiety. Its rate was statistically significantly higher than that for males as a whole. Sample numbers were too small to provide a reliable estimate for males aged 55+ years.
- For females, the youngest (16-34 years) and oldest (55+ years) age groups carried the lowest rates. Both rates were statistically significantly lower than those for the 35-44 and 45-54 year age groups and that for females as a whole.

See http://www.hse.gov.uk/statistics/lfs/0506/strage2e.htm and http://www.hse.gov.uk/statistics/lfs/0506/strage2w12.htm.

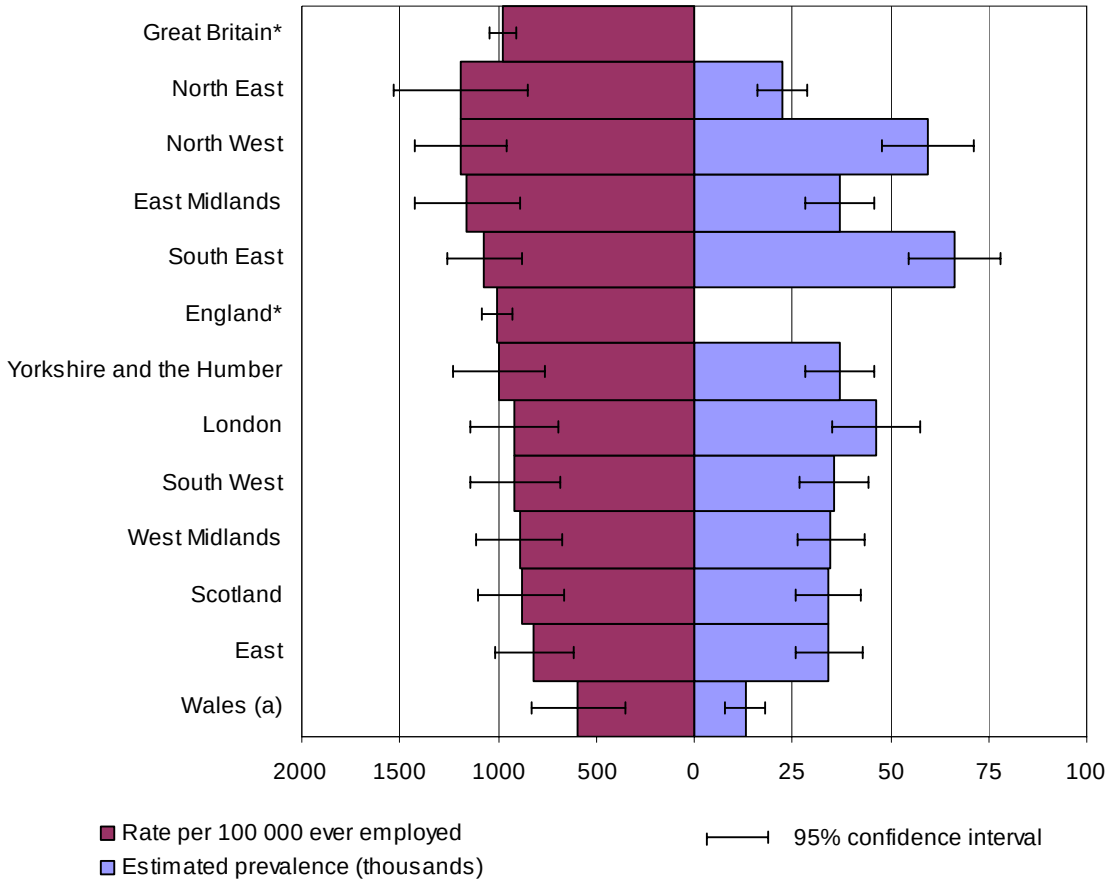
### Working days lost

- In 2005/06, the estimated total number of days lost (full-day equivalent) due to stress, depression or anxiety was 4.7 million for males and 5.9 million for females. The average days lost *per worker* for females, at 0.64 days, was statistically significantly higher than the corresponding rate of 0.34 days for males.
- For both males and females, the youngest age group (16-34 years) carried the lowest rates, at 0.23 days and 0.40 days respectively. Both rates were statistically significantly lower than the overall gender-specific rate.

See http://www.hse.gov.uk/statistics/lfs/0506/strage3.htm.

## Ill health – Stress, depression or anxiety by demographic characteristics (continued)

**Figure 65: Estimated 2005/06 prevalence and rates of self-reported stress, depression or anxiety caused or made worse by work, by country and government office region, for people ever employed**




***Notes:***

*(a) Estimates based on fewer than 30 sample cases.*

** The national estimated prevalence of 420 000 (CI: 390 000 to 451 000) for Great Britain and 373 000 (CI: 345 000 to 402 000) for England are too large to be shown here.*

- The estimated *prevalence* rate for people living in Wales, at between 350 and 830 per 100 000 people *ever* employed (0.35% to 0.83%), was statistically significantly lower than that of 1000 per 100 000 (1.0%) for people living in England. However, the rate for Scotland and those for regions within England were similar (not statistically significantly different) to the overall rate for England.

See http://www.hse.gov.uk/statistics/lfs/0506/strgor1e.htm.

- **Incidence:** The estimated *incidence* rates for England and Scotland were similar in 2005/06 (not statistically significantly different). Sample numbers were too small to provide a reliable estimate for Wales. Within England, government office regions carried similar rates to that for England (not statistically significantly different), with the exception of the East, where the rate of between 300 and 670 per 100 000 people (0.30% to 0.67%) *working in the last 12 months* was statistically significantly lower than that for England (680 per 100 000 people – 0.68%).

