Permanent sickness and unemployment in Mid Glamorgan
Classifying the unemployed

Roy Davies

I started out on this article to show the association between unemployment and social deprivation and while preparing for it my attention was drawn to some of the data presented by the Mid Glamorgan, Economic and European Research Team, taken from the population census of 1991.[1] I noticed that as one moved up the age group of males there was marked increase in the number of people in the 39 and over age groups who were classified as permanently sick and unable to work, which exceeded the number of men classified as unemployed in the groups. For instance, in the 50-54 age group 27.8% were unable to work because of permanent sickness and 8.3% were unemployed; in the 55-59 age group the respective figures were 33.8% and 7.5%; and in the 60-64 age group the disparity was even greater with 42% permanently sick and 5.1% unemployed. I understand these differences are also found in other coal field communities, according to a recent paper based on the work of Beatty, Fothergill and Lawless of Sheffield Hallam University.[2]

Although a similar trend can be observed among women. It was also apparent that the number of men in each of these groups of economic inactivity exceeded those for women, in the corresponding age groups, for both married and unmarried (single, divorced and widowed). Why such a disparity among men between sickness and unemployment? Is it because many in these age groups tend to prefer to register on invalidity (now incapacity to work) rather than register for unemployment and do not have the opportunities of women who are offered part time work?

Will these men now be vulnerable to Peter Lilley's new drive to reduce the numbers who are opting for incapacity - instead of registering as unemployed? Or is it because this particular group of workers are more prone to illness which can be attributed to the nature of their previous work in the physically demanding and hazardous tasks of coal mining. One cannot ignore the statement by a GP from Merthyr Tydfil on a TV documentary dealing with health in Wales who said that 4 out of 10 men in Merthyr were taking tablets for heart conditions.[3] And there is evidence from previous studies that there is a history of sickness and disability in the mining valleys of South Wales especially among the miners with crippling injuries and respiratory diseases, which have only recently been recognised for

[1] Economic and European Policy Research Unit of Mid Glamorgan County Council based on Population Census 1991.

Table 1

Men Mid Glamorgan

Age Group	Number in Group	Permanently Sick	%	Unemployed	%
34-39	17029	1327	7.7	2653	15.5
40-44	19524	2072	10.6	1422	7.2
45-49	16693	2456	14.7	1426	8.5
50-54	15130	3611	27.8	1257	8.3
55-59	13862	4688	33.8	1042	7.5
60-64	13016	5490	42	665	5.1
65-69	13311	2260	16.9	26	0.10
70-74+	9225	459	4.9	17	1.3
70+	11131	395	3.5	19	0.11

Women - Married

Age Group	Number in Group	Permanently Sick	%	Unemployed	%
35-39	139270	814	5.8	406	2.9
40-44	14829	1074	6.7	348	2.1
45-49	13567	1382	10.2	288	2.1
50-54	11934	1810	15.1	224	1.8
55-59	10920	2117	24.2	169	1.5
60-64	9702	1081	11.1	20	0.2
65-69	8735	409	4.6	4	0.11
70-74	53872	164	3.04	6	0.10
75+	4471	155	3.4	4	0.08

Single/Widowed/Divorced

Age Group	Number in Group	Permanently Sick	%	Unemployed	%
35-39	3523	351	9.9	218	6.18
40-44	3591	561	16	210	5.9
45-49	2807	603	21.4	225	8.0
50-54	2803	746	26.5	203	7.2
55-59	3289	904	27.4	139	4.2
60-64	4383	484	11.0	19	0.43
65-69	6570	314	4.7	7	0.1
70-74	7406	317	4.2	10	0.13
75+	17836	885	4.9	17	0.09

[2] C. Beatty, S. Fothergill and P. Lawless, Geographical Variation in the Labour Market Adjustment Process: The UK Coal Fields 1981-91, Centre for Economic and Social Research, Sheffield Hallam University.
Beatty et al. argue that the high level of economic inactivity in the coal fields disguises unemployment. "Our argument can be summarised as follows where there is a severe shortage of jobs, many men may be realistic enough to recognise that their chances of securing satisfactory employment are virtually nil. If they have an ailment and a sympathetic doctor, a transfer from unemployment benefit to sickness related benefit is often attractive because depending on personal circumstances, the social security benefit can be higher. Some of them who are out of work opt for early retirement if they are entitled to an occupational pension even though their age and health would still enable them to work. The coal fields are known to have below average standards of health, at least in part because of the effect of working in the coal industry. But the big rise in permanent sickness runs contrary to general improvements in health and the much improved health and safety record in industry in particular. Furthermore, the decline in employment in the coal industry over many decades means that by 1991 there were actually fewer men of working age who had been exposed to its injurious effects. The difficulty in finding work and the detailed operation of the social security system offer an altogether more plausible explanation for the increase in permanent sickness"

[3] Vincent Kane on Health in Wales, BBC 2 November 20th, 1996.

compensation by the government as a result of litigation. Julian Hart found that in 1961-67, and 1968-72 there was a higher number of deaths in the mining valleys of Wales attributed to coronary heart disease and strokes than in other regions of England and Wales. At this time Hart defended the high sickness rate in the valleys against an attack in the South Wales Echo who accused them of shirking, and rebutted their arguments.[4] Accusations by the press of malingering have frequently appeared in South Wales Daylies ever since the National Health Insurance Act of 1913 was introduced.

