

Self-reported work-related illness in 2004/05:

Results from the Labour Force Survey



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SELF-REPORTED WORK-RELATED ILLNESS IN 2004/05: RESULTS FROM THE LABOUR FORCE SURVEY

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ABSTRACT

The Health and Safety Executive (HSE) commissioned a module of questions in the winter 2004/05 Labour Force Survey (LFS), to gain a view of work-related illness based on individuals' perceptions. The LFS is a household survey, and is intended to be representative of the UK population. This is the sixth survey of self-reported work-related illness undertaken in conjunction with the UK LFS. The Health and Safety Executive (HSE) commissioned a survey in 1990 covering England and Wales, and one in 1995 covering Great Britain. The European Union Statistical Office (EUROSTAT) commissioned the third in 1998/99. This included most member states, but the UK coverage was restricted to people working in the past 12 months rather than people ever employed (as in the previous two surveys). The HSE commissioned further surveys in 2001/02 and 2003/04 covering people ever employed in Great Britain. The surveys are known as SWI90, SWI95, SWI98/99, SWI01/02 and SWI03/04 (surveys of Self-reported Work-related Illness). Results were published in 1993, 1998, 2001, 2003 and 2005.

Headline results from the new survey (SWI04/05) which covers people ever employed in Great Britain, were published in *Health and Safety Statistics 2004/05*, 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) in the same period and of annual working days lost due to work-related illness. This report focuses on releasing more detailed results by a range of demographic and employment-related variables. Some broad comparisons of the latest results with those from 2001/02 and 2003/04 (which are directly comparable) are also presented.

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EXECUTIVE SUMMARY

The Health and Safety Executive (HSE) commissioned a module of questions in the winter 2004/05 Labour Force Survey (LFS), to gain a view of work-related illness based on individuals' perceptions. The LFS is a household survey, and is intended to be representative of the UK population. This is the sixth survey of self-reported work-related illness undertaken in conjunction with the UK LFS. The Health and Safety Executive (HSE) commissioned a survey in 1990 covering England and Wales, and one in 1995 covering Great Britain. The European Union Statistical Office (EUROSTAT) commissioned the third in 1998/99. This included most member states, but the UK coverage was restricted to people working in the past 12 months rather than people ever employed (as in the previous two surveys). The HSE commissioned further surveys in 2001/02 and 2003/04 covering people ever employed in Great Britain. The surveys are known as SWI90, SWI95, SWI98/99, SWI01/02 and SWI03/04 (surveys of Self-reported Work-related Illness). Results were published in 1993, 1998, 2001, 2003 and 2005.

Headline results from the new survey (SWI04/05) which covers people ever employed in Great Britain, were published in *Health and Safety Statistics 2004/05*, 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) in the same period and of annual working days lost due to work-related illness. This report focuses on releasing more detailed results by a range of demographic and employment-related variables. Some broad comparisons of the latest results with those from 2003/04 and 2001/02 (which are directly comparable) are also presented.

This summary first presents some key findings for all work-related conditions combined and then for the three main broad categories of work-related ill health: musculoskeletal disorders mainly affecting the back; those mainly affecting the upper limbs or neck and stress, depression or anxiety. Findings in terms of all musculoskeletal disorders (regardless of site) are also summarised, and broad trends across the six surveys are presented.

OVERALL PICTURE

- In 2004/05, an estimated 2 006 000 (95% confidence interval (CI): 1 942 000 to 2 070 000) people in Great Britain believed they were suffering from an illness that was caused or made worse by their current or past work. This equates to 4.7% (CI: 4.5% to 4.8%) of people who have *ever* worked in Great Britain, statistically significantly lower than the respective estimated rates of 5.2% (CI: 5.0% to 5.4%) and 5.3% (CI: 5.2% to 5.5%) in 2003/04 and 2001/02.
- In total an estimated 29% of sufferers, 576 000 (CI: 541 000 to 610 000) people *ever* employed, *first became aware* of their work-related illness in the previous 12 months. In terms of people *employed in the last 12 months*, this equates to an estimated 1.8% (CI: 1.7% to 2.0%) of people with a *new* case of work-related illness in this period. This rate was similar (not statistically significantly different) to the corresponding rate of 2.0% (CI: 1.8% to 2.1%) in 2003/04, but statistically significantly lower than that of 2.2% (CI: 2.1% to 2.3%) in 2001/02.

- An estimated 28.4 million (CI: 25.7 to 31.1 million) working days (full-day equivalent) were lost in 2004/05 through illness caused or made worse by work. On average, each person suffering took an estimated 23.1 days (CI: 21.2 to 25.1 days) off in that 12 month period. This equates to an annual loss of 1.2 days (CI: 1.1 to 1.3 days) *per worker*, which was similar (not statistically significantly different) to the rate of 1.3 days (CI: 1.2 to 1.4 days) in 2003/04 but statistically significantly lower than that of 1.4 days (CI: 1.3 to 1.5 days) in 2001/02.
- In 2004/05, musculoskeletal disorders (bone, joint or muscle problems) followed by stress, depression or anxiety were by far the most commonly reported work-related illnesses, with an estimated 1 012 000 (CI: 967 000 to 1 057 000) and 509 000 (CI: 477 000 to 542 000) people *ever* employed affected respectively.
- Of the estimated number of individuals suffering from a work-related musculoskeletal disorder:
 - Around 45%, an estimated 452 000 (CI: 422 000 to 483 000), suffered from a disorder mainly affecting the back
 - Just under two-fifths, an estimated 375 000 (CI: 347 000 to 402 000), suffered from a disorder mainly affecting the upper limbs or neck
 - Around 18%, an estimated 185 000 (CI: 166 000 to 204 000), suffered from a disorder mainly affecting the lower limbs
- Other disease categories for which *prevalence* estimates can be produced are:
 - Breathing or lung problem (137 000, CI: 121 000 to 154 000)
 - Hearing problem (74 000, CI: 63 000 to 86 000)
 - Heart disease/attack, other circulatory system (56 000, CI: 45 000 to 66 000)
 - Headache and/or eyestrain (31 000, CI: 23 000 to 39 000)
 - Skin problem (29 000, CI: 21 000 to 37 000)
 - Infectious disease (virus, bacteria) (28 000, CI: 20 000 to 36 000)
- In 2004/05, occupations with above average *prevalence* rates (for people employed in the last 12 months) included: health and social welfare associate professionals (6.8%, CI: 5.7% to 7.9%); teaching and research professionals (5.0%, CI: 4.2% to 5.8%); and skilled construction and building trades (4.7%, CI: 3.8% to 5.6%). Two of these occupational groups (health and social welfare associate professionals and teaching and research professionals) also carried above average *incidence* rates. Furthermore, health and social welfare associate professionals, along with protective service occupations, carried above average annual *days lost per worker*.
- Industries with above average *prevalence* rates (for people employed in the last 12 months) in 2004/05 included: health and social work (4.8%, CI: 4.3% to 5.3%) and public administration and defence (4.3%, CI: 3.6% to 5.0%). These industry groups also carried above average *incidence* rates and *average days lost per worker*.

MUSCULOSKELETAL DISORDERS (BONE, JOINT OR MUSCLE PROBLEMS) MAINLY AFFECTING THE BACK

- In 2004/05, an estimated 452 000 (CI: 422 000 to 483 000) 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 1.1% (CI: 0.98% to 1.1%) of people who have *ever* worked in Great Britain, similar (not statistically significantly different) to the estimated rate of 1.1% (CI: 1.0% to 1.2%) in 2003/04, but statistically significantly lower than that of 1.2% (CI: 1.1% to 1.3%) in 2001/02.
- In total, an estimated 18% of sufferers, 80 000 (CI: 67 000 to 93 000) 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 0.26% (CI: 0.21% to 0.30%) of people 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 rate of 0.23% (CI: 0.19% to 0.27%) in 2003/04, but was statistically significantly lower than that of 0.33% (CI: 0.28% to 0.37%) in 2001/02.
- An estimated 4.5 million (CI: 3.4 to 5.6 million) working days (full-day equivalent) were lost in 2004/05 through musculoskeletal disorders mainly affecting the back caused or made worse by work. On average, each person suffering took an estimated 17.4 (CI: 13.5 to 21.3) days off in that 12 month period. This equates to an annual loss of 0.19 days (CI: 0.15 to 0.24 days) *per worker*, which was of a similar order (not statistically significantly different) to the corresponding rates of 0.21 days (CI: 0.17 to 0.26 days) in 2003/04 and 0.24 days (CI: 0.19 to 0.29 days) in 2001/02.
- *Prevalence* rates for men were higher than for women. This was true in 2004/05, as well as 2003/04 and 2001/02.
- In 2004/05, occupations with above average *prevalence* rates (for people employed in the last 12 months) included health and social welfare associate professionals, skilled construction and building trades and transport and mobile machine drivers and operatives.
- In line with these occupational associations, the industry sections with above average *prevalence* rates (for people employed in the last 12 months) were construction, health and social work and transport, storage and communication.

MUSCULOSKELETAL DISORDERS (BONE, JOINT OR MUSCLE PROBLEMS) MAINLY AFFECTING THE UPPER LIMBS OR NECK

- In 2004/05, an estimated 375 000 (CI: 347 000 to 402 000) 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 0.87% (CI: 0.81% to 0.94%) of people who have *ever* worked in Great Britain and is statistically significantly lower than the corresponding rate of 1.0% (CI: 0.97% to 1.1%) in 2003/04, but similar (not statistically significantly different) to that of 0.91% (CI: 0.85% to 0.97%) in 2001/02.

- In total, an estimated 25% of sufferers, 93 000 (CI: 79 000 to 108 000) 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 0.29% (CI: 0.25% to 0.34%) of people 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 equivalent rates of 0.31% (CI: 0.26% to 0.36%) in 2003/04 and 0.30% (CI: 0.26% to 0.35%) in 2001/02.
- An estimated 4.7 million (CI: 3.5 to 6.0 million) working days (full-day equivalent) were lost in 2004/05 through musculoskeletal disorders mainly affecting the upper limbs or neck caused or made worse by work. On average, each person suffering took an estimated 21.7 days (CI: 16.3 to 27.0 days) off in that 12 month period. This equates to an annual loss of 0.20 days (CI: 0.15 to 0.26 days) *per worker*, which was of a similar order (not statistically significantly different) to the corresponding rates of 0.21 days (CI: 0.16 to 0.25 days) in 2003/04 and 0.17 days (CI: 0.14 to 0.21 days) in 2001/02.
- The overall rate for males was statistically significantly higher than that for females in 2004/05, whilst in both 2003/04 and 2001/02, *prevalence* rates for men and women were similar.
- In 2004/05, occupations with above average rates (for people employed in the last 12 months) included health and social welfare associate professionals, process, plant and machine operatives and skilled construction and building trades.
- In line with the occupational breakdown, the industry sections with the highest prevalence rates (for people employed in the last 12 months) were manufacturing and health and social work.

ALL MUSCULOSKELETAL DISORDERS (BONE, JOINT OR MUSCLE PROBLEMS)

- In 2004/05, an estimated 1 012 000 (CI: 967 000 to 1 057 000) people in Great Britain believed they were suffering from a musculoskeletal disorder that was caused or made worse by their current or past work. This equates to 2.4% (CI: 2.2% to 2.5%) of people who have *ever* worked in Great Britain, statistically significantly lower than the corresponding estimated rates in 2003/04 and 2001/02 (both 2.6%, CI: 2.5% to 2.7%).
- In total, an estimated 20% of sufferers, 206 000 (CI: 185 000 to 227 000) people *ever* employed, *first became aware* of their work-related musculoskeletal disorder in the previous 12 months. In terms of people *employed in the last 12 months*, this equates to an estimated 0.65% (CI: 0.58% to 0.71%) of people with a *new* work-related musculoskeletal disorder in this period. This rate was similar to the corresponding rate of 0.64% (CI: 0.57% to 0.70%) in 2003/04, but statistically significantly lower than that of 0.75% (CI: 0.68% to 0.82%) in 2001/02.
- An estimated 11.6 million (CI: 9.8 to 13.4 million) working days (full-day equivalent) were lost in 2004/05 through musculoskeletal disorders caused or made worse by work. On average, each person suffering took an estimated 20.5 days (CI: 17.5 to 23.5 days) off in that 12 month period. This equates to an annual loss of 0.50 days (CI: 0.42 to 0.58 days) *per worker*, similar (not statistically significantly different) to the corresponding estimated rates in 2003/04 (0.52 days, CI: 0.44 to 0.59 days) and 2001/02 (0.52 days, CI: 0.45 to 0.59 days).

- In 2004/05, males carried a higher estimated *prevalence* rate (for people who have ever worked) of musculoskeletal disorders than females, whereas the gender-specific *incidence* rates (for people working in the last 12 months) and annual days lost *per worker* were similar.
- In 2004/05, the occupations with above average estimated *prevalence* rates for musculoskeletal disorders as a whole naturally reflect those already identified with higher rates for back and upper limb or neck conditions. Four broad groups carried the highest rates, and accounted for around 60% of the overall estimated prevalence of musculoskeletal disorders (for people employed in the last 12 months): skilled trades occupations (2.7%, CI: 2.3% to 3.1%); process, plant and machine operatives (2.5%, CI: 2.0% to 3.0%); personal service occupations (2.1%, CI: 1.6% to 2.5%); and associate professional and technical occupations (1.9%, CI: 1.6% to 2.3%).
- Industries are largely in line with these occupational associations; industries with the highest rates (for people employed in the last 12 months) were construction (2.5%, CI: 2.0% to 2.9%) and health and social work (2.2%, CI: 1.8% to 2.6%).

STRESS, DEPRESSION OR ANXIETY

- In 2004/05, an estimated 509 000 (CI: 477 000 to 542 000) 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 1.2% (CI: 1.1% to 1.3%) of people who have *ever* worked in Great Britain, statistically significantly lower than the corresponding rate of 1.3% (CI: 1.2% to 1.4%) in 2003/04.
- In total, an estimated 48% of sufferers, 245 000 (CI: 222 000 to 268 000) 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 0.82% (CI: 0.75% to 0.90%) of people with a *new* case of work-related illness in this period. This was of a similar order (not statistically significantly different) to the corresponding rates of 0.86% (CI: 0.78% to 0.94%) in 2003/04 and 0.89% (CI: 0.81% to 0.96%) in 2001/02.
- An estimated 12.8 million (CI: 11.1 to 14.5 million) working days (full-day equivalent) were lost in 2004/05 through stress, depression or anxiety caused or made worse by work. On average, each person suffering took an estimated 30.9 (CI: 27.4 to 34.5) days off in that 12 month period. This equates to an annual loss of 0.55 days (CI: 0.48 to 0.63 days) *per worker*, which was similar (not statistically significantly different) to the rates of 0.56 days (CI: 0.48 to 0.64 days) in 2003/04 and 0.57 days (CI: 0.50 to 0.64 days) in 2001/02.
- In 2004/05, stress depression or anxiety was the second most *prevalent* type of work-related ill health after musculoskeletal disorders among the ever worked. However, the opposite was true for *incident* cases (cases with onset in the previous 12 months), stress, depression or anxiety was ranked first. Furthermore, although the estimated annual working days lost were similar for the two conditions, the average annual number of days lost *per case* was higher for stress, depression or anxiety than for musculoskeletal disorders.
- In 2004/05, the *prevalence* rate for females was statistically significantly higher than that for males. In both 2003/04 and 2001/02, however, *prevalence* rates (among the ever employed) were similar for men and women. The *incidence* rate for women working in the reference year was also higher than the corresponding rate for men, as was the annual days lost *per worker*.

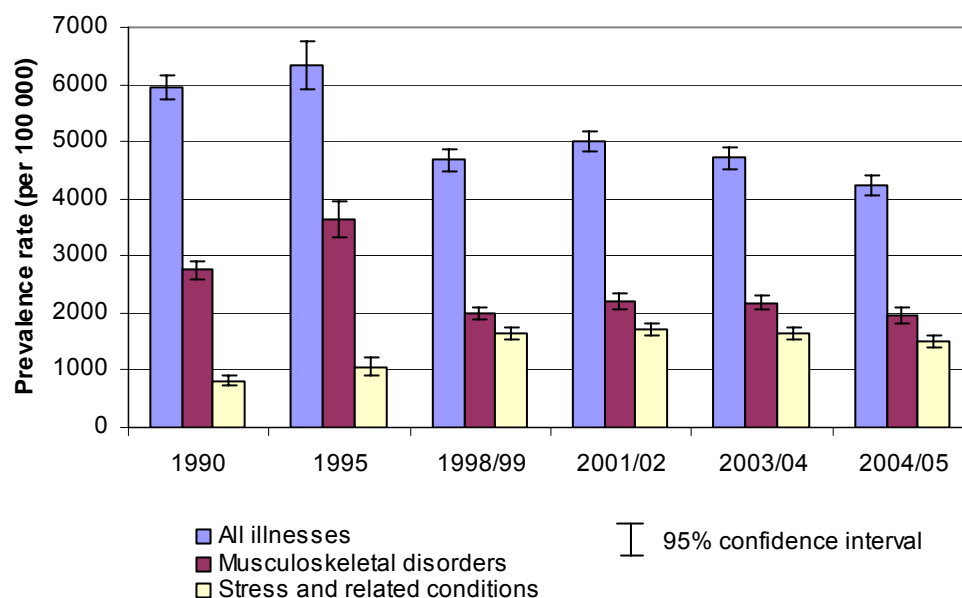
- In 2004/05, occupations carrying above average *prevalence* rates (for people employed in the last 12 months) included: teaching and research professionals (3.0%, CI: 2.3% to 3.6%); health and social welfare associate professionals (2.0%, CI: 1.4% to 2.6%); and corporate managers (1.7%, CI: 1.4% to 2.0%). These occupational groups together accounted for around a third of the prevalent cases of self-reported work-related stress, depression or anxiety (for people employed in the last 12 months).
- The distribution by industry largely reflected this occupational distribution, showing the highest overall estimated *prevalence* rates (for people employed in the last 12 months) of around 2% in public administration and defence (2.2%, CI: 1.8% to 2.7%); education (2.0%, CI: 1.6% to 2.4%); financial intermediation (2.0%, CI: 1.4% to 2.5%), and health and social work (1.8%, CI: 1.5% to 2.1%).

TRENDS

Comparisons between the latest figures and those from the previous five SWI surveys 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, 2003/04 and 2004/05 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 five surveys. However, some broad comparisons can be made (Figure E1):

- Over the long term, the overall *prevalence* of self-reported work-related illness has fallen since 1990. In 1990 and 1995 the estimated rates were similar. More recently they have fluctuated, but the rate in 2004/05 was lower than in any of the earlier surveys.
- The estimated *prevalence* rate of stress and related (mainly heart) conditions has increased during the 1990s and appears to have levelled off since 1998/99, at around double the level of 1990.
- The estimated prevalence rate for musculoskeletal disorders in 2004/05 was lower than in 2003/04 and 2001/02, similar to the rate in 1998/99, but lower than the rate in 1990 and 1995.

Figure E1: Comparison of estimated prevalence rates of self-reported work-related illness, for people working in the last 12 months in England and Wales, 1990 to 2004/05



1. INTRODUCTION

This is the sixth survey of self-reported work-related illness undertaken in conjunction with the Labour Force Survey (LFS) to gain a view of work-related illness based on individuals' perceptions. The Health and Safety Executive (HSE) commissioned surveys in 1990, 1995, 2001/02, 2003/04 and the latest survey in 2004/05. The European Union Statistical Office (EUROSTAT) commissioned a further survey in 1998/99. This included most member states, but an error introduced in the UK survey restricted the coverage to people working in the past 12 months rather than people ever employed. The surveys are known as SWI90¹, SWI95², SWI98/99³, SWI01/02⁴, SWI03/04⁵ and SWI04/05 (surveys of Self-reported Work-related Illness).

All six surveys provide an indication of the overall scale of work-related illness and its distribution by major disease groups and a range of demographic and employment-related variables. Responses obviously depend on lay people's perceptions of medical matters. Such perceptions are of interest and importance in their own right, but they cannot necessarily 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 they may fail to recognise a link with working conditions when there is one. 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 HSE publication "Health and Safety Statistics 2004/05" (HSS04/05)⁶ attempts to draw together all these sources (and others) and presents the latest top-level statistics. Headline results from SWI04/05 were published for the first time in HSS04/05, 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) in the same period and of annual working days lost due to work-related illness. This report focuses on providing more detailed results from the SWI04/05 survey. Some broad comparisons of the latest results with those from 2003/04 and 2001/02 (which are directly comparable) are also presented.

Results are shown for all work-related ill health (Chapter 3), for any musculoskeletal disorders (bone, joint or muscle problems - Chapter 4) and for stress, depression or anxiety (Chapter 7). Some results have been presented for musculoskeletal disorders mainly affecting the back (Chapter 5) and for musculoskeletal disorders mainly affecting the upper limbs or neck (Chapter 6). However, only limited estimates have been produced for other disease groups, as sample numbers were not sufficiently large to provide detailed estimates which are reliable. These can be found in Chapter 3. For respondents with more than one work-related illness, the results concentrate on the *most serious illness*, as described by the individual.

2. SURVEY METHODS AND DESIGN

A module of questions on accidents at work and work-related illness was included in the 2004/05 Labour Force Survey (LFS) winter quarter (December 2004 - February 2005). This report concentrates on the ill health part of the module, which is known as the Self-reported Work-related Illness survey in 2004/05 (SWI04/05); Appendix 1 provides a copy of the illness questions.

2.1 LABOUR FORCE SURVEY

The survey of accidents at work and work-related illness was conducted in conjunction with the LFS to take advantage of existing arrangements for sampling and interviewing a large nationally representative sample.

The LFS provides a rich source of information about the labour force using internationally agreed concepts and definitions. It collects data on employment, self-employment, hours of work, unemployment, redundancies, education and training and many other topics. The LFS includes demographic, industrial and occupational information on the national population, providing consistent denominator data for information collected in the Health and Safety Executive's module for the calculation of rates.

The LFS is a survey of households living at private addresses in Great Britain conducted by the Office for National Statistics (ONS). Since 1992 a full LFS has been carried out quarterly in Great Britain. The quarterly design allows good estimates for each quarter to be produced as well as changes over consecutive quarters. The sample design currently consists of about 55 000 responding households in Great Britain, representing about 0.2% of the population. Each quarter's sample is made up of 5 "waves", each of approximately 11 000 private households. Each wave is interviewed in 5 successive quarters, such that in any one quarter one wave will receive their first interview, one their second, and so on, with one receiving their fifth and final interview. Thus there is an 80% overlap in the samples for successive quarters.

The initial interview is generally face-to-face and undertaken by an interviewer visiting the address. Further interviews are completed by telephone, wherever possible. Face-to-face interviewers use laptop computers, and telephone interviewers use networked desktop microcomputers.

The LFS allows interviewers to take answers to questions by proxy if a respondent is unavailable. This is usually from another related adult who is a member of the same household. About 30% of LFS responses are from proxies.

2.2 MODULE ON WORK-RELATED ILL HEALTH

The module of questions (see Appendix 1) on work-related ill health was administered to individuals aged 16 or over who were currently employed or who had been employed in the past (89 000 people in Great Britain). These questions were asked in LFS interviews in the winter 2004/05 quarter. They were administered during the months of December, January and February, and covered the 12 months prior to interview. Hence, the results reflect an average of 12-month periods ending in the period December 2004 to February 2005, and this has been described as *2004/05* throughout this report.

The sample was structured in five "waves" (see the preceding section), therefore one-fifth of respondents were asked the module of questions at their first LFS interview, one-fifth at their second interview, and so on.

The first question in the module (screening question) identified adults who had suffered from any illness, disability or other physical or mental problem caused or made worse by work (including work done in the past) in the 12 months prior to interview. If they responded positively, whether about themselves or another household member, they were asked how many work-related illnesses they suffered from, and to describe the most serious. The remaining questions concentrated on the *most serious* illness asking respondents whether they first became aware of their illness in the last 12 months and how much time they took off work (in the last 12 months) because of their illness. They were also asked to confirm whether their current or most recent job (details of which are recorded as part of the LFS questioning) or another job caused or made their complaint worse. In 2004/05, occupation and industry details were collected if another job was recorded.

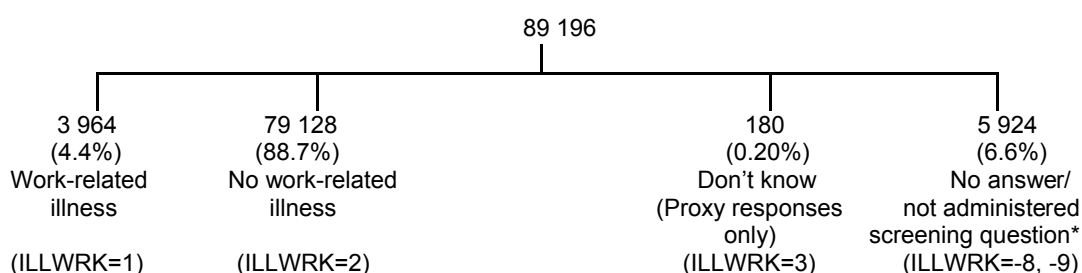
2.3 WEIGHTING

The LFS collects information on a sample of the population using a systematic random sample design. To convert this information into estimates for the population each person is assigned a weight or "grossing factor" related to the person's age, sex and region of residence (more details about the procedure used can be found in the LFS User guides⁷). Any revisions to published population estimates result in revisions to the LFS weights and, following reweighting, possible revisions to the SWI estimates. Population estimates were revised following the 2001 Census and showed that the UK population was around 1 million lower than previously estimated. A project was launched to reweight the LFS microdata using the population estimates published in spring 2003. Revised LFS weighting factors were released in March 2004⁸. As a result, SWI01/02 estimates were revised. SWI03/04 and SWI04/05 estimates are based on post-2001 population estimates allowing direct comparisons with 2001/02. It is worth noting that since spring 2003 further revisions have been made to population estimates, and the SWI estimates may be subject to future revisions.

2.4 RESPONSE RATES

The overall response rate for the 2004/05 winter quarter ranged from 58 to 73 per cent across the five waves.

Figure 2.1: Outcome of work-related ill health screening question



Notes:

See Appendix 1 for details of variable ILLWRK

* Includes respondents brought forward from the previous quarter who could not be contacted in the winter quarter.

Out of 89 196 adults aged 16 or over who were currently employed or who had been employed in the past (Figure 2.1), 4.4% (3964 people) reported an illness caused or made worse by work. A further 0.2% (180 people) were not sure if the person for whom they were responding (proxy response) had such an illness, and 6.6% (5924 people) either did not answer or were not administered the screening question. The latter group includes individuals who were unavailable for interview: responses to the core questions (for one quarter only) were carried

forward for these individuals (for waves 2 to 5 only), and no ill health information was collected.

2.5 ADJUSTING FOR NON-RESPONSE

Non-response in the LFS is currently corrected for using a weighting procedure, which involves grossing data to sub-regional population estimates and then adjusting for the estimated age and sex composition, by region. More details can be found in the LFS user guides⁷.

Nearly seven per cent of individuals who formed the basis for LFS population based estimates did not respond to the ill health screening question. The majority of these were unavailable for interview, and information relating to the core questions has been brought forward from the previous quarter for these individuals. An adjustment has been made to the work-related ill health estimates to take account of this non-response. The model also takes into account non-response to the corresponding screening question on workplace injuries. More details about the methods used can be found in Appendix 3.1.

2.6 PROXY RESPONSES

Around one in three (31%) of the LFS interviews were with proxies. Overall, proxies reported rather less work-related illness (3.6% of interviews) than first person respondents (5.3% of interviews). The lower reporting rate was seen consistently across different types of illness, individual characteristics and employment-related variables. Replacing proxy interviews by first person interviews would increase the number of reported cases by around 11%. Results presented in this report make no adjustment for proxy responses.

2.7 CALCULATION OF ANNUAL PREVALENCE ESTIMATES AND RATES

The annual prevalence is defined as 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. The rate is defined as the prevalence estimate divided by the population at risk of having a work-related illness.

Different types of prevalence estimates and rates are presented in this report; each is dependent on the level of information collected by the LFS:

- Estimates and rates relating to individuals ever employed - calculated for individual characteristics available for all survey subjects such as age and sex;
- Estimates relating to individuals ever employed - calculated for the employment-related variables occupation and industry;
- Estimates and rates relating to individuals who worked in last year - calculated for employment-related variables such as occupation and industry;

More details about the calculations, in particular denominators for the rates, can be found in the technical note located in Appendix 3.2.

2.8 CALCULATION OF ANNUAL INCIDENCE ESTIMATES AND RATES

The annual incidence is defined as 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.

The 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. As described in section 2.7, different levels of estimates and rates are presented in this report; more details about the calculations, in particular denominators for rates, can be found in Appendix 3.2.

2.9 CALCULATION OF FULL-DAY EQUIVALENT WORKING DAYS LOST ESTIMATES AND RATES

2.9.1 Estimating suitable working days lost values for each days lost category

Individuals employed in the last 12 months reporting a work-related illness were asked how much time they took off work because of their illness (the most serious if more than one was reported) in the 12 month period prior to interview. Responses were assigned, by the interviewer, to one of ten categories of days, weeks or months (See Appendix 1). A value has been ascribed to each of these groups that represents an estimated average number of days off for the category in question. This was achieved by exploring the distribution of absence durations graphically, and by examining other related information e.g. Department for Work and Pensions' Incapacity Benefit data and results from earlier SWI surveys. The estimated average working days lost used for each days lost category are shown in Table 2A.

Table 2A: Summary of average working days lost by days off category used in SWI04/05 analysis

Days lost category	Estimated average working days lost
No time off work	0
Less than 1 day	0.5
1 to 3 days	2
4 to 6 days	5
At least 1 week but less than 2 weeks	7
At least 2 weeks but less than 1 month	15
At least 1 month but less than 3 months	41
At least 3 months but less than 6 months	93
At least 6 months but less than 9 months	160
At least 9 months but less than 1 year	245

2.9.2 Full-day equivalent working days lost

To take account of the variation in the daily hours worked (for example part-timers who may work a shorter day or people who work particularly long hours), working days lost have been expressed in the form of full day equivalent (FDE) working days. This was calculated by adjusting the days lost estimates using the ratio of the individual's usual weekly hours to the average usual weekly hours of all full-time workers estimated using the LFS. For this purpose, hours of work excluded overtime and meal breaks in line with the New Earnings Survey definition of full-time/part-time. Furthermore, the LFS only collects information on hours of work for current workers. Therefore, appropriate usual hours, based on employment characteristics, were imputed for people who worked in the last 12 months but who were not working at the time of interview. Usual hours were also imputed for those current workers who did not answer the relevant usual hours of work question.

In addition, estimates of working days lost have been imputed for a small number of respondents not answering the days off work question.

Rates presented in this report 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 worker*. More details about the calculations can be found in Appendix 3.2.

2.10 COMPARISON WITH EARLIER SWI SURVEYS

The differences in the design, coverage, level of information collected, methods used to adjust for non-response to the screening question in each survey and the weighting of SWI01/02, SWI03/04 and SWI04/05 to post-2001 census population estimates means that only broad comparisons can be made between results of the six surveys, and even these need to be treated with caution. To achieve this, the 1990, 1995, 2001/02, 2003/04 and 2004/05 results had to be restricted to people who worked in the last 12 months, and a number of further adjustments had to be made. More details about the differences and some information on how comparable estimates were derived can be found in Chapter 8 of the SWI01/02 published report⁴. This report only focuses on comparisons between the latest results and those from 2003/04 and 2001/02 as these are the most compatible.

2.11 STANDARD ERRORS

Estimates based on sample surveys are subject to error. The main factor that determines the width of the margin of error around a given estimate is the number of sample cases it is based on. Errors on estimates involving some form of measurement of individuals e.g. time taken off work are also affected by the variability of the measure from person to person. Aspects of the survey design also affect all errors, in particular whether the sample is stratified or clustered. The LFS is both stratified (by post code sector) and clustered (at household level).

The sampling errors in this report are expressed as 95% confidence intervals, which mean that each range has a 95% chance of containing the true value (i.e. the value that would have been found if the entire population had been surveyed) in the absence of bias. The confidence intervals were calculated using the survey analysis module of the Stata statistical analysis package⁹ and take account of sampling weights and household clustering. Because of ONS' confidentiality policy, information on stratification was not available, so this element could not be allowed for. Stratification reduces sampling error, so the 95% confidence intervals quoted in this report will be conservative - wider than the true values - but since geography has only a weak, indirect influence on work-related illness levels, this bias will be trivial.

Confidence intervals should be quoted in preference to the prevalence or incidence central estimate or rate whenever there are less than 30 sample cases 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, also shown in italics. Estimates are not included in the tables where sample numbers are too small (less than 20 sample cases) to provide reliable estimates.

Tests of statistical significance, at the 5% level, have been used to examine whether the difference between two rates could be due to sampling error alone i.e. a difference is described as 'statistically significant' if there is less than a 5% chance that it is due to sampling error alone.

3. OVERALL PICTURE

- In 2004/05, an estimated 2 006 000 (95% confidence interval (CI): 1 942 000 to 2 070 000) people in Great Britain believed they were suffering from an illness that was caused or made worse by their current or past work. This equates to 4.7% (CI: 4.5% to 4.8%) of people who have *ever* worked in Great Britain, statistically significantly lower than the respective estimated rates of 5.2% (CI: 5.0% to 5.4%) and 5.3% (CI: 5.2% to 5.5%) in 2003/04 and 2001/02.
- In total an estimated 29% of sufferers, 576 000 (CI: 541 000 to 610 000) people *ever* employed, *first became aware* of their work-related illness in the previous 12 months. In terms of people *employed in the last 12 months*, this equates to an estimated 1.8% (CI: 1.7% to 2.0%) of people with a *new* case of work-related illness in this period. This rate was similar (not statistically significantly different) to the corresponding rate of 2.0% (CI: 1.8% to 2.1%) in 2003/04, but statistically significantly lower than that of 2.2% (CI: 2.1% to 2.3%) in 2001/02.
- An estimated 28.4 million (CI: 25.7 to 31.1 million) working days (full-day equivalent) were lost in 2004/05 through illness caused or made worse by work. On average, each person suffering took an estimated 23.1 days (CI: 21.2 to 25.1 days) off in that 12 month period. This equates to an annual loss of 1.2 days (CI: 1.1 to 1.3 days) *per worker*, which was similar (not statistically significantly different) to the rate of 1.3 days (CI: 1.2 to 1.4 days) in 2003/04 but statistically significantly lower than that of 1.4 days (CI: 1.3 to 1.5 days) in 2001/02.

3.1 PREVALENCE AND INCIDENCE

3.1.1 Individual characteristics

Within this subsection, prevalence estimates (long standing as well as new cases), associated rates and incidence estimates (new cases) are given for people who have *ever* been employed, whilst incidence rates are restricted to those who *worked in the last 12 months* (see sections 2.7, 2.8 and Appendix 3.2 for more details). Care should be taken when making direct comparisons between prevalence and incidence rates due to the differing base populations.

Results from the survey indicate that in 2004/05 an estimated prevalence of 2 006 000 (CI: 1 942 000 to 2 070 000) people in Great Britain suffered from an illness which, in their opinion, was caused or made worse by their current or past work (Table 3A). This equates to 4.7% (CI: 4.5% to 4.8%) of people who have ever worked, statistically significantly lower than the respective estimated rates of 5.2% (CI: 5.0% to 5.4%) and 5.3% (CI: 5.2% to 5.5%) in 2003/04 and 2001/02.