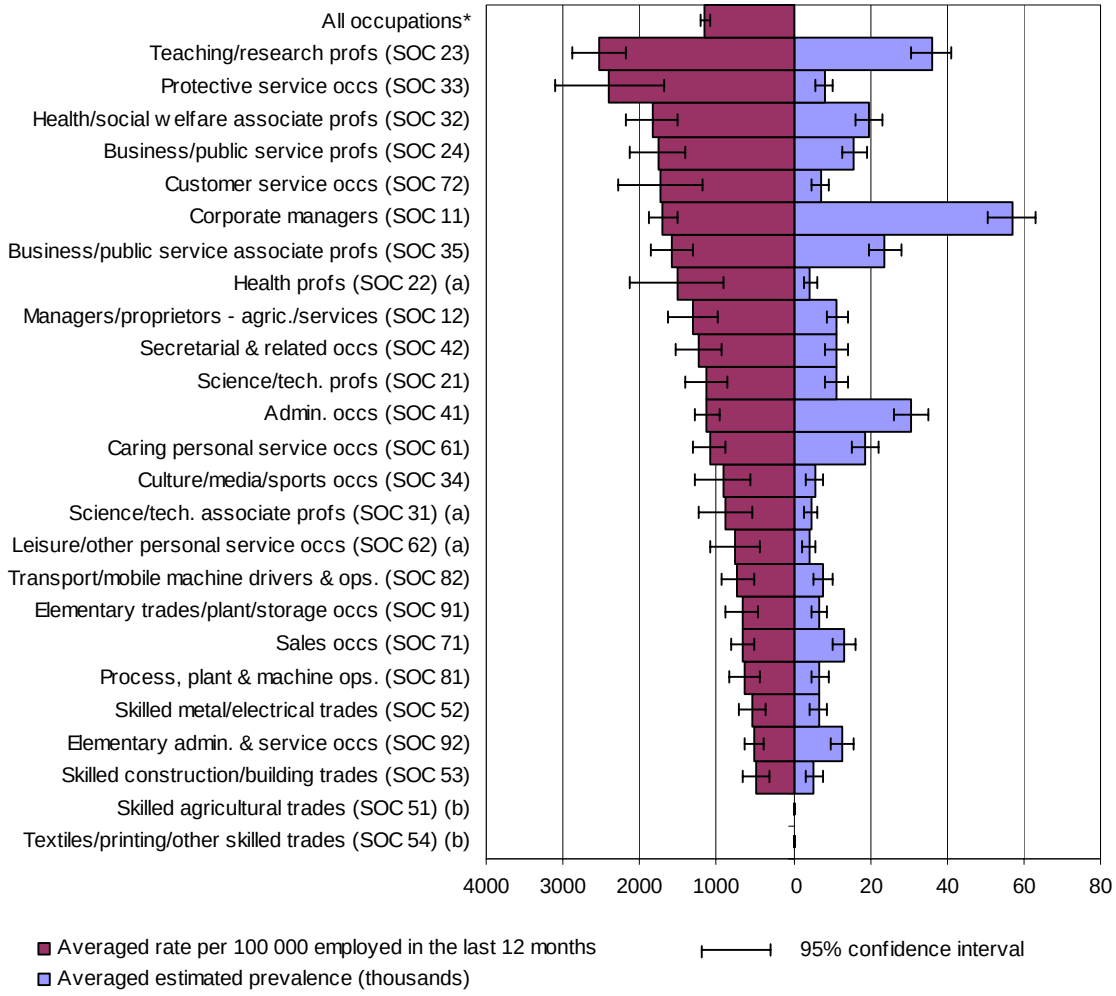
See http://www.hse.gov.uk/statistics/lfs/0506/strgor2w12.htm**.**

- **Working days lost:** Average days lost *per worker* were similar (not statistically significantly different) for England and Scotland. Sample numbers were too small to provide a reliable estimate for Wales. Within England, all regions carried similar rates to that for England (not statistically significantly different).

See http://www.hse.gov.uk/statistics/lfs/0506/strgor3.htm.

## Ill health – Stress, depression or anxiety by occupation

**Figure 66: Estimated prevalence and rates of self-reported stress, depression or anxiety caused or made worse by current or most recent job, by occupation, for people working in the last 12 months, averaged 2003/04-2005/06**