While it is understandable to query the number of these claimants, one must appreciate the toll which mining as an occupation has exerted on their physical and mental health. The peculiar pressures of mining can have immediate effects on miners, or might emerge when they get older.[5] The 1995 study of Health in Wales which analysed health of the people in Wales in 1993, found that the mining communities of Mid Glamorgan and Gwent had the two worse records of deaths from major diseases.[6]

[4] Julian Hart, Health in the Valleys in 'The Valleys Call', P.H. Ballard and E. Jones, Ron Jones publication, Ferndale, 1975, p. 185. Hart refers to the legacy of illness associated with heavy industry he also mentions that in 1961 the Rhondda was found by a national enquiry to have the inception of spells which were 80% above average, and a length of spells 134 above average; deaths from coronaries and strokes for males under the age of 65 were the highest in England and Wales; in 11 mining GP practices in South Wales consultative rates averaged 5.7 and for 18 practises rates were 6.4. See also his reply to an article in South Wales Echo, October 31, 1961, Surgery Shams: 60% are just dodging their work, p. 191.

[5] See Health and Lifestyle, Policy and Research Unit Economic and European Affairs, Mid Glamorgan Update, 1990 Issue, Autumn 1990. It was found that 10% of men and 8% of women in the 35-64 age group of women suffered from angina. According to the Welsh Heart Survey 1 in 3 in the 35-64 age group had respiratory ailments and Mid Glamorgan had the second highest incidence of dyspnoa - shortage of breath - in Wales.

[6] Health in Wales, 1995, Welsh Office, 1995.

Deaths in Wales per 1000 for Age Group 35-44.		Age group 45-64	
Infectious Diseased	5.8	Infectious Diseases	3.6
Cancer and Leukaemia	32.8	Cancer and Leukaemia	301.1
Heart Conditions	34.4	Heart Conditions	314.3
Accidents and Poisoning	42.3	Cerebrovascular	38.9
All other	44.4	Bronchitis and emphysema	6.3
All causes	159.7	Accidents and Poisoning	37.6
		All others	132.6
		All causes	834

Years of life lost by selected causes of death per 1000

Wales		Mid Glamorgan	Rank
196.1	All malignant neoplasms	197.1	5
133.8	Ischaemic Heart Disease	152.7	2
33.1	Cerebrovascular Disease	36.8	1
4.5	Asthma	7.0	1
6.1	Bronchitis & Emphysema	8.9	7
15.6	Motor Vehicle & Traffic Accidents	11.1	7
22.7	Suicide and Self Afflicted Injuries	21.6	5

Another revealing study was the Welsh Health Survey of 1995 which analysed the responses of 280,000 people in Wales from a group of 50,000 questioned about their physical and mental conditions. The study measured the Physical Health Component scores and Mental Health Componenet scores and found that people in the industrial areas of the new Welsh Health Authorities considered themselves to be less healthy than people in rural and urban areas.[7] In the new health authority of Bro Taff, which embrace parts of Mid Glamorgan and all of South Glamorgan the respondents from Rhondda Cynon Taff and Merthyr Tydfil, had higher scores than those from the Vale of Glamorgan and Cardiff. A similar picture emerged in the new Gwent Health Authority with the people from the old mining areas of Caerphilly, Torfaen and Blaenau Gwent having higher scores than the persons from Monmouthshire and Newport.

Many influences in the economic and social environment of the South Wales valleys contribute to a sense of desperation among older workers because of their experiences in the changing world of work. Despite tributes paid to older workers having ideal qualities for work, many aged 40 and over find difficulty in finding work in a changing world market, and the experience of rejection must affect their mental health. Mark Thomas the co-ordinator of the Mental Health Project in the Llynfi Valley said: "While we haven't precise statistics of our patients, I know two out of three are women and most of the men are registered sick or unemployed".[8]

Because of the absence of data to link the relationship of unemployment to health of people in the valleys. I looked at other sources of statistics. While I failed to locate precise data, specifically relating to neurosis and unemployment in Mid Glamorgan, the data in Social Trends for 1996 shows such a relationship for Great Britain.[9] It

[7] Welsh Health Survey, 1995, Welsh Office, 1995.
Analysis of response to questions on health.