Table 3A: Summary of overall prevalence and incidence estimates and associated rates of self-reported illness caused or made worse by work, 2004/05, 2003/04 and 2001/02

Year	Sample cases	Central estimate	95% C.I.	
			lower	upper
2004/05				
Prevalent cases				
Estimated prevalence (thousands) for people ever employed	3963	2006	1942	2070
Rate per 100 ever employed	3963	4.7	4.5	4.8
Incident cases				
Estimated incidence (thousands) for people ever employed	1107	576	541	610
Estimated incidence (thousands) for people employed in the last 12 months	1026	536	503	570
Rate per 100 employed in the last 12 months	1026	1.8	1.7	2.0
2003/04				
Prevalent cases				
Estimated prevalence (thousands) for people ever employed	4531	2233	2167	2300
Rate per 100 ever employed	4531	5.2	5.0	5.4
Incident cases				
Estimated incidence (thousands) for people ever employed	1194	609	574	644
Estimated incidence (thousands) for people employed in the last 12 months	1109	567	533	601
Rate per 100 employed in the last 12 months	1109	2.0	1.8	2.1
2001/02				
Prevalent cases				
Estimated prevalence (thousands) for people ever employed	5008	2276	2211	2340
Rate per 100 ever employed	5008	5.3	5.2	5.5
Incident cases				
Estimated incidence (thousands) for people ever employed	1422	662	627	697
Estimated incidence (thousands) for people employed in the last 12 months	1335	624	589	658
Rate per 100 employed in the last 12 months	1335	2.2	2.1	2.3

Notes:

See sections 2.7 and 2.8 and Appendix 3.2 for more details on relevant estimates and rates. The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

In 2004/05, an estimated 1 685 000 (CI: 1 626 000 to 1 743 000) people suffered from *one* work-related illness, whilst around fifteen per cent of sufferers, an estimated 307 000 (CI: 282 000 to 332 000) people, had *more than one* work-related illness (Table 3B).

Table 3B: Estimated 2004/05 prevalence of people ever employed who suffered from one or more self-reported illnesses caused or made worse by work

Number of illnesses	Sample cases	Estimated prevalence (thousands)		
		95% C.I.		
		central	lower	upper
1	3321	1685	1626	1743
2	341	171	152	190
3	95	48	38	58
4	31	15	9	20
5+	146	73	61	85
Missing	29	..	..	..
All persons	3963	2006	1942	2070

Notes:

.. Not applicable

See section 2.7 and Appendix 3.2 in the 'Self-reported work-related illness in 2004/05' (SWI04/05) report for more details on prevalence estimates.

The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

As detailed information was only collected about the most serious work-related illness (as defined by the individual), the remaining analysis concentrates on the *most serious* illness.

Some 29% of all sufferers of a work-related illness in 2004/05, an estimated 576 000 (CI: 541 000 to 610 000) people, first became aware of their work-related illness (incidence) in the 12 months prior to interview. This equates to an estimated 1.8% (CI: 1.7% to 2.0%) of people who worked in the last 12 months, which was similar (not statistically significantly different) to the corresponding rate of 2.0% (CI: 1.8% to 2.1%) in 2003/04, but statistically significantly lower than that of 2.2% (CI: 2.1% to 2.3%) in 2001/02.

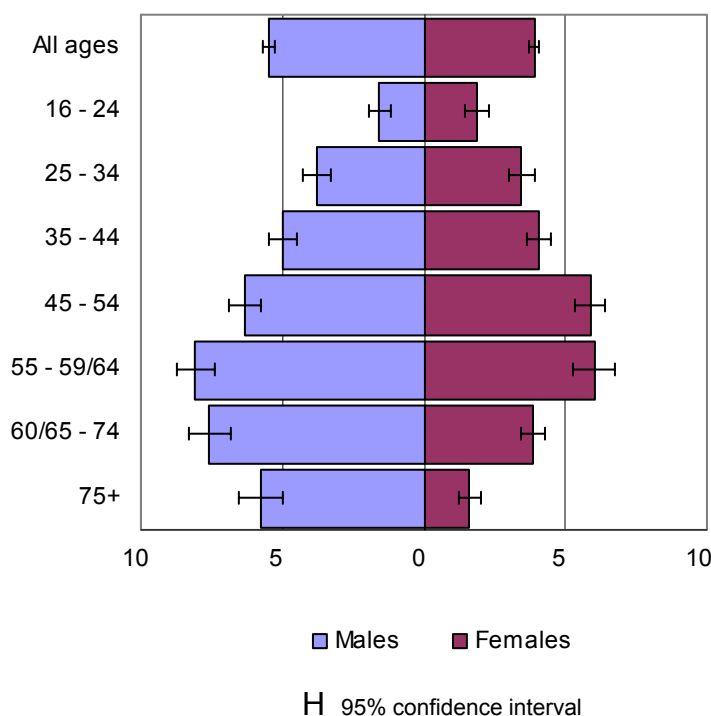
Age and gender

Table WRIAGE1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriage1.htm>) and Figure 3.1 give the estimated prevalence and rates per 100 ever employed of self-reported illness caused or made worse by work, by seven age groups and gender. In 2004/05, an estimated 1 141 000 (CI: 1 094 000 to 1 188 000) males suffered from a work-related illness, compared with an estimated 865 000 (CI: 824 000 to 906 000) females. At 5.5% (CI: 5.2% to 5.7%) of males ever employed, the prevalence rate was statistically significantly higher than for females (3.9%, CI: 3.7% to 4.1%). In particular, male rates were statistically significantly higher than female rates in the 35-44 year age group, as well as in the 55-59/64 year age group and all older age groups.

The highest prevalence rates for males in 2004/05 were in the 55-64 and 65-74 year age groups with an estimated 8.1% (CI: 7.4% to 8.8%) and 7.6% (CI: 6.8% to 8.3%) of males ever employed respectively. Both rates were higher than the rates for all other age groups and for males as a whole. The rate of 6.3% (CI: 5.7% to 6.9%) for males aged 45-54 was also higher than the rate for all males. The two youngest age groups carried the lowest rates – 1.6% (CI:

1.2% to 2.0%) and 3.8% (CI: 3.3% to 4.3%) were affected in the 16-24 year and 25-34 year age groups respectively. Both rates were lower than the rates for all other age groups and, along with the corresponding rate of 5.0% (CI: 4.5% to 5.5%) for those in 35-44 year age group, lower than that for males as a whole. All differences were statistically significant.

Figure 3.1: Estimated 2004/05 prevalence rates (%) of self-reported illness caused or made worse by work, by age and gender, for people ever employed



Notes:

See Table WRIAGE1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriage1.htm>) for detailed data.

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

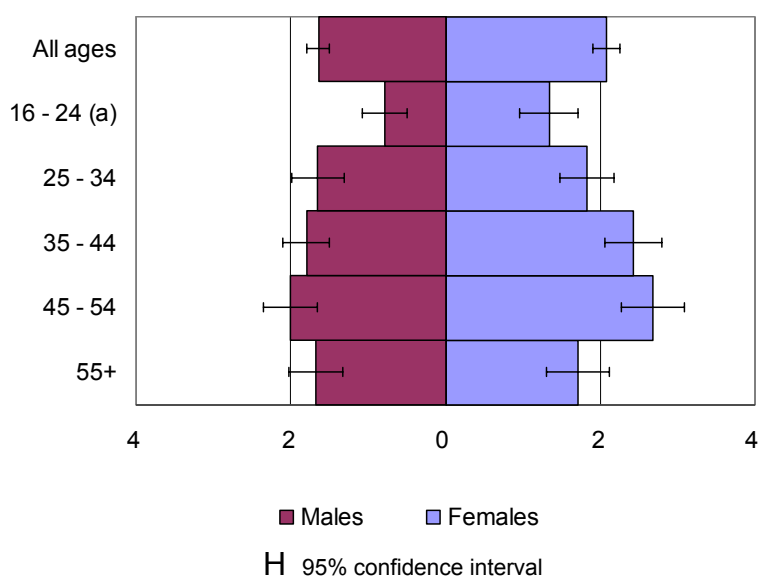
The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

For females, the 55-59 and 45-54 year age groups carried the highest prevalence rates of work-related illness - 6.0% (CI: 5.2% to 6.8%) and 5.9% (CI: 5.3% and 6.4%) of females ever employed respectively. 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 years) age groups, where an estimated 1.6% (CI: 1.3% to 2.0%) and 1.9% (CI: 1.5% to 2.3%) of females ever employed were affected respectively. These rates were statistically significantly lower than the rates for all other age groups and, along with that of 3.5% (CI: 3.0% to 3.9%) for those in the 25-34 year age group, lower than that for females as a whole.

An estimated 280 000 (CI: 256 000 to 305 000) males and 295 000 (CI: 271 000 to 319 000) females developed a work-related illness in 2004/05 (Table WRIAGE2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriage2.htm>)) – around 25% and 34% of the corresponding prevalence estimates. The incidence rate for males was statistically significantly lower than the rate for females - 1.6% (CI: 1.5% to 1.8%) and 2.1% (CI: 1.9% to 2.2%) of people employed in the last 12 months respectively (Figure 3.2). Males and females aged 16-24 years carried the lowest incidence rates and those aged 45-54 years the highest, along with the 35-44 year age group for females. All were statistically significantly different from the overall gender-specific rate.

Gender-specific *prevalence* rates in 2004/05 were statistically significantly lower than those in 2003/04 and 2001/02. The *incidence* rate for males in 2004/05 was also statistically significantly lower than in 2001/02, but was similar (not statistically significantly different) to that in 2003/04. Incidence rates for females were of a similar order (not statistically significantly different) in 2004/05 to those in 2003/04 and 2001/02.

Figure 3.2: Estimated 2004/05 incidence rates (%) of self-reported illness caused or made worse by work, by age and gender, for people employed in the last 12 months



Notes:

(a) Rates for males based on fewer than 30 sample cases.

See Table WRIAGE2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriage2.htm>) for detailed data.

See section 2.8 and Appendix 3.2 for more details on incidence rates.

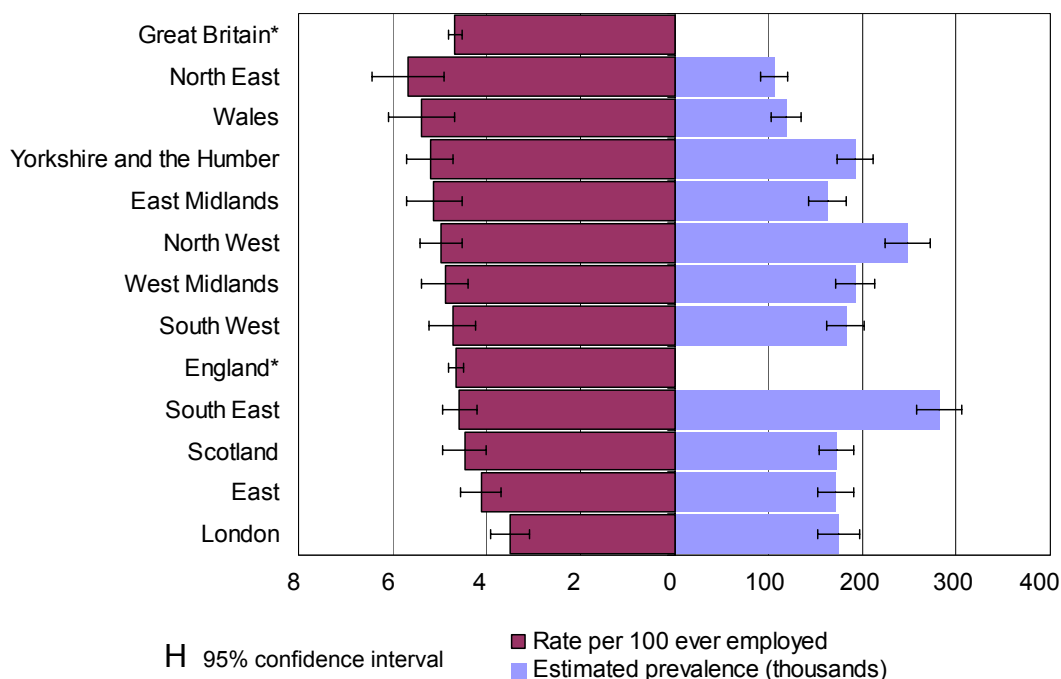
The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Country and region

Table WRIGOR1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wrigor1.htm>) and Figure 3.3 show the estimated prevalence and rates per 100 ever employed of work-related illness by country and government office region within England. With an estimated 5.4% (CI: 4.7% to 6.1%) of people ever employed suffering from a work-related illness, Wales had a statistically significantly higher prevalence rate than that of 4.7% (CI: 4.5% to 4.8%) for Great Britain in 2004/05. The rate was also statistically significantly higher than for England and Scotland, where the corresponding rates were 4.6% (CI: 4.5% to 4.8%) and 4.5% (CI: 4.0% to 4.9%).

Within England, the government office regions with the highest prevalence rates were the North East and Yorkshire and the Humber, where an estimated 5.7% (CI: 4.9% to 6.4%) and 5.2% (CI: 4.7% to 5.7%) of people ever employed suffered from a work-related illness respectively. Both government office regions had statistically significantly higher prevalence rates than England and Great Britain. London and the East, with respective rates of 3.5% (CI: 3.1% to 3.9%) and 4.1% (CI: 3.7% to 4.5%), carried the lowest prevalence rates. Both were statistically significantly lower than the rates for England and Great Britain.

Figure 3.3: Estimated 2004/05 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



Notes:

* The national estimated prevalence of 2 006 000 (CI: 1 942 000 to 2 070 000) for Great Britain and 1 714 000 (CI: 1 655 000 to 1 774 000) for England are too large to be conveniently shown in this figure.

See Table WRIGOR1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wrigor1.htm>) for detailed data.

See section 2.7 and Appendix 3.2 for more details on prevalence estimates and rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Table 3C: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported illness caused or made worse by work with the corresponding average for Great Britain, by country and government office region, for people who have ever worked

Country/Government office region	Whether rates statistically significantly higher/lower than GB average		
	SWI01/02	SWI03/04	SWI04/05
England	No	No	No
North East	No	Higher	Higher
North West	No	No	No
Yorkshire and the Humber	Higher	Higher	Higher
East Midlands	No	No	No
West Midlands	Higher	No	No
East	Lower	No	Lower
London	Lower	Lower	Lower
South East	No	No	No
South West	Higher	No	No
Wales	Higher	Higher	Higher
Scotland	Lower	Lower	No
Great Britain	..	..	..

Tables 3C and 3D compare SWI04/05 prevalence rates with corresponding results from SWI03/04 and SWI01/02, by country and government office region within England. Table 3C indicates whether these rates were statistically significantly above or below the corresponding average for Great Britain, and Table 3D shows whether the rates from the three surveys were statistically significantly different. Figure 3.4 displays this information by country only.

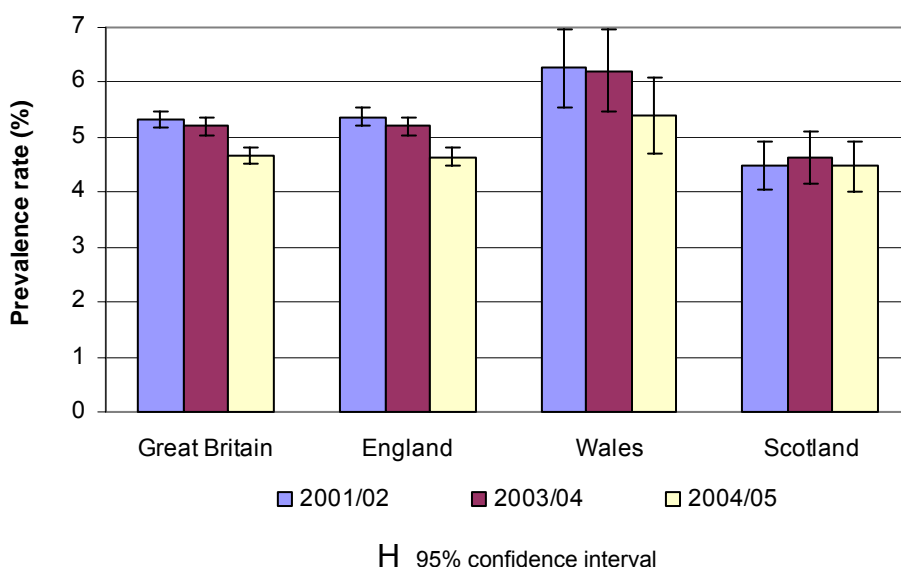
Table 3D: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported illness caused or made worse by work, by country and government office region, for people who have ever worked

Country/Government office region	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
England	Lower	Lower	No
North East	Lower	No	Higher
North West	No	No	No
Yorkshire and the Humber	Lower	Lower	No
East Midlands	No	No	No
West Midlands	No	Lower	Lower
East	Lower	Lower	No
London	Lower	Lower	No
South East	No	No	No
South West	No	Lower	No
Wales	No	No	No
Scotland	No	No	No
Great Britain	Lower	Lower	No

Rates for Wales were consistently high in all three surveys, whereas rates for Scotland were low in 2001/02 and 2003/04 but similar (not statistically significantly different) to that for Great Britain in 2004/05. Unsurprisingly, rates for England were similar (not statistically significantly different) to those for Great Britain in all three surveys. Within England, Yorkshire and the Humber had consistently high prevalence rates in the three surveys whereas London had consistently low rates.

The rate for England was statistically significantly lower in 2004/05 than in 2003/04 and 2001/02. Rates for Wales and Scotland, however, were of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02). Within England, the rates for the North East, Yorkshire and the Humber, the East and London in 2004/05 were all statistically significantly lower than in 2003/04 and, with the exception of the North East, 2001/02.

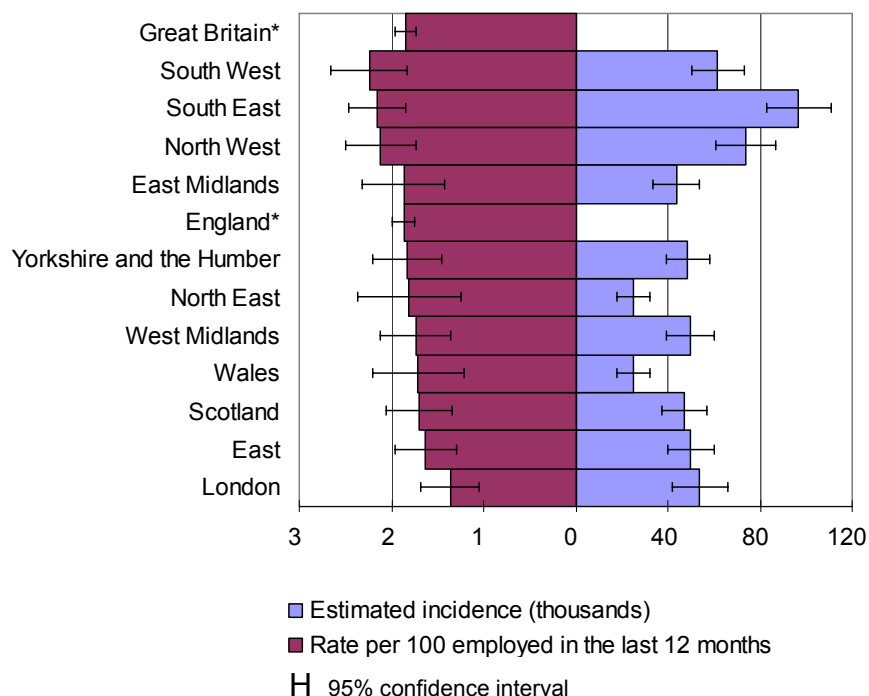
Figure 3.4: Estimated prevalence rates (%) of self-reported illness caused or made worse by work, by country, for people ever employed, 2004/05, 2003/04 and 2001/02



Notes:

See Table WRIGOR1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wrigor1.htm>) for detailed data. See section 2.7 and Appendix 3.2 for more details on prevalence rates. The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Figure 3.5: Estimated 2004/05 incidence and rates (%) of self-reported illness caused or made worse by work, by country and government office region within England



Notes:

* The national estimated incidence of 576 000 (CI: 541 000 to 610 000) for Great Britain and 504 000 (CI: 471 000 to 536 000) for England are too large to be conveniently shown in this figure. See Table WRIGOR2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wrigor2.htm>) for detailed data. See section 2.8 and Appendix 3.2 for more details on incidence estimates and rates. The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Table WRIGOR2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wrigor2.htm>) and Figure 3.5 give the estimated incidence and rates of work-related illness by country and government office region of residence. In 2004/05, rates were of a similar order (not statistically significantly different) by country. Within England, the South East and South West carried the highest rates, each with an estimated 2.2% of people ever employed, with respective 95% confidence intervals of 1.8% to 2.5% and 1.8% to 2.7%. Both were statistically significantly higher than the rate of 1.8% (CI: 1.7% to 2.0%) for Great Britain. The rate for London, at an estimated 1.4% (CI: 1.0% to 1.7%), was statistically significantly lower than those for England (1.9%, CI: 1.7% to 2.0%) and Great Britain.

Tables 3E and 3F compare SWI04/05 incidence rates with corresponding results from SWI03/04 and SWI01/02, by country and government office region within England. Table 3E indicates whether these rates were statistically significantly above or below the corresponding average for Great Britain, and Table 3F shows whether the rates from the three surveys were statistically significantly different. Figure 3.6 displays this information by country only.

Table 3E: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported illness caused or made worse by work with the corresponding average for Great Britain, by country and government office region, for people working in the last 12 months

Country/Government office region	Whether rates statistically significantly higher/lower than GB average		
	SWI01/02	SWI03/04	SWI04/05
	England	Higher	No
North East	No	No	No
North West	No	No	No
Yorkshire and the Humber	No	No	No
East Midlands	No	No	No
West Midlands	No	No	No
East	No	No	No
London	No	No	Lower
South East	No	No	Higher
South West	No	No	Higher
Wales	No	No	No
Scotland	Lower	No	No
Great Britain	..	..	..

Notes:

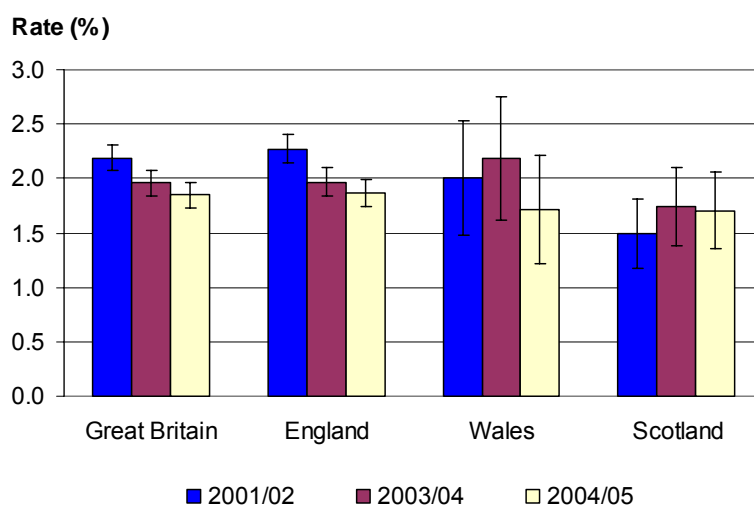
.. Not applicable

The incidence rates for Scotland and Wales were of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02) whereas the rates for England in 2004/05 and 2003/04 were statistically significantly lower than in 2001/02. Within England, all regions had rates of a similar order (not statistically significantly different) in 2004/05 and 2003/04, except the East, where the rate was statistically significantly lower in 2004/05 than in 2003/04. This rate, along with the rate for London in 2004/05, was also statistically significantly lower than the corresponding rate in 2001/02.

Table 3F: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported illness caused or made worse by work, by country and government office region, for people working in the last 12 months

Country/Government office region	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
England	No	Lower	Lower
North East	No	No	No
North West	No	No	No
Yorkshire and the Humber	No	No	No
East Midlands	No	No	No
West Midlands	No	No	Lower
East	Lower	Lower	No
London	No	Lower	Lower
South East	No	No	No
South West	No	No	No
Wales	No	No	No
Scotland	No	No	No
Great Britain	No	Lower	Lower

Figure 3.6: Estimated incidence rates (%) of self-reported illness caused or made worse by work, by country, for people working in the last 12 months, 2004/05, 2003/04 and 2001/02



H 95% confidence interval

Notes:

See Table WRIGOR2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wrigor2.htm>) for detailed data.

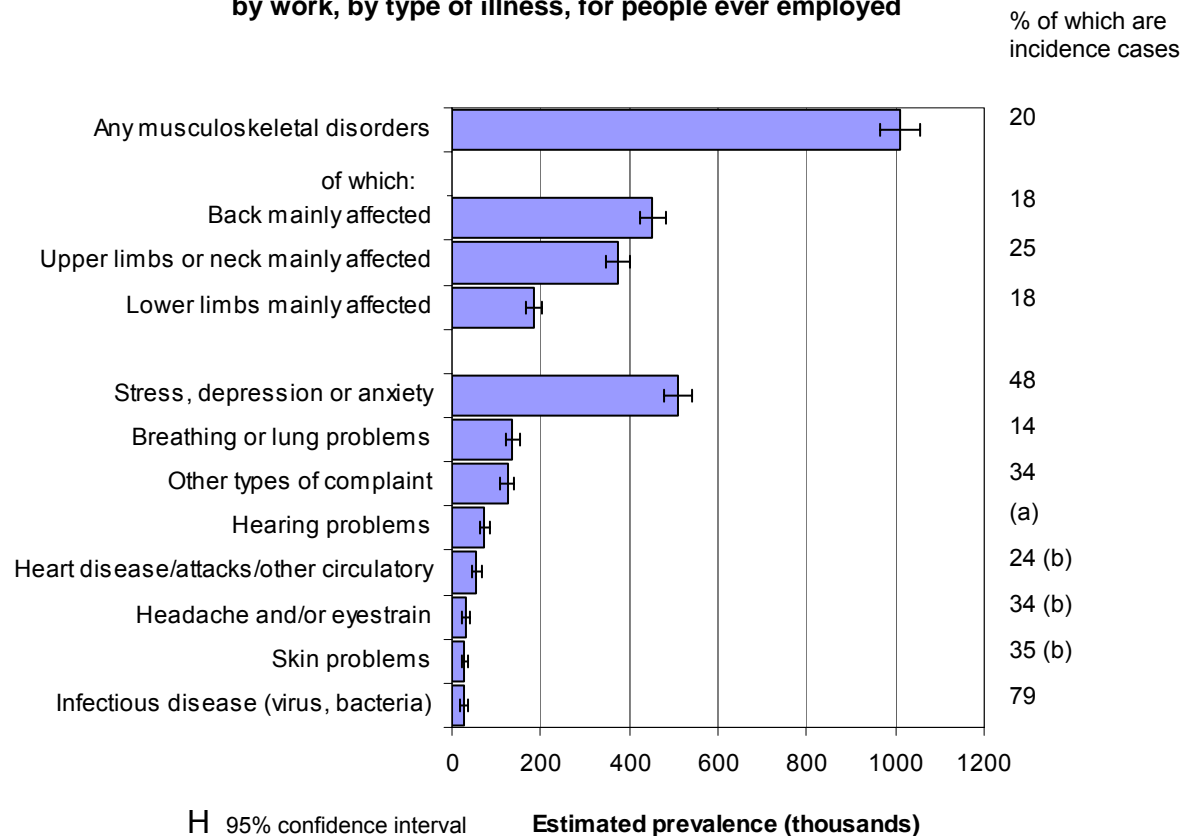
See section 2.8 and Appendix 3.2 for more details on incidence rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

3.1.2 Type of illness

As in the previous section, prevalence estimates, associated rates and incidence estimates are given for people who have *ever been employed*, whilst incidence rates are restricted to those who *worked in the last 12 months* (see sections 2.7, 2.8 and Appendix 3.2 for more details). Care should be taken when making direct comparisons between prevalence and incidence rates.

Figure 3.7: Estimated 2004/05 prevalence of self-reported illness caused or made worse by work, by type of illness, for people ever employed



Notes:

(a) Sample numbers for incidence cases too small to provide reliable estimates.
 (b) Incidence estimates based on fewer than 30 sample cases.
 The national estimated prevalence of 2 006 000 (CI: 1 942 000 to 2 070 000) for all work-related illness is too large to be conveniently shown in this figure.
 See Tables TYPESEX1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex1.htm>) and TYPESEX2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex2.htm>) for detailed data.
 See sections 2.7 and 2.8 and Appendix 3.2 for more details on relevant estimates.
 The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Table TYPESEX1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex1.htm>) and Figure 3.7 show that musculoskeletal disorders (bone, joint or muscle problems) were by far the most commonly reported work-related illness, with an estimated prevalence of 1 012 000 (CI: 967 000 to 1 057 000) people ever employed affected. Of these, around 45% (452 000, CI: 422 000 to 483 000) suffered from a disorder mainly affecting the back, just under two-fifths, 375 000 (CI: 347 000 to 402 000), mainly affecting the upper limbs or neck and 18% (185 000, CI: 166 000 to 204 000) mainly affecting the lower limbs. Stress, depression or anxiety was the second most commonly reported illness (509 000, CI: 477 000 to 542 000) followed by breathing and lung problems (137 000, CI: 121 000 to 154 000) and hearing problems (74 000, CI: 63 000 to 86 000).

An estimated three-quarters of people with a work-related illness were suffering from a musculoskeletal disorder or stress, depression or anxiety (described as their *most serious* illness). It should be noted that an individual may be suffering from more than one work-related illness of the same type, e.g. more than one musculoskeletal disorder - or more than one type of work-related illness - but for individuals with more than one, information is only available about the *most serious*.

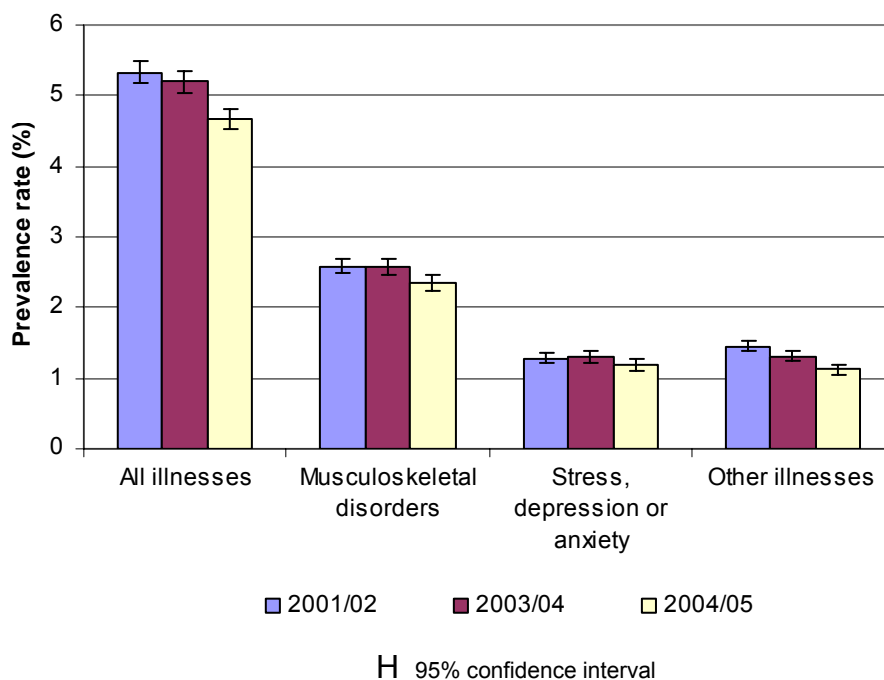
Table 3G: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported illness caused or made worse by work, by type of complaint, for people who have ever been employed

Type of complaint	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Musculoskeletal disorders	Lower	Lower	No
mainly affecting upper limbs/neck	Lower	No	Higher
mainly affecting lower limbs	No	No	No
mainly affecting back	No	Lower	No
Breathing or lung problems	Lower	Lower	No
Skin problems	No	No	No
Hearing problems	No	No	No
Stress, depression or anxiety	Lower	No	No
Headache and/or eyestrain	No	Lower	Lower
Heart disease/other circulatory	No	Lower	No
Infectious disease (virus, bacteria)	No	No	No
Other types of complaint	No	Lower	Lower
All illnesses	Lower	Lower	No

Table 3G compares SWI04/05 prevalence rates with corresponding results from SWI03/04 and SWI01/02, by type of illness. The table indicates whether rates from the three surveys were statistically significantly different. Musculoskeletal disorders (in particular those mainly affecting the upper limbs or neck), breathing or lung problems and stress, depression or anxiety had statistically significantly lower rates in 2004/05 than in 2003/04. All other disease groups had rates of a similar order (not statistically significantly different) in these two surveys. Musculoskeletal disorders (in particular those mainly affecting the back), breathing or lung problems, headache and/or eyestrain, heart disease and 'other' types of complaint carried rates which were statistically significantly lower in 2004/05 than in 2001/02.

Figure 3.8 shows the prevalence rates for the most commonly reported work-related illnesses in 2001/02, 2003/04 and 2004/05. Here, 'other illnesses' includes all illnesses other than musculoskeletal disorders and stress, depression or anxiety. The rate of 1.1% (CI: 1.0% to 1.2%) for 'other illnesses' in 2004/05 was lower than in 2003/04 (1.3%, CI: 1.2% to 1.4%), which in turn was lower than in 2001/02 (1.5%, CI: 1.4% to 1.5%). All differences were statistically significant.

Figure 3.8: Estimated prevalence rates (%) of self-reported illness caused or made worse by work, by main type of complaint, for people who have ever worked, 2004/05, 2003/04 and 2001/02



Notes:

See Table TYPESEX1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex1.htm>) for detailed data.

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

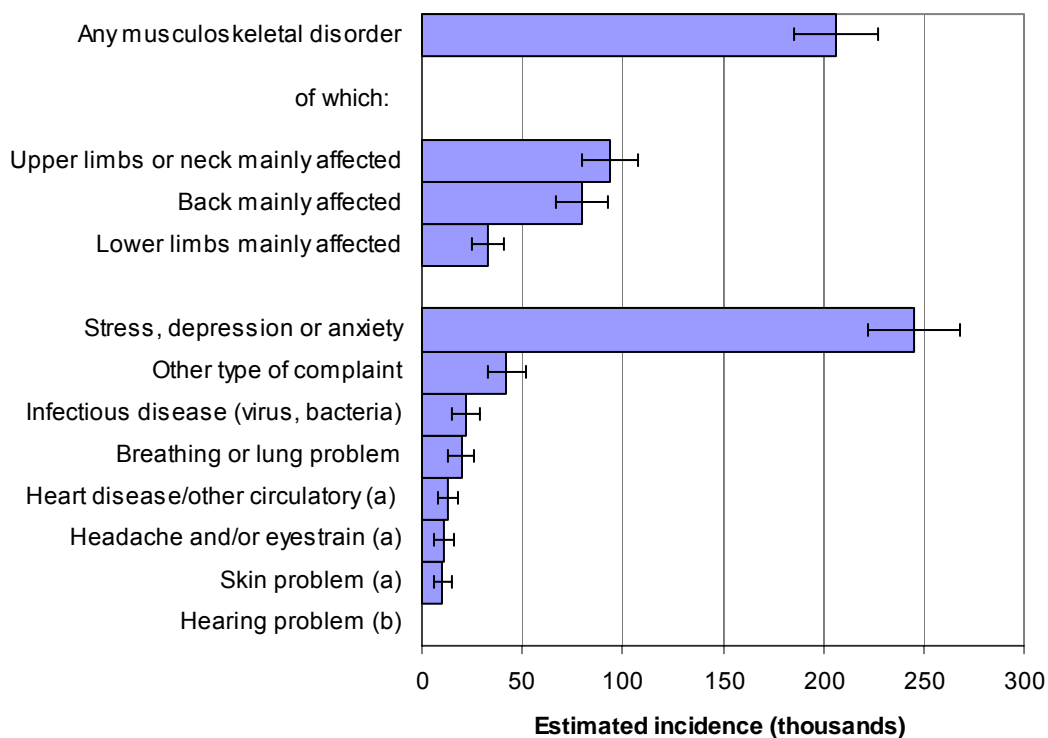
The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Table TYPESEX2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex2.htm>) and Figure 3.9 clearly show that 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 245 000 (CI: 222 000 to 268 000) and 206 000 (CI: 185 000 to 227 000) people who have *ever* worked respectively. Their corresponding rates, at 0.82% (CI: 0.75% to 0.90%) and 0.65% (CI: 0.58% to 0.71%) of people who *worked in the last 12 months*, were statistically significantly different i.e. stress, depression or anxiety had a higher incidence rate than musculoskeletal disorders. It should be noted that the opposite was true for *prevalence* rates (based on the ever employed), but both the incidence and prevalence rates for these two groups were statistically significantly higher than each of the remaining disease groups, where sample numbers were sufficiently large to provide reliable estimates.