***Notes:***

*(a) Estimates based on fewer than 30 sample cases.*

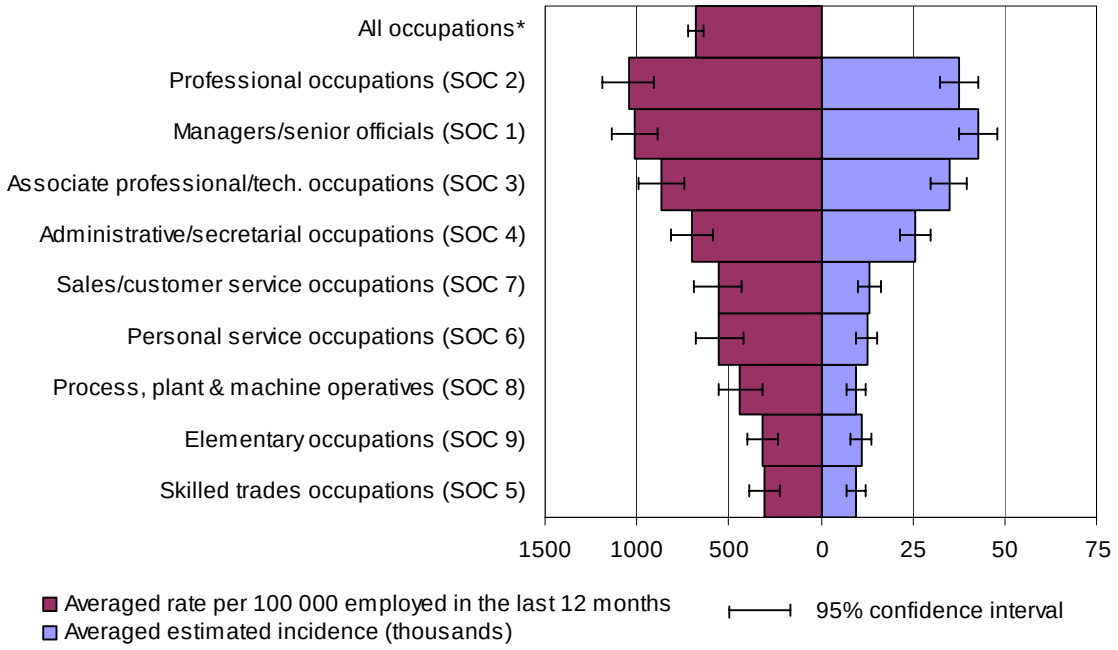
*(b) Sample cases too small to provide reliable estimates.*

** The national averaged estimated prevalence of 333 000 (CI: 318 000 to 349 000) is too large to be shown here.*

- Figure 66 displays *prevalence* estimates and rates of stress, depression or anxiety associated with the *current or most recent job,* by occupational sub-major group, *for people working in the last 12 months*. Results have been presented as *three-year averages* using three successive years of data (2003/04, 2004/05 and 2005/06).
- Examining the occupational sub-major groups, where the sample numbers are large enough to provide reliable estimates, shows that teaching and research professionals (sub-major group 23), protective service occupations (sub-major group 33), health and social welfare associate professionals (sub-major group 32), business and public service professionals (sub-major group 24), customer service occupations (sub-major group 72), corporate managers (sub-major group 11) and business and public service associate professionals (sub-major group 35) carried rates which were statistically significantly higher than the overall rate.
- More detailed *averaged prevalence* estimates and rates by occupation, where sample cases are sufficiently large to provide reliable estimates, are available at http://www.hse.gov.uk/statistics/lfs/0506/strocc2_3yr.htm. *Annual* results are also available at http://www.hse.gov.uk/statistics/lfs/0506/strocc2.htm.

## Ill health – Stress, depression or anxiety by occupation (continued)

**Figure 67: Estimated incidence and rates of self-reported stress, depression or anxiety caused or made worse by current or most recent job, by occupation, for people working in the last 12 months, averaged 2003/04-2005/06**

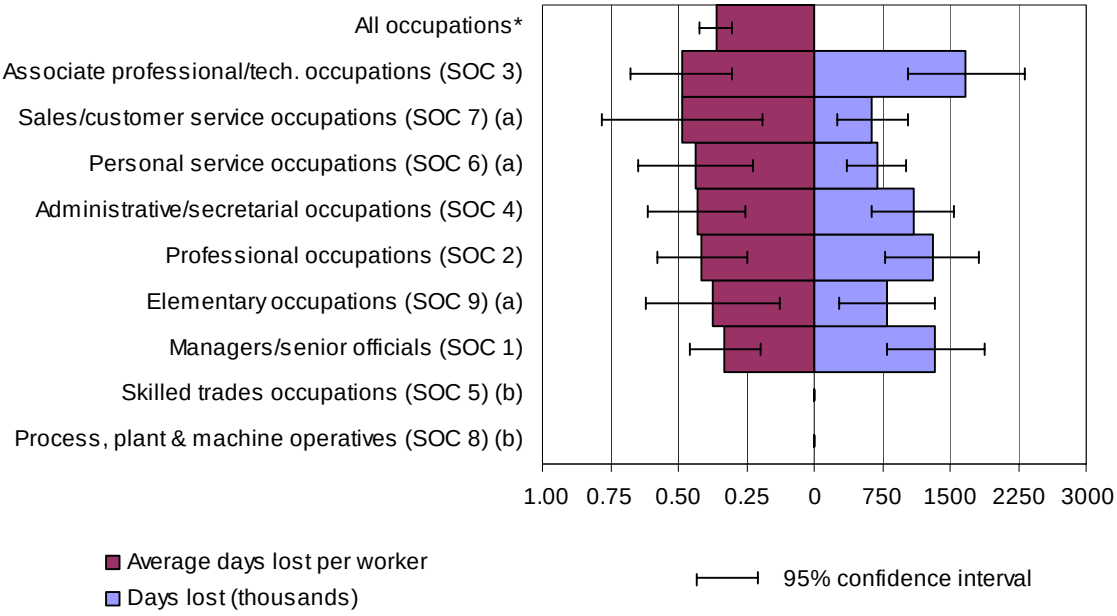



***Note:*** **The national averaged estimated incidence of 197 000 (CI: 185 000 to 209 000) is too large to be shown here.*

- Figure 67 gives an occupational breakdown for those who became aware of their work-related stress, depression or anxiety in the last 12 months, and attributed their condition to their *current or most recent job* in that period. Results have been presented as *three-year averages* using three successive years of data (2003/04, 2004/05 and 2005/06).
- The occupational major groups carrying the highest incidence rates were professional occupations (major group 2), managers and senior officials (major group 1) and associate professional and technical occupations (major group 3). All three carried rates statistically significantly higher than the all occupation rate.
- More detailed *averaged incidence* estimates and rates by occupation, where sample cases are sufficiently large to provide reliable estimates, are available at http://www.hse.gov.uk/statistics/lfs/0506/strocc4_3yr.htm. *Annual* results are also available at http://www.hse.gov.uk/statistics/lfs/0506/strocc4.htm.