Industrial area scores showed persons had below the average scores for Welsh towns and cities for physical health, and similar scores emerged for mental health.

Physical Components Health		Psychiatric Component Scores	
Ranked PC's range 45.5-55.5		Ranked MCP's Range 45.5-55.5	
Average Score 48.9		Average Score 48.6	
Below Average		**Below Average**	
Rhondda Cynon Taff	47.6	Neath and Port Talbot	48.1
Neath and Port Talbot	47.4	Cardiff	48.1
Carmarthenshire	47.3	Caerphilly	47.6
Blaenau Gwent	46.9	Rhondda Cynon Taff	47.1
Merthyr Tydfil	46.6	Merthyr Tydfil	45.9

Carmarthen including industrial areas of Llanelli, Ammanford Gwendraeth Valley.

The findings of the physical and mental health survey shows the variation in the physical health and mental health scores within Bro Taff between the more prosperous Vale of Glamorgan and the valley areas of Merthyr Tydfil and Rhondda Cynon Taff.

[8] Conversation with Mark Thomas, Co-ordinator of Mental Health Project in Llynfi Valley, Maesteg Community Hospital Service.

[9] Social Trends, 1996, Office of National Statistics.

indicated that "around a quarter of unemployed people had a neurotic disorder a week before they were interviewed compared with 1 in 8 working full time".

I understand the NHS and the health trusts do not possess figures on the illness or disabilities of workers in age groups, and neither do the DSS have them for Income Support. I obtained statistics from the Department of Social Security relating to Mid Glamorgan which informed me that in February 1996 there were 42,245 on Income Support and 11,194 of them or 26.4% were unemployed, 10,995 or 25.9% were pensioners and 20,096 or 47% were classified as 'Others', which included a high proportion of disabled and sick who were unable to work. Unfortunately the information which I had access to had no breakdown into males and females nor into age groups but I have prospects of obtaining this.[10]

In the absence of precise data I fall back on anecdotal evidence. In my travels around the valleys I have talked to many who are too sick to work and even those who are fit yet have fialed to get work. I have known many ex-miners who have completed many government training courses but have failed to have a job in travelling distance from their homes. And many have reluctantly taken jobs in England or on the oil rigs in Scotland, often at the cost of disrupting their family lives and the break up of their socially cohesive communities.

It strikes me that one could have a fuller picture of deprivation and its problems in the communities if there was closer cooperation among the various agencies, which at present confine the collection of data to their own particular health, unemployment and poverty such information is necessary. There is a need for a comprehensive study to focus on the reasons why so many are permanently sick in Mid Glamorgan and the other industrial areas of Wales and England. Closer cooperation between these agencies with local authority research teams should provide a fuller perspective of the interrelationship between unemployment, health and poverty. Also, it raises the question whether there should be a central source of statistics in the Welsh Office.

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Percentage of adults with a neurotic disorder by employment status and gender

Great Britain	Males	Females	All
Full Time	10	16	12
Part Time	12	17	16
Unemployed	20	38	26
Economically Inactive	20	22	21
All	12	20	16

[10] Moreover, while the corresponding age groups among married women and for the groups embracing single, divorced and widows also showed these differences they were not as pronounced as the differences between men.

The recent report of Health in Wales failed to identify the health problems of the people under Mid Glamorgan Health Authority as some of its most deprived areas such as Rhondda, Cynon Valley and Taff Ely had merged with South Glamorgan to form the new authority of Bro Taf. The merging of severely deprived areas with areas which are on the whole more prosperous make it difficult to fully appreciate the current problems of the valley communities unless the collection of statistical data and its analysis take into account the variations within the new authority.

Care, however, must be taken in the collection of data to establish these relationships. In view of the reorganisation of local government and health authorities in Wales there is need for greater cooperation between the 22 new unitary authorities including my own Rhondda Cynon Taff. Moreover, these new unitary authorities should be able to have access to NHS and DSS statistics to enable them to have a wider view of the economic and social problems of their area.

Moreover, the reorganisation of the Health Authorities have merged the deprived areas of Merthyr Tydfil, Rhondda, Cynon Valley and Taff Ely with the relatively more prosperous South Glamorgan to form the Bro Taff Health Authority. It is important that the variations within the new health authorities are not lost in a blanket presentation of statistics and particular care must be taken when collecting data relating to health, poverty and unemployment to ensure that the problems of deprived areas within these authorities are clearly delineated.

At a time when so much emphasis is placed on the improvements of unemployment position in Wales the way the figures are presented underestimate the real number unemployed in Mid Glamorgan and the other industrial areas in Wales. There is a need for more vigorous efforts to focus on the problems encountered by the people who are registered as permanently sick to consider the help they need in their special circumstances.

While I have concentrated on men in this article, the problems of women in the valleys must also be addressed and will be discussed in a future article.