Of the estimated incidence of work-related musculoskeletal disorders in 2004/05, 45% (93 000, CI: 79 000 to 108 000) mainly affected the upper limbs or neck, 39% (80 000, CI: 67 000 to 93 000) had a disorder mainly affecting the back and 16% (33 000, CI: 25 000 to 41 000) mainly affecting the lower limbs. Other conditions accounting for over 3% of all new cases of work-related illness, except for ‘other types of complaint’, were infectious disease (22 000, CI: 15 000 to 29 000) and breathing or lung problems (19 000, CI: 13 000 to 26 000).

Across all disease groups, the estimated incidence of work-related illness made up 29% of the estimated *prevalence* of work-related illness. However, the proportion by type of disease varied (see Figure 3.7). For example, the majority of infectious disease cases (79%) were new cases compared with 48% of stress, depression or anxiety cases and just 14% of people with breathing or lung problems.

Figure 3.9: Estimated 2004/05 incidence of self-reported illness caused or made worse by work, by type of complaint, for people who have ever worked



H 95% confidence interval

Notes:

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

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

See Table TYPESEX2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex2.htm>) for detailed data.

The national estimated incidence of 576 000 (CI: 541 000 to 610 000) for all work-related illness is too large to be conveniently shown in this figure.

See section 2.8 and Appendix 3.2 for more details on incidence estimates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Table 3H compares SWI04/05 incidence rates with corresponding results from SWI03/04 and SWI01/02, by type of illness. The table indicates whether rates from the three surveys were statistically significantly different.

Each of the disease groups, where sample numbers were sufficiently large to provide reliable estimates, had rates of a similar order in 2004/05 and 2003/04 (not statistically significantly different). Compared with corresponding rates in 2001/02, those for all musculoskeletal disorders (in particular those mainly affecting the back), breathing or lung problems, headache and/or eyestrain and ‘other types of complaint’ were statistically significantly lower in 2004/05.

Table 3H: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported illness caused or made worse by work, by type of complaint, for people who worked in the last 12 months

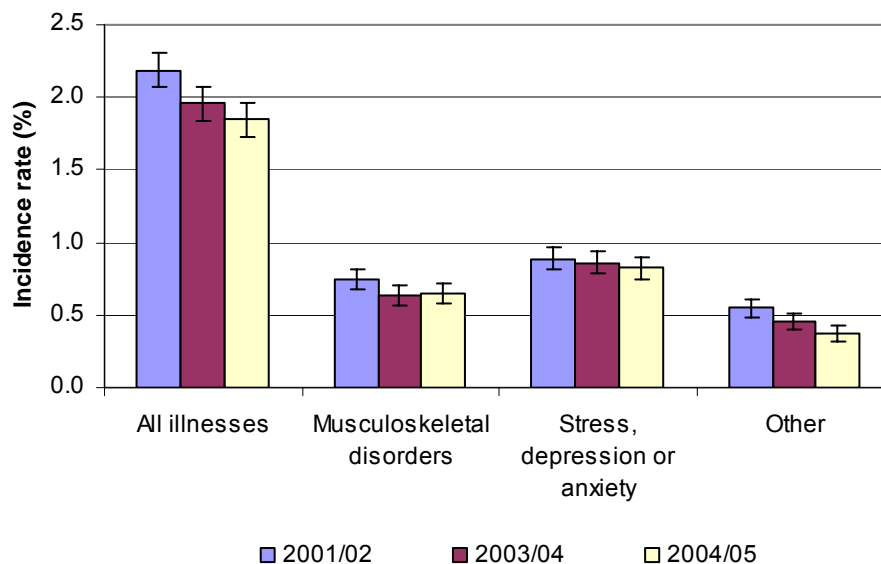
Type of complaint	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Musculoskeletal disorders	No	Lower	Lower
mainly affecting upper limbs/neck	No	No	No
mainly affecting lower limbs	No	No	No
mainly affecting back	No	Lower	Lower
Breathing or lung problems	No	Lower	No
Skin problems	*	*	*
Hearing problems	*	*	*
Stress, depression or anxiety	No	No	No
Headache and/or eyestrain	No [#]	Lower [#]	No [#]
Heart disease/other circulatory	No [#]	No [#]	No [#]
Infectious disease (virus, bacteria)	No	No	No
Other types of complaint	No	Lower	No
All illnesses	No	Lower	Lower

Notes:

[#] At least one of rates based on fewer than 30 sample cases

* Sample numbers for at least one rate too small to provide reliable estimates

Figure 3.10: Estimated incidence rates (%) of self-reported illness caused or made worse by work, by main type of complaint, for people working in the last 12 months, 2004/05, 2003/04 and 2001/02



H 95% confidence interval

Notes:

See Table TYPESEX2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex2.htm>) for detailed data.

See section 2.8 and Appendix 3.2 for more details on incidence estimates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

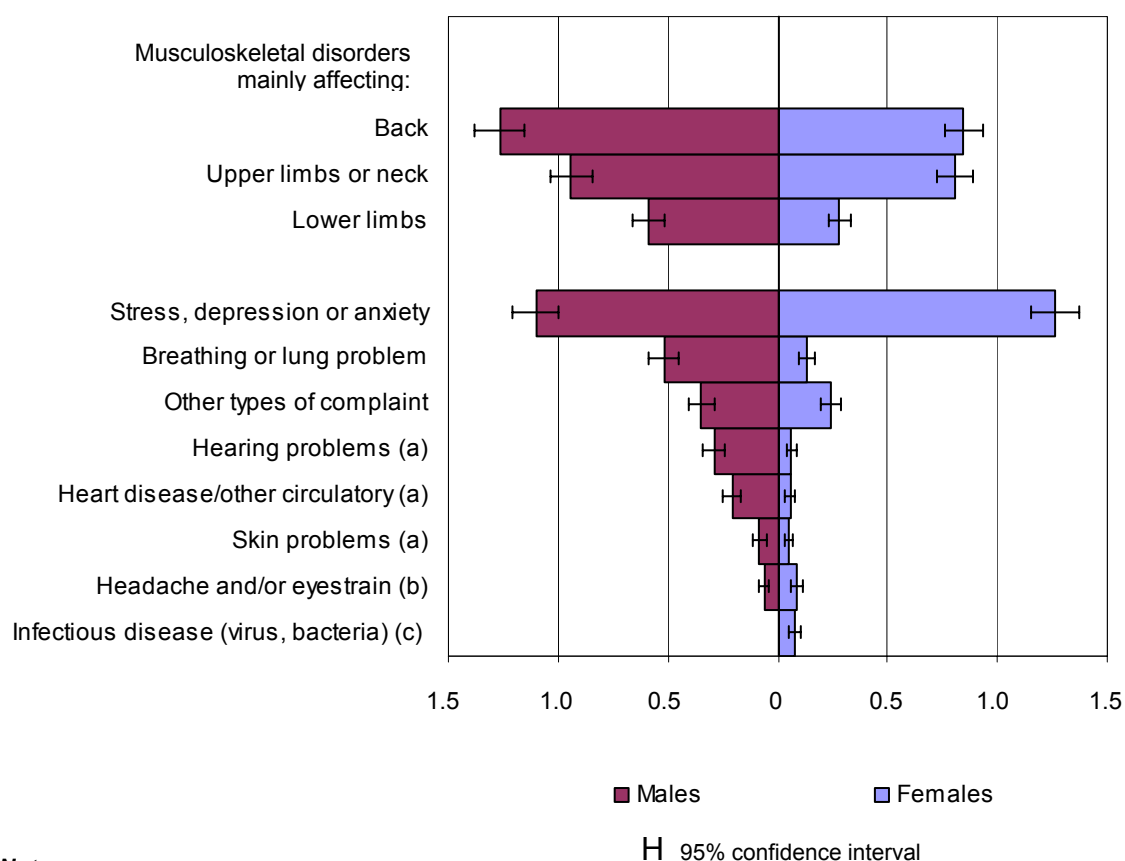
Figure 3.10 shows the incidence rates for the most commonly reported work-related illnesses in 2001/02, 2003/04 and 2004/05. Here, 'other illnesses' includes all illnesses other than musculoskeletal disorders and stress, depression or anxiety. The rate of 0.38% (CI: 0.32% to 0.43%) for 'other illnesses' in 2004/05 was lower than in 2003/04 (0.46%, CI: 0.40% to 0.52%), which in turn was lower than in 2001/02 (0.55%, CI: 0.49% to 0.61%). All differences were statistically significant. The same pattern was seen for *prevalence* cases.

Some limited information is presented in the remainder of this subsection by disease group, but detailed analyses relating to musculoskeletal disorders and stress, depression or anxiety can be found in Chapters 4 and 7, and for musculoskeletal disorders mainly affecting the back and the upper limbs or neck in Chapters 5 and 6. Sample numbers were not sufficiently large to provide more detailed reliable estimates for the remaining disease groups.

Gender

Figure 3.11 shows disease-specific prevalence rates by gender in 2004/05 (also see Table TYPESEX1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex1.htm>)).

Figure 3.11: Estimated 2004/05 prevalence rates (%) of self-reported illness caused or made worse by work, by type of complaint and gender, for people ever employed



Notes:

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

(b) Rates for males based on fewer than 30 sample cases.

(c) Sample numbers for males too small to provide reliable estimates.

The respective estimated prevalence rates of 2.8% (CI: 2.6% to 3.0%) and 1.9% (CI: 1.8% to 2.1%) for males and females with musculoskeletal disorders are too large to be conveniently shown in this figure.

See Table TYPESEX1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex1.htm>) for detailed data.

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

In 2004/05, the diseases for which male prevalence rates were statistically significantly higher than rates for females, where sample numbers were sufficiently large to provide reliable estimates, were musculoskeletal disorders (as a whole and mainly affecting the back, lower limbs and upper limbs or neck), breathing or lung problems, hearing problems, heart diseases/attacks and other circulatory system conditions and 'other types of complaint'. The rate for stress, depression or anxiety amongst females was statistically significantly higher than that for males. The pattern was similar, for disease groups where sample numbers were sufficiently large to provide reliable estimates, in 2003/04, except for musculoskeletal disorders mainly affecting the upper limbs or neck and stress, depression or anxiety, where the rates for males and females were of a similar order (not statistically significantly different). The pattern was also similar in 2001/02 to that in 2004/05, except for musculoskeletal disorders mainly affecting the upper limbs or neck and stress, depression or anxiety, where the rates for males and females were similar (not statistically significantly different), and skin problems, where the rate for males was statistically significantly higher than for females.

In terms of incidence for those employed in the last 12 months (Table TYPESEX2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex2.htm>)), the female rate of 2.1% (CI: 1.9% to 2.2%) for all work-related illness was statistically significantly higher than the male rate of 1.6% (CI: 1.5% to 1.8%) . The incidence rate for stress, depression or anxiety was also higher for females than for males. Each of the remaining disease groups, where sample numbers were sufficiently large to provide reliable estimates, had rates of a similar order for males and females (not statistically significantly different). The same pattern was seen in 2003/04. In 2001/02, the pattern was similar, where sample numbers were sufficiently large to provide reliable estimates, except for musculoskeletal disorders mainly affecting the lower limbs, where the rate for males was statistically significantly higher than for females, and all work-related illness, where the rates for males and females were of a similar order (not statistically significantly different).

Country

The estimated prevalence for each type of complaint, and associated rates per 100 ever employed by country are shown in Table TYPEEWS1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typeews1.htm>). For any type of illness, comparisons have been drawn between countries where the sample numbers were sufficiently large to provide reliable estimates in all three countries. These comparisons suggest that, in 2004/05, the prevalence rate for breathing or lung problems in Wales was higher than in Scotland, but similar (not statistically significantly different) to the rate in England. Wales also had a higher prevalence rate than England and Scotland for musculoskeletal disorders as a whole, and a higher prevalence rate than Scotland for musculoskeletal disorders mainly affecting the upper limbs or neck. Comparisons with 2003/04 and 2001/02 for all musculoskeletal disorders, musculoskeletal disorders affecting the back, musculoskeletal disorders affecting the upper limbs or neck and stress, depression or anxiety can be found in Chapters 4-7.

Sample numbers were not sufficiently large to provide *incidence* estimates and rates for the full range of disease groups by country. However, geographical information including comparisons with 2003/04 and 2001/02, for all musculoskeletal disorders and stress, depression or anxiety can be found in Chapters 4 and 7.

3.1.3 Employment details (of job causing or making complaint worse)

The LFS only provides employment details about the *current or the most recent job* (if currently not working) in the last 8 years, and in some cases only for the *current job* e.g. hours worked. Unfortunately a routing error in an earlier SWI (2003/04) meant that only respondents working in the last 12 months were asked to confirm whether their current or most recent job (details of which are recorded as part of the LFS) or another job caused or made their complaint worse. (question WCHJB3 - see Appendix 1). Therefore, to allow comparisons with SWI03/04, the prevalence and incidence estimates and rates in this subsection are restricted to the *current or most recent job, in the last 12 months*, and illnesses associated with these jobs. In addition, prevalence estimates for people *ever employed* by occupation and industry are presented in this subsection, for 2004/05 only. If another job (not the current or most recent) was recorded as causing or making the illness worse, occupation and industry details were collected in 2004/05. This level of information was not collected in earlier surveys.

Table 3I: Estimated 2004/05 prevalence of self-reported illness, by job causing or making complaint worse, for people ever employed

Which job	Sample cases	Estimated prevalence (thousands)		
		central	95% C.I. lower upper	
Main current job	1732	903	859	947
Second job	10	*	*	*
Last job +	170	90	76	104
Some other job	2039	1002	957	1047
Missing/unknown	12	..	..	..
All persons	3963	2006	1942	2070

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates

+ In the last 12 months.

See section 2.7 and Appendix 3.2 in the 'Self-reported work-related illness in 2004/05' (SWI04/05) report for more details on prevalence estimates.

The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

In 2004/05, an estimated prevalence of 903 000 (CI: 859 000 to 947 000) people were still employed in the job (main current job) which they believe caused or made their illness worse. A further estimated 90 000 (CI: 76 000 to 104 000) people, not currently employed, ascribed their illness to their most recent job in the last year (Table 3I). Therefore, around a half of sufferers, an estimated 993 000 (CI: 947 000 to 1 039 000) people, ascribed their condition to their *current or most recent job in the last 12 months*, equating to 3.4% (CI: 3.3% to 3.6%) of people working in the last 12 months. This prevalence rate will be used within this subsection to assess whether certain employment-related groupings have above or below average prevalence rates i.e. whether specific rates e.g. occupation groups are statistically significantly different from the corresponding overall prevalence rate.

In 2004/05, the prevalence rate for the *current or most recently* working in the last 12 months was statistically significantly lower than the corresponding rates in 2003/04 and 2001/02.

For people who became aware of a work-related illness in the last 12 months (incidence cases), Table 3J gives details of the job, which, in their opinion, caused or made their complaint worse.

In 2004/05, around three-quarters of people who became aware of a work-related illness in the previous 12 months, an estimated 438 000 (CI: 408 000 to 469 000) people, were still in the job (main current job) which they believe caused or made their illness worse.

Table 3J: Estimated 2004/05 incidence of self-reported illness, by job causing or making complaint worse, for people ever employed

Which job	Sample cases	Estimated incidence (thousands)		
		central	95% C.I.	
			lower	upper
Main current job	841	438	408	469
Second job	4	*	*	*
Last job +	72	40	30	49
Some other job	181	91	78	105
Missing/unknown	9	..	..	..
All persons	1107	576	541	610

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates

+ In the last 12 months.

See section 2.8 and Appendix 3.2 in the 'Self-reported work-related illness in 2004/05' (SWI04/05) report for more details on incidence estimates.

The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

In total, an estimated 478 000 (CI: 446 000 to 510 000) people who worked in the last 12 months became aware of an illness in 2004/05, which in their opinion, was caused or made worse by their *current or most recent job*, equating to a rate of 1.6% (CI: 1.5 % to 1.8%). This will be used in the remainder of this subsection to assess whether certain employment-related groupings have above or below average incidence rates i.e. whether specific rates e.g. occupation groups are statistically significantly different from the overall average incidence rate. The 2004/05 incidence rate was statistically significantly lower than the corresponding rate in 2001/02, but of a similar order (not statistically significantly different) to the rate in 2003/04.

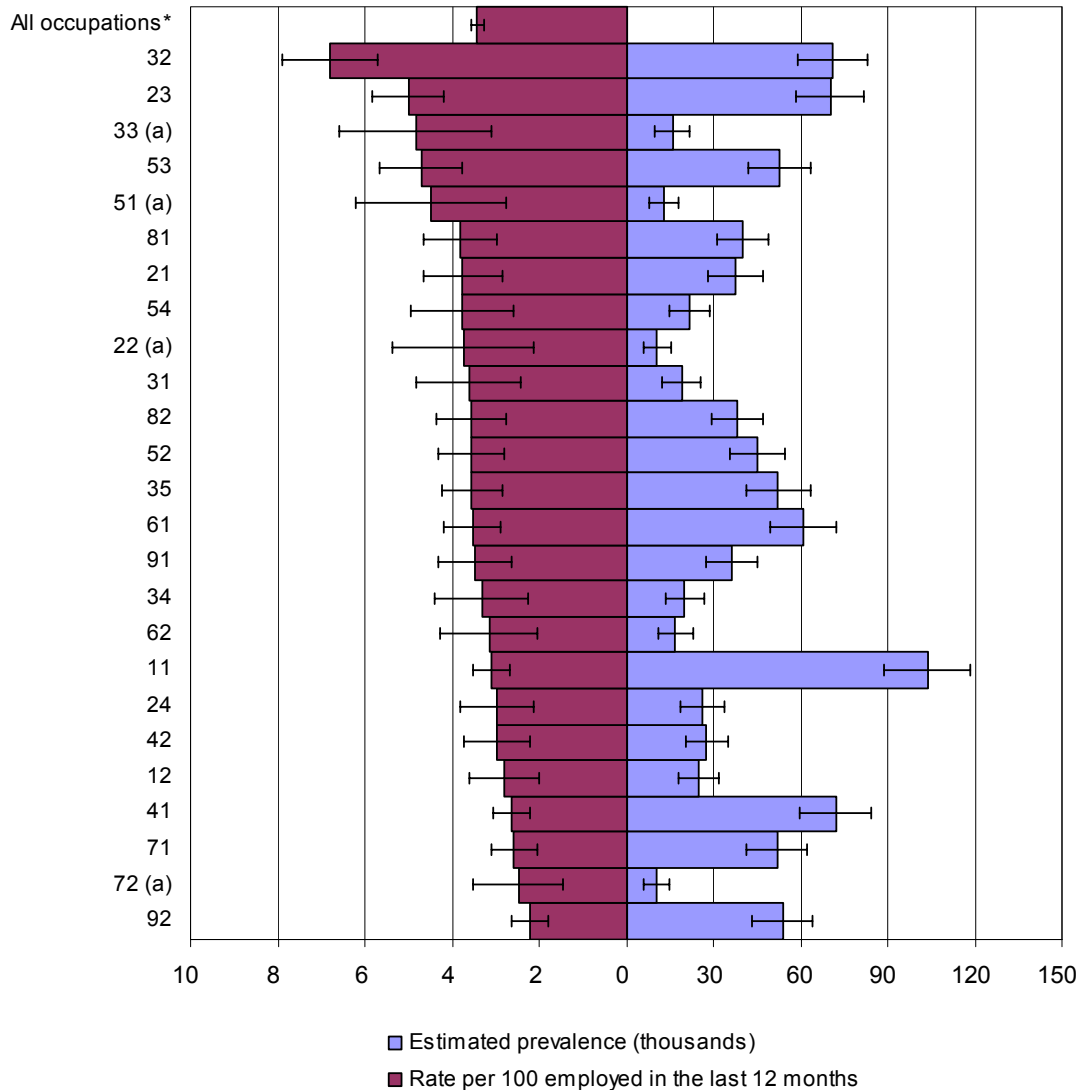
Occupation

Where sample numbers are sufficiently large to provide reliable estimates, Tables WRIOCC1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriocc1.htm>) and WRIOCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriocc2.htm>) provide a detailed occupational breakdown by major, sub-major and minor occupation group (see Appendix 4 for further information about the occupational classification). Table WRIOCC1 shows prevalence estimates of illness ascribed to the current or any past job for people *ever employed* and Table WRIOCC2 presents prevalence estimates and rates of ill health associated with the *current or most recent job in the last 12 months* (see section 2.7 and Appendix 3.2 for more details about the calculation of rates).

Figure 3.12 displays the estimated prevalence and associated rates of illness ascribed to the current or most recent job by sub-major occupational group, for people working in the last 12 months only. Health and social welfare associate professionals (sub-major group 32), teaching and research professionals (sub-major group 23) and skilled construction and building trades (sub-major group 53) carried the highest rates of illness caused or made worse by the current or

most recent job in the last 12 months. With estimated prevalence rates of 6.8% (CI: 5.7% to 7.9%), 5.0% (CI: 4.2% to 5.8%) and 4.7% (CI: 3.8% to 5.6%), respectively, all were statistically significantly higher than the rate of 3.4% (CI: 3.3% to 3.6%) for all occupations.

Figure 3.12: Estimated 2004/05 prevalence and rates (%) of self-reported illness caused or made worse by current or most recent job, by occupational sub-major group, for people working in the last 12 months



H 95% confidence interval

Notes:

* The national estimated prevalence of 993 000 (CI: 947 000 to 1 039 000) for all illnesses caused or made worse by the current or most recent job in the last 12 months is too large to be conveniently shown in this figure.

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

See Table WRIOCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriocc2.htm>) for detailed data.

See Appendix 4 for more details on Standard Occupational Classification.

See section 2.7 and Appendix 3.2 for more details on prevalence estimates and rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census

Key:

32 Health and social welfare associate professionals	61 Caring personal service occupations
23 Teaching and research professionals	91 Elementary trades, plant and storage related occupations
33 Protective service occupations	34 Culture, media and sports occupations
53 Skilled construction and building trades	62 Leisure and other personal service occupations
51 Skilled agricultural trades	11 Corporate managers
81 Process, plant and machine operatives	24 Business and public service professionals
21 Science and technology professionals	42 Secretarial and related occupations
54 Textiles, printing and other skilled trades	12 Managers and proprietors in agriculture and services
22 Health professionals	41 Administrative occupations
31 Science and technology associate professionals	71 Sales occupations
82 Transport and mobile machine drivers and operatives	72 Customer service occupations
52 Skilled metal and electrical trades	92 Elementary administration and service occupations
35 Business and public service associate professionals	

Minor occupational groups and corresponding unit groups carrying rates which were statistically significantly higher than the rate for all occupations, where sample numbers were sufficiently large to provide reliable estimates, were: health associate professionals (minor group 321 - 7.4%, CI: 5.9% to 8.8%), in particular nurses (unit group 3211 - 7.1%, CI: 5.5% to 8.8%); health and social services managers (minor group 118 - between 3.5% and 8.2%); social welfare associate professionals (minor group 323 - between 3.5% and 7.6%); construction trades (minor group 531 - 5.0%, CI: 3.9% to 6.1%); teaching professionals (minor group 231 - 5.0%, CI: 4.1% to 5.8%), in particular secondary education teaching professionals (unit group 2314 - 6.1%, CI: 4.4% to 7.9%); and healthcare and related personal services (minor group 611 - 4.6%, CI: 3.6% to 5.6%).

At the other end of the scale, the sub-major occupation groups elementary administration and service occupations (group 92 - 2.2%, CI: 1.8% to 2.6%), sales occupations (group 71 - 2.6%, CI: 2.1% to 3.1%) and administrative occupations (group 41 - 2.6%, CI: 2.2% to 3.1%) all displayed rates which were statistically significantly lower than the rate for all occupations.

Minor occupational groups and corresponding unit groups carrying rates which were statistically significantly lower than the rate for all occupations, where sample numbers were sufficiently large to provide reliable estimates, were: elementary personal services occupations (minor group 922 - between 0.65% and 1.7%); administrative occupations: general (minor group 415 - between 1.0% and 2.4%), childcare and related personal services (minor group 612 - 2.2%, CI: 1.5% to 3.0%); administrative occupations: finance (minor group 412 - 2.4%, CI: 1.6% to 3.2%), in particular accounts and wages clerks, book-keepers, other financial clerks (unit group 4122 - between 1.4% and 3.2%); production managers (minor group 112 - between 1.5% and 3.4%); elementary cleaning occupations (minor group 923 - 2.5%, CI: 1.7% to 3.3%) in particular cleaners, domestics (unit group 9233 - between 1.3% and 2.9%); sales assistants and retail cashiers (minor group 711 - 2.6%, CI: 2.1% to 3.2%), in particular sales and retail assistants (unit group 7111 - 2.7%, CI: 2.1% to 3.3%); and functional managers (minor group 113 - 2.7%, CI: 2.0% to 3.3%), in particular marketing and sales managers (unit group 1132 - between 1.2% and 2.9%).

Tables 3K and 3L compare SWI04/05 prevalence rates with corresponding results from SWI01/02 and SWI03/04, by occupational major and sub-major group. Table 3K indicates whether these rates were statistically significantly above or below the corresponding average across all occupations, and Table 3L shows whether the rates from the three surveys were statistically significantly different. Figure 3.13 displays prevalence rates from all three surveys by occupational major group only.

Table 3K: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported illness caused or made worse by the current or most recent job with the corresponding average for all occupations, by occupational major and sub-major group, for people working in the last 12 months

Occupation description +	Major or sub-major group	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Managers and senior officials	1	No	No	Lower
Corporate managers	11	No	No	No
Managers and proprietors in agriculture and services	12	No	No	No
Professional occupations	2	Higher	Higher	Higher
Science and technology professionals	21	No	No	No
Health professionals	22	No [#]	*	No [#]
Teaching and research professionals	23	Higher	Higher	Higher
Business and public service professionals	24	No	No	No
Associate professional and technical occupations	3	Higher	Higher	Higher
Science and technology associate professionals	31	No	Lower [#]	No
Health and social welfare associate professionals	32	Higher	Higher	Higher
Protective service occupations	33	Higher	Higher	No [#]
Culture, media and sports occupations	34	No	No	No
Business and public service associate professionals	35	No	No	No
Administrative and secretarial occupations	4	Lower	Lower	Lower
Administrative occupations	41	Lower	Lower	Lower
Secretarial and related occupations	42	Lower	Lower	No
Skilled trades occupations	5	Higher	Higher	Higher
Skilled agricultural trades	51	Higher	No	No [#]
Skilled metal and electrical trades	52	No	Higher	No
Skilled construction and building trades	53	Higher	Higher	Higher
Textiles, printing and other skilled trades	54	No	No	No
Personal service occupations	6	No	No	No
Caring personal service occupations	61	No	No	No
Leisure and other personal service occupations	62	No	No	No

continued

Table 3K continued

Occupation description +	Major or sub-major group	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Sales and customer service occupations	7	Lower	Lower	Lower
Sales occupations	71	Lower	Lower	Lower
Customer service occupations	72	No	No	No [#]
Process, plant and machine operatives	8	No	No	No
Process, plant and machine operatives	81	No	No	No
Transport and mobile machine drivers and operatives	82	No	No	No
Elementary occupations	9	Lower	Lower	Lower
Elementary trades, plant and storage related occupations	91	No	No	No
Elementary administration and service occupations	92	Lower	Lower	Lower
All occupations		..	..	..

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 4 for details of Standard Occupational Classification

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

The rates for professional occupations (major group 2), associate professional and technical occupations (major group 3) and skilled trades occupations (major group 5) were consistently high in all three surveys. Associate professional and technical occupations (major group 3) had rates of a similar order (not statistically significantly different) in all three surveys whereas the other two groups carried rates in 2004/05 which were lower than the corresponding rates in 2001/02.

Administrative and secretarial occupations (major group 4), sales and customer service occupations (major group 7) and elementary occupations (major group 9) carried rates which were consistently low in all three surveys. All three groups carried rates in 2004/05 which were of a similar order (not statistically significantly different) to the corresponding rates in 2003/04 and 2001/02. Managers and senior officials (major group 1) carried a rate in 2004/05 that was below the average across all occupations for that year, and was also statistically significantly lower than the corresponding rates in 2001/02 and 2003/04.

Table 3L: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported illness caused or made worse by the current or most recent job, by occupational major and sub-major group, for people working in the last 12 months

Occupation description +	Major or sub-major group	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Managers and senior officials	1	Lower	Lower	No
Corporate managers	11	Lower	Lower	No
Managers and proprietors in agriculture and services	12	No	Lower	No
Professional occupations	2	No	Lower	No
Science and technology professionals	21	No	No	No
Health professionals	22	*	No [#]	*
Teaching and research professionals	23	No	Lower	Lower
Business and public service professionals	24	Lower	No	No
Associate professional and technical occupations	3	No	No	No
Science and technology associate professionals	31	No	No	No [#]
Health and social welfare associate professionals	32	No	No	No
Protective service occupations	33	No [#]	Lower [#]	No
Culture, media and sports occupations	34	No	No	No
Business and public service associate professionals	35	No	No	No
Administrative and secretarial occupations	4	No	No	Lower
Administrative occupations	41	No	Lower	Lower
Secretarial and related occupations	42	No	No	No
Skilled trades occupations	5	No	Lower	No
Skilled agricultural trades	51	No [#]	No [#]	No
Skilled metal and electrical trades	52	Lower	No	No
Skilled construction and building trades	53	No	No	No
Textiles, printing and other skilled trades	54	No	No	No

continued

Table 3L continued

Occupation description +	Major or sub-major group	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Personal service occupations	6	No	No	No
Caring personal service occupations	61	No	No	No
Leisure and other personal service occupations	62	No	No	No
Sales and customer service occupations	7	No	No	Lower
Sales occupations	71	Higher	No	Lower
Customer service occupations	72	No [#]	No [#]	No
Process, plant and machine operatives	8	No	No	No
Process, plant and machine operatives	81	No	No	No
Transport and mobile machine drivers and operatives	82	No	No	No
Elementary occupations	9	No	No	No
Elementary trades, plant and storage related occupations	91	No	No	No
Elementary administration and service occupations	92	No	No	No
All occupations		Lower	Lower	No

Notes:

* *Sample numbers too small to provide reliable estimates.*

Rates based on fewer than 30 sample cases.

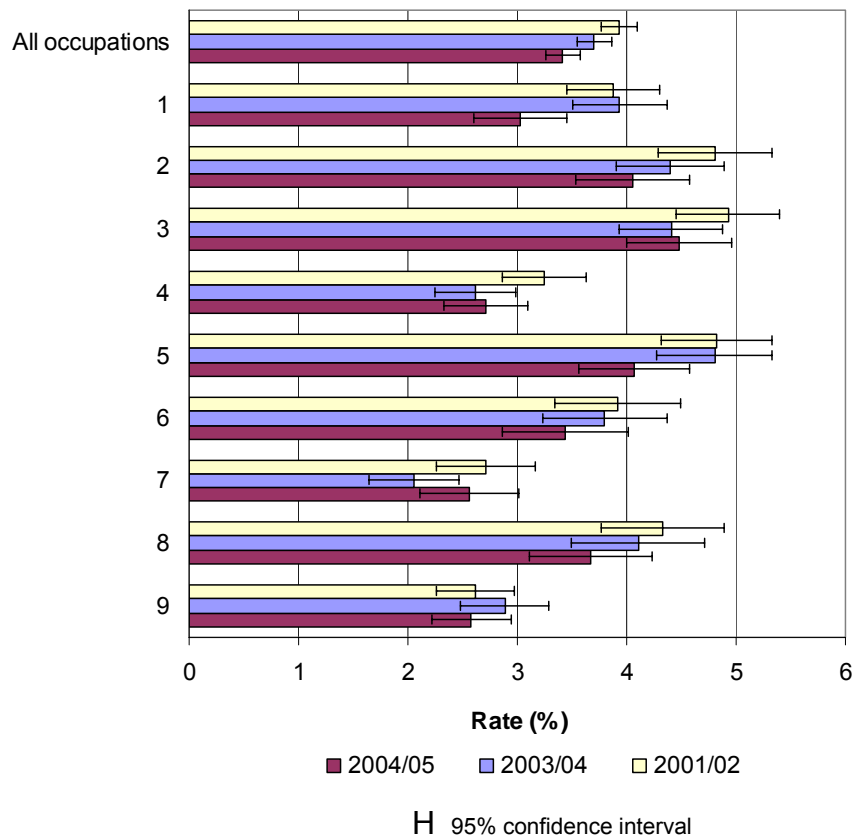
+ *See Appendix 4 for details of Standard Occupational Classification*

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

In terms of sub-major groups, where sample cases are sufficiently large to provide reliable estimates, the rates for teaching and research professionals (group 23), health and social welfare associate professionals (group 32) and skilled construction and building trades (group 53) were consistently high in all three surveys, whereas those for administrative occupations (group 41), sales occupations (group 71) and elementary administration and service occupations (group 92) were consistently low.

Figure 3.13: Estimated prevalence rates (%) of self-reported illness caused or made worse by the current or most recent job, by occupational major group, for people working in the last 12 months, 2004/05, 2003/04 and 2001/02



Notes:

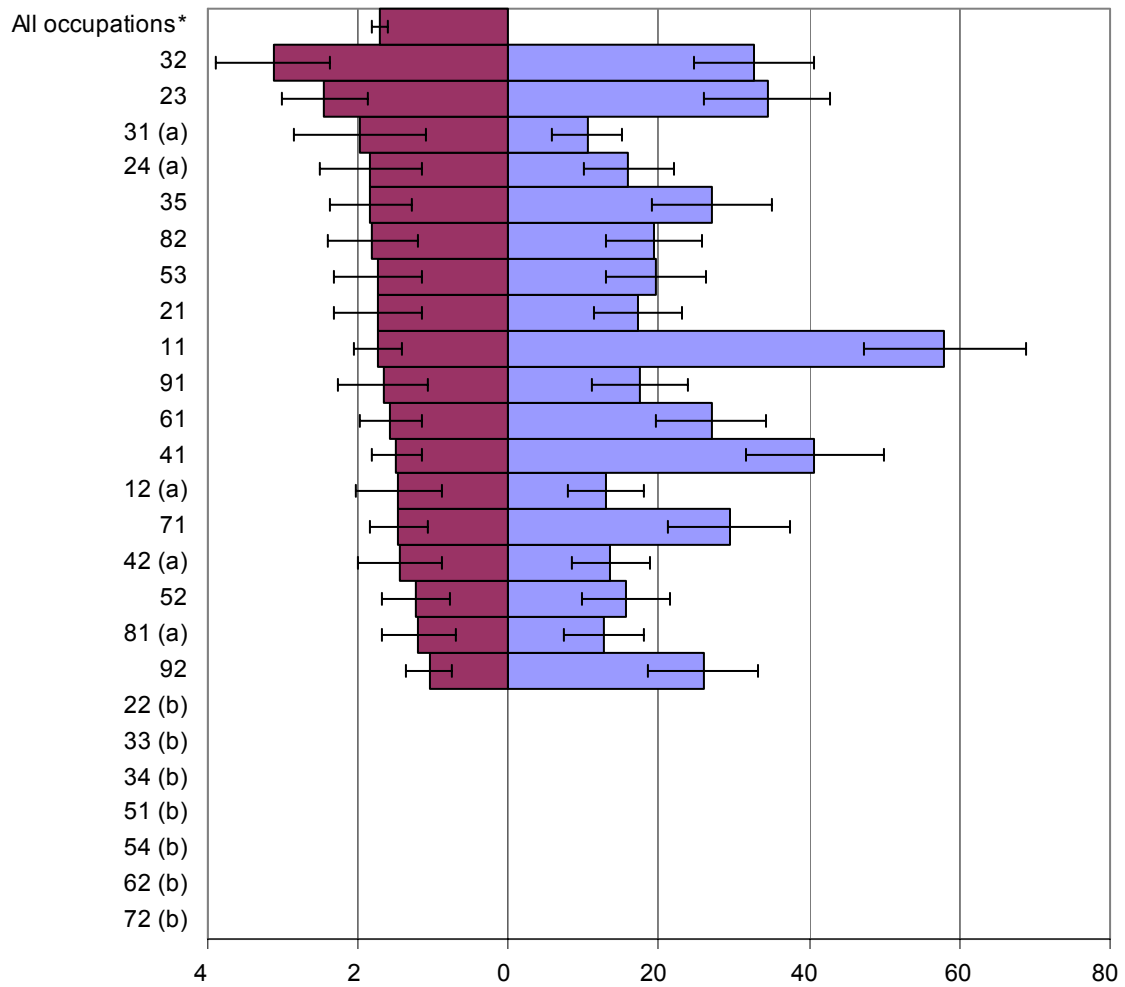
See Table WRIOCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriocc2.htm>) for detailed data.
 See Appendix 4 for more details on Standard Occupational Classification.
 See section 2.7 and Appendix 3.2 for more details on prevalence estimates and rates.
 The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

- | | |
|--|--|
| 1 Managers and senior officials | 6 Personal service occupations |
| 2 Professional occupations | 7 Sales and customer service occupations |
| 3 Associate professional and technical occupations | 8 Process, plant and machine operatives |
| 4 Administrative and secretarial occupations | 9 Elementary occupations |
| 5 Skilled trades occupations | |

Tables WRIOCC3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriocc3.htm>) and WRIOCC4 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriocc4.htm>) give a detailed occupational breakdown by major and sub-major occupation group for new cases of work-related illness, in the last 12 months. Table WRIOCC3 shows incidence estimates of illness ascribed to the current or any past job for people *ever employed* and Table WRIOCC4 presents incidence estimates and rates associated with the *current or most recent job in the last 12 months* (see section 2.8 and Appendix 3.2 for more details about the calculation of rates).