## Ill health – Stress, depression or anxiety by occupation (continued)

**Figure 68: Estimated days (full-day equivalent) off work and average days lost per (full-time equivalent) worker in 2005/06 due to self-reported stress, depression or anxiety caused or made worse by current or most recent job, by occupation**




***Notes:***

*(a) Estimates based on fewer than 40 sample cases.*

*(b) Sample numbers too small to provide reliable estimates.*

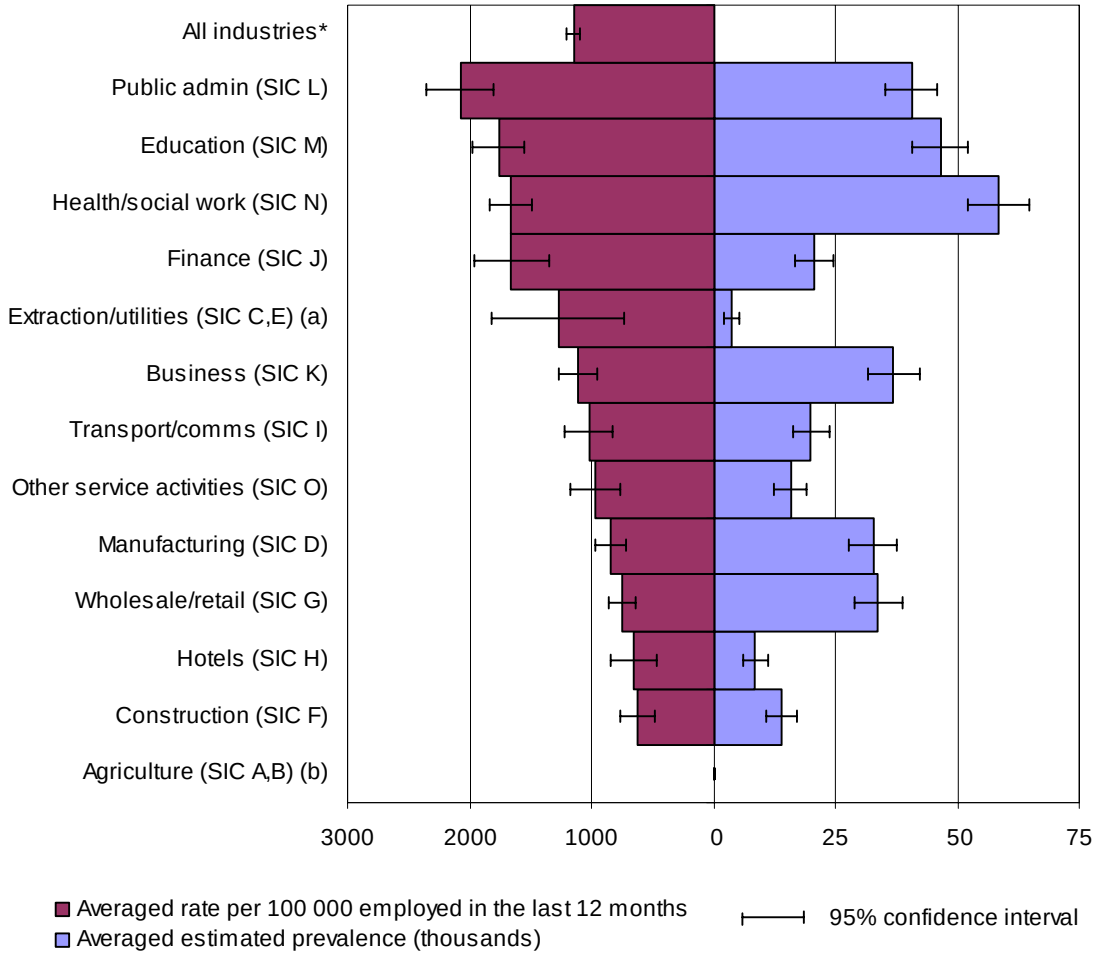
** The estimated working days lost of 8.4 million (CI: 7.0 to 9.8 million) is too large to be shown here.*

- Figure 68 presents the amount of time that individuals took off work in 2005/06 due to stress, depression or anxiety caused or made worse by the *current or most recent* job, and the corresponding average time off *per worker* by occupational major group.
- In 2005/06, where sample numbers were sufficiently large to provide reliable estimates, all occupational major groups carried rates of a similar (not statistically significantly different) to the average days lost *per worker* for all occupations.

See http://www.hse.gov.uk/statistics/lfs/0506/strocc6.htm.

