# Working through depression, economic crisis, health and labour market programmes.

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**Abstract**

Active Labour Market Programmes (ALMPs) form a core component in the delivery of welfare-to-work policy, the New Deal programmes and broader policies of urban regeneration and social inclusion. The long-term unemployed, workless youths and lone parents have been the focus of government attention with emphasis on work as the best form of welfare and route to prosperity and mechanism of social mobility for deprived individuals and communities. Over recent years and even more so during the current financial crisis they have become a valuable feature of labour market policy and social development interventions. OECD countries, in particular, have a long and extensive experience with ALMPs which are often targeted at the long-term unemployed, workers in poor families, and particular groups with labour-market disadvantages. ALMPs and programmes such as the New Deal are used to increase employability and reduce the risk of unemployment. Such interventions include job search assistance, training as well as wage and employment subsidies which aim to enhance labour supply and improve the functioning of the labour market.

There is, however, little evidence particularly from the UK examining how these policies and social interventions affect the quality of life, in particular the health and well-being of those they intend to help. Evidence on the effects of ALMPs and the government training programmes used to deliver them deal almost exclusively with labour market outcomes such as earnings, re-employment opportunities and the cost-effectiveness of programmes. Further public health policy in Britain has recently promoted the potential to improve health and reduce health inequalities through changes in the social determinants of health such as employment and working conditions.

The evidence presented would suggest that participation *within* ALMPs, specifically government training programmes can have a positive effect on the well-being (psychological health) of the participants compared to those who remain unemployed and economically inactive. In addition it may be stated that ALMPs can be designed and delivered to have a

'double' effect in terms of improving participants basic skills and education thereby increasing their potential for entering the labour market and securing employment. But also that programme participation prior to labour market entry can improve their psychological health / subjective well-being. Making a substantive claim for the potential of ALMPs to reduce health inequalities and unemployment more broadly is problematic given the individual level and context specific nature of the evidence available. However, this evidence does demonstrate that health improvements can occur via participation *within* ALMPs, despite material circumstances remaining poor, via psychosocial mechanisms such as an increased social contact, social support, and generating feelings of control and self-worth.

ALMPs and welfare to work policies in general should be viewed as offering 'steps' toward reducing the health burden and negative social circumstances that individuals endure as a result of unemployment, social isolation and poverty. These 'steps' involve increasing employability in terms of developing individual hard and soft skills but also helping to reduce the incidence of psychological ill health amongst the unemployed and economically inactive. ALMPs should form a core component in the 'family' of social interventions and measures that are required to address the multiple forms of deprivation that individuals experience as result of unemployment and economic inactivity.