Figure 3.14: Estimated 2004/05 incidence and rates (%) of self-reported illness caused or made worse by current or most recent job, by occupational sub-major group, for people working in the last 12 months



- Estimated incidence rate per 100 employed in the last 12 months
- Estimated incidence (thousands) for people who worked in the last 12 months
- H 95% confidence interval

Notes:

* The national estimated incidence of 478 000 (CI: 446 000 to 510 000) for all illnesses caused or made worse by the current or most recent job in the last 12 months is too large to be conveniently shown in this figure.

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

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

See Table WRIOCC4 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriocc4.htm>) for detailed data.

See Appendix 4 for more details on Standard Occupational Classification.

See section 2.8 and Appendix 3.2 for more details on incidence estimates and rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

32	Health and social welfare associate professionals	71	Sales occupations
23	Teaching and research professionals	42	Secretarial and related occupations
31	Science and technology associate professionals	52	Skilled metal and electrical trades
24	Business and public service professionals	81	Process, plant and machine operatives
35	Business and public service associate professionals	92	Elementary administration and service occupations
82	Transport and mobile machine drivers and operatives	72	Customer service occupations
53	Skilled construction and building trades	62	Leisure and other personal services occupations
21	Science and technology professionals	54	Textiles, printing and other skilled trades
11	Corporate managers	51	Skilled agricultural trades
91	Elementary trades, plant and storage related occupations	34	Culture, media and sports occupations
61	Caring personal service occupations	33	Protective service occupations
41	Administrative occupations	22	Health professionals
12	Managers and proprietors in agriculture and services		

Figure 3.14 shows incidence estimates and rates associated with the current or most recent job by sub-major occupational group, for people working in the last 12 months. Where sample numbers were sufficiently large to provide reliable estimates, sub-major groups which displayed incidence rates which were statistically significantly higher than the average for all occupations, were: health and social welfare associate professionals (sub-major group 32 - 3.1%, CI: 2.4% to 3.9%) and teaching and research professionals (sub-major group 23 - 2.4%, CI: 1.9% to 3.0%). The *prevalence* rates were consistently high for these occupation groups (see Table WRIOCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriocc2.htm>) and Figure 3.12).

At the other end of the scale, again where sample numbers are sufficiently large to provide reliable estimates, elementary administration and service occupations (sub-major group 92), carried the lowest rate, affecting an estimated 1.1% (CI: 0.76% to 1.4) of people who worked in the last 12 months. This rate was statistically significantly lower than the rate across all occupations and its *prevalence* rate was also low.

Tables 3M and 3N compare SWI04/05 incidence rates with corresponding results from SWI03/04 and SWI01/02, by occupational major and sub-major group. Table 3M indicates whether these rates were statistically significantly above or below the corresponding average across all occupations, and Table 3N shows whether the rates from the three surveys were statistically significantly different.

The rates for professional occupations (major group 2) and associate professional and technical occupations (major group 3) were consistently high in all three surveys, whereas the rates for elementary occupations (major group 9) were consistently low. The rate for skilled trades occupations (major group 5) was statistically significantly lower in 2003/04 than in 2001/02 and the rate for personal service occupations (major group 6) was lower in 2004/05 than in 2001/02. Rates for all other major groups were of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02).

In terms of sub-major groups, where sample cases are sufficiently large to provide reliable estimates, the rates for teaching and research professionals (group 23) and health and social welfare associate professionals (group 32) carried rates which were consistently high in all three surveys, whereas those for elementary administration and service occupations (group 92) were consistently low. The rate for teaching and research professionals (group 23) was statistically significantly lower in 2004/05 and 2003/04 than in 2001/02, and the rate for caring personal service occupations (group 61) was lower in 2004/05 than 2001/02. The rates for all other sub-major groups were of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02).

Table 3M: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported illness caused or made worse by the current or most recent job with the corresponding average for all occupations, by occupational major and sub-major group, for people working in the last 12 months

Occupation description +	Major or sub-major group	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Managers and senior officials	1	No	No	No
Corporate managers	11	No	No	No
Managers and proprietors in agriculture and services	12	No	No	No [#]
Professional occupations	2	Higher	Higher	Higher
Science and technology professionals	21	No	No	No
Health professionals	22	*	*	*
Teaching and research professionals	23	Higher	Higher	Higher
Business and public service professionals	24	No	No	No [#]
Associate professional and technical occupations	3	Higher	Higher	Higher
Science and technology associate professionals	31	No [#]	*	No [#]
Health and social welfare associate professionals	32	Higher	Higher	Higher
Protective service occupations	33	Higher	Higher [#]	*
Culture, media and sports occupations	34	No [#]	*	*
Business and public service associate professionals	35	No	No	No
Administrative and secretarial occupations	4	No	Lower	No
Administrative occupations	41	No	No	No
Secretarial and related occupations	42	Lower [#]	No [#]	No [#]
Skilled trades occupations	5	No	No	No
Skilled agricultural trades	51	*	*	*
Skilled metal and electrical trades	52	No	No	No
Skilled construction and building trades	53	No	No	No
Textiles, printing and other skilled trades	54	No [#]	*	*
Personal service occupations	6	No	No	No
Caring personal service occupations	61	No	No	No
Leisure and other personal service occupations	62	*	*	*
Sales and customer service occupations	7	No	Lower	No
Sales occupations	71	Lower	Lower	No
Customer service occupations	72	No [#]	*	*
Process, plant and machine operatives	8	No	No	No
Process, plant and machine operatives	81	No	No	No [#]
Transport and mobile machine drivers and operatives	82	No	No	No

continued

Table 3M continued

Occupation description +	Major or sub-major group	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Elementary occupations	9	Lower	Lower	Lower
Elementary trades, plant and storage related occupations	91	No	No	No
Elementary administration and service occupations	92	Lower	Lower	Lower
All occupations		..	..	..

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 4 for details of Standard Occupational Classification

See section 2.8 and Appendix 3.2 for more details on incidence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Table 3N: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported illness caused or made worse by the current or most recent job, by occupational major and sub-major group, for people working in the last 12 months

Occupation description +	Major or sub-major group	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Managers and senior officials	1	No	No	No
Corporate managers	11	No	No	No
Managers and proprietors in agriculture and services	12	No [#]	No [#]	No
Professional occupations	2	No	No	No
Science and technology professionals	21	No	No	No
Health professionals	22	*	*	*
Teaching and research professionals	23	No	Lower	Lower
Business and public service professionals	24	No [#]	No [#]	No
Associate professional and technical	3	No	No	No
Science and technology associate professionals	31	*	No [#]	*
Health and social welfare associate professionals	32	No	No	No
Protective service occupations	33	*	*	No [#]
Culture, media and sports occupations	34	*	*	*
Business and public service associate professionals	35	No	No	No

continued

Table 3N continued

Occupation description +	Major or sub-major group	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Administrative and secretarial	4	No	No	No
Administrative occupations	41	No	No	No
Secretarial and related occupations	42	No [#]	No [#]	No [#]
Skilled trades occupations	5	No	No	Lower
Skilled agricultural trades	51	*	*	*
Skilled metal and electrical trades	52	No	No	No
Skilled construction and building trades	53	No	No	No
Textiles, printing and other skilled trades	54	*	*	*
Personal service occupations	6	No	Lower	No
Caring personal service occupations	61	No	Lower	No
Leisure and other personal service occupations	62	*	*	*
Sales and customer service	7	No	No	No
Sales occupations	71	No	No	No
Customer service occupations	72	*	*	*
Process, plant and machine	8	No	No	No
Process, plant and machine operatives	81	No [#]	No [#]	No
Transport and mobile machine drivers and operatives	82	No	No	No
Elementary occupations	9	No	No	No
Elementary trades, plant and storage related occupations	91	No	No	No
Elementary administration and service occupations	92	No	No	No
All occupations		No	Lower	Lower

Notes:

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 4 for details of Standard Occupational Classification

See section 2.8 and Appendix 3.2 for more details on incidence rates.

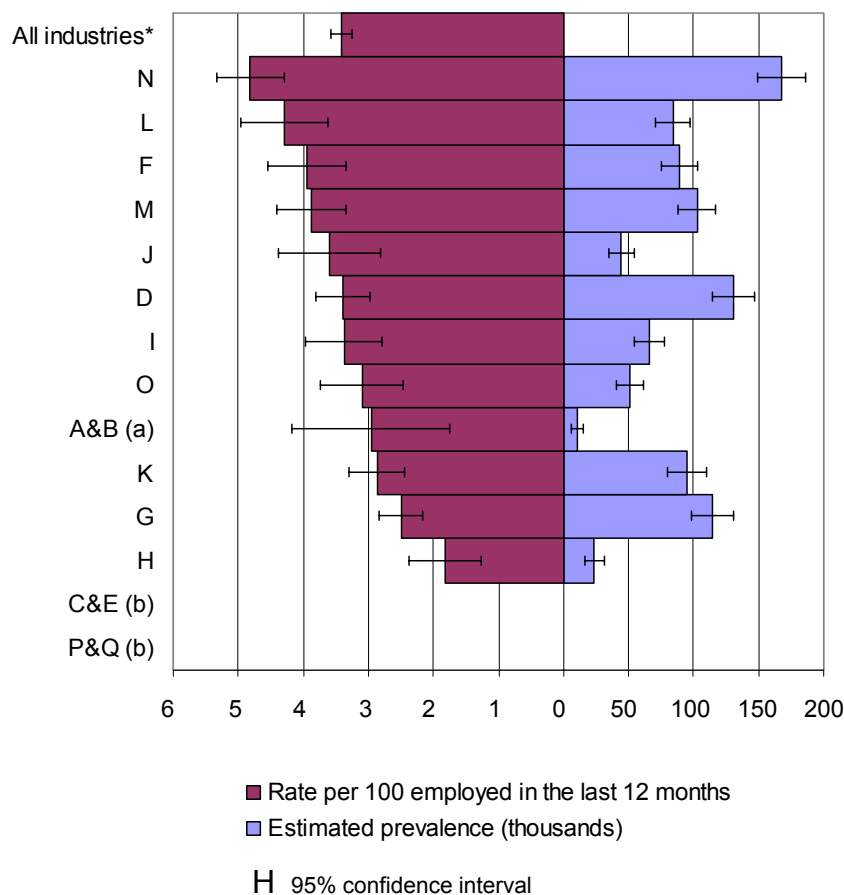
This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Industry

Table WRIIND1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriind1.htm>) shows the estimated prevalence of illness ascribed to the current or any past job by industry section, for people ever employed. For people working in the last 12 months, Table WRIIND2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriind2.htm>) and Figure 3.15 present the

estimated prevalence and rates of self-reported illness associated with the current or most recent job, by industry section (see Appendix 5 for more details about the industrial classification).

Figure 3.15: Estimated 2004/05 prevalence and rates (%) of self-reported illness caused or made worse by current or most recent job, by industry section, for people working in the last 12 months



Notes:

*The national estimated prevalence of 993 000 (CI: 947 000 to 1 039 000) for all illnesses caused or made worse by the current or most recent job in the last 12 months is too large to be conveniently shown in this figure.

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

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

See Table WRIIND2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriind2.htm>) for detailed data.

See Appendix 5 for more details on Standard Industrial Classification.

See section 2.7 and Appendix 3.2 for more details on prevalence estimates and rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

N Health and social work	O Other community, social and personal service activities
L Public administration and defence: compulsory social security	A&B Agriculture, hunting, forestry and fishing
F Construction	K Real estate, renting and business activities
M Education	G Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods
J Financial intermediation	H Hotels and restaurants
D Manufacturing	C&E Extractive and utility supply industries
I Transport, storage and communication	P&Q Other

Industry sections which carried above average prevalence rates of work-related illness in 2004/05, with sufficiently large sample numbers to provide reliable estimates, were health and social work (section N) and public administration and defence (section L). Their respective estimated prevalence rates of 4.8% (CI: 4.3% to 5.3%) and 4.3% (CI: 3.6% to 5.0%) were statistically significantly higher than the rate for all industries - 3.4% (CI: 3.3% to 3.6%). Within manufacturing, manufacture of motor vehicles, trailers and semi-trailers (division 34 - between 3.5% and 7.5%) also carried a rate which was statistically significantly higher than the overall rate.

At the other end of the scale, industry sections and associated divisions carrying rates which were statistically significantly lower than the overall rate were hotels and restaurants (section H - 1.8%, CI: 1.3% to 2.4%); wholesale and retail trade (section G - 2.5%, CI: 2.2% to 2.8%), in particular retail trade, except of motor vehicles and motorcycles: repair of personal and household goods (division 52 - 2.6%, CI: 2.2% to 3.0%) and wholesale trade and commission trade, except of motor vehicles and motorcycles (division 51 - between 1.2% and 2.7%); and real estate, renting and business activities (section K - 2.9%, CI: 2.4% to 3.3%), in particular other business activities (division 74 - 2.8%, CI: 2.3% to 3.4%).

Tables 3O and 3P and Figure 3.16 compare SWI04/05 prevalence rates of illness ascribed to the current or most recent job in the last 12 months with corresponding results from SWI01/02 and SWI03/04, by industry section. Table 3O indicates whether these rates were statistically significantly above or below the corresponding average across all industries, and Table 3P shows whether the rates from the three surveys were statistically significantly different.

Table 3O: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported illness caused or made worse by the current or most recent job with the corresponding average for all industries, by industry section, for people who worked in the last 12 months

Industry description +	Section	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Agriculture, hunting, forestry and fishing	A&B	Higher	No	No [#]
Agriculture, hunting and forestry	A	Higher	No	No [#]
Fishing	B	*	*	*
Extractive and utility supply	C&E	No	No [#]	*
Mining and quarrying	C	*	*	*
Electricity, gas and water supply	E	No [#]	*	*
Manufacturing	D	No	No	No
Construction	F	No	Higher	No
Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods	G	Lower	Lower	Lower
Hotels and restaurants	H	Lower	Lower	Lower
Transport, storage and communication	I	No	Higher	No
Financial intermediation	J	No	Lower	No
Real estate, renting and business activities	K	Lower	Lower	Lower
Public administration and defence; compulsory social security	L	Higher	Higher	Higher
Education	M	Higher	Higher	No

continued

Table 30 continued

Industry description +	Section	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Health and social work	N	Higher	Higher	Higher
Other community, social and personal service activities	O	No	No	No
Other	P&Q	*	*	*
Private households with employed persons	P	*	*	*
Extra-territorial organisations and bodies	Q	*	*	*
All industries		..	..	..

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 5 for details of Standard Industrial Classification

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Where sample numbers were sufficiently large to provide reliable estimates, rates were consistently high in all three surveys for public administration and defence; compulsory social security (section L) and health and social work (section N), whilst those for wholesale and retail trade (section G), hotels and restaurants (section H) and real estate, renting and business activities (section K) were consistently low.

Table 3P: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported illness caused or made worse by the current or most recent job, by industry section, for people who worked in the last 12 months

Industry description +	Section	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
		Agriculture, hunting, forestry and fishing	A&B	No [#]
Agriculture, hunting and forestry	A	Lower [#]	Lower [#]	No
Fishing	B	*	*	*
Extractive and utility supply	C&E	*	*	No [#]
Mining and quarrying	C	*	*	*
Electricity, gas and water supply	E	*	*	*
Manufacturing	D	No	No	No
Construction	F	No	No	No

continued

Table 3P continued

Industry description +	Section	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods	G	No	No	No
Hotels and restaurants	H	Lower	No	No
Transport, storage and communication	I	Lower	Lower	No
Financial intermediation	J	No	No	No
Real estate, renting and business activities	K	No	No	No
Public administration and defence; compulsory social security	L	No	Lower	Lower
Education	M	No	Lower	Lower
Health and social work	N	No	No	No
Other community, social and personal service activities	O	No	No	No
Other	P&Q	*	*	*
Private households with employed persons	P	*	*	*
Extra-territorial organisations and bodies	Q	*	*	*
All industries		Lower	Lower	No

Notes:

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

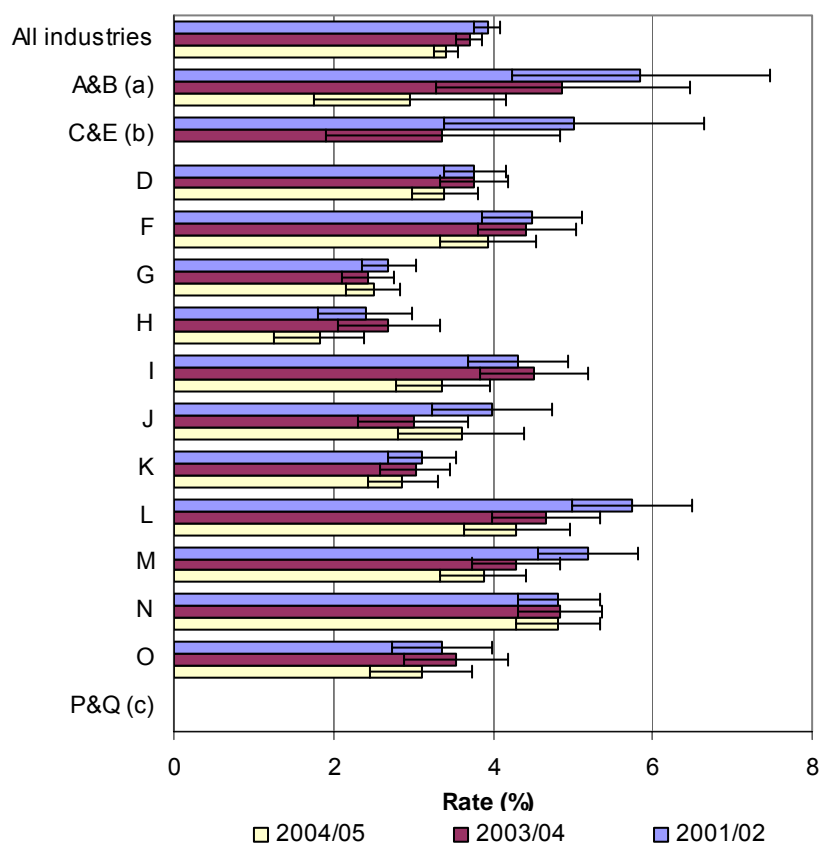
+ See Appendix 5 for details of Standard Industrial Classification

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

The rates for agriculture, hunting and forestry (section A) and transport, storage and communication (section I) were lower in 2004/05 than in 2003/04 and 2001/02. Hotels and restaurants (section H) also carried a rate that was lower in 2004/05 than 2003/04. Furthermore, rates for public administration and defence; compulsory social security (section L) and education (section M) carried rates which were lower in 2004/05 and 2003/04 than in 2001/02. All differences were statistically significant. Where sample numbers were sufficiently large to provide reliable estimates, the rates for all the remaining industry sections were of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02).

Figure 3.16: Estimated prevalence rates (%) of self-reported illness caused or made worse by the current or most recent job, by industry section, for people who worked in the last 12 months, 2004/05, 2003/04 and 2001/02



H 95% confidence interval

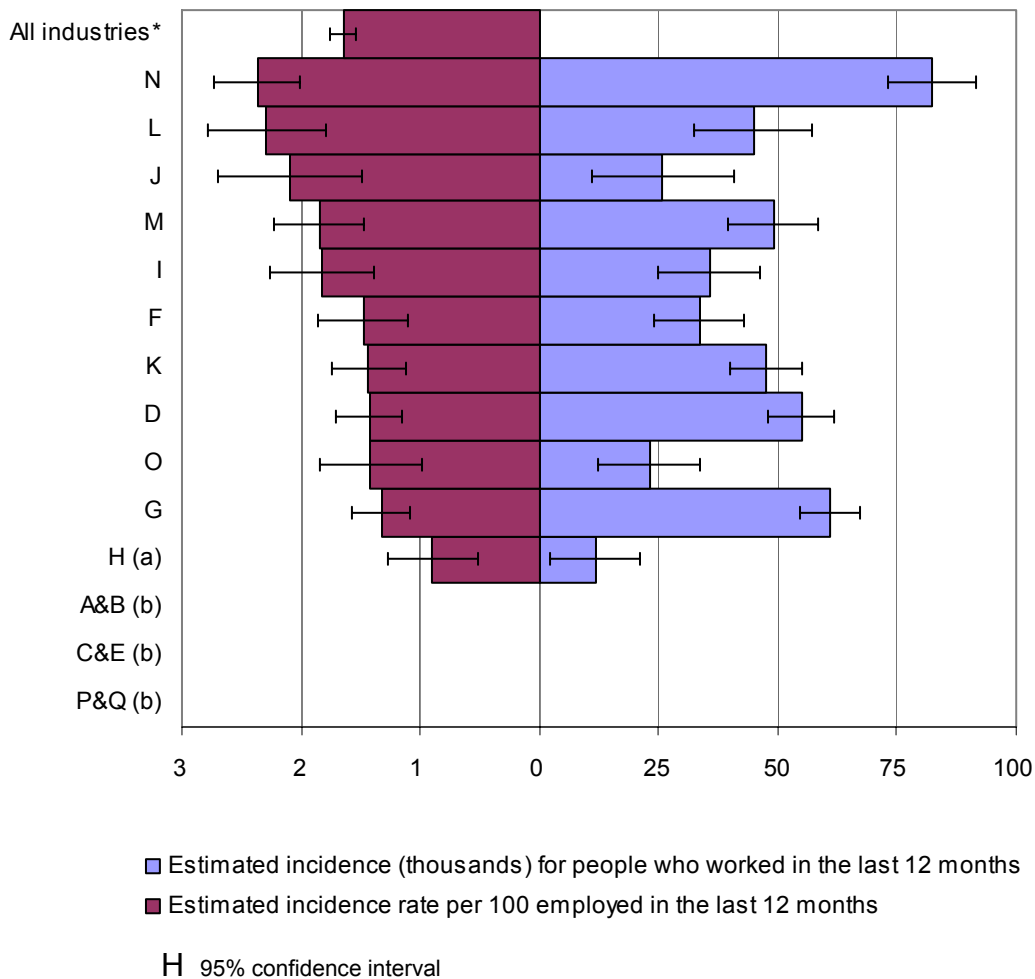
Notes:

(a) 2004/05 rate based on fewer than 30 sample cases.
 (b) 2004/05 sample cases too small to provide reliable rates and 2003/04 rate based on fewer than 30 sample cases.
 (c) Sample cases from each survey too small to provide reliable rates.
 See Table WRIIND2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriind2.htm>) for detailed data.
 See Appendix 5 for more details on Standard Industrial Classification.
 See section 2.7 and Appendix 3.2 for more details on prevalence estimates and rates.
 The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

- | | |
|---|--|
| A&B Agriculture, hunting, forestry and fishing | J Financial intermediation |
| C&E Extractive and utility supply industries | K Real estate, renting and business activities |
| D Manufacturing | L Public administration and defence: compulsory social security |
| F Construction | M Education |
| G Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods | N Health and social work |
| H Hotels and restaurants | O Other community, social and personal service activities |
| I Transport, storage and communication | P&Q Other |

Figure 3.17: Estimated 2004/05 incidence and rates (%) of self-reported illness caused or made worse by current or most recent job, by industry section, for people working in the last 12 months



Notes:

*The national estimated incidence of 478 000 (CI: 446 000 to 510 000) for all illnesses caused or made worse by the current or most recent job in the last 12 months is too large to be conveniently shown in this figure.

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

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

See Table WRIIND4 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriind4.htm>) for detailed data.

See Appendix 5 for more details on Standard Industrial Classification.

See section 2.8 and Appendix 3.2 for more details on incidence estimates and rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

N Health and social work	D Manufacturing
L Public administration and defence: compulsory social security	O Other community, social and personal service activities
J Financial intermediation	G Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods
M Education	H Hotels and restaurants
I Transport, storage and communication	A&B Agriculture, hunting, forestry and fishing
F Construction	C&E Extractive and utility supply industries
K Real estate, renting and business activities	P&Q Other

Table WRIIND3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriind3.htm>) shows the estimated incidence of illness ascribed to the current or any past job by industry section, for people ever employed. Figure 3.17 and Table WRIIND4

(<http://www.hse.gov.uk/statistics/swi/tables/0405/wriind4.htm>) give an industrial breakdown for those 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.

Industry sections which carried the highest incidence rates in 2004/05, where sample numbers were sufficiently large to provide reliable estimates, were: public administration and defence (section L) and health and social work (section N). Their respective estimated rates of 2.3% (CI: 1.8% to 2.8%) and 2.4% (CI: 2.0% to 2.7%) of people working in the last 12 months were statistically significantly higher than the rate across all industries. *Prevalence* rates were also consistently high in these two industry groups (see Table WRIIND2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriind2.htm>) and Figure 3.15).

Hotels and restaurants (section H - between 0.52% and 1.3%) and wholesale and retail trade (section G - 1.3%, 1.1% to 1.6%) carried the lowest incidence rates. Both were statistically significantly lower than the rate across all industries. *Prevalence* rates were also consistently low for these industry sections.

Tables 3Q and 3R compare SWI04/05 incidence rates with corresponding results from SWI01/02 and SWI03/04, by industry section. Table 3Q indicates whether these rates were statistically significantly above or below the corresponding average across all industries, and Table 3R shows whether the rates from the three surveys were statistically significantly different.

Table 3Q: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported illness caused or made worse by the current or most recent job with the corresponding average for all industries, by industry section, for people working in the last 12 months

Industry description +	Section	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Agriculture, hunting, forestry and fishing	A&B	*	*	*
Agriculture, hunting and forestry	A	*	*	*
Fishing	B	*	*	*
Extractive and utility supply	C&E	*	*	*
Mining and quarrying	C	*	*	*
Electricity, gas and water supply	E	*	*	*
Manufacturing	D	Lower	No	No
Construction	F	No	Lower	No
Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods	G	Lower	Lower	Lower
Hotels and restaurants	H	Lower	Lower	Lower [#]
Transport, storage and communication	I	No	No	No
Financial intermediation	J	No	No	No
Real estate, renting and business activities	K	Lower	Lower	No
Public administration and defence; compulsory social security	L	Higher	Higher	Higher
Education	M	Higher	No	No
Health and social work	N	Higher	Higher	Higher
Other community, social and personal service activities	O	No	No	No

continued

Table 3Q continued

Industry description +	Section	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Other	P&Q	*	*	*
Private households with employed persons	P	*	*	*
Extra-territorial organisations and bodies	Q	*	*	*
All industries		..	..	..

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 5 for details of Standard Industrial Classification

See section 2.8 and Appendix 3.2 for more details on incidence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Where sample numbers were sufficiently large to provide reliable estimates, the rates for public administration and defence (section L) and health and social work (section N) were consistently high in all three surveys, whilst those for wholesale and retail trade (section G) and hotels and restaurants (section H) were consistently low. Public administration and defence; compulsory social security (section L) and education (section M) carried rates which were lower in 2004/05 than in 2001/02. Rates for all other sections were of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02).

Table 3R: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported illness caused or made worse by the current or most recent job, by industry section, for people who worked in the last 12 months

Industry description +	Section	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
		Agriculture, hunting, forestry and fishing	A&B	*
Agriculture, hunting and forestry	A	*	*	*
Fishing	B	*	*	*
Extractive and utility supply	C&E	*	*	*
Mining and quarrying	C	*	*	*
Electricity, gas and water supply	E	*	*	*
Manufacturing	D	No	No	No
Construction	F	No	No	No

continued

Table 3R continued

Industry description +	Section	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods	G	No	No	No
Hotels and restaurants	H	No [#]	No [#]	No
Transport, storage and communication	I	No	No	No
Financial intermediation	J	No	No	No
Real estate, renting and business activities	K	No	No	No
Public administration and defence; compulsory social security	L	No	Lower	No
Education	M	No	Lower	No
Health and social work	N	No	No	No
Other community, social and personal service activities	O	No	No	No
Other	P&Q	*	*	*
Private households with employed persons	P	*	*	*
Extra-territorial organisations and bodies	Q	*	*	*
All industries		No	Lower	Lower

Notes:

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 5 for details of Standard Industrial Classification

See section 2.8 and Appendix 3.2 for more details on incidence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Size of workplace

For illnesses associated with the current or most recent job in the last 12 months, Table WRISIZE1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wrisize1.htm>) gives the estimated prevalence and rates of work-related illness by workplace size. The table shows that in 2004/05 an estimated 2.8% (CI: 2.5% to 3.0%) of people employed in workplaces with 1 to 24 employees suffered from such an illness. This rate was statistically significantly lower than the prevalence rates of 3.4% (CI: 2.9% to 3.9%) for the self-employed (on own or with partner but no employees) and 3.8% (CI: 3.6% to 4.0%) for people employed in workplaces with at least 25 employees.

The table also presents results for small workplaces with less than 50 employees and for medium to large workplaces with at least 50 employees. The rate of 3.8% (CI: 3.6% to 4.1%) for workplaces with 50 or more employees was statistically significantly higher than the rate of 3.0% (CI: 2.8% to 3.2%) for workplaces with 1-49 employees.

In both 2001/02 and 2003/04, workplaces with at least 25 and at least 50 employees carried rates which were also statistically significantly higher than the corresponding rates for workplaces with 1-24 and 1-49 employees respectively. In addition, in 2001/02, the rate for the self-employed, who worked on their own or with partners but with no employees, was statistically significantly higher than workplaces with 1-24 and 1-49 employees.

Prevalence estimates and rates for small, medium and large workplaces are presented in Table WRISIZE2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wrisize2.htm>) for 2004/05 and 2003/04 only; LFS response categories in 2001/02 did not allow such an analysis. Small workplaces are defined as those having less than 50 employees, medium have between 50 and 249 employees, whilst large workplaces employ at least 250 employees. In 2004/05, the estimated rate of 3.1% (CI: 2.9% to 3.3%) for small workplaces was statistically significantly lower than the rate of 3.8% (CI: 3.4% to 4.1%) for medium workplaces and 4.0% (CI: 3.6% to 4.3%) for large workplaces. The pattern was similar in 2003/04, but the rate for small workplaces in 2004/05 was statistically significantly lower than in 2003/04.

The estimated incidence and rates of work-related illness by workplace size, for people who ascribed their illness to their current or most recent job in the last 12 months are shown in Table WRISIZE3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wrisize3.htm>). In 2004/05, the incidence rate for the self-employed (on own or with partner but no employees) of 1.1% (CI: 0.80% to 1.4%) was statistically significantly lower than the rate of 1.5% (CI: 1.3% to 1.6%) for workplaces employing between 1 and 49 people, which in turn was statistically significantly lower than the rate of 2.0% (CI: 1.8% to 2.1%) for workplaces with at least 50 employees. The incidence rates for the size band '1-24 employees' and for the self-employed (on their own or with partner but no employees) were statistically significantly lower than that for the '25+ employees' size band.

Rates were of a similar order (not statistically significant) in 2004/05 and 2003/04 for each of the groups, but the rates for workplaces with at least 50 employees and for the self-employed (on their own or with partner(s), but with no employees) were statistically significantly lower in 2004/05 and 2003/04 than in 2001/02. The rate for workplaces with '25+ employees' was also lower in 2004/05 than in 2001/02.

In terms of small, medium and large workplaces, Table WRISIZE4 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wrisize4.htm>) shows that the incidence rate for small workplaces (1.4%, CI: 1.3% to 1.5%) was statistically significantly lower in 2004/05 than those for medium and large workplaces (both 2.0%, CI: 1.7% to 2.2%). Prevalence rates and the corresponding 2003/04 rates followed a similar pattern (see WRISIZE2).

3.2 WORKING DAYS LOST

3.2.1 Individual characteristics

This subsection is restricted to people *working in the last 12 months*, and presents annual working days lost due to work-related illness expressed as *full-day equivalent* working days. Associated rates are provided in the form of average working days lost (full-day equivalent) *per worker* and average working days lost (full-day equivalent) *per case* of work-related illness. The latter is only presented for disease-specific analysis. More details about the calculations can be found in section 2.9 and Appendix 3.2.

Table 3S gives the estimated prevalence of work-related illness by the length of time sufferers took off work in the last year on account of their illness. In 2004/05, two-fifths of sufferers, an estimated 483 000 (CI: 451 000 to 515 000) people, took no time off work. At the other end of the scale, around 1 in 40 sufferers (29 000, CI: 22 000 to 37 000) took at least 9 months off work (at least 198 full-day equivalent working days).

Table 3S: Estimated 2004/05 prevalence of self-reported illness caused or made worse by work, by time taken off work in the last 12 months because of the illness

Days off work in the last 12 months +	Sample cases #	Estimated prevalence (thousands)		
		central	95% C.I. lower upper	
No time off work	942	483	451	515
Time off work	1433	745	705	785
Less than one day	60	31	23	39
1 to 3 days	239	127	110	143
4 to 9 days	279	146	128	163
10 to 21 days	273	142	125	159
22 to 65 days	311	159	141	177
66 to 131 days	162	83	70	96
132 to 197 days	52	28	20	36
198 or more days	57	29	22	37
All persons	2375	1228	1177	1279

Notes:

+ Working days lost are expressed in the form of full-day equivalent working days. More details can be found in section 2.9 and Appendix 3.2 of the 'Self-reported work-related illness in 2004/05' (SWI04/05) report.

See section 2.7 and Appendix 3.2 in the 'Self-reported work-related illness in 2004/05' (SWI04/05) report for more details on prevalence estimates.

Estimates of days lost were imputed for 15 cases who did not respond to the 'time off' question. Corresponding prevalence estimates for each sample case have been distributed between 'no time taken off' and the relevant 'time taken off' category.

Hence, the 15 sample cases have been included twice.

The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

In total, an estimated 745 000 (CI: 705 000 to 785 000) individuals took an estimated 28.4 million (CI: 25.7 to 31.1 million) days off work (full-day equivalent) in 2004/05 on account of a work-related illness. Averaged over all individuals who were employed in the last 12 months, each *worker* (including those who did not suffer from any work-related ill health) took 1.2 (CI: 1.1 to 1.3) working days (full-day equivalent) off due to work-related illness (Table 3T). This was similar (not statistically significantly different) to the rate of 1.3 days (CI: 1.2 to 1.4 days) in 2003/04 but statistically significantly lower than that of 1.4 days (CI: 1.3 to 1.5 days) in 2001/02.