## Ill health – Stress, depression or anxiety by industry

**Figure 69: Estimated prevalence and rates of self-reported stress, depression or anxiety caused or made worse by current or most recent job, by industry, for people working in the last 12 months, averaged 2003/04-2005/06**




***Notes:***

*(a) Estimates based on fewer than 30 sample cases.*

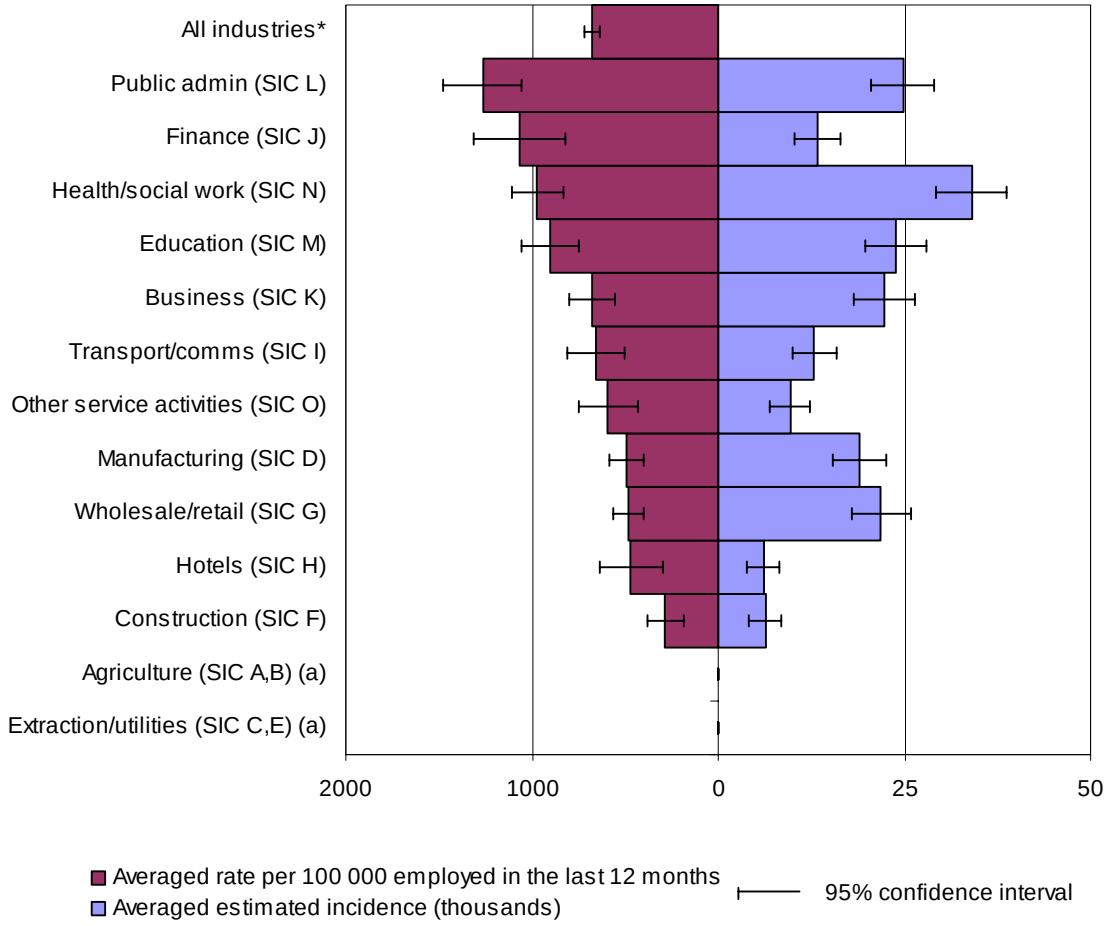
*(b) Sample cases too small to provide reliable estimates.*

** The national averaged estimated prevalence of 333 000 (CI: 318 000 to 349 000) is too large to be shown here.*

- Figure 69 presents the estimated *prevalence* and rates of self-reported stress, depression or anxiety associated with *the current or most recent job*, by industry section, *for people working in the last 12 months.* Results have been presented as *three-year averages* using three successive years of data (2003/04, 2004/05 and 2005/06).
- The industries carrying the highest rates, where sample sizes are large enough to provide reliable estimates, were: public administration and defence (section L); education (section M); health and social work (section N) and financial intermediation (section J). All four rates were statistically significantly higher than the rate for all industries.
- At the other end of the scale, again where sample numbers are large enough to provide reliable estimates, industries which carried the lowest rates were construction (section F); hotels and restaurants (section H), wholesale and retail trade (section G) and manufacturing (section D). The rates for these industries were statistically significantly lower than the rate for all industries.
- *Averaged prevalence* estimates and rates by industry section, along with industry divisions, groups and classes, where sample cases are sufficiently large to provide reliable estimates, are available at http://www.hse.gov.uk/statistics/lfs/0506/strind2_3yr.htm. *Annual* results are also available at http://www.hse.gov.uk/statistics/lfs/0506/strind2.htm.