Restricting the data set to new cases (incidence) of work-related illness, an estimated 369 000 (CI: 341 000 to 397 000) people took an estimated 11.9 million (CI: 10.4 to 13.4 million) days off work in 2004/05, equating to an estimated 0.51 (CI: 0.45 to 0.58) days per *worker*. Hence, two-fifths of the total estimated number of working days lost relate to new cases (incidence) of work-related illness, but the average days lost *per worker* for new cases (incidence) was statistically significantly lower than for all sufferers (prevalence) of work-related illness.

In 2004/05, the estimated average days lost *per worker*, relating to new cases, was of a similar order (not statistically significantly different) to the corresponding rates in 2003/04 and 2001/02.

Table 3T: Summary of overall days lost (full-day equivalent) estimates and rates due to self-reported illness caused or made worse by work, 2004/05, 2003/04 and 2001/02

Year	Sample cases #	Central estimate	95% C.I.	
			lower	upper
2004/05				
Prevalent cases				
Estimated days lost (thousands)	1433	28404	25722	31086
Average days lost per case+	1433	23.1	21.2	25.1
Average days lost per worker	1433	1.2	1.1	1.3
Incident cases				
Estimated days lost (thousands)	706	11878	10383	13373
Average days lost per case+	706	22.1	19.7	24.6
Average days lost per worker	706	0.51	0.45	0.58
2003/04				
Prevalent cases				
Estimated days lost (thousands)	1563	29766	27079	32452
Average days lost per case+	1563	22.2	20.4	24.0
Average days lost per worker	1563	1.3	1.2	1.4
Incident cases				
Estimated days lost (thousands)	748	11380	9899	12861
Average days lost per case+	748	20.1	17.7	22.4
Average days lost per worker	748	0.50	0.43	0.56
2001/02				
Prevalent cases				
Estimated days lost (thousands)	1804	31752	29121	34383
Average days lost per case+	1804	22.8	21.1	24.5
Average days lost per worker	1804	1.4	1.3	1.5
Incident cases				
Estimated days lost (thousands)	926	13223	11728	14718
Average days lost per case+	926	21.2	19.1	23.3
Average days lost per worker	926	0.58	0.52	0.65

Notes:

For people taking time off work.

+ "case" refers to persons suffering from a work-related illness.

See sections 2.9 and Appendix 3.2 for more details on days lost calculations.

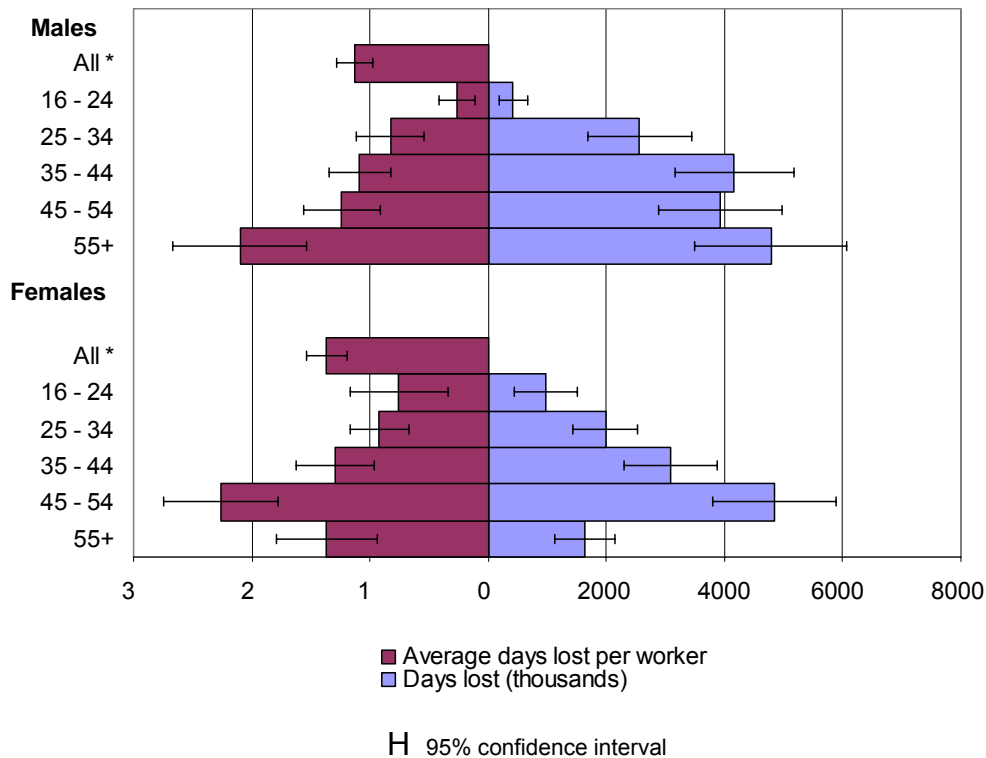
The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

The remainder of this subsection relates to time taken off work by all sufferers of work-related illness (long standing as well as new cases).

Age and gender

Table WRIAGE3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriage3.htm>) and Figure 3.18 show the distribution of the estimated number of working days lost by age and gender, along with the associated average number of days lost *per worker*.

Figure 3.18: Estimated days off work (full-day equivalent) and associated average days lost per worker in 2004/05 due to self-reported illness caused or made worse by work, by age and gender



Notes:

* The estimated working days lost of 15.9 million (CI: 13.7 to 18.0 million) for males and 12.5 million (10.9 to 14.1 million) for females are too large to be conveniently shown in this figure.

See Table WRIAGE3 <http://www.hse.gov.uk/statistics/swi/tables/0405/wriage3.htm> for detailed data.

See section 2.9 and Appendix 3.2 for more details on days lost calculations.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

In 2004/05, males took an estimated 15.9 million (CI: 13.7 to 18.0 million) days off work due to work-related illness, compared with 12.5 million (10.9 to 14.1 million) days taken off by females. Nevertheless, average days lost *per worker* were of a similar order (not statistically significantly different), at 1.1 (CI: 0.98 to 1.3) and 1.4 (CI: 1.2 to 1.5) working days respectively. Male and female rates were also similar in 2003/04 and 2001/02.

For males, the estimated average days lost *per worker* of 0.27 (CI: 0.12 to 0.42) for the youngest age group (16-24 years) was lower than the corresponding rates for all other age groups and, along with that of 0.83 (CI: 0.54 to 1.1) days for the 25-34 year age group, lower than the average rate for all males. At the other end of the scale, the rate of 2.1 (CI: 1.5 to 2.7) days lost per worker for males aged 55+ years was higher than the rates for all other age groups and the average rate for all males. All differences were statistically significant.

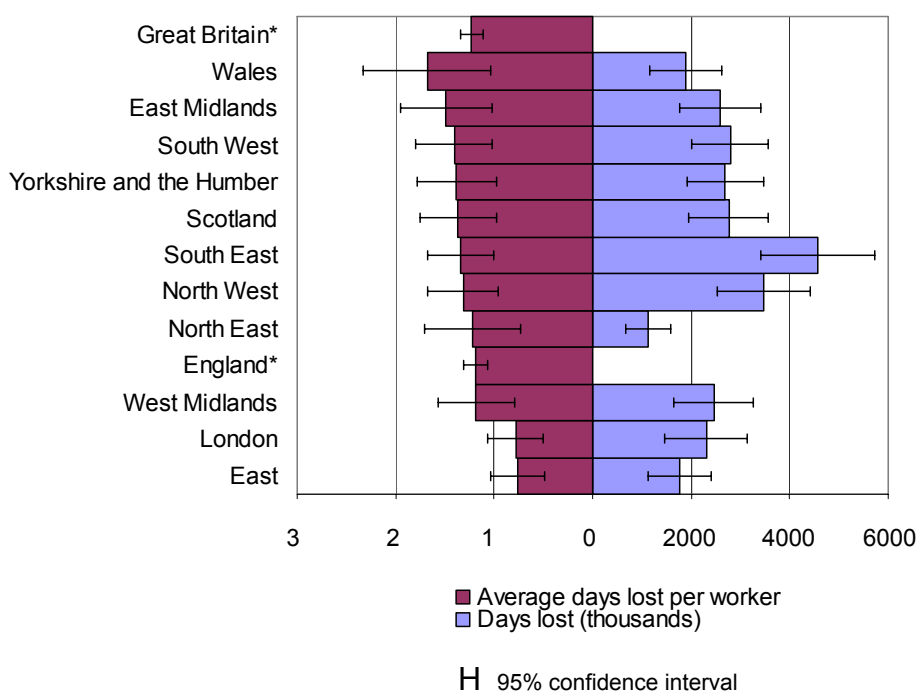
For females, the respective rates of 0.76 (CI: 0.34 to 1.2) days and 0.92 (CI: 0.67 to 1.2) days for the 16-24 year and 25-34 year age groups were lower than the average rate for all females. The rate of 2.3 (CI: 1.8 to 2.8) days for females aged 45-54 years was higher than those for all other age groups and the average rate for all females. All differences were statistically significant.

Age-specific rates (average days lost *per worker*) in 2004/05 were of a similar order to those in 2003/04 (not statistically significantly different). For males, rates were also similar in 2004/05 to those in 2001/02. For females, the rate for the 45-54 year age group in 2004/05 was higher than in 2001/02, whilst those for the 25-34 and 35-44 year age groups were lower. All differences were statistically significant.

Country and region

The estimated number of working days lost and corresponding average days lost *per worker* associated with work-related illness, by government office region and country, are shown in Table WRIGOR3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wrigor3.htm>) and Figure 3.19.

Figure 3.19: Estimated days off work (full-day equivalent) and associated average days lost per worker in 2004/05 due to self-reported illness caused or made worse by work, by country and government office region within England



Notes:

* The estimated working days lost of 28.4 million (CI: 25.7 to 31.1 million) for Great Britain and 23.8 million (CI: 21.3 to 26.2 million) for England are too large to be conveniently shown in this figure. See Table WRIGOR3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wrigor3.htm>) for detailed data. See section 2.9 and Appendix 3.2 for more details on days lost calculations. The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

In 2004/05, the average number of days lost *per worker* was of a similar order (not statistically significantly different) for England, Wales and Scotland. Within England, most regions carried rates which were similar (not statistically significantly different) to those of 1.2 (CI: 1.1 to 1.3) days for England and Great Britain, with the exception of the East and London, where the respective rates of 0.76 (CI: 0.49 to 1.0) and 0.78 (CI: 0.50 to 1.1) days lost *per worker* were statistically significantly lower than those for England and Great Britain.

In 2004/05, the South East and North West accounted for around one quarter of the total number of working days lost due to work-related illness, with an estimated 4.6 million (CI: 3.4 to 5.7 million) and 3.5 million (CI: 2.5 to 4.4 million) working days respectively.

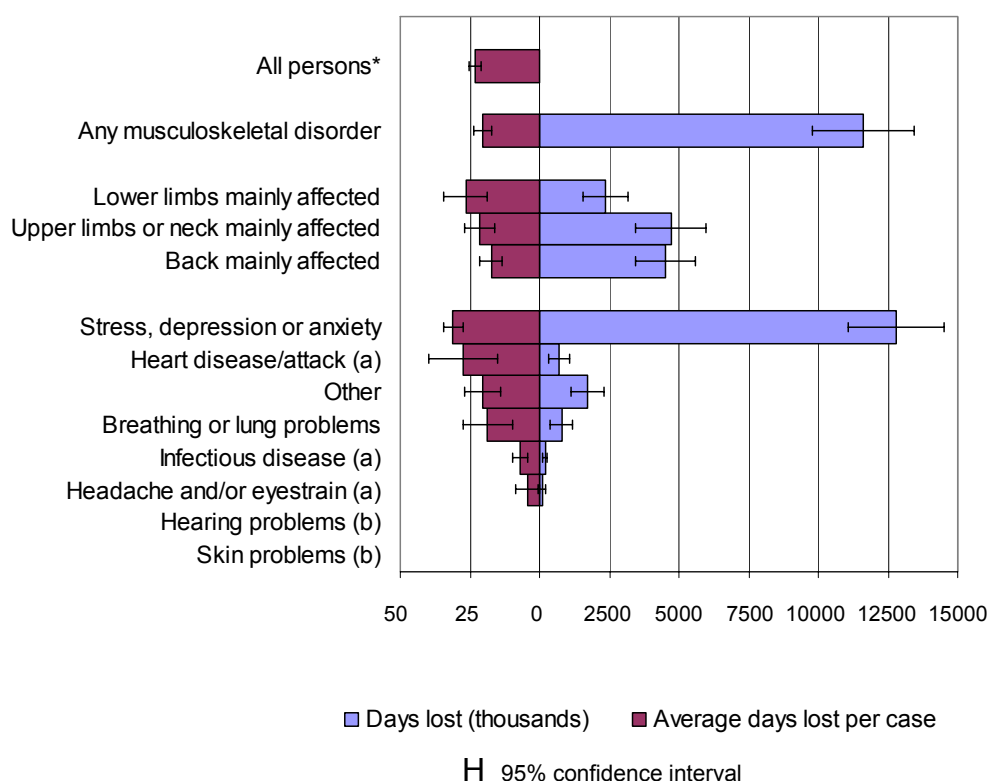
The average number of days lost *per worker* for Wales and Scotland was of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02), whilst the rate for England was statistically significantly lower in 2004/05 than in 2001/02. Within England, regional rates also remained constant in the three surveys (not statistically significantly different), with the exception of the North East, where the rate was statistically significantly lower in 2004/05 than in 2001/02. London carried rates which were consistently lower than England and Great Britain in the three surveys.

3.2.2 Type of illness

On average, people suffering from a work-related illness took 23.1 (CI: 21.2 to 25.1) days off work in 2004/05 because of their complaint. Figure 3.20 and Table TYPESEX3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex3.htm>) clearly show that stress, depression or anxiety and musculoskeletal disorders account for the majority of days lost: an estimated 12.8 million (CI: 11.1 to 14.5 million) and 11.6 million (CI: 9.8 to 13.4 million) days off work (full-day equivalent) respectively. The average annual days lost *per case* for stress, depression or anxiety, at 30.9 (CI: 27.4 to 34.5) days, was statistically significantly higher than that for all musculoskeletal disorders (particularly disorders which mainly affect the back and mainly affect the upper limbs or neck), at 20.5 (CI: 17.5 to 23.5) days lost *per case*. The average days lost *per case* for stress, depression or anxiety was also statistically significantly higher than that of 16.1 (CI: 12.7 to 19.5) days for other illnesses (illnesses other than musculoskeletal disorders and stress, depression or anxiety) and the average for all work-related illness.

At the other end of the scale, people suffering from work-related headaches and/or eyestrain took an average of between just 0.41 and 8.6 days off work and people suffering from work-related infectious diseases took between 4.1 and 9.9 days off on account of these illnesses. These, along with the rate of 17.4 days (CI: 13.5 to 21.3 days) for musculoskeletal disorders mainly affecting the back, were statistically significantly lower than the average for all work-related illnesses.

Figure 3.20: Estimated days (full-day equivalent) off work and associated average days lost per case⁺ in 2004/05 due to a self-reported illness, caused or made worse by work, by type of complaint



Notes:

* The estimated working days lost of 28.4 million (CI: 25.7 to 31.1 million) for all work-related illness is too large to be conveniently shown in this figure.

+ "case" refers to persons suffering from a particular type of work-related illness.

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

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

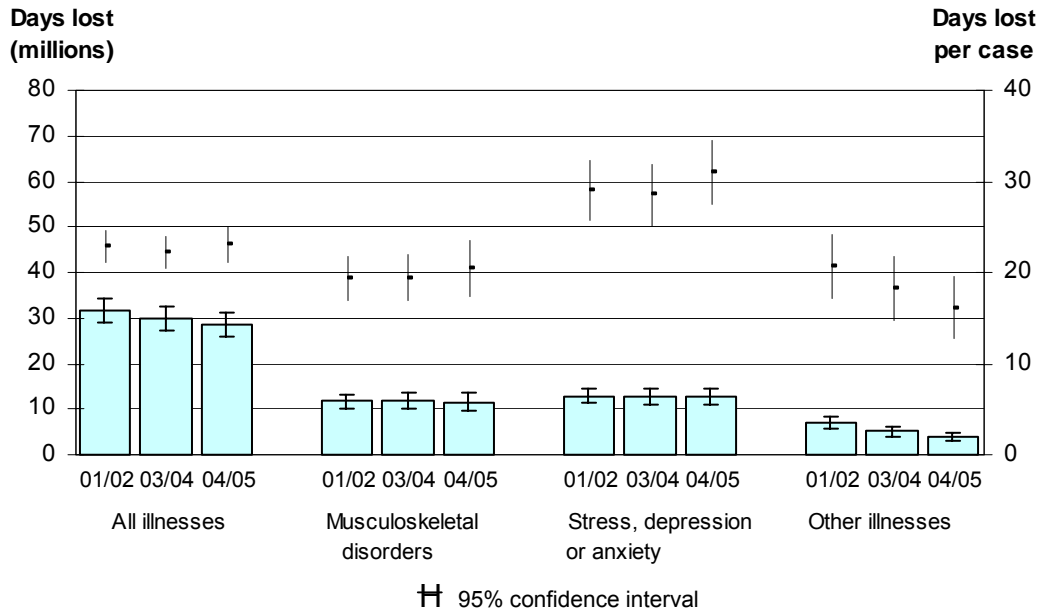
See Table TYPESEX3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex3.htm>) for detailed data.

See section 2.9 and Appendix 3.2 for more details on days lost calculations.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

The average days lost *per case* for all illnesses, stress, depression or anxiety, musculoskeletal disorders and other illnesses (illnesses other than musculoskeletal disorders and stress, depression or anxiety) were of a similar order (not statistically significantly different) in the three surveys (Table 3U and Figure 3.21). However, in all three surveys, stress, depression or anxiety carried a statistically significantly higher rate than musculoskeletal disorders, other illnesses (illnesses other than musculoskeletal disorders and stress, depression or anxiety) and all work-related illness.

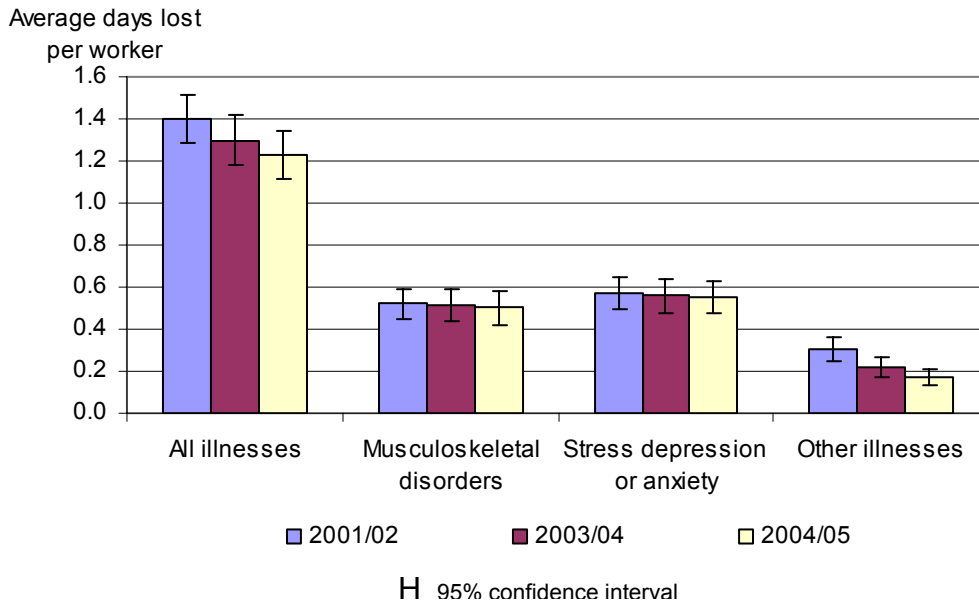
Figure 3.21: Estimated days (full-day equivalent) off work and associated average days lost per case due to self-reported illness caused or made worse by work, by main type of complaint, 2004/05, 2003/04 and 2001/02



Notes:

See Table TYPESEX3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex3.htm>) for detailed data. See section 2.9 and Appendix 3.2 for more details on days lost calculations. The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Figure 3.22: Estimated average days lost per worker due to self-reported illness caused or made worse by work, by main type of complaint, 2004/05, 2003/04 and 2001/02



Notes:

See Tables 3T, 4S and 7Q for detailed data. See section 2.9 and Appendix 3.2 for more details on days lost calculations. The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Table 3U: Overall days lost (full-day equivalent) estimates and rates due to self-reported illness caused or made worse by work, by main type of complaint, 2004/05, 2003/04 and 2001/02

Year		Sample cases #	Central estimate	95% C.I.	
				lower	upper
2004/05	Musculoskeletal disorders				
	Estimated days lost (thousands)	607	11602	9761	13444
	Average days lost per case+	607	20.5	17.5	23.5
	Average days lost per worker	607	0.50	0.42	0.58
	Stress, depression or anxiety				
	Estimated days lost (thousands)	553	12820	11100	14540
	Average days lost per case+	553	30.9	27.4	34.5
	Average days lost per worker	553	0.55	0.48	0.63
	Other illnesses				
Estimated days lost (thousands)	272	3959	3046	4872	
Average days lost per case+	272	16.1	12.7	19.5	
Average days lost per worker	272	0.17	0.13	0.21	
2003/04	Musculoskeletal disorders				
	Estimated days lost (thousands)	651	11844	10143	13545
	Average days lost per case+	651	19.4	16.8	21.9
	Average days lost per worker	651	0.52	0.44	0.59
	Stress, depression or anxiety				
	Estimated days lost (thousands)	564	12803	11014	14593
	Average days lost per case+	564	28.5	25.0	32.0
	Average days lost per worker	564	0.56	0.48	0.64
	Other illnesses				
Estimated days lost (thousands)	346	5057	4005	6110	
Average days lost per case+	346	18.2	14.7	21.7	
Average days lost per worker	346	0.22	0.17	0.27	
2001/02	Musculoskeletal disorders				
	Estimated days lost (thousands)	730	11810	10231	13389
	Average days lost per case+	730	19.3	17.0	21.7
	Average days lost per worker	730	0.52	0.45	0.59
	Stress, depression or anxiety				
	Estimated days lost (thousands)	637	12919	11235	14603
	Average days lost per case+	637	29.0	25.7	32.3
	Average days lost per worker	637	0.57	0.50	0.64
	Other illnesses				
Estimated days lost (thousands)	434	6898	5644	8153	
Average days lost per case+	434	20.7	17.2	24.2	
Average days lost per worker	434	0.30	0.25	0.36	

Notes:

For people taking time off work.

+ "case" refers to persons suffering from a work-related illness.

See sections 2.9 and Appendix 3.2 for more details on days lost calculations.

The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

In 2004/05, the average days lost *per worker* due to work-related illness was of a similar order (not statistically significantly different) to the corresponding rate in 2003/04, but was statistically significantly lower than that in 2001/02 (Table 3U and Figure 3.22). For musculoskeletal disorders and stress, depression or anxiety, the rates remained constant (not statistically significantly different) in the three surveys. For other illnesses (illnesses other than musculoskeletal disorders and stress, depression or anxiety), the rates in 2003/04 and 2004/05 were of a similar order (not statistically significantly different), but both were statistically significantly lower than in 2001/02.

3.2.3 Employment details (of job causing or making complaint worse)

Most of the employment-related analysis in the remainder of this subsection relates to the current or most recent job held within the last year, and illnesses associated with these jobs. However, in addition, the estimated days off work associated with illnesses caused or made worse by any job are included by occupation and industry, for 2004/05 only. This level of information was not collected in earlier surveys. More details about the analysis can be found in section 2.9 and Appendix 3.2.

In total, an estimated 28.4 million (CI: 25.7 to 31.1 million) working days were lost in 2004/05, with 23.6 million (CI: 21.2 to 26.1 million) on account of illnesses ascribed to the *current or most recent job*. On average, *workers* took 1.0 (CI: 0.92 to 1.1) days off work on account of their illness ascribed to the *current or most recent job*; the rate was of a similar order (not statistically significantly different) to the corresponding rate in 2003/04, but was statistically significantly lower than that in 2001/02. This rate, rather than the rate for the full sample, will be used to assess whether employment-related groupings have above or below average rates i.e. are statistically significantly different from this rate.

Occupation

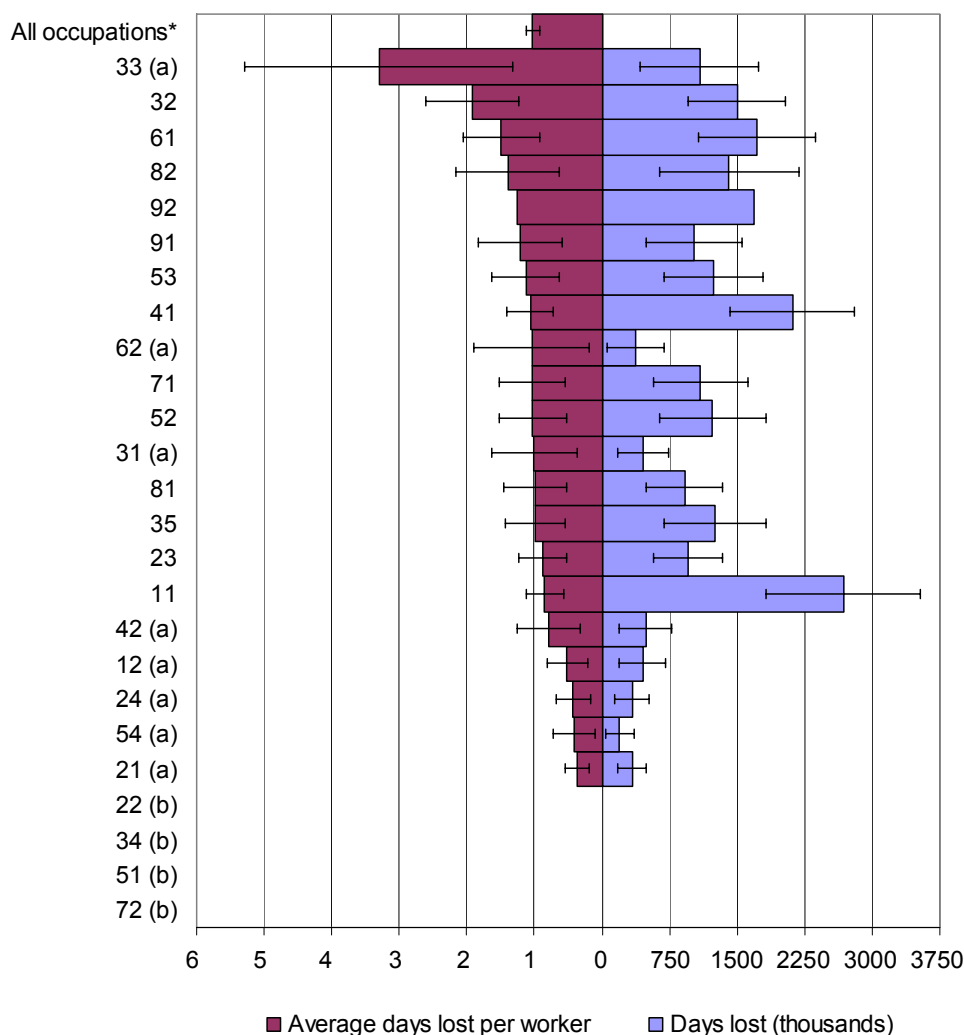
Where sample numbers are sufficiently large to provide reliable estimates, Tables WRIOCC5 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriocc5.htm>) and WRIOCC6 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriocc6.htm>) provide a detailed occupational breakdown by major and sub-major occupation group (see Appendix 4 for further information about the occupational classification). Table WRIOCC5 shows the amount of time that individuals took off work in 2004/05 associated with illnesses caused or made worse by *any job*. Table WRIOCC6 and Figure 3.23 (for sub-major groups only) present the amount of time that individuals took off work due to illnesses caused or made worse by the *current or most recent job* and the corresponding average time off *per worker*.

Sub-major occupational groups which carried above average days lost *per worker*, where sample numbers were sufficiently large to provide reliable estimates, were protective service occupations (sub-major group 33 - between 1.3 and 5.3 days) and health and social welfare associate professionals (sub-major group 32 - 1.9 days, CI: 1.2 to 2.6 days). Both groups carried rates which were statistically significantly higher than the rate for all occupations. Protective service occupations also carried above average rates in 2001/02 and 2003/04.

At the other end of the scale (where sample numbers were sufficiently large to provide reliable estimates), science and technology professionals (sub-major group 21 - between 0.20 and 0.55 days), textiles, printing and other skilled trades (sub-major group 54 - between 0.093 and 0.72 days), business and public service professionals (sub-major group 24 - between 0.17 and 0.67 days) and managers and proprietors in agriculture and services (sub-major group 12 - between 0.21 and 0.82 days) carried rates which were statistically significantly lower than the average for all occupations. Science and technology professionals also carried below average rates in 2001/02 and 2003/04.

In 2004/05, where sample numbers were sufficiently large to provide reliable estimates, occupational sub-major groups carried rates of a similar order (not statistically significantly different) to those in 2001/02 and 2003/04.

Figure 3.23: Estimated days (full-day equivalent) off work and associated average days lost per worker in 2004/05 due to self-reported illness caused or made worse by the current or most recent job, by occupational sub-major group



H 95% confidence interval

Notes:

* The estimated working days lost of 23.6 million (CI: 21.2 to 26.1 million) for all illnesses caused or made worse by the current or most recent job in the last year is too large to be conveniently shown in this figure.

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

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

See Table WRIOCC6 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriocc6.htm>) for detailed data.

See Appendix 4 for more details on Standard Occupational Classification.

See section 2.9 and Appendix 3.2 for more details on days lost calculations.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

33	Protective service occupations	35	Business and public service associate professionals
32	Health and social welfare associate professionals	23	Teaching and research professionals
61	Caring personal service occupations	11	Corporate managers
82	Transport and mobile machine drivers and operatives	42	Secretarial and related occupations
92	Elementary administration and service occupations	12	Managers and proprietors in agriculture and services
91	Elementary trades, plant and storage related occupations	24	Business and public service professionals
53	Skilled construction and building trades	54	Textiles, printing and other skilled trades
41	Administrative occupations	21	Science and technology professionals
62	Leisure and other personal services occupations	22	Health professionals
71	Sales occupations	34	Culture, media and sports occupations
52	Skilled metal and electrical trades	51	Skilled agricultural trades
31	Science and technology associate professionals	72	Customer service occupations
81	Process, plant and machine operatives		

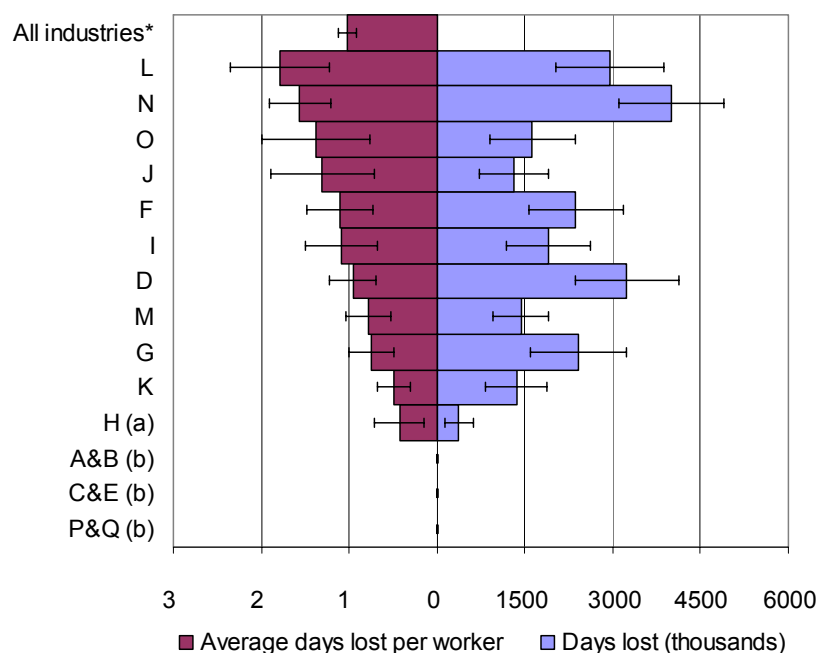
Industry

Table WRIIND5 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriind5.htm>) shows the amount of time that individuals took off work in 2004/05 which was associated with illnesses caused or made worse by *any job*, by industry section. Table WRIIND6 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriind6.htm>) and Figure 3.24 present the amount of time that individuals took off work due to illnesses caused or made worse by *the current or most recent job* and the corresponding average time off per worker.

Where sample numbers were sufficiently large to provide reliable estimates, the industries carrying the highest average number of days lost *per worker* were public administration and defence (section L - 1.8 days, CI: 1.2 to 2.4 days) and health and social work (section N - 1.6 days, CI: 1.2 to 1.9 days). As well as being statistically significantly higher than the corresponding rate for all industries, both of these rates were higher than those for hotels and restaurants (section H - between 0.14 to 0.71 days), real estate, renting and business activities (section K - 0.49 days, CI: 0.30 to 0.68 days) and wholesale and retail trade (section G - 0.74 days, CI: 0.49 to 0.99 days), which carried the lowest rates.

Industry sections carried rates of a similar order (not statistically significantly different) in 2001/02, 2003/04 and 2004/05 with the exception of other community, social and personal service activities (section O) where the rate was higher in 2004/05 than in 2001/02, and education (section M) where it was lower in 2004/05 than in 2001/02. Public administration and defence (section L) and health and social work (section N) had consistently high rates in all three surveys, and wholesale and retail trade (section G) and real estate, renting and business activities (section K) carried consistently low rates.

Figure 3.24: Estimated days (full-day equivalent) off work and associated average days lost per worker in 2004/05 due to self-reported illness caused or made worse by the current or most recent job, by industry section



H 95% confidence interval

Notes:

* The estimated working days lost of 23.6 million (CI: 21.2 to 26.1 million) for all illnesses caused or made worse by the current or most recent job in the last year is too large to be conveniently shown in this figure.
 (a) Estimates based on fewer than 40 sample cases.
 (b) Sample cases too small to provide reliable estimates.
 See Table WRIIND6 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wriind6.htm>) for detailed data.
 See Appendix 5 for more details on Standard Industrial Classification.
 See section 2.9 and Appendix 3.2 for more details on days lost calculations.
 The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

- | | |
|--|---|
| L Public administration and defence; compulsory social security | M Education |
| N Health and social work | G Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods |
| O Other community, social and personal service activities | K Real estate, renting and business activities |
| J Financial intermediation | H Hotels and restaurants |
| F Construction | A&B Agriculture, hunting, forestry and fishing |
| I Transport, storage and communication | C&E Extractive and utility supply industries |
| D Manufacturing | P&Q Other |

Size of workplace

In terms of workplace size, Table WRISIZE5 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wrsize5.htm>) shows that the rate in 2004/05 of 1.2 (CI: 1.1 to 1.4) days lost *per worker* for workplaces of at least 25 employees was statistically significantly higher than the corresponding rates of 0.74 (CI: 0.58 to 0.90) days for workplaces where less than 25 employees worked and rate of 0.72 (CI: 0.41 to 1.0) days for the self-employed (who worked on their own or with partners but with no employees). A similar pattern was seen when comparing the rate for workplaces with at least 50 employees with those with 1 to 49 employees and the self-employed (who worked on their own or with partner(s) but with no employees).

In 2001/02 and 2003/04, workplaces with at least 25 employees and at least 50 employees also carried rates which were statistically significantly higher than the corresponding rates of workplaces with 1-24 and 1-49 employees respectively. In addition, the rates for the 25+ and 50+ groups in 2001/02 were statistically higher than the rate for the self-employed (on their own or with partner(s) but no employees). Rates in each of the five groups were of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02).

Table WRISIZE6 (<http://www.hse.gov.uk/statistics/swi/tables/0405/wrsize6.htm>) presents estimated days off work and associated days lost *per worker* for small, medium and large workplaces, for 2003/04 and 2004/05 only; LFS response categories in 2001/02 did not allow such an analysis. Small workplaces are defined as those having less than 50 employees, medium have between 50 and 249 employees, whilst large workplaces employ at least 250 employees. The rate for small workplaces of 0.87 (CI: 0.73 to 1.0) days was statistically significantly lower than the respective rates of 1.1 (CI: 0.92 to 1.4) days and 1.2 (CI: 0.99 to 1.5) days for medium and large workplaces. The same pattern was seen in 2003/04.

4. MUSCULOSKELETAL DISORDERS (BONE, JOINT OR MUSCLE PROBLEMS)

- In 2004/05, an estimated 1 012 000 (CI: 967 000 to 1 057 000) people in Great Britain believed they were suffering from a musculoskeletal disorder that was caused or made worse by their current or past work. This equates to 2.4% (CI: 2.2% to 2.5%) of people who have *ever* worked in Great Britain, statistically significantly lower than the corresponding estimated rates in 2003/04 and 2001/02 (both 2.6%, CI: 2.5% to 2.7%).
- In total, an estimated 20% of sufferers, 206 000 (CI: 185 000 to 227 000) people *ever* employed, *first became aware* of their work-related musculoskeletal disorder in the previous 12 months. In terms of people *employed in the last 12 months*, this equates to an estimated 0.65% (CI: 0.58% to 0.71%) of people with a *new* work-related musculoskeletal disorder in this period. This rate was similar to the corresponding rate of 0.64% (CI: 0.57% to 0.70%) in 2003/04, but statistically significantly lower than that of 0.75% (CI: 0.68% to 0.82%) in 2001/02.
- An estimated 11.6 million (CI: 9.8 to 13.4 million) working days (full-day equivalent) were lost in 2004/05 through musculoskeletal disorders caused or made worse by work. On average, each person suffering took an estimated 20.5 days (CI: 17.5 to 23.5 days) off in that 12 month period. This equates to an annual loss of 0.50 days (CI: 0.42 to 0.58 days) *per worker*, similar (not statistically significantly different) to the corresponding estimated rates in 2003/04 (0.52 days, CI: 0.44 to 0.59 days) and 2001/02 (0.52 days, CI: 0.45 to 0.59 days).

4.1 PREVALENCE AND INCIDENCE

4.1.1 Individual characteristics

Within this subsection, prevalence (long standing as well as new cases) estimates, associated rates and incidence (new cases) estimates are given for people who have ever been employed, whilst incidence rates are restricted to those who worked in the last 12 months (see sections 2.7 and 2.8, and Appendix 3.2 for more details). Care should be taken when making direct comparisons between prevalence and incidence rates due to the differing base populations.

Musculoskeletal disorders were by far the most commonly reported work-related illness, with an estimated prevalence of 1 012 000 (CI: 967 000 to 1 057 000) people ever employed affected. This equates to 2.4% (CI: 2.2% to 2.5%) of people who have *ever* worked in Great Britain (Table 4A), statistically significantly lower than the corresponding estimated rates in 2003/04 and 2001/02 (both 2.6%, CI: 2.5% to 2.7%). Of these, an estimated 161 000 (CI: 143 000 to 179 000) people suffered from more than one work-related illness in this period.

Of the estimated prevalence of individuals suffering from a work-related musculoskeletal disorder, around 45% (452 000, CI: 422 000 to 483 000) suffered from a disorder mainly affecting the back, just under two-fifths, 375 000 (CI: 347 000 to 402 000), mainly affecting the upper limbs or neck and 18% (185 000, CI: 166 000 to 204 000) mainly affecting the lower limbs.

Table 4A: Summary of overall prevalence and incidence estimates and associated rates of self-reported musculoskeletal disorders caused or made worse by work, 2004/05, 2003/04 and 2001/02

Year	Sample cases	Central estimate	95% C.I.	
			lower	upper
2004/05				
Prevalent cases				
Estimated prevalence (thousands) for people ever employed	2006	1012	967	1057
Rate per 100 ever employed	2006	2.4	2.2	2.5
Incident cases				
Estimated incidence (thousands) for people ever employed	397	206	185	227
Estimated incidence (thousands) for people employed in the last 12 months	359	188	168	208
Rate per 100 employed in the last 12 months	359	0.65	0.58	0.71
2003/04				
Prevalent cases				
Estimated prevalence (thousands) for people ever employed	2253	1108	1060	1155
Rate per 100 ever employed	2253	2.6	2.5	2.7
Incident cases				
Estimated incidence (thousands) for people ever employed	401	204	184	225
Estimated incidence (thousands) for people employed in the last 12 months	361	184	165	204
Rate per 100 employed in the last 12 months	361	0.64	0.57	0.70
2001/02				
Prevalent cases				
Estimated prevalence (thousands) for people ever employed	2438	1102	1058	1146
Rate per 100 ever employed	2438	2.6	2.5	2.7
Incident cases				
Estimated incidence (thousands) for people ever employed	494	231	211	252
Estimated incidence (thousands) for people employed in the last 12 months	454	214	194	234
Rate per 100 employed in the last 12 months	454	0.75	0.68	0.82

Notes:

See sections 2.7 and 2.8 and Appendix 3.2 for more details on relevant estimates and rates.

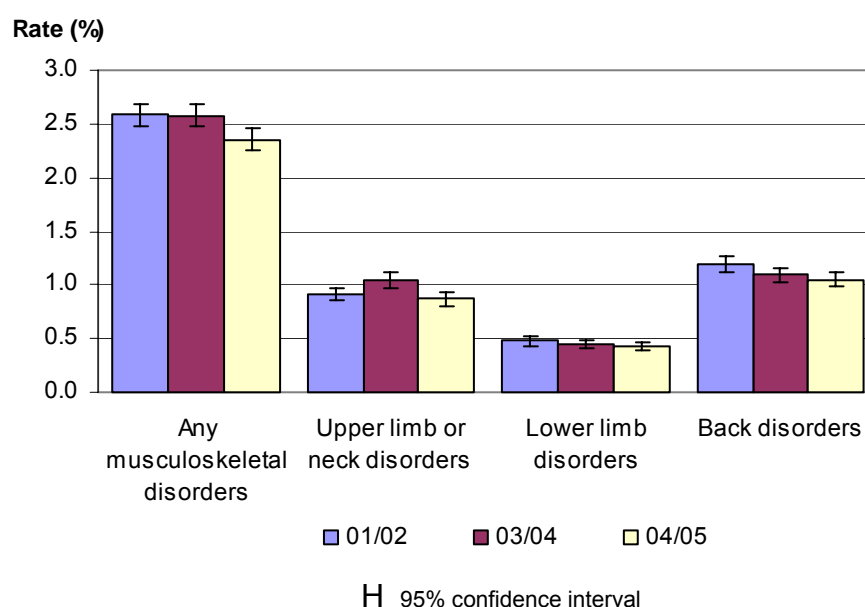
The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

Table 4B compares SWI04/05 prevalence rates with corresponding results from SWI03/04 and SWI01/02, by type of musculoskeletal disorder. The table indicates whether rates from the three surveys were statistically significantly different. Figure 4.1 shows the prevalence rates in 2001/02, 2003/04 and 2004/05.

Table 4B: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported musculoskeletal disorders caused or made worse by work, for people ever employed

Type of complaint	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Musculoskeletal disorders	Lower	Lower	No
mainly affecting upper limbs/neck	Lower	No	Higher
mainly affecting lower limbs	No	No	No
mainly affecting back	No	Lower	No

Figure 4.1: Estimated prevalence rates (%) of self-reported musculoskeletal disorders caused or made worse by work, for people ever employed, 2004/05, 2003/04 and 2001/02



Notes:

See Table TYPESEX1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex1.htm>) for detailed data.

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

The estimated prevalence rate for musculoskeletal disorders was statistically significantly lower in 2004/05 than in 2003/04 and 2001/02. The rate for musculoskeletal disorders mainly affecting the upper limbs or neck was lower in 2004/05 than in 2003/04, which in turn was higher than in 2001/02. Both differences were statistically significant. The rate for those mainly affecting the back in 2004/05 was similar (not statistically significantly different) to that in 2003/04, but was statistically significantly lower than in 2001/02. Rates for musculoskeletal disorders mainly affecting the lower limbs remained constant in the three surveys.

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TABLE 4C AND FINAL PARAGRAPH

More detailed information relating to the *prevalence* of musculoskeletal disorders mainly affecting the back and the upper limbs or neck can be found in Chapters 5 and 6 respectively. Sample numbers were too small to provide a detailed analysis for lower limbs.

In total, around 20% of the estimated prevalence of work-related musculoskeletal disorders in 2004/05 were incidence (new) cases, i.e. 206 000 (CI: 185 000 to 227 000) people who have *ever* been employed. This equates to an estimated 0.65% (CI: 0.58% to 0.71%) of people who worked in the last 12 months who became aware of the disorder in that period. This rate was similar (not statistically significantly different) to the corresponding rate of 0.64% (CI: 0.57% to 0.70%) in 2003/04, but was statistically significantly lower than that of 0.75% (CI: 0.68% to 0.82%) in 2001/02.

Of the estimated incidence of work-related musculoskeletal disorders in 2004/05, 39% (80 000, CI: 67 000 to 93 000) had a disorder mainly affecting the back, 45% (93 000, CI: 79 000 to 108 000) mainly affecting the upper limbs or neck and 16% (33 000, CI: 25 000 to 41 000) mainly affecting the lower limbs (Table TYPESEX2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex2.htm>)). Sample numbers are too small to provide more detailed incidence information about these site-specific groups.

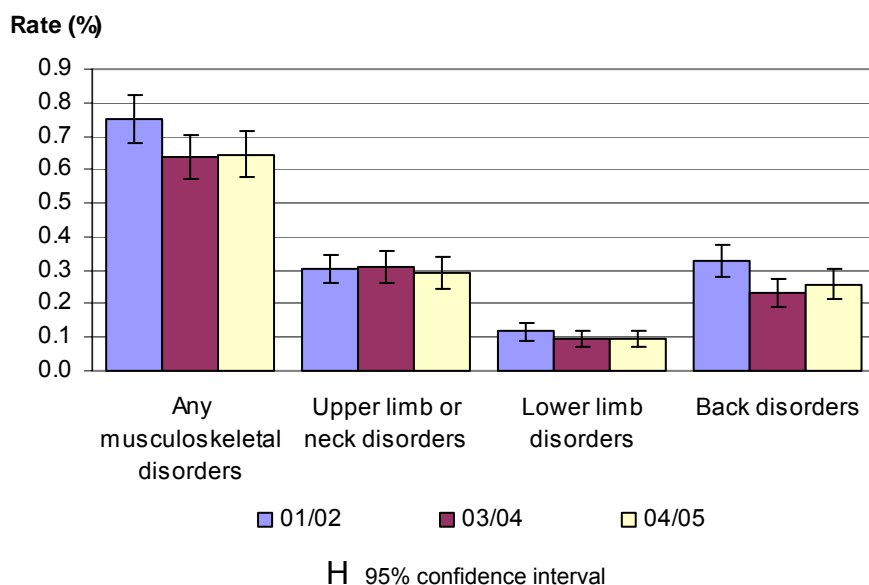
Table 4C: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported musculoskeletal disorders caused or made worse by work, for people working in the last 12 months

Type of complaint	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Musculoskeletal disorders	No	Lower	Lower
mainly affecting upper limbs/neck	No	No	No
mainly affecting lower limbs	No	No	No
mainly affecting back	No	Lower	Lower

Table 4C compares SWI04/05 incidence rates with corresponding results from SWI03/04 and SWI01/02, by type of musculoskeletal disorder. The table indicates whether rates from the three surveys were statistically significantly different. Figure 4.2 shows the incidence rates in 2001/02, 2003/04 and 2004/05, by type of musculoskeletal disorder.

The incidence rates for each type of musculoskeletal disorder were of a similar order (not statistically significantly different) in 2004/05 and 2003/04. Compared with the corresponding rates in 2001/02, however, the rates for any musculoskeletal disorders and those mainly affecting the back were statistically significantly lower in 2003/04 and 2004/05. 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 the three surveys (not statistically significantly different in 2001/02, 2003/04 and 2004/05).

Figure 4.2: Estimated incidence rates (%) of self-reported musculoskeletal disorders caused or made worse by work, for people working in the last 12 months, 2004/05, 2003/04 and 2001/02



Notes:

See Table TYPESEX2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex2.htm>) for detailed data.

See section 2.8 and Appendix 3.2 for more details on incidence rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

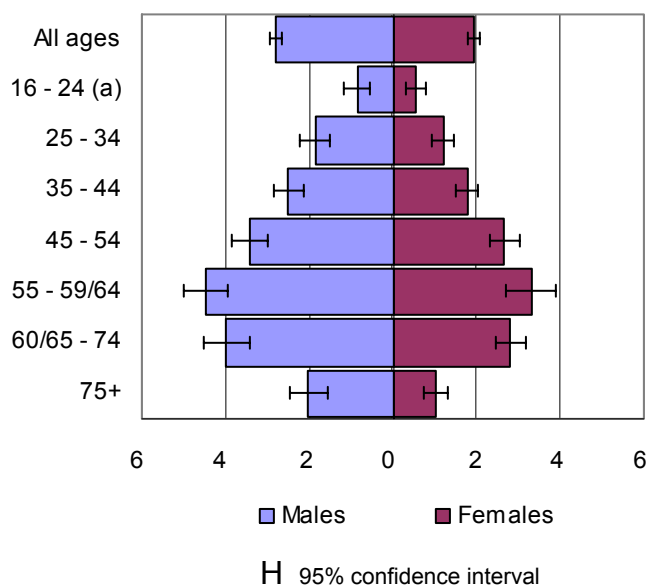
Age and gender

Table MSDAGE1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdage1.htm>) gives the estimated prevalence and rates of work-related musculoskeletal disorders by seven age groups and gender. The 2004/05 prevalence rate of 2.8% (CI: 2.6% to 3.0%) for males was statistically significantly higher than the corresponding rate of 1.9% (CI: 1.8% to 2.1%) for females. An estimated 584 000 (CI: 549 000 to 618 000) males were affected, compared with an estimated 428 000 (CI: 400 000 to 457 000) females. The patterns for males and females in 2001/02 and 2003/04 were similar to in 2004/05. Furthermore, the rate for females in 2004/05, in particular that for females aged 16-24 years, was statistically significantly lower than in 2003/04 and 2001/02. The rate for females aged 45-54 years in 2004/05 was also statistically significantly lower than in 2001/02 (but was similar to that in 2003/04).

Figure 4.3 presents 2004/05 prevalence rates by age and gender. The oldest working age group (55-64 years for males and 55-59 years for females), males and females aged 45-54 years, the 60-74 year age group for females and 65-74 year age group for males carried above average rates (statistically significantly higher than the corresponding gender-specific rate). These age groups carried consistently high prevalence rates in 2001/02, 2003/04 and 2004/05.

At the other end of the scale, males and females aged under 35 years and over 74 years carried below average rates (statistically significantly lower than the overall rate for the relevant gender). These age groups carried consistently low prevalence rates in 2001/02, 2003/04 and 2004/05. In particular, males and females aged 16-24 carried rates which were statistically significantly lower than the rates in all other age groups in 2004/05.

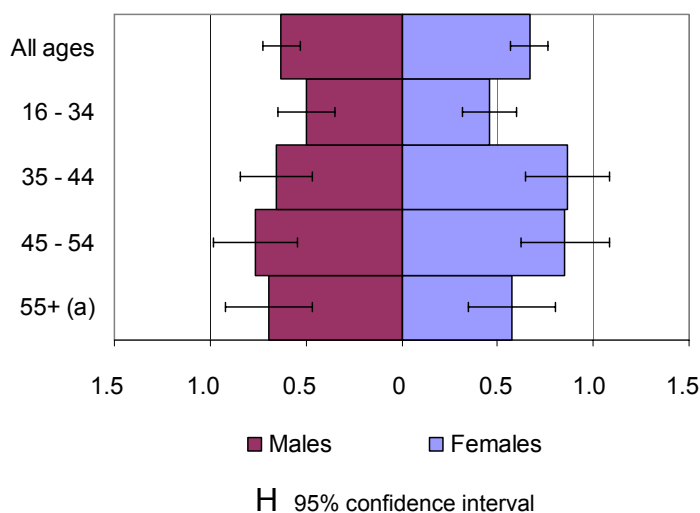
Figure 4.3: Estimated 2004/05 prevalence rates (%) of self-reported musculoskeletal disorders caused or made worse by work, by age and gender, for people ever employed



Notes:

(a) Rates for females based on fewer than 30 sample cases.
 See Table MSDAGE1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdage1.htm>) for detailed data.
 See section 2.7 and Appendix 3.2 for more details on prevalence rates.
 The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Figure 4.4: Estimated 2004/05 incidence rates (%) of self-reported musculoskeletal disorders caused or made worse by work, by age and gender, for people working in the last 12 months



Notes:

(a) Rates for females based on fewer than 30 sample cases.
 See Table MSDAGE2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdage2.htm>) or detailed data.
 See section 2.8 and Appendix 3.2 for more details on incidence rates.
 The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

The estimated incidence of work-related musculoskeletal disorders in 2004/05 was 108 000 (CI: 92 000 to 123 000) for males who have *ever* been employed. The corresponding estimate for females was 98 000 (CI: 84 000 to 112 000) (see Table MSDAGE2

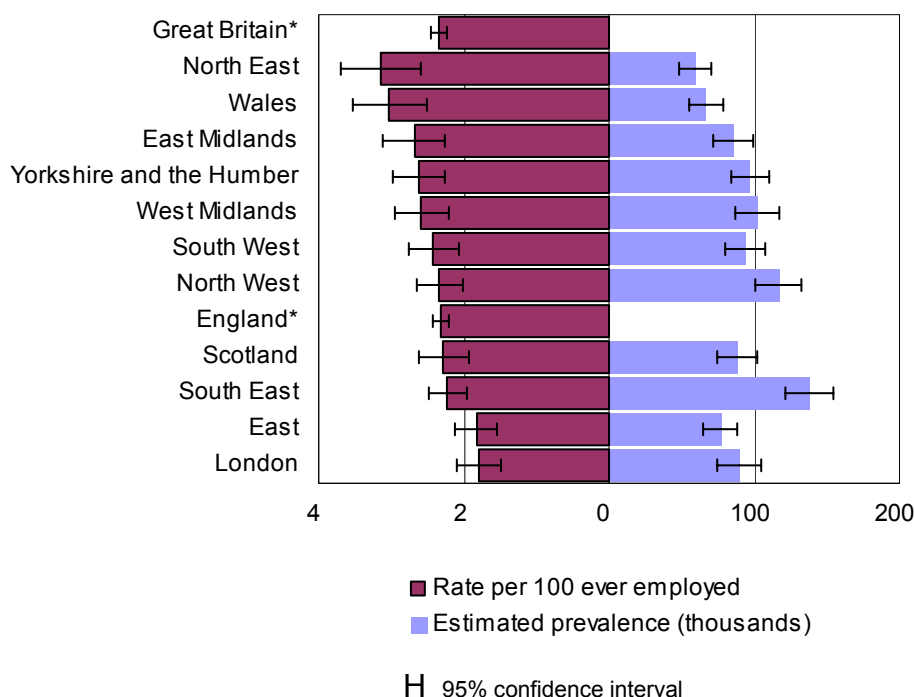
(<http://www.hse.gov.uk/statistics/swi/tables/0405/msdage2.htm>). The incidence rates for males and females were of a similar order (not statistically significantly different), at 0.63% (CI: 0.53% to 0.72%) of males and 0.67% (CI: 0.57% to 0.77%) of females who worked in the last 12 months (Figure 4.4). Furthermore, both were of a similar order (not statistically significantly different) to the corresponding rate in 2003/04. The rate for males in 2004/05, however, was statistically significantly lower than in 2001/02, whereas the female rate was of a similar order (not statistically significantly different).

For females, the rate of 0.87% (CI: 0.65% to 1.1%) for the 35-44 year age group was statistically significantly higher than that for all females. At the other end of the scale, the respective rates of 0.50% (CI: 0.35% to 0.65%) and 0.46% (CI: 0.32% to 0.60%) for males and females aged 16-34 years were statistically significantly lower than the overall rate for the relevant gender.

Country and region

For people ever employed, the estimated prevalence and rates of work-related musculoskeletal disorders, by country and government office region within England are shown in Figure 4.5 and Table MSDGOR1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdgor1.htm>).

Figure 4.5: Estimated 2004/05 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



Notes:

* The national estimated prevalence of 1 012 000 (CI: 967 000 to 1 057 000) for Great Britain and 857 000 (CI: 815 000 to 899 000) for England are too large to be conveniently shown in this figure. See Table MSDGOR1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdgor1.htm>) for detailed data. See section 2.7 and Appendix 3.2 for more details on prevalence estimates and rates. The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

The rate of 3.0% (CI: 2.5% to 3.5%) for people living in Wales, who suffered from a work-related musculoskeletal disorder, was statistically significantly higher than the rates for people living in England and Scotland (both 2.3%, with respective confidence intervals of 2.2% to 2.4% and 1.9% to 2.6%) and Great Britain (2.4%, CI: 2.2% to 2.5%). Within England, the rate of 3.1% (CI: 2.6% to 3.7%) for people living in the North East was statistically significantly higher than the rates for England and Great Britain. The rates for East and London (both 1.8%, CI: 1.5% to 2.1%) were statistically significantly lower than those for England and Great Britain.

Table 4D: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported musculoskeletal disorders caused or made worse by work with the corresponding average for Great Britain, by country and government office region, for people who have ever worked

Country/Government office region	Whether rates statistically significantly higher/lower than GB average		
	SWI01/02	SWI03/04	SWI04/05
	England	No	No
North East	Higher	Higher	Higher
North West	No	No	No
Yorkshire and the Humber	Higher	Higher	No
East Midlands	No	No	No
West Midlands	No	No	No
East	No	No	Lower
London	Lower	Lower	Lower
South East	No	Lower	No
South West	Higher	No	No
Wales	No	No	Higher
Scotland	Lower	Lower	No
Great Britain	..	..	..

Tables 4D and 4E compare SWI04/05 prevalence rates of work-related musculoskeletal disorders with corresponding results from SWI03/04 and SWI01/02, by country and government office region within England. Table 4D indicates whether these rates were statistically significantly above or below the corresponding average for Great Britain, and Table 4E shows whether the rates from the three surveys were statistically significantly different. Figure 4.6 displays prevalence rates from the three surveys by country only.

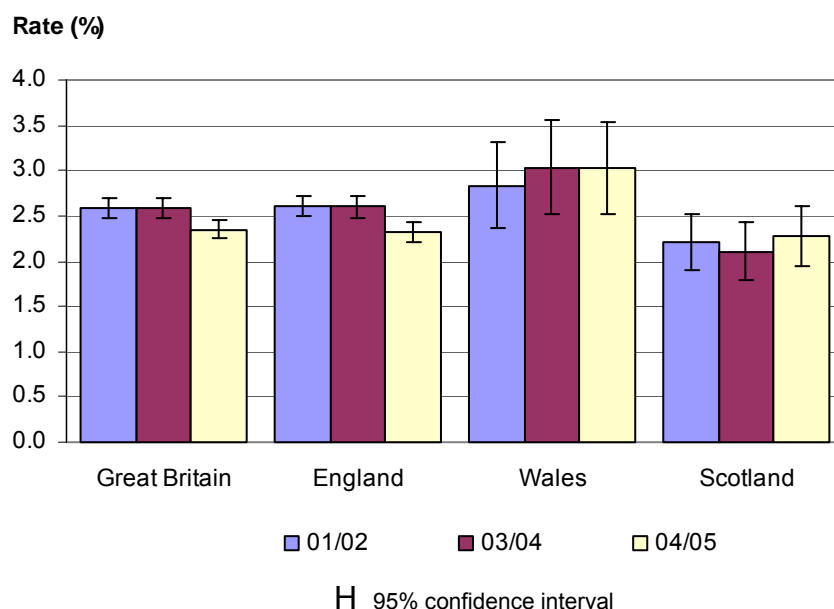
The North East had consistently high rates in the three surveys, whilst those for London were consistently low.

The rates for Wales and Scotland were of a similar order in all three surveys (not statistically significantly different in 2001/02, 2003/04 and 2004/05). Within England, most regions had rates of a similar order in the three surveys (not statistically significantly different) except for the North East, East and the South West. In 2004/05, the rate for the East was lower than the corresponding rate in 2003/04, and, along with the rate for the South West, lower than that in 2001/02. The pattern for the North East is less clear. Here the rates in 2001/02 and 2004/05 were of a similar order, but both rates were lower than in 2003/04. All differences quoted were statistically significant.

Table 4E: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported musculoskeletal disorders caused or made worse by work, by country and government office region, for people who have ever worked

Country/Government office region	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
England	Lower	Lower	No
North East	Lower	No	Higher
North West	No	No	No
Yorkshire and the Humber	No	No	No
East Midlands	No	No	No
West Midlands	No	No	No
East	Lower	Lower	No
London	No	No	No
South East	No	No	No
South West	No	Lower	No
Wales	No	No	No
Scotland	No	No	No
Great Britain	Lower	Lower	No

Figure 4.6: Estimated prevalence rates (%) of self-reported musculoskeletal disorders caused or made worse by work, by country, for people ever employed, 2004/05, 2003/04 and 2001/02



Notes:

See Table MSDGOR1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdgor1.htm>) for detailed data.

See section 2.7 and Appendix 3.2 for more details on prevalence estimates and rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Table MSDGOR2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdgor2.htm>) gives the estimated incidence and rates of work-related musculoskeletal disorders, by country and government office region within England. In 2004/05, the incidence rate for Scotland, between 0.35% and 0.78% of people who worked in the last 12 months, was similar (not statistically significantly different) to the corresponding rate of 0.66% (CI: 0.59% to 0.74%) for England. Sample numbers were too small to provide an estimate for Wales. Within England, most government office regions carried similar rates (not statistically significantly different), except for the South West and the East. The rate of 0.95% (CI: 0.68% to 1.2%) for the South West was statistically significantly higher than those for England and Great Britain (0.65%, CI: 0.58% to 0.71%). At the other end of the scale, the rate of between 0.27% and 0.62% for the East was statistically significantly lower than those for England and Great Britain.

Tables 4F and 4G compare SWI04/05 incidence rates of work-related musculoskeletal disorders with corresponding results from SWI03/04 and SWI01/02, by country and government office region within England. Table 4F shows whether the rates were statistically significantly above or below the corresponding average for Great Britain, and Table 4G shows whether the rates from the three surveys were statistically significantly different.

Table 4F: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported musculoskeletal disorders caused or made worse by work with the corresponding average for Great Britain, by country and government office region, for people who worked in the last 12 months

Country/Government office region	Whether rates statistically significantly higher/lower than GB average		
	SWI01/02	SWI03/04	SWI04/05
England	Higher	No	No
North East	*	No [#]	No [#]
North West	Lower	No	No
Yorkshire and the Humber	No	No	No
East Midlands	No	No [#]	No
West Midlands	No	No [#]	No
East	No	No	Lower [#]
London	No	No	No [#]
South East	No	No	No
South West	No	No	Higher
Wales	*	*	*
Scotland	No	Lower [#]	No [#]
Great Britain	..	..	..

Notes:

.. Not applicable

[#] At least one of rates based on fewer than 30 sample cases.

* Sample cases too small to provide reliable estimates.

The incidence rates for Scotland were of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02) whereas the rates for England in 2004/05 and 2003/04 were statistically significantly lower than in 2001/02. Sample numbers were too small to provide comparable estimates for Wales. Within England, most regions had rates of a similar order in the three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02), except London and the East. Both carried rates in 2004/05 which were lower than in 2001/02. Furthermore, the rate for London in 2003/04 was also lower than in 2001/02. These differences were statistically significant.

Table 4G: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported musculoskeletal disorders caused or made worse by work, by country and government office region, for people who worked in the last 12 months

Country/Government office region	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
England	No	Lower	Lower
North East	No [#]	*	*
North West	No	No	No
Yorkshire and the Humber	No	No	No
East Midlands	No [#]	No	No [#]
West Midlands	No [#]	No	No [#]
East	No [#]	Lower [#]	No
London	No [#]	Lower [#]	Lower
South East	No	No	No
South West	No	No	No
Wales	*	*	*
Scotland	No [#]	No [#]	No [#]
Great Britain	No	Lower	Lower

Notes:

At least one of rates based on fewer than 30 sample cases.

* Sample cases too small to provide reliable estimates.

4.1.2 Employment details (of job causing or making complaint worse)

As previously mentioned (see subsection 3.1.3), to allow for comparisons with SWI03/04, the employment-related prevalence and incidence estimates and associated rates are restricted to the *current or most recent job* in the last 12 months, and illnesses associated with these jobs. Therefore this subsection relates to work-related musculoskeletal disorders associated with these jobs (see Appendix 3.2). In addition, prevalence and incidence estimates for people *ever employed* by occupation and industry are also presented, for 2004/05 only. This level of information was not collected in earlier surveys.

In 2004/05, around two-fifths of sufferers, an estimated prevalence of 416 000 (CI: 386 000 to 445 000) people, were still employed in the job (main current job) which they thought either caused or made their musculoskeletal disorder worse. A further estimated 31 000 (CI: 23 000 to 39 000) people, not currently employed, ascribed their illness to their most recent job in the last 12 months (Table 4H). Therefore, an estimated 447 000 (CI: 416 000 to 477 000) people ascribed their musculoskeletal disorder to their *current or most recent job* in the last 12 months, equating to 1.5% (CI: 1.4% to 1.6 %) of people working in the last 12 months. This prevalence rate will be used to assess whether certain employment-related groupings have above or below average prevalence rates i.e. whether specific rates e.g. occupation groups are statistically significantly different from the overall average rate. This rate was of a similar order (not statistically significantly different) to the corresponding rates in 2001/02 and 2003/04.

Table 4H: Estimated 2004/05 prevalence of self-reported musculoskeletal disorders by job causing or making complaint worse, for people ever employed

Which job	Sample cases	Estimated prevalence (thousands)		
		central	95% C.I. lower upper	
Main current job	797	416	386	445
Second job	4	*	*	*
Last job +	58	31	23	39
Some other job	1139	559	526	592
Missing/unknown	8	..	..	..
All persons	2006	1012	967	1057

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates

+ In the last 12 months.

See section 2.7 and Appendix 3.2 in the 'Self-reported work-related illness in 2004/05' (SWI04/05) report for more details on prevalence estimates.

The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

Table 4I: Estimated 2004/05 incidence of self-reported musculoskeletal disorders, by job causing or making complaint worse, for people ever employed

Which job	Sample cases	Estimated incidence (thousands)		
		central	95% C.I. lower upper	
Main current job	308	160	142	178
Second job	2	*	*	*
Last job +	12	*	*	*
Some other job	70	35	27	43
Missing/unknown	5	..	..	..
All persons	397	206	185	227

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates

+ In the last 12 months.

See section 2.8 and Appendix 3.2 in the 'Self-reported work-related illness in 2004/05' (SWI04/05) report for more details on incidence estimates.

The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

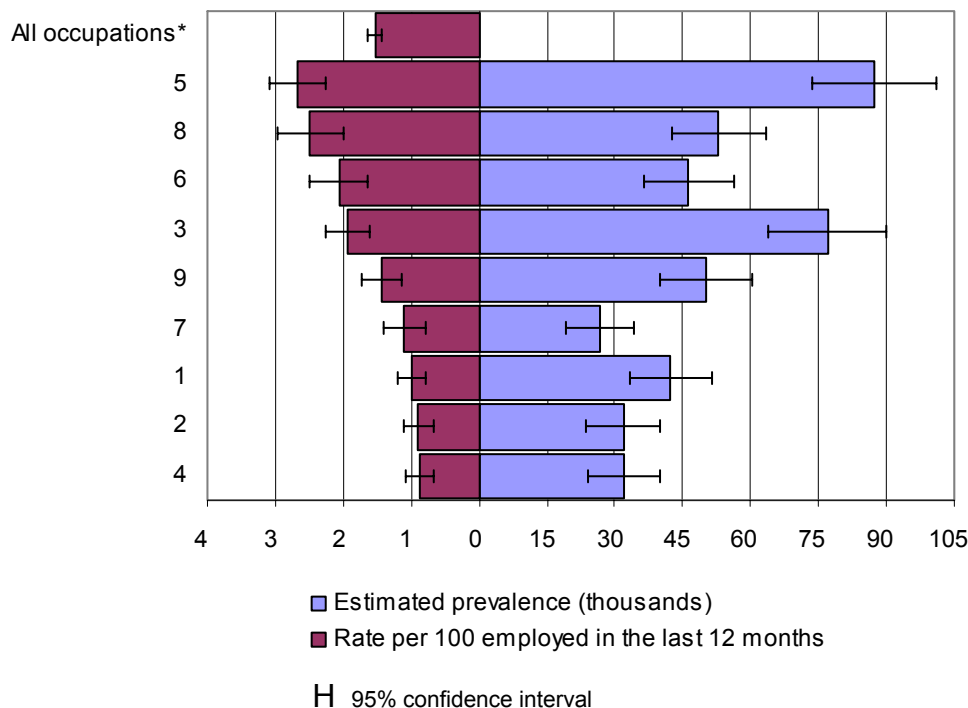
For people who became aware of a work-related musculoskeletal disorder in the last 12 months (incidence cases), Table 4I gives details of the job, which, in their opinion, caused or made their complaint worse. In 2004/05, an estimated 160 000 (CI: 142 000 to 178 000) people, who became aware of a work-related musculoskeletal disorder in the previous 12 months, were still in the job (main current job) which they believe caused or made their illness worse.

In total, an estimated 167 000 (CI: 148 000 to 186 000) people who worked in the last 12 months prior to interview became aware of a musculoskeletal disorder in 2004/05, which they attributed to their *current or most recent job*, equating to an incidence rate of 0.58% (CI: 0.51% to 0.64%). This rate will be used to assess whether certain employment-related groupings have above or below average incidence rates i.e. whether specific rates e.g. occupation groups are statistically significantly different from the overall rate. The incidence rate amongst the *current or most recent workers* in the last 12 months was of a similar order (not statistically significantly different) in 2003/04 and 2004/05, but was statistically significantly lower in 2004/05 than in 2001/02.

Occupation

Tables MSDOCC1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdocc1.htm>) and MSDOCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdocc2.htm>) provide a detailed occupational breakdown by major and sub-major occupational groups (see Appendix 4 for further information about the occupational classification). Table MSDOCC1 shows prevalence estimates of self-reported work-related musculoskeletal disorders ascribed to the current or any past job, for people *ever employed* and Table MSDOCC2 presents prevalence estimates and rates of musculoskeletal disorders associated with the *current or most recent job in the last 12 months* (see section 2.7 and Appendix 3.2 for more details about the calculation of rates).

Figure 4.7: Estimated 2004/05 prevalence and rates (%) of self-reported musculoskeletal disorders caused or made worse by current or most recent job, by occupational major group, for people working in the last 12 months



Notes:

* The national estimated prevalence of 447 000 (CI: 416 000 to 477 000) for all musculoskeletal disorders caused or made worse by the current or most recent job in the last 12 months is too large to be conveniently shown in this figure.

See Table MSDOCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdocc2.htm>) for detailed data.

See Appendix 4 for more details on Standard Occupational Classification.

See section 2.7 and Appendix 3.2 for more details on prevalence estimates and rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

5	Skilled trades occupations	7	Sales and customer service occupations
8	Process, plant and machine operatives	1	Managers and senior officials
6	Personal service occupations	2	Professional occupations
3	Associate professional and technical occupations	4	Administrative and secretarial occupations
9	Elementary occupations		

Figure 4.7 displays prevalence estimates and rates of musculoskeletal disorders ascribed to the current or most recent job, by major occupational group, for people working in the last 12 months only.

Skilled trades occupations (major group 5 - 2.7%, CI: 2.3% to 3.1%), process, plant and machine operatives (major group 8 - 2.5%, CI: 2.0% to 3.0%), personal service occupations (major group 6 - 2.1%, CI: 1.6% to 2.5%) and associate professional and technical occupations (major group 3 - 1.9%, CI: 1.6% to 2.3%) carried above average rates. All were statistically significantly higher than the rate of 1.5% (CI: 1.4% to 1.6%) for all occupations.