## Ill health – Stress, depression or anxiety by industry (continued)

**Figure 70: Estimated incidence and rates of self-reported stress, depression or anxiety caused or made worse by current or most recent job, by industry, for people working in the last 12 months, averaged 2003/04-2005/06**




***Notes:***

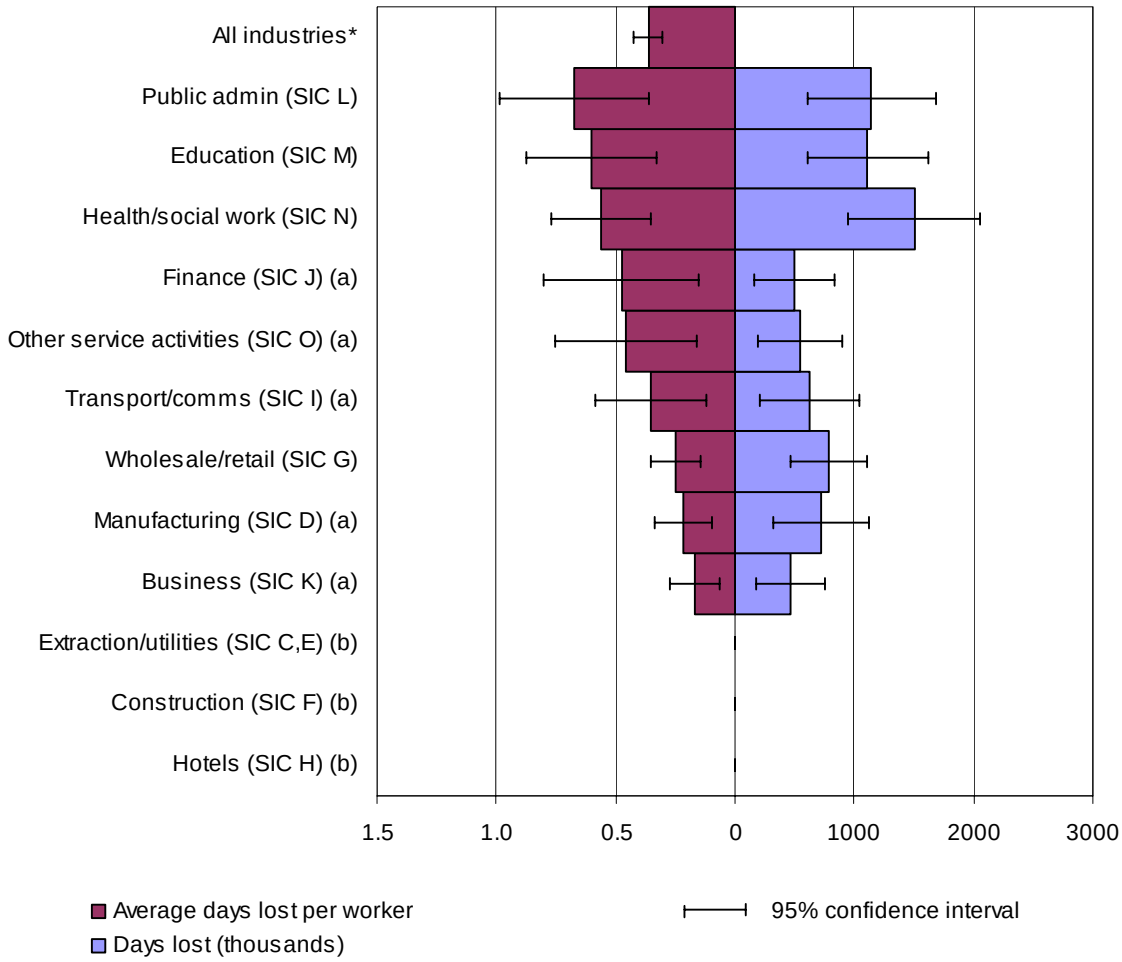
*(a) Sample cases too small to provide reliable estimates.*

** The national averaged estimated incidence of 197 000 (CI: 185 000 to 209 000) is too large to be shown here.*

- Figure 70 gives an industrial breakdown for those who became aware of their work-related stress, depression or anxiety in the last 12 months, and attributed their condition to their *current or most recent job* in that period. Results have been presented as *three-year averages* using three successive years of data (2003/04, 2004/05 and 2005/06).
- Industries with the highest *incidence* rates, where sample numbers were sufficiently large to provide reliable estimates, were: public administration and defence (section L); financial intermediation (section J); health and social work (section N) and education (section M). Their rates were statistically significantly higher than the rate across all industries. These industries also had high *prevalence* rates.
- At the other end of the scale, construction (section F), hotels and restaurants (section H), wholesale and retail trade (section G) and manufacturing (section D) had rates which were statistically significantly lower than the rate across all industries. These four industries also had low *prevalence* rates.
- *Averaged incidence* estimates and rates by industry section, along with industry division, group and class, where sample cases are sufficiently large to provide reliable estimates, are available at http://www.hse.gov.uk/statistics/lfs/0506/strind4_3yr.htm. *Annual* results are also available at http://www.hse.gov.uk/statistics/lfs/0506/strind4.htm.

## Ill health – Stress, depression or anxiety by industry (continued)

**Figure 71: Estimated days (full-day equivalent) off work and average days lost per (full-time equivalent) worker in 2005/06 due to self-reported stress, depression or anxiety caused or made worse by current or most recent job, by industry**




***Notes:***

*(a) Estimates based on fewer than 40 sample cases.*

*(b) Sample cases too small to provide reliable estimates.*

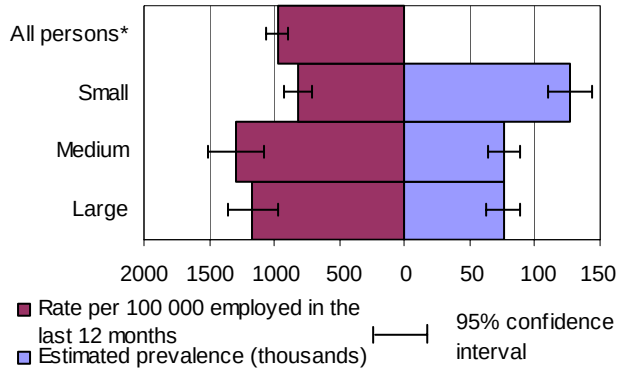
** The estimated working days lost of 8.4 million (CI: 7.0 to 9.8 million) is too large to be shown here.*