Examining the sub-major occupational groups, where the sample numbers are large enough to provide reliable estimates (see Table MSDOCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdocc2.htm>)), a range of occupations carried above average rates: health and social welfare associate professionals (sub-major group 32 - 3.5%, CI: 2.7% to 4.3%); skilled construction and building trades (sub-major group 53 - 3.4%, CI: 2.6% to 4.2%); transport and mobile machine drivers and operatives (sub-major group 82 - 2.6%, CI: 1.9% to 3.3%); process, plant and machine operatives (sub-major group 81 - 2.4%, CI: 1.7% to 3.1%); and caring personal service occupations (sub-major group 61 - 2.1%, CI: 1.6% to 2.6%). All these rates were statistically significantly higher than the rate for all occupations.

As more detailed results are only available, where sample numbers are sufficiently large, for certain minor and unit occupational groups (see Appendix 4 for occupational descriptions), these have not been presented in Table MSDOCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdocc2.htm>). However, where sample numbers were sufficiently large to provide reliable estimates, minor occupational groups and corresponding unit groups carrying rates which were statistically significantly higher than the rate for all occupations were: health associate professionals (minor group 321 - 3.7%, CI: 2.7% to 4.8%), in particular nurses (unit group 3211 - 3.6%, CI: 2.4% to 4.7%); construction trades (minor group 531 - 3.4%, CI: 2.5% to 4.3%); healthcare and related personal services (minor group 611 - 2.8%, CI: 2.0% to 3.6%), in particular care assistants and home carers (unit group 6115 - 2.5%, CI: 1.6% to 3.4%); and transport drivers and operatives (minor group 821 - 2.6%, CI: 1.8% to 3.3%).

At the other end of the scale, where sample numbers were sufficiently large to provide reliable estimates, the major and corresponding sub-major groups carrying the lowest rates of work-related musculoskeletal disorders were: administrative and secretarial occupations (major group 4 - 0.87%, CI: 0.65% to 1.1%), in particular administrative occupations (sub-major group 41 - 0.84%, CI: 0.59% to 1.1%); professional occupations (major group 2 - 0.90%, CI: 0.67% to 1.1%), in particular teaching and research professionals (sub-major group 23 - between 0.44% and 1.1%); managers and senior officials (major group 1 - 1.0%, CI: 0.78% to 1.2%), in particular corporate managers (sub-major group 11 - 0.99%, CI: 0.75% to 1.2%); and sales and customer service occupations (major group 7 - 1.1%, CI: 0.79% to 1.4%), in particular sales occupations (sub-major group 71 - 1.1%, CI: 0.80% to 1.5%). All these rates were statistically significantly lower than the rate for all occupations.

Tables 4J and 4K compare SWI04/05 prevalence rates with corresponding results from SWI01/02 and SWI03/04, by occupational major and sub-major group. Table 4J indicates whether these rates were statistically significantly above or below the corresponding average across all occupations, and Table 4K shows whether the rates from the three surveys were

statistically significantly different. Figure 4.8 displays the prevalence rates for all three surveys, by occupational major group only.

Table 4J: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported musculoskeletal disorders caused or made worse by the current or most recent job with the corresponding average for all occupations, by occupational major and sub-major group, for people working in the last 12 months

Occupation description +	Major or sub-major group	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Managers and senior officials	1	Lower	Lower	Lower
Corporate managers	11	Lower	Lower	Lower
Managers and proprietors in agriculture and services	12	No	No [#]	*
Professional occupations	2	Lower	Lower	Lower
Science and technology professionals	21	No [#]	No [#]	*
Health professionals	22	*	*	*
Teaching and research professionals	23	No	No	Lower [#]
Business and public service professionals	24	*	No [#]	*
Associate professional and technical occupations	3	Higher	No	Higher
Science and technology associate professionals	31	*	*	*
Health and social welfare associate professionals	32	Higher	Higher	Higher
Protective service occupations	33	Higher [#]	*	*
Culture, media and sports occupations	34	*	No [#]	*
Business and public service associate professionals	35	Lower	Lower	No
Administrative and secretarial occupations	4	Lower	Lower	Lower
Administrative occupations	41	Lower	Lower	Lower
Secretarial and related occupations	42	Lower [#]	Lower [#]	*
Skilled trades occupations	5	Higher	Higher	Higher
Skilled agricultural trades	51	Higher [#]	Higher [#]	*
Skilled metal and electrical trades	52	No	Higher	No
Skilled construction and building trades	53	Higher	Higher	Higher
Textiles, printing and other skilled trades	54	No	No [#]	No [#]
Personal service occupations	6	No	No	Higher
Caring personal service occupations	61	No	No	Higher
Leisure and other personal service occupations	62	*	*	*
Sales and customer service occupations	7	Lower	Lower	Lower
Sales occupations	71	No	Lower	Lower
Customer service occupations	72	*	*	*
Process, plant and machine operatives	8	Higher	Higher	Higher
Process, plant and machine operatives	81	Higher	Higher	Higher
Transport and mobile machine drivers and operatives	82	No	No	Higher

continued

Table 4J continued

Occupation description +	Major or sub-major group	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Elementary occupations	9	No	No	No
Elementary trades, plant and storage related occupations	91	No	No	No
Elementary administration and service occupations	92	Lower	No	Lower
All occupations		..	..	..

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 4 for details of Standard Occupational Classification

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Table 4K: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported musculoskeletal disorders caused or made worse by the current or most recent job, by occupational major and sub-major group, for people working in the last 12 months

Occupation description +	Major or sub-major group	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Managers and senior officials	1	No	No	No
Corporate managers	11	No	No	No
Managers and proprietors in agriculture and services	12	*	*	No [#]
Professional occupations	2	Lower	Lower	No
Science and technology professionals	21	*	*	No [#]
Health professionals	22	*	*	*
Teaching and research professionals	23	Lower [#]	No [#]	No
Business and public service professionals	24	*	*	*
Associate professional and technical occupations	3	No	No	No
Science and technology associate professionals	31	*	*	*
Health and social welfare associate professionals	32	No	No	No
Protective service occupations	33	*	*	*
Culture, media and sports occupations	34	*	*	*
Business and public service associate professionals	35	No	No	No

continued

Table 4K continued

Occupation description +	Major or sub-major group	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Administrative and secretarial occupations	4	No	No	No
Administrative occupations	41	No	No	No
Secretarial and related occupations	42	*	*	No [#]
Skilled trades occupations	5	No	No	No
Skilled agricultural trades	51	*	*	No [#]
Skilled metal and electrical trades	52	No	No	No
Skilled construction and building trades	53	No	No	No
Textiles, printing and other skilled trades	54	No [#]	No [#]	No [#]
Personal service occupations	6	No	No	No
Caring personal service occupations	61	No	No	No
Leisure and other personal service occupations	62	*	*	*
Sales and customer service occupations	7	No	No	No
Sales occupations	71	No	No	Lower
Customer service occupations	72	*	*	*
Process, plant and machine operatives	8	No	No	No
Process, plant and machine operatives	81	No	No	No
Transport and mobile machine drivers and operatives	82	No	No	No
Elementary occupations	9	No	No	No
Elementary trades, plant and storage related occupations	91	No	No	No
Elementary administration and service occupations	92	No	No	No
All occupations		No	No	No

Notes:

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 4 for details of Standard Occupational Classification

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

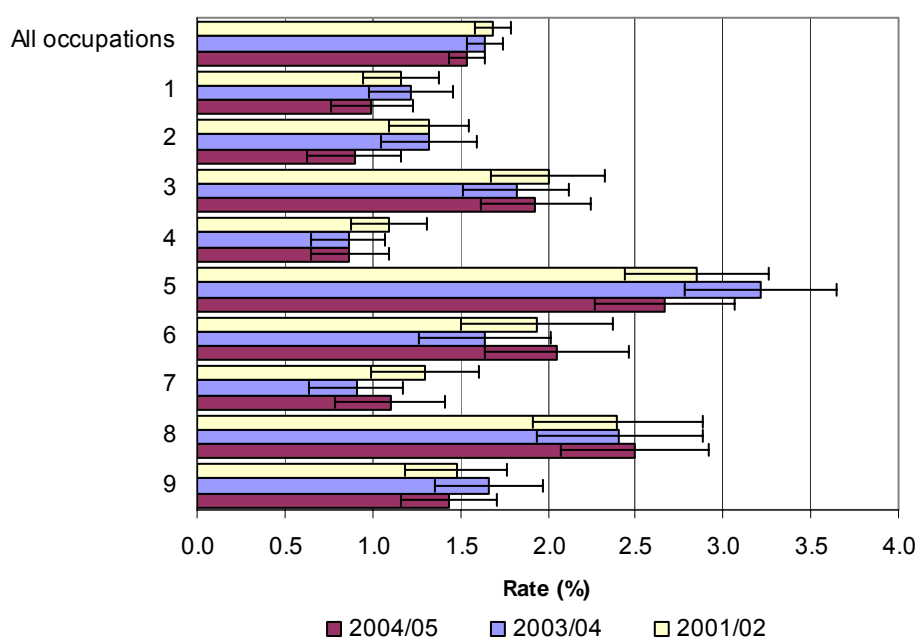
This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Major and sub-major groups which carried consistently high rates in all three surveys, where sample numbers were sufficiently large to provide reliable estimates, were: health and social welfare associate professionals (sub-major group 32); skilled trades occupations (major group

5), in particular skilled construction and building trades (sub-major group 53); and process, plant and machine operatives (major group 8), in particular process, plant and machine operatives (sub-major group 81). Managers and senior officials (major group 1), in particular corporate managers (sub-major group 11); professional occupations (major group 2); administrative and secretarial occupations (major group 4), in particular administrative occupations (sub-major group 41); and sales and customer service occupations (major group 7) carried consistently low rates in all three surveys.

The rates for all occupational major groups were of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02), with the exception of professional occupations (major group 2), where the rate in 2004/05 was statistically significantly lower than in 2001/02 and 2003/04. In terms of sub-major groups, where sample cases are sufficiently large to provide reliable estimates, the rate for sales occupations (sub-major group 71) was statistically significantly lower in 2003/04 than in 2001/02, and the rate for teaching and research professionals (sub-major group 23) was statistically significantly lower in 2004/05 than in 2003/04. The rates for all other sub-major groups were of a similar order in 2004/05, 2003/04 and 2001/02 (not statistically significantly different).

Figure 4.8: Estimated prevalence rates (%) of self-reported musculoskeletal disorders caused or made worse by the current or most recent job, by occupational major group, for people working in the last 12 months, 2004/05, 2003/04 and 2001/02



H 95% confidence interval

Notes:

See Table MSDOCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdocc2.htm>) for detailed data.

See Appendix 4 for more details on Standard Occupational Classification.

See section 2.7 and Appendix 3.2 for more details on prevalence estimates and rates.

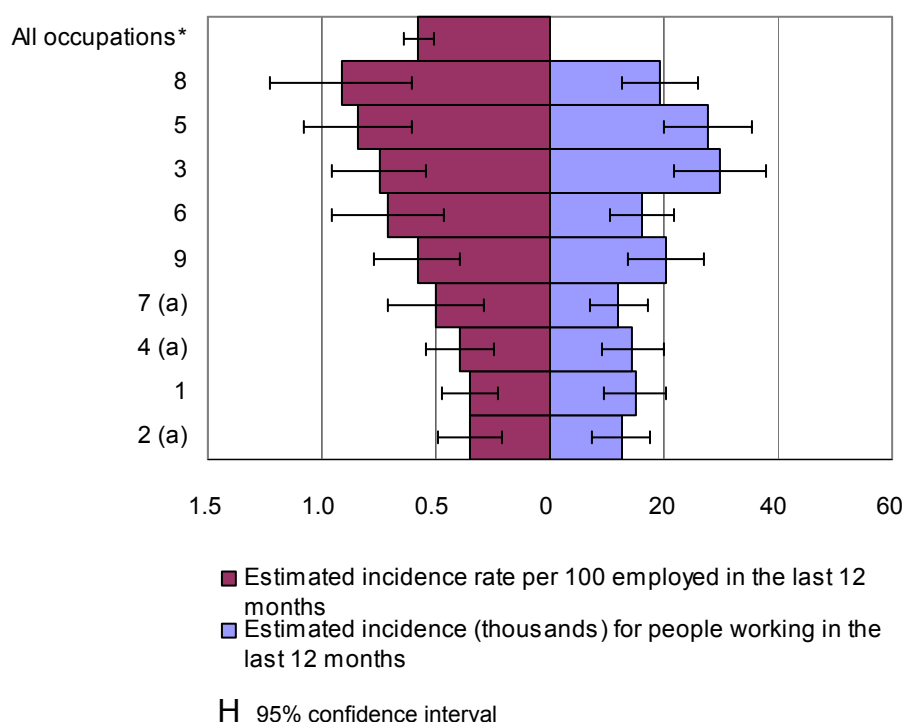
The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

- | | | | |
|---|--|---|--|
| 1 | Managers and senior officials | 6 | Personal service occupations |
| 2 | Professional occupations | 7 | Sales and customer service occupations |
| 3 | Associate professional and technical occupations | 8 | Process, plant and machine operatives |
| 4 | Administrative and secretarial occupations | 9 | Elementary occupations |
| 5 | Skilled trades occupations | | |

Tables MSDOCC3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdocc3.htm>) and MSDOCC4 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdocc4.htm>) give a detailed occupational breakdown, by major occupation group (see Appendix 4 for more details about the occupational classification), for new cases of work-related musculoskeletal disorders. Table MSDOCC3 shows incidence estimates of musculoskeletal disorders ascribed to the current or any past job, for people *ever employed*. Table MSDOCC4 and Figure 4.9 present incidence estimates and rates associated with the *current or most recent job in the last 12 months* (see section 2.7 and Appendix 3.2 for more details about the calculation of rates).

Figure 4.9: Estimated 2004/05 incidence and rates (%) of self-reported musculoskeletal disorders caused or made worse by the current or most recent job, by occupational major group, for people working in the last 12 months



Notes:

* The national estimated incidence of 167 000 (CI: 148 000 to 186 000) for all musculoskeletal disorders caused or made worse by the current or most recent job in the last 12 months is too large to be conveniently shown in this figure.

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

See Table MSDOCC4 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdocc4.htm>) for detailed data.

See Appendix 4 for more details on Standard Occupational Classification.

See section 2.8 and Appendix 3.2 for more details on incidence estimates and rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

- | | |
|---|---|
| 8 Process, plant and machine operatives | 7 Sales and customer service occupations |
| 5 Skilled trades occupations | 4 Administrative and secretarial occupations |
| 3 Associate professional and technical occupations | 1 Managers and senior officials |
| 6 Personal service occupations | 2 Professional occupations |
| 9 Elementary occupations | |

The major groups with an above average incidence rate of work-related musculoskeletal disorders in 2004/05 (statistically significantly higher than the rate across all occupations) were process, plant and machine operatives (major group 8 - 0.91%, CI: 0.60% to 1.2%) and skilled trades occupations (major group 5 - 0.85%, CI: 0.61% to 1.1%). At the other end of the scale,

professional occupations (major group 2 – between 0.21% and 0.49%), managers and senior officials (major group 1 - 0.35%, CI: 0.23% to 0.48%), and administrative and secretarial occupations (major group 4 - between 0.25% and 0.54%) carried rates which were statistically significantly lower than the overall rate.

As more detailed results are only available, where sample numbers are sufficiently large, for certain occupational sub-major and minor groups (see Appendix 4 for occupational descriptions), these have not been presented in Table MSDOCC4 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdocc4.htm>). However, where sample numbers were sufficiently large to provide reliable estimates, sub-major and minor groups carrying rates which were statistically significantly higher than the rate for all occupations were health and social welfare associate professionals (sub-major group 32 - between 0.67% and 1.6%); transport and mobile machines drivers and operatives (sub-major group 82 - between 0.65% and 1.6%), in particular transport drivers and operatives (minor group 821- between 0.67% and 1.8%); and skilled construction and building trades (sub-major group 53 - between 0.66% and 1.6%). Only corporate managers (sub-major group 11 - between 0.18% and 0.45%) and administrative occupations (sub-major group 41 - between 0.20% and 0.53%) had rates which were statistically significantly lower than the rate for all occupations.

Tables 4L and 4M and Figure 4.10 compare SWI04/05 incidence rates of work-related musculoskeletal disorders with corresponding results from SWI01/02 and SWI03/04, by occupational major group. Table 4L indicates whether these rates were statistically significantly above or below the corresponding average across all occupations, and Table 4M shows whether the rates from the three surveys were statistically significantly different.

Table 4L: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported musculoskeletal disorders caused or made worse by the current or most recent job with the corresponding average for all occupations, by occupational major group, for people working in the last 12 months

Occupation description +	Major group	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Managers and senior officials	1	Lower	No	Lower
Professional occupations	2	No	No	Lower [#]
Associate professional and technical occupations	3	No	No	No
Administrative and secretarial occupations	4	Lower	Lower [#]	Lower [#]
Skilled trades occupations	5	Higher	Higher	Higher
Personal service occupations	6	No	No	No
Sales and customer service occupations	7	No	No [#]	No [#]
Process, plant and machine operatives	8	No	No [#]	Higher
Elementary occupations	9	No	No	No
All occupations		..	..	..

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 4 for details of Standard Occupational Classification

See section 2.8 and Appendix 3.2 for more details on incidence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

The rates for skilled trades occupations (major group 5) were consistently high in all three surveys, whereas the rates for administrative and secretarial occupations (major group 4) were consistently low.

Table 4M: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported musculoskeletal disorders caused or made worse by the current or most recent job, by occupational major group, for people working in the last 12 months

Occupation description +	Major group	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Managers and senior officials	1	No	No	No
Professional occupations	2	Lower [#]	No [#]	No
Associate professional and technical occupations	3	No	No	No
Administrative and secretarial occupations	4	No [#]	No [#]	No [#]
Skilled trades occupations	5	No	No	No
Personal service occupations	6	No	No	No
Sales and customer service occupations	7	No [#]	No [#]	Lower [#]
Process, plant and machine operatives	8	No	No	No [#]
Elementary occupations	9	No	No	No
All occupations		No	Lower	No

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

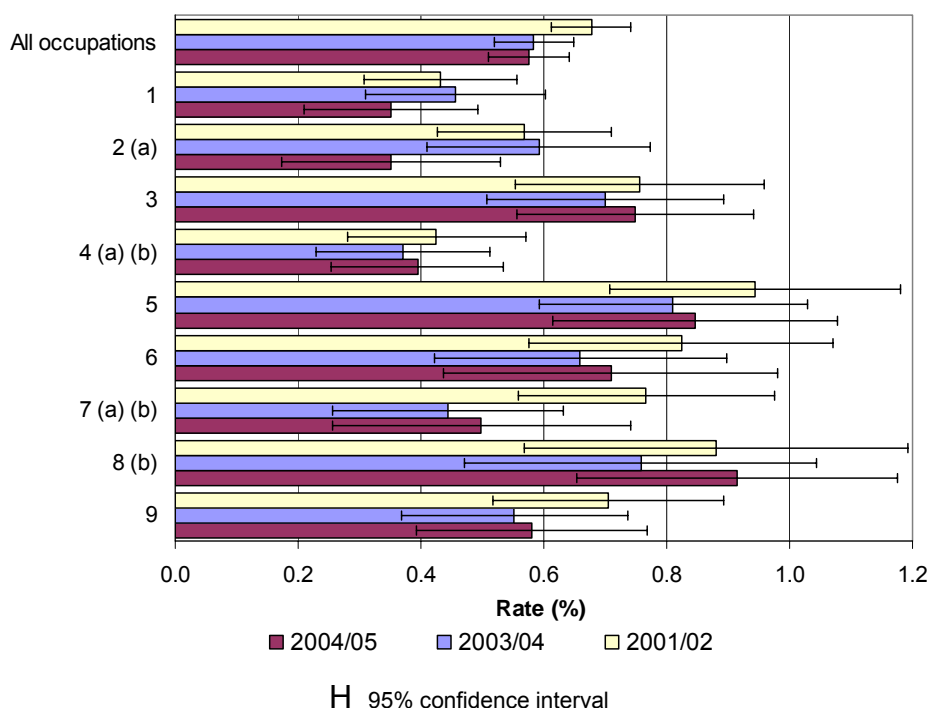
+ See Appendix 4 for details of Standard Occupational Classification

See section 2.8 and Appendix 3.2 for more details on incidence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

The rate for professional occupations (major group 2) was statistically significantly lower in 2004/05 than in 2003/04, and the rate for sales and customer service occupations (major group 7) was statistically significantly lower in 2003/04 than in 2001/02. Where sample numbers were sufficiently large to provide reliable estimates, rates for all other major groups were of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02).

Figure 4.10: Estimated incidence rates (%) of self-reported musculoskeletal disorders caused or made worse by the current or most recent job, by occupational major group, for people working in the last 12 months, 2004/05, 2003/04 and 2001/02



Notes:

(a) 2004/05 rates based on fewer than 30 sample cases.
 (b) 2003/04 rates based on fewer than 30 sample cases.
 See Table MSDOCC4 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdocc4.htm>) for detailed data.
 See Appendix 4 for more details on Standard Occupational Classification.
 See section 2.8 and Appendix 3.2 for more details on incidence rates.
 The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

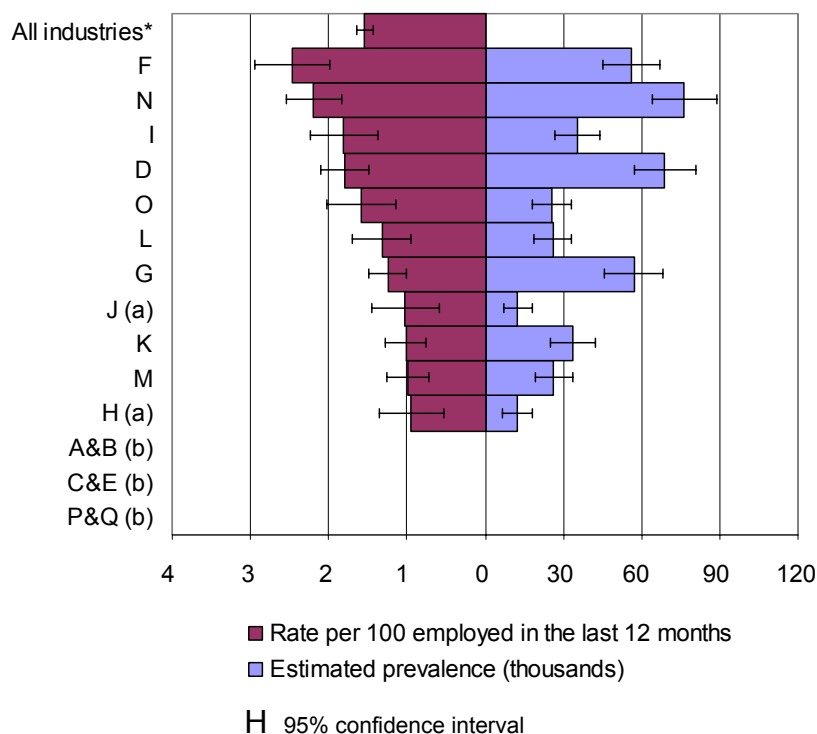
- | | |
|--|--|
| 1 Managers and senior officials | 6 Personal service occupations |
| 2 Professional occupations | 7 Sales and customer service occupations |
| 3 Associate professional and technical occupations | 8 Process, plant and machine operatives |
| 4 Administrative and secretarial occupations | 9 Elementary occupations |
| 5 Skilled trades occupations | |

Industry

Table MSDIND1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdind1.htm>) shows the estimated prevalence of work-related musculoskeletal disorders ascribed to the current or any past job, by industry section, for people ever employed. For people working in the last 12 months, Table MSDIND2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdind2.htm>) and Figure 4.11 presents the estimated prevalence and rates of self-reported musculoskeletal disorders associated with the current or most recent job, by industry section (see Appendix 5 for more details about the industrial classification).

Where sample numbers were sufficiently large to provide reliable estimates, industry sections which carried prevalence rates of work-related musculoskeletal disorders which were statistically significantly higher than the rate for all industries in 2004/05, were construction (section F - 2.5%, CI: 2.0% to 2.9%) and health and social work (section N - 2.2%, CI: 1.8% to 2.6%).

Figure 4.11: Estimated 2004/05 prevalence and rates (%) of self-reported musculoskeletal disorders caused or made worse by the current or most recent job, by industry section, for people working in the last 12 months



Notes:

*The national estimated prevalence of 447 000 (CI: 416 000 to 477 000) for all musculoskeletal disorders caused or made worse by the current or most recent job in the last 12 months is too large to be conveniently shown in this figure.

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

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

See Table MSDIND2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdind2.htm>) for detailed data.

See Appendix 5 for more details on Standard Industrial Classification.

See section 2.7 and Appendix 3.2 for more details on prevalence estimates and rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

- | | |
|---|---|
| F Construction | J Financial intermediation |
| N Health and social work | K Real estate, renting and business activities |
| I Transport, storage and communication | M Education |
| D Manufacturing | H Hotels and restaurants |
| O Other community, social and personal service activities | A&B Agriculture, hunting, forestry and fishing |
| L Public administration and defence; compulsory social security | C&E Extractive and utility supply industries |
| G Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods | P&Q Other |

At the other end of the scale, industry sections and associated divisions carrying rates which were statistically significantly lower than the overall rate were hotels and restaurants (section H - between 0.53% and 1.4%); education (section M - 0.99%, CI: 0.72% to 1.3%); real estate, renting and business activities (section K - 1.0%, CI: 0.76% to 1.3%), in particular other business activities (division 74 - 1.0%, CI: 0.69% to 1.3%); financial intermediation (section J - between 0.58% and 1.5%); and wholesale and retail trade (section G - 1.2%, CI: 1.0% to 1.5%).

Tables 4N and 4O compares SWI04/05 prevalence rates with corresponding results from SWI01/02 and SWI03/04, by industry section. Table 4N indicates whether these rates were

statistically significantly above or below the corresponding average across all industries, and Table 4O shows whether the rates from the three surveys were statistically significantly different.

Table 4N: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported musculoskeletal disorders caused or made worse by the current or most recent job with the corresponding average for all industries, by industry section, for people working in the last 12 months

Industry description +	Section	Whether rates statistically significantly higher/lower than GB average		
		SW101/02	SW103/04	SW104/05
Agriculture, hunting, forestry and fishing	A&B	Higher [#]	Higher [#]	*
Agriculture, hunting and forestry	A	Higher [#]	Higher [#]	*
Fishing	B	*	*	*
Extractive and utility supply	C&E	*	*	*
Mining and quarrying	C	*	*	*
Electricity, gas and water supply	E	*	*	*
Manufacturing	D	No	No	No
Construction	F	Higher	Higher	Higher
Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods	G	Lower	Lower	Lower
Hotels and restaurants	H	Lower [#]	Lower	Lower [#]
Transport, storage and communication	I	No	Higher	No
Financial intermediation	J	Lower [#]	Lower [#]	Lower [#]
Real estate, renting and business activities	K	Lower	Lower	Lower
Public administration and defence; compulsory social security	L	No	No	No
Education	M	No	No	Lower
Health and social work	N	Higher	Higher	Higher
Other community, social and personal service activities	O	No	No	No
Other	P&Q	*	*	*
Private households with employed persons	P	*	*	*
Extra-territorial organisations and bodies	Q	*	*	*
All industries		..	..	..

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 5 for details of Standard Industrial Classification

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Where sample numbers were sufficiently large to provide reliable estimates, industry sections carrying high or low rates in 2004/05 also carried consistently high or low rates in 2003/04 and 2001/02, with the exception of education (section M), which carried an average rate in 2001/02 and 2003/04.

Table 40: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported musculoskeletal disorders caused or made worse by the current or most recent job, by industry section, for people working in the last 12 months

Industry description +	Section	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Agriculture, hunting, forestry and fishing	A&B	*	*	No [#]
Agriculture, hunting and forestry	A	*	*	No [#]
Fishing	B	*	*	*
Extractive and utility supply	C&E	*	*	*
Mining and quarrying	C	*	*	*
Electricity, gas and water supply	E	*	*	*
Manufacturing	D	No	No	No
Construction	F	No	No	No
Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods	G	No	No	No
Hotels and restaurants	H	No [#]	No [#]	No [#]
Transport, storage and communication	I	No	No	No
Financial intermediation	J	No [#]	No [#]	No [#]
Real estate, renting and business activities	K	No	No	No
Public administration and defence; compulsory social security	L	No	Lower	No
Education	M	Lower	Lower	No
Health and social work	N	No	No	No
Other community, social and personal service activities	O	No	No	No
Other	P&Q	*	*	*
Private households with employed persons	P	*	*	*
Extra-territorial organisations and bodies	Q	*	*	*
All industries		No	No	No

Notes:

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 5 for details of Standard Industrial Classification

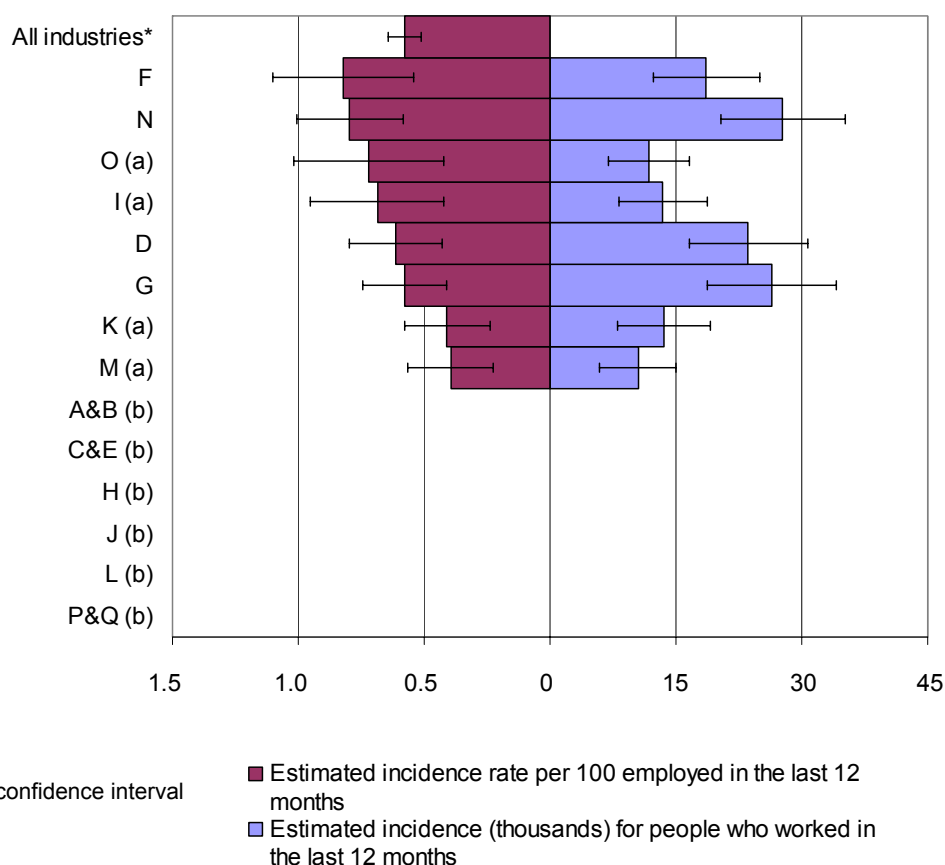
See section 2.7 and Appendix 3.2 for more details on prevalence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Rates for all sections were of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02), with the exception of public administration and defence; compulsory social security (section L) and education (section M). Both had rates which were statistically significantly lower in 2004/05 than in 2001/02. The rate for education was also lower in 2004/05 than in 2003/04.

Table MSDIND3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdind3.htm>) shows the estimated incidence of work-related illness ascribed to the current or any past job, by industry section, for people *ever employed*. Figure 4.12 and Table MSDIND4 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdind4.htm>) give 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.

Figure 4.12: Estimated 2004/05 incidence and rates (%) of self-reported musculoskeletal disorders caused or made worse by the current or most recent job, by industry section, for people working in the last 12 months



Notes:
 *The national estimated incidence of 167 000 (CI: 148 000 to 186 000) for all musculoskeletal disorders caused or made worse by the current or most recent job in the last 12 months is too large to be conveniently shown in this figure.
 (a) Estimates based on fewer than 30 sample cases.
 (b) Sample cases too small to provide reliable estimates.
 See Table MSDIND4 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdind4.htm>) for detailed data.
 See Appendix 5 for more details on Standard Industrial Classification.
 See section 2.8 and Appendix 3.2 for more details on incidence estimates and rates.
 The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

F Construction	M Education
N Health and social work	A&B Agriculture, hunting, forestry and fishing
O Other community, social and personal service activities	C&E Extractive and utility supply industries
I Transport, storage and communication	H Hotels and restaurants
D Manufacturing	J Financial intermediation
G Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods	L Public administration and defence; compulsory social security
K Real estate, renting and business activities	P&Q Other

Where the sample numbers are sufficiently large to provide reliable estimates, health and social work (section N) carried the highest incidence rate in 2004/05, affecting an estimated 0.80% (CI: 0.58% to 1.0%) of people who worked in the last 12 months. This was statistically significantly higher than the rate for all industries. The *prevalence* rate was also consistently high in this industry group.

At the other end of the scale, the incidence rates for education (section M - between 0.23% and 0.57%) and real estate, renting and business activities (section K - between 0.24% and 0.58%) were statistically significantly lower than the overall rate. The *prevalence* rates were also consistently low in these two industry groups.

Table 4P: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported musculoskeletal disorders caused or made worse by the current or most recent job with the corresponding average for all industries, by industry section, for people who worked in the last 12 months

Industry description +	Section	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Agriculture, hunting, forestry and fishing	A&B	*	*	*
Agriculture, hunting and forestry	A	*	*	*
Fishing	B	*	*	*
Extractive and utility supply	C&E	*	*	*
Mining and quarrying	C	*	*	*
Electricity, gas and water supply	E	*	*	*
Manufacturing	D	No	No	No
Construction	F	No	No	No
Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods	G	No	No	No
Hotels and restaurants	H	*	*	*
Transport, storage and communication	I	No	No [#]	No [#]
Financial intermediation	J	*	*	*
Real estate, renting and business activities	K	No	Lower [#]	Lower [#]
Public administration and defence; compulsory social security	L	Higher	No [#]	*
Education	M	No	No	Lower [#]
Health and social work	N	No	Higher	Higher
Other community, social and personal service activities	O	*	*	*
Other	P&Q	*	*	*
Private households with employed persons	P	*	*	*
Extra-territorial organisations and bodies	Q	*	*	*
All industries		..	..	..

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 5 for details of Standard Industrial Classification

See section 2.8 and Appendix 3.2 for more details on incidence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Tables 4P and 4Q compare SWI04/05 incidence rates with corresponding results from SWI01/02 and SWI03/04, by industry section. Table 4P indicates whether these rates were statistically significantly above or below the corresponding average across all industries, and Table 4Q shows whether the rates from the three surveys were statistically significantly different.

Table 4Q: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported musculoskeletal disorders caused or made worse by the current or most recent job, by industry section, for people who worked in the last 12 months

Industry description +	Section	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Agriculture, hunting, forestry and fishing	A&B	*	*	*
Agriculture, hunting and forestry	A	*	*	*
Fishing	B	*	*	*
Extractive and utility supply	C&E	*	*	*
Mining and quarrying	C	*	*	*
Electricity, gas and water supply	E	*	*	*
Manufacturing	D	No	No	No
Construction	F	No	No	No
Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods	G	No	No	No
Hotels and restaurants	H	*	*	*
Transport, storage and communication	I	No [#]	No [#]	No [#]
Financial intermediation	J	*	*	*
Real estate, renting and business activities	K	No [#]	No [#]	No [#]
Public administration and defence; compulsory social security	L	*	*	Lower [#]
Education	M	No [#]	No [#]	No
Health and social work	N	No	No	No
Other community, social and personal service activities	O	*	*	*
Other	P&Q	*	*	*
Private households with employed persons	P	*	*	*
Extra-territorial organisations and bodies	Q	*	*	*
All industries		No	Lower	No

Notes:

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 5 for details of Standard Industrial Classification

See section 2.8 and Appendix 3.2 for more details on incidence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Where sample numbers were sufficiently large in both surveys to provide reliable estimates, the rates for most industry sections were of a similar order in 2004/05, 2003/04 and 2001/02 (not statistically significantly different). The only exception was public administration and defence; compulsory social security (section L), where the incidence rate in 2003/04 was statistically significantly lower than in 2001/02.