- Figure 71 presents the amount of time that individuals took off work in 2005/06 associated with stress, depression or anxiety caused or made worse by the current or most recent job, and the corresponding average time off work *per worker.*
- In 2005/06, where sample numbers were sufficiently large to provide reliable estimates, public administration and defence (section L) and health and social work (section N) carried above average rates, with a respective estimated 0.67 and 0.56 days lost *per worker.* These rates were statistically significantly higher than the rate for all industries and those for real estate, renting and business activities (section K – between 0.062 and 0.27 days), manufacturing (section D – between 0.098 and 0.34 days) and wholesale and retail trade (section G - 0.25 days), the industry sections with the lowest rates.

See http://www.hse.gov.uk/statistics/lfs/0506/strind6.htm.

## Ill health – Stress, depression or anxiety by workplace size

**Figure 72: Estimated 2005/06 prevalence and rates of self-reported stress, depression or anxiety caused or made worse by current or most recent job, by workplace size, for people working in the last 12 months**

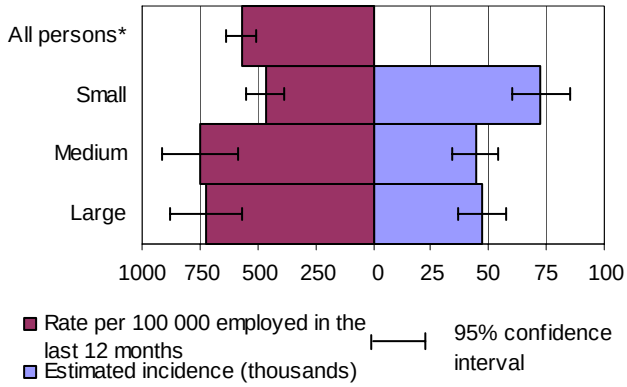



***Note:*** **The national estimated prevalence of 286 000 (CI: 261 000 to 311 000) is too large to be shown here.*

- Figure 72 presents *prevalence* estimates and rates of work-related stress, depression or anxiety, for people *working in the last 12 months*, for small (less than 50 employees), medium (between 50 and 249 employees) and large (at least 250 employees) workplaces.
- At an estimated 820 per 100 000 people (0.82%) *working in the last 12 months,* the rate for small workplaces in 2005/06 was statistically significantly lower than those for medium-sized (1300 per 100 000 - 1.3%) and for large workplaces (1200 per 100 000 – 1.2%).

See
http://www.hse.gov.uk/statistics/lfs/0506/strsize2.htm

**Figure 73: Estimated 2005/06 incidence and rates of self-reported stress, depression or anxiety caused or made worse by current or most recent job, by workplace size, for people working in the last 12 months**

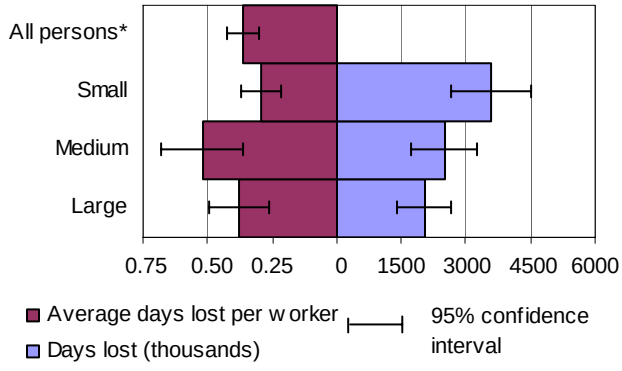



***Note:*** **The national estimated incidence of 166 000 (CI: 147 000 to 185 000) is too large to be shown here.*

- Figure 73 shows that the *incidence* rate for small workplaces of 470 per 100 000 people (0.47%) *working in the last 12 months* was statistically significantly lower than those of 750 per 100 000 (0.75%) for medium-sized workplaces and 730 per 100 000 (0.73%) for large workplaces in 2005/06.

See
http://www.hse.gov.uk/statistics/lfs/0506/strsize4.htm

**Figure 74: Estimated days off work (full-day equivalent) and average days lost per worker in 2005/06 due to self-reported work-related stress, depression or anxiety, by workplace size, for people working in the last 12 months**




***Note:*** **The estimated working days lost of 8.4 million (CI: 7.0 to 9.8 million) is too large to be shown here.*

- Estimated days off work and associated average days lost *per worker* in 2005/06 due to work-related stress, depression or anxiety are shown in Figure 74, for small (less than 50 employees), medium (between 50 and 249 employees) and large (at least 250 employees) workplaces.
- In 2005/06, the rate for medium-sized workplaces of 0.52 *days per worker* was statistically significantly higher than that of 0.30 days for small workplaces, but was of a similar order (not statistically significantly different) to that of 0.38 days for large workplaces.

See
http://www.hse.gov.uk/statistics/lfs/0506/strsize6.htm

## Technical note

The Labour Force Survey (LFS) is a large nationally representative survey of about 50 000 responding households that provides information about people's employment status and conditions. It asks individuals about their current or most recent job, as well as enquiring about related topics such as training, qualifications and income.

A module of questions on accidents at work and work-related illness was included in the winter quarter (December 2005 to February 2006) of the LFS to take advantage of existing arrangements for sampling and interviewing a large nationally representative sample. The module of questions on workplace injury has appeared annually in the winter quarter since 1992/93, whilst the questions on work-related illness (known as the surveys of self-reported work-related illness (SWI)) were included on an ad hoc basis until 2003/04, since when questions have appeared annually in the winter quarter.

The LFS provides the single most comprehensively reported data source for information about work-related illness and workplace accidents, and a main HSE source of information on working days lost.

**Definitions**:

*For injuries*, the LFS gives estimates on the levels of workplace injury. Information is presented as estimated incidence and rates of reportable non-fatal injuries where:

- ***Estimated injury incidence*** is the estimated number of people reporting a workplace injury in the 12 months prior to interview (the reference period);
- ***Injury Incidence rate*** is defined as the injury incidence estimate divided by the annual estimate of employment (this is taken as the number of individuals reporting themselves as currently employed);
- ***Reportable non-fatal injury*** aligns the estimates with statutory reports of non-fatal workplace injury by employers under HSE's Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (which whilst offering more depth suffers from under-reporting). It includes those self-reported accidents resulting in 4 or more days off work

*For illness*, the LFS gives estimates of the number of people who have conditions which they think have been caused or made worse by work (regardless of whether they have been seen by doctors). Information is presented as estimated prevalence and rates of self-reported illness and estimated incidence and rates of self-reported illness where:

- ***Estimated prevalence*** is the estimated number of people with a work-related illness at any time during the 12-month reference period. It includes the full range of illnesses from *long standing to new cases*;
- ***Prevalence rate*** is defined as the prevalence estimate divided by the population at risk of having a work-related illness;
- ***Estimated incidence*** is the estimated number of *new* cases of work-related illness occurring in the 12 month reference period i.e. people first becoming aware of their illness in this 12 month period;
- ***Incidence rate*** is defined as the incidence estimate (restricted to individuals working in the 12 month period) divided by the population at risk of experiencing a new case of work-related illness during the reference period.

For working days lost, the LFS gives estimates and rates of the total number of days off work due to work-related illness and/or workplace injury where:

- ***Working days lost*** are expressed as full-day equivalent days to allow for variation in daily hours worked and includes days lost due to *all* non-fatal injuries (not just reportable non-fatal injuries) and *all* work-related illness (new and long standing cases);
- ***Rates*** presented are in the form of average annual working days lost (full-day equivalent) per case of work-related illness and average annual working days lost (full-day equivalent) per full-time equivalent worker.

All estimates are presented by a range of demographic and employment-related variables, with the level dependent on the level at which the data was collected in the LFS (e.g. individual characteristics such as age and sex are available for all survey subjects. Employment related information such as occupation and industry are only available for those who are currently in work or whose most recent job was in the last 8 years). The Standard Occupational Classification 2000 (SOC 2000) is used to classify the respondents' ***occupation***. For more details please see http://www.statistics.gov.uk/methods_quality/soc/section1.asp.

The Standard Industrial Classification 1992 (SIC92) is used to classify the respondents' ***industry of employment***. For more details please see http://www.statistics.gov.uk/methods_quality/sic/contents.asp.

**Statistical significance and confidence intervals**

All LFS based population estimates are subject to sampling error, or uncertainty, since they are based on a sample of individuals rather than the whole population. ***95% confidence intervals*** are quoted to indicate the range of uncertainty due to this: each of these shows the range of values which we are 95% confident contains the true value (i.e. the value that would have been found if the entire population had been surveyed) in the absence of bias. Correspondingly, a difference between two estimates is described as "statistically significant" if there is a less than 5% chance that it is due to sampling error alone.

The main factor that determines the size of the confidence interval around an estimate is the size of the group for which the estimate is being derived – the smaller the group the less precise the estimate. For estimates based on less than 30 sample cases (which equates to an incidence/ prevalence estimate of about 15 000) confidence intervals should be quoted in preference to the prevalence or incidence central estimate or rate i.e. figures shown in italics within the tables. In order to reflect some of the variability in the days lost estimates (measure from person to person) as well as the sample numbers involved, confidence intervals should be quoted for days lost estimates and rates based on fewer than 40 cases taking time off, also shown in italics. Estimates based on fewer than 20 sample cases (which equates to an incidence/prevalence of about 10 000 cases) are not published as they are likely to be unreliable.

**Three-year averages**

One way of increasing the reliability of survey data is to increase the sample size on which it is based. Whilst the annual sample size is fixed, several years' worth of data can be pooled to produce estimates for the average of the combined years. Some results – particularly for workplace injury but also for work-related illness by industry and occupation where the number of annual sample cases tend to be low - have been produced in this way by pooling the three years worth of data from 2003/04, 2004/05 and 2005/06.

**Weighting LFS survey data to get population based estimates**

The LFS collects data on a sample of the population. To convert this information to give estimates for the population, the sample data is weighted. Each case is given a weight which can be thought of as the number of people that case represents. This weighting factor takes account of differential non-response among different sub-groups in the population. This weighting procedure involves grossing data to sub-regional population estimates and then adjusting for the estimated age and sex composition, by region.

A further adjustment is made for eligible respondents who did not respond to either or both of the screening questions within the workplace accident and work-related illness module (most of whom were unavailable for interview). This non-response is not accounted for in the standard LFS weighting procedure, so an adjustment is made to the weights to take account of this non-response and provide more reliable estimates.

For more details about the survey design and methods used see http://www.hse.gov.uk/statistics/lfs/technicalnote.htm.