Size of workplace

Table MSDSIZE1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdsize1.htm>) gives the estimated prevalence and rates of self-reported musculoskeletal disorders associated with the current or most recent job in the last 12 months, by workplace size. In 2004/05, the self-employed (on own or with partner(s), but no employees) had the highest prevalence rate, at an estimated 2.1% (CI: 1.7% to 2.5%). This rate was statistically significantly higher than that for workplaces with at least 25 employees (1.6%, CI: 1.5% to 1.7%), which was in turn statistically significantly higher than that for workplaces with 1-24 employees (1.3%, CI: 1.1% to 1.4%). The same pattern was seen in 2003/04 and 2001/02.

The table also presents results for small workplaces with less than 50 employees and for medium to large workplaces with at least 50 employees. Mirroring the pattern above, the rate for the self-employed (on own or with partner(s), but no employees) was statistically significantly higher than the rate of 1.6% (CI: 1.5% to 1.8%) for workplaces with 50 or more employees, which was in turn statistically significantly higher than the rate of 1.3% (CI: 1.2% to 1.5%) for workplaces with 1-49 employees. The same pattern was seen in 2001/02. In 2003/04, workplaces with 1-49 and at least 50 employees had rates of a similar order (not statistically significantly different), but both of these rates were statistically significantly lower than that for the self-employed (on own or with partner(s), but no employees).

Prevalence estimates and rates are also provided in Table MSDSIZE2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdsize2.htm>) for small, medium and large workplaces, for 2004/05 and 2003/04 only (LFS response categories in 2001/02 did not allow such an analysis). Small workplaces are defined as those having less than 50 employees, medium have between 50 and 249 employees, whilst large workplaces employ at least 250 employees. The rates for small, medium and large workplaces were of a similar order in 2004/05 (not statistically significantly different), at an estimated 1.5% (CI: 1.3% to 1.6%), 1.7% (CI: 1.4% to 1.9%) and 1.6% (CI: 1.4% to 1.9%) respectively. The rates for small, medium and large workplaces were also of a similar order in 2003/04.

The estimated incidence and rates of self-reported musculoskeletal disorders caused or made worse by the current or most recent job in the last 12 months, by workplace size are shown in Table MSDSIZE3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdsize3.htm>). In 2004/05, the incidence rate of 0.45% (CI: 0.34% to 0.55%) for workplaces employing 1-24 people was statistically significantly lower than the rate of 0.66% (CI: 0.57% to 0.75%) for those with 25+ employees (as for *prevalence*). Furthermore, workplaces with between 1 and 49 employees had a statistically significantly lower rate (0.49%, CI: 0.40% to 0.58%) than for those with at least 50 employees (0.68%, CI: 0.57% to 0.78%). The rate for the self-employed (on own or with partner(s), but no employees), which was between 0.32% and 0.71%, was of a similar order to the other groups (not statistically significant). There were some similarities in 2003/04 and 2001/02, but in 2003/04 the rate for workplaces with at least 50 employees was of a similar order (not statistically significantly different) to the rate for workplaces with between 1 and 49 employees, and in 2001/02 the rate for the self-employed (on own or with partner(s), but no employees) was statistically significantly higher than the rates for those workplaces with 1-24 and 1-49 employees.

Table MSDSIZE4 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdsize4.htm>) presents the estimated incidence and rates of self-reported musculoskeletal disorders ascribed to the current or most recent job in the last 12 months, for small, medium and large workplaces, for 2004/05 and 2003/04 only (LFS response categories in 2001/02 did not allow such an analysis). At an

estimated 0.76% (CI: 0.60% to 0.92%), the rate for medium-sized workplaces was statistically significantly higher than that of 0.50% (CI: 0.41% to 0.58%) for small workplaces.

4.2 WORKING DAYS LOST

4.2.1 Individual characteristics

This subsection is restricted to people *working in the last 12 months*, and presents working days lost due to work-related musculoskeletal disorders expressed as *full-day equivalent* working days. Associated rates are provided in the form of average working days lost (full-day equivalent) *per worker*. The average working days lost (full-day equivalent) *per case* are also presented for musculoskeletal disorders and site-specific disorders. More details about the calculations can be found in section 2.9 and in Appendix 3.2.

Table 4R: Estimated 2004/05 prevalence of self-reported musculoskeletal disorders caused or made worse by work, by time taken off work in the last 12 months because of the illness

Days off work in the last 12 months +	Sample cases #	Estimated prevalence (thousands)		
		central	lower	upper
No time off work	486	251	228	274
Time off work	607	316	290	341
Less than one day	34	17	12	23
1 to 3 days	126	67	55	79
4 to 9 days	119	62	51	74
10 to 21 days	113	59	48	70
22 to 65 days	113	58	47	69
66 to 131 days	51	26	18	33
132 to 197 days	21	11	6	16
198 or more days	30	16	10	21
All persons	1093	567	532	601

Notes:

Figures in italics are estimates based on fewer than 30 sample cases.

+ Working days lost are expressed in the form of full-day equivalent working days. More details can be found in section 2.9 and Appendix 3.2 of the 'Self-reported work-related illness in 2004/05' (SWI04/05) report.

See section 2.7 and Appendix 3.2 in the 'Self-reported work-related illness in 2004/05' (SWI04/05) report for more details on prevalence estimates.

Estimates of days lost were imputed for 5 cases who did not respond to the 'time off' question. Corresponding prevalence estimates for each sample case have been distributed between 'no time taken off' and the relevant 'time taken off' category.

Hence, the 5 sample cases have been included twice.

The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

For people who worked in the last 12 months and suffered from a work-related musculoskeletal disorder in that period, Table 4R gives a breakdown by the length of time that they took off in the last 12 months on account of their complaint. Around 44% of sufferers, an estimated 251 000 (CI: 228 000 to 274 000) people, took no time off work because of their complaint. In total, an estimated 316 000 (CI: 290 000 to 341 000) individuals took an estimated 11.6 million (CI: 9.8 to 13.4 million) days off work (full-day equivalent) in 2004/05 on account of work-related musculoskeletal disorders. On average, each *worker* took 0.50 (CI: 0.42 to 0.58) days (full-day equivalent) off work because of such complaints. This rate was similar (not statistically significantly different) to the estimated average days off *per worker* in 2003/04 and 2001/02.

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 upper limbs or neck and those mainly affecting the back, at 4.7 million (CI: 3.5 to 6.0 million) days and 4.5 million (CI: 3.4 to 5.6 million) days respectively. The remainder, an estimated 2.4 million (CI: 1.6 to 3.2 million) days were accounted for by conditions mainly affecting the lower limbs (Table TYPESEX3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex3.htm>)).

On average, people suffering from a work-related musculoskeletal disorder took an estimated 20.5 (CI: 17.5 to 23.5) days off work in 2004/05 because of their complaint. For conditions mainly affecting the back, the rate was 17.4 (CI: 13.5 to 21.3) days, whilst the rates for mainly affecting the upper limbs or neck and mainly affecting the lower limbs were 21.7 (CI: 16.3 to 27.0) days and 26.4 (CI: 18.6 to 34.3) days respectively. The rate for musculoskeletal disorders mainly affecting the lower limbs was statistically significantly higher than that for those mainly affecting the back. Rates for musculoskeletal disorders mainly affecting the upper limbs or neck, lower limbs or back were all similar (not statistically significantly different) in 2004/05 to the corresponding rates in 2003/04 and 2001/02.

Table 4S: Summary of overall days lost (full-day equivalent) estimates and rates due to self-reported musculoskeletal disorders caused or made worse by work, 2004/05, 2003/04 and 2001/02

Year	Sample cases #	Central estimate	95% C.I.		
			lower	upper	
2004/05	Prevalent cases				
	Estimated days lost (thousands)	607	11602	9761	13444
	Average days lost per case+	607	20.5	17.5	23.5
	Average days lost per worker	607	0.50	0.42	0.58
	Incident cases				
	Estimated days lost (thousands)	223	3072	2309	3836
	Average days lost per case+	223	16.4	12.7	20.0
	Average days lost per worker	223	0.13	0.10	0.17
	2003/04	Prevalent cases			
Estimated days lost (thousands)		651	11844	10143	13545
Average days lost per case+		651	19.4	16.8	21.9
Average days lost per worker		651	0.52	0.44	0.59
Incident cases					
Estimated days lost (thousands)		207	2548	1913	3184
Average days lost per case+		207	13.8	10.7	17.0
Average days lost per worker		207	0.11	0.083	0.14
2001/02		Prevalent cases			
	Estimated days lost (thousands)	730	11810	10231	13389
	Average days lost per case+	730	19.3	17.0	21.7
	Average days lost per worker	730	0.52	0.45	0.59
	Incident cases				
	Estimated days lost (thousands)	292	3539	2789	4290
	Average days lost per case+	292	16.5	13.4	19.7
	Average days lost per worker	292	0.16	0.12	0.19

Notes:

For people taking time off work.

+ "case" refers to persons suffering from a work-related illness.

See sections 2.9 and Appendix 3.2 for more details on days lost calculations.

The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

Considering people who first became aware of their work-related musculoskeletal disorders in 2004/05 (*incidence* cases), an estimated 117 000 (CI: 101 000 to 132 000) people took an estimated 3.1 million (CI: 2.3 to 3.8 million) days off work in the 12 month period because of their disorder. This amounted to around a quarter of the total estimated number of working days lost due to work-related musculoskeletal disorders. On average, people suffering took an estimated 16.4 days (CI: 12.7 to 20.0 days) off work because of their *new* condition. This equates to an annual loss of an estimated 0.13 (CI: 0.10 to 0.17) days *per worker* (Table 4S). Furthermore, the average days lost *per worker* for new (*incidence*) cases in 2004/05 was statistically significantly lower than the corresponding rate for all sufferers (*prevalence*) of work-related musculoskeletal disorders. This was also true in 2003/04 and 2001/02.

For new cases, the average number of working days lost *per case* was of a similar order (not statistically significantly different) in 2001/02, 2003/04 and 2004/05, but the average days lost *per worker* was statistically significantly lower in 2003/04 than in 2001/02.

Age and gender

The distribution of the estimated number of days lost due to work-related musculoskeletal disorders by age and gender, along with the average number of days lost *per worker* are given in Table MSDAGE3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdage3.htm>). With an estimated total of 7.3 million (CI: 5.8 to 8.8 million) days, males were responsible for around 60% of days lost due to work-related musculoskeletal disorders in 2004/05. However, in terms of days lost *per worker*, their rate of 0.52 (CI: 0.41 to 0.63) days was of a similar order (not statistically significantly different) to that of 0.47 (CI: 0.36 to 0.58) days for females. This was similar to the pattern seen in 2003/04. In 2001/02, however, males carried a statistically significantly higher rate than females and accounted for over two-thirds of the total estimated working days lost.

For both males and females, the rate in the oldest age group (45+ years) was statistically significantly higher than those in the youngest age group (16-34 years) in 2004/05. This was also the case for both males and females in 2003/04, but the rate in the oldest age group was also statistically significantly higher than that in the 35-44 year age group. In 2001/02, the pattern was the same as in 2003/04 for males. For females, the rate in the oldest age group (45+ years) was statistically significantly higher than that of the youngest age group (16-34 years), but of a similar order (not statistically significantly different) to that of the 35-44 year age group (as in 2004/05).

Age-specific rates for males and females (average days lost *per worker*) were of a similar order in all three surveys (not statistically significantly different in 2001/02, 2003/04 and 2004/05), except for females in the 16-34 year age group, where the rate in 2004/05 was statistically significantly lower than in 2001/02.

Country and region

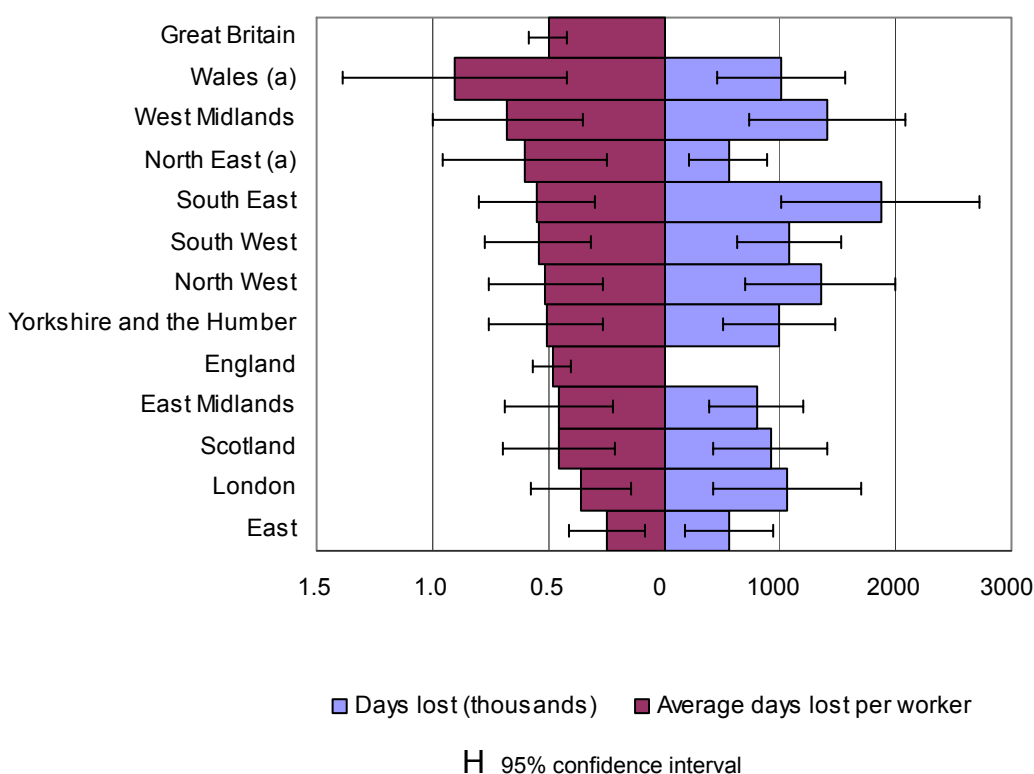
Table MSDGOR3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdgor3.htm>) and Figure 4.13 show the regional distribution of the estimated number of days lost due to work-related musculoskeletal disorders, along with the associated average number of days lost *per worker*.

Average days lost *per worker* were of a similar order (not statistically significantly different) for England, Wales and Scotland in 2004/05. The East, with a rate of 0.24 (CI: 0.078 to 0.41) days lost *per worker*, was the only region carrying a rate which was statistically significantly lower than the rates for England (0.48 days, CI: 0.40 to 0.57 days) and Great Britain (0.50 days, CI:

0.42 to 0.58 days). The South East, West Midlands and North West accounted for around 40% of the estimated number of working days lost associated with work-related musculoskeletal disorders, with respective totals of 1.9 million (CI: 1.0 to 2.7 million), 1.4 million (CI: 0.7 to 2.1 million) and 1.3 million (CI: 0.7 to 2.0 million) days.

The average days lost *per worker* for England and Scotland were of a similar order in the three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02). The corresponding rate for Wales, however, was statistically significantly higher in 2004/05 than in 2001/02. Within England, regional rates remained constant in the three surveys (not statistically significantly different).

Figure 4.13: Estimated days (full-day equivalent) off work and associated average days lost per worker in 2004/05 due to self-reported musculoskeletal disorders caused or made worse by work, by country and government office region within England



Notes:

* The estimated working days lost of 11.6 million (CI: 9.8 to 13.4 million) for Great Britain and 9.7 million (CI: 8.0 to 11.4 million) for England are too large to be conveniently shown in this figure.
 (a) Estimates based on fewer than 40 sample cases.
 See Table MSDGOR3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdgor3.htm>) for detailed data.
 See section 2.9 and Appendix 3.2 for more details on days lost calculations.
 The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

4.2.2 Employment details (of job causing or making complaint worse)

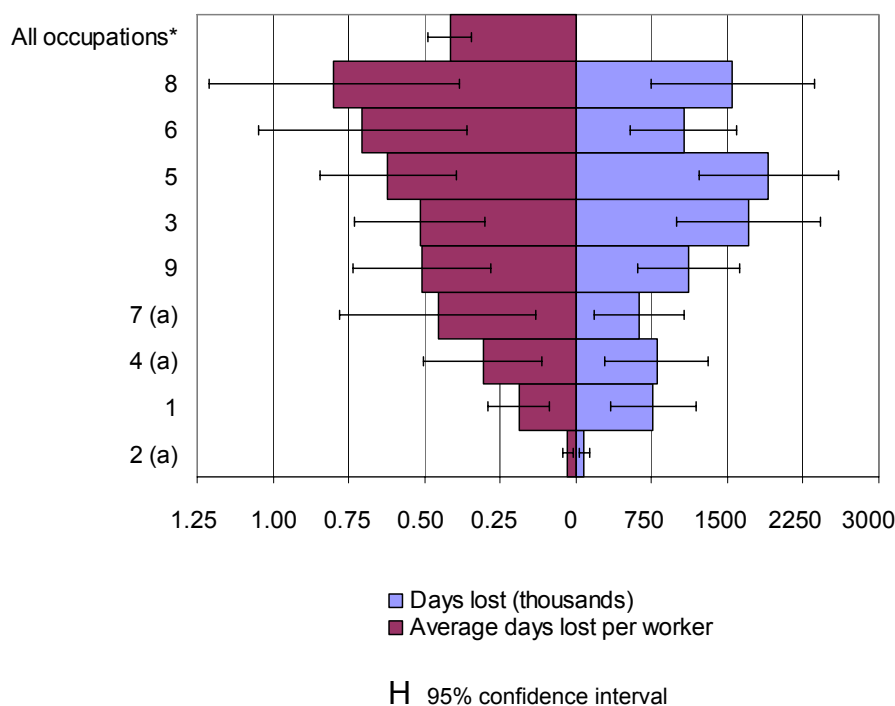
Most of the employment-related analysis in the remainder of this subsection relates to the *current or most recent job*, held within the last year, and musculoskeletal disorders associated with these jobs. However in addition, the estimated days off work associated with musculoskeletal disorders caused or made worse by *any* job are included by occupation and industry, for 2004/05 only. This level of information was not collected in earlier surveys. More details about the analysis can be found in section 2.9 and Appendix 3.2.

In total, an estimated 11.6 million (CI: 9.8 to 13.4 million) working days were lost in 2004/05 due to work-related musculoskeletal disorders, an estimated 9.6 million (CI: 7.9 to 11.3 million) working days of which were lost because of musculoskeletal disorders attributed to the *current or most recent job* in that period. On average, *workers* took 0.42 (CI: 0.34 to 0.49) days off work on account of their disorder ascribed to the *current or most recent job*; the rate was of a similar order (not statistically significantly different) to that in 2001/02 and 2003/04. This rate, rather than the rate for the full sample, will be used to assess whether employment-related groupings have above or below average rates i.e. are statistically significantly different from this rate.

Occupation

Tables MSDOCC5 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdocc5.htm>) and MSDOCC6 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdocc6.htm>) provide a breakdown by major occupation group (see Appendix 4 for further information about the occupational classification). Table MSDOCC5 shows the amount of time that individuals took off work in 2004/05 associated with musculoskeletal disorders caused or made worse by *any job*. Table MSDOCC6 and Figure 4.14 present the amount of time that individuals took off work due to musculoskeletal disorders caused or made worse by the *current or most recent job* and the corresponding average time off *per worker*.

Figure 4.14: Estimated days (full-day equivalent) off work and associated average days lost per worker in 2004/05 due to self-reported musculoskeletal disorders caused or made worse by the current or most recent job, by occupational major group



Notes:

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

* The estimated working days lost of 9.6 million (CI: 7.9 to 11.3 million) for all musculoskeletal disorders caused or made worse by the current or most recent job in the last year is too large to be conveniently shown in this figure.

See Table MSDOCC6 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdocc6.htm>) for detailed data.

See Appendix 4 for more details on Standard Occupational Classification.

See section 2.9 and Appendix 3.2 for more details on days lost calculations.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

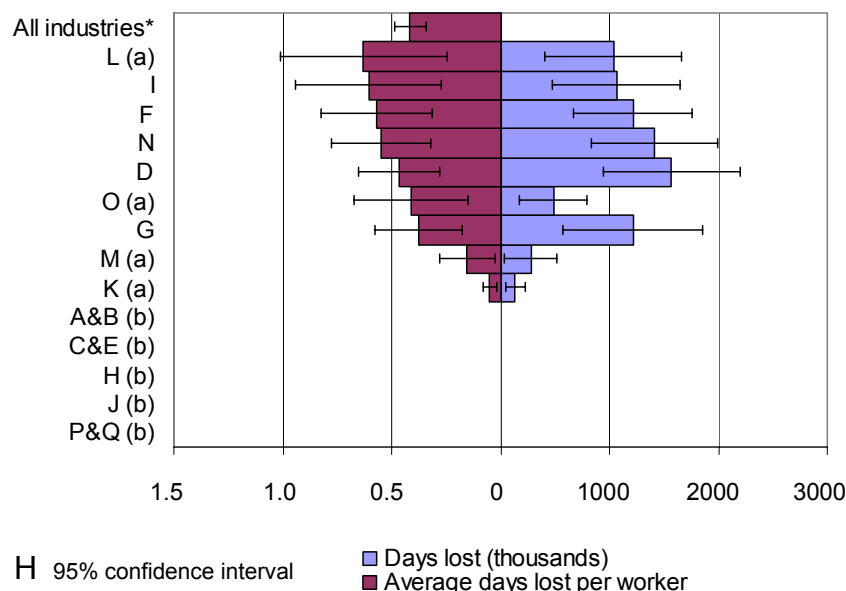
- | | | | |
|---|--|---|--|
| 8 | Process, plant and machine operatives | 7 | Sales and customer service occupations |
| 6 | Personal service occupations | 4 | Administrative and secretarial occupations |
| 5 | Skilled trades occupations | 1 | Managers and senior officials |
| 3 | Associate professional and technical occupations | 2 | Professional occupations |
| 9 | Elementary occupations | | |

All major groups carried average rates (days lost *per worker*), with the exception of managers and senior officials (major group 1 - 0.19 days, CI: 0.086 to 0.29 days) and professional occupations (major group 2 - between 0.010 and 0.043 days), where rates were statistically significantly lower than the rate across all occupations. These two groups also carried below average rates in 2001/02 and 2003/04. Furthermore, all major groups carried rates of a similar order (not statistically significantly different) in all three surveys with the exception of professional occupations (major group 2), where the rate in was lower in 2004/05 than in 2001/02 and 2003/04.

Industry

Table MSDIND5 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdind5.htm>) shows the amount of time that individuals took off work in 2004/05 which was associated with musculoskeletal disorders caused or made worse by *any job*, by industry section. Table MSDIND6 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdind6.htm>) and Figure 4.15 present the amount of time that individuals took off work due to musculoskeletal disorders caused or made worse by *the current or most recent job* and the corresponding average time off per worker.

Figure 4.15: Estimated days (full-day equivalent) off work and associated average days lost per worker in 2004/05 due to self-reported musculoskeletal disorders caused or made worse by the current or most recent job, by industry section



Notes:

* The estimated working days lost of 9.6 million (CI: 7.9 to 11.3 million) for all musculoskeletal disorders caused or made worse by the current or most recent job in the last year is too large to be conveniently shown in this figure.

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

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

See Table MSDIND6 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdind6.htm>) for detailed data.

See Appendix 5 for more details on Standard Industrial Classification.

See section 2.9 and Appendix 3.2 for more details on days lost calculations.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

L	Public administration and defence; compulsory social security	M	Education
I	Transport, storage and communication	K	Real estate, renting and business activities
F	Construction	A&B	Agriculture, hunting, forestry and fishing
N	Health and social work	C&E	Extractive and utility supply industries
D	Manufacturing	H	Hotels and restaurants
O	Other community, social and personal service activities	J	Financial intermediation
G	Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods	P&Q	Other

Where sample numbers were sufficiently large to provide reliable estimates, all industry sections carried average rates, with the exception of real estate, renting and business activities (section K - between 0.017 and 0.082 days) and education (section M - between 0.021 to 0.28 days), where rates were statistically significantly lower than the rate for all industries.

In all three surveys, where sample cases are sufficiently large to provide reliable estimates, all section rates were of a similar order (not statistically significantly different), except in real estate, renting and business activities (section K), where the rate was lower in 2004/05 than in 2001/02. No industry section carried rates that were consistently high or low in all three surveys, but construction (section F) carried above average rates in 2001/02 and 2003/04, and real estate, renting and business activities (section K) carried below average rates in 2003/04 and 2004/05.

Size of workplace

The amount of time that individuals took off work on account of work-related musculoskeletal disorders by workplace size is shown in Table MSDSIZE5 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdsize5.htm>). In 2004/05, the average number of days lost *per worker* due to work-related musculoskeletal disorders was statistically significantly higher for workplaces with at least 25 employees (0.47 days, CI: 0.38 to 0.57 days) than for those with 1-24 employees (0.28 days, CI: 0.17 to 0.39 days). This was also true when comparing workplaces of 1 to 49 people (0.32 days, CI: 0.22 to 0.42 days) and at least 50 people (0.49 days, CI: 0.38 to 0.60 days). However, in 2001/02 and 2003/04 the pattern differed, rates were of a similar order (not statistically significantly different) when comparing corresponding groups.

The estimated number of days off work and associated days lost *per worker* for small, medium and large workplaces is presented in Table MSDSIZE6 (<http://www.hse.gov.uk/statistics/swi/tables/0405/msdsize6.htm>), for 2003/04 and 2004/05 only; LFS response categories in 2001/02 did not allow such an analysis. Small workplaces are defined as those having less than 50 employees, medium have between 50 and 249 employees, whilst large workplaces employ at least 250 employees. All three groups carried rates of a similar order (not statistically significantly different) in 2004/05. A similar pattern was followed in 2003/04.

5. MUSCULOSKELETAL DISORDERS (BONE, JOINT OR MUSCLE PROBLEMS) MAINLY AFFECTING THE BACK

- In 2004/05, an estimated 452 000 (CI: 422 000 to 483 000) 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 1.1% (CI: 0.98% to 1.1%) of people who have *ever* worked in Great Britain, similar (not statistically significantly different) to the estimated rate of 1.1% (CI: 1.0% to 1.2%) in 2003/04, but statistically significantly lower than that of 1.2% (CI: 1.1% to 1.3%) in 2001/02.
- In total, an estimated 18% of sufferers, 80 000 (CI: 67 000 to 93 000) 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 0.26% (CI: 0.21% to 0.30%) of people 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 rate of 0.23% (CI: 0.19% to 0.27%) in 2003/04, but was statistically significantly lower than that of 0.33% (CI: 0.28% to 0.37%) in 2001/02.
- An estimated 4.5 million (CI: 3.4 to 5.6 million) working days (full-day equivalent) were lost in 2004/05 through musculoskeletal disorders mainly affecting the back caused or made worse by work. On average, each person suffering took an estimated 17.4 (CI: 13.5 to 21.3) days off in that 12 month period. This equates to an annual loss of 0.19 days (CI: 0.15 to 0.24 days) *per worker*, which was of a similar order (not statistically significantly different) to the corresponding rates of 0.21 (CI: 0.17 to 0.26) in 2003/04 and 0.24 (CI: 0.19 to 0.29) in 2001/02.

5.1 PREVALENCE AND INCIDENCE

5.1.1 Individual characteristics

This subsection concentrates on prevalence (long standing as well as new cases) estimates and rates for people who have *ever* been employed. Only overall incidence (new cases) estimates and rates are provided: estimates are based on the *ever* worked and rates on individuals who *worked in the last 12 months*. Sample numbers were not sufficiently large to provide a more detailed incidence analysis, but further information relating to work-related musculoskeletal disorders (regardless of site) can be found in section 4.1.

Around 45% of people suffering from a work-related musculoskeletal disorder in 2004/05, an estimated 452 000 (CI: 422 000 to 483 000) people, were suffering from a condition which mainly affected their back. This equates to an estimated 1.1% (CI: 0.98% to 1.1%) of people in Great Britain who have ever worked, similar (not statistically significantly different) to the estimated rate of 1.1% (CI: 1.0% to 1.2%) in 2003/04, but statistically significantly lower than that of 1.2% (CI: 1.1% to 1.3%) in 2001/02.

Some 18% of the estimated prevalence of work-related musculoskeletal disorders mainly affecting the back in 2004/05 were *incidence* cases, an estimated 80 000 (CI: 67 000 to 93 000) people who have ever been employed (see Tables TYPESEX1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex1.htm>) and TYPESEX2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex2.htm>) and Figure 3.7). This equates to an estimated 0.26% (CI: 0.21% to 0.30%) of people who worked in the last 12 months who became aware of the disorder in that period. The 2004/05 incidence rate was similar (not statistically significantly different) to the corresponding rate of 0.23% (CI: 0.19% to 0.27%) in 2003/04, but was statistically significantly lower than that of 0.33% (CI: 0.28% to 0.37%) in 2001/02.

Table 5A: Summary of overall prevalence and incidence estimates and associated rates of self-reported musculoskeletal disorders mainly affecting the back caused or made worse by work, 2004/05, 2003/04 and 2001/02

Year	Sample cases	Central estimate	95% C.I.	
			lower	upper
2004/05				
Prevalent cases				
Estimated prevalence (thousands) for people ever employed	882	452	422	483
Rate per 100 ever employed	882	1.1	0.98	1.1
Incident cases				
Estimated incidence (thousands) for people ever employed	151	80	67	93
Estimated incidence (thousands) for people employed in the last 12 months	142	75	62	88
Rate per 100 employed in the last 12 months	142	0.26	0.21	0.30
2003/04				
Prevalent cases				
Estimated prevalence (thousands) for people ever employed	937	468	437	499
Rate per 100 ever employed	937	1.1	1.0	1.2
Incident cases				
Estimated incidence (thousands) for people ever employed	146	74	62	86
Estimated incidence (thousands) for people employed in the last 12 months	132	67	55	79
Rate per 100 employed in the last 12 months	132	0.23	0.19	0.27
2001/02				
Prevalent cases				
Estimated prevalence (thousands) for people ever employed	1111	507	477	538
Rate per 100 ever employed	1111	1.2	1.1	1.3
Incident cases				
Estimated incidence (thousands) for people ever employed	212	100	87	114
Estimated incidence (thousands) for people employed in the last 12 months	197	94	80	107
Rate per 100 employed in the last 12 months	197	0.33	0.28	0.37

Notes:

See sections 2.7 and 2.8 and Appendix 3.2 for more details on relevant estimates and rates. The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

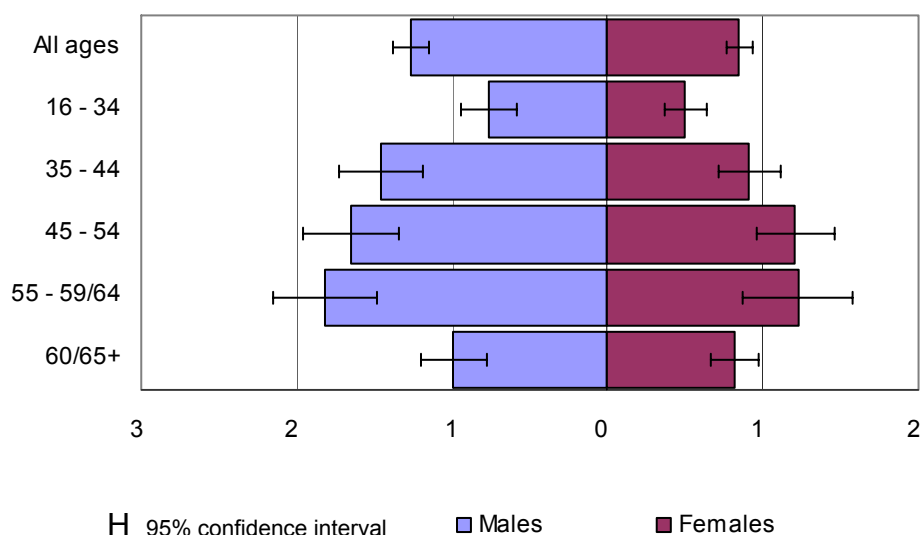
Age and gender

Table BACKAGE1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/backage1.htm>) and Figure 5.1 provide a breakdown of prevalence by five age groups and gender. An estimated 264 000 (CI: 241 000 to 288 000) males suffered from a work-related musculoskeletal disorder mainly affecting the back in 2004/05, compared with an estimated 188 000 (CI: 169 000 to 207 000) females.

Males carried a statistically significantly higher rate of musculoskeletal disorders mainly affecting the back than females - an estimated 1.3% (CI: 1.2% to 1.4%) and 0.85% (CI: 0.76% to 0.93%) of males and females ever employed respectively. The patterns for males and females in 2001/02 and 2003/04 were similar to those in 2004/05.

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 to 64 years for males and 55 to 59 years for females) and the 45-54 year age group. The rates were statistically significantly higher than the overall rate for the relevant gender. 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 rates.

Figure 5.1: Estimated 2004/05 prevalence rates (%) of self-reported musculoskeletal disorders mainly affecting the back caused or made worse by work, by age and gender, for people ever employed



Notes:

See Table BACKAGE1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/backage1.htm>) for detailed data.

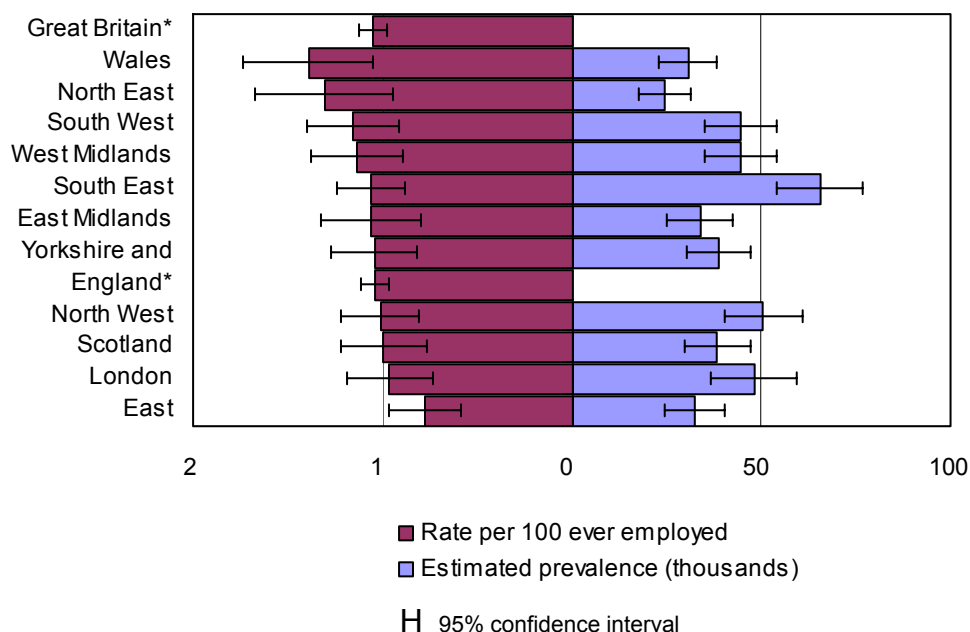
See section 2.7 and Appendix 3.2 for more details on prevalence rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Country and region

For people ever employed, the rates of work-related musculoskeletal disorders mainly affecting the back in England, Wales and Scotland were similar (not statistically significantly different) in 2004/05, although the rate for Wales (1.4%, CI: 1.0% to 1.7%) was statistically significantly higher than that for Great Britain (1.1%, CI: 0.98% to 1.1%). Within England, all regions carried similar rates, with the exception of the East, where an estimated 0.78% (CI: 0.59% to 0.97%) people ever employed suffered in 2004/05 from a musculoskeletal disorder mainly affecting the back. This rate was statistically significantly lower than the rate of 1.0% (CI: 0.96% to 1.1%) for England and the rate for Great Britain (Table BACKGOR1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/backgor1.htm>) and Figure 5.2).

Figure 5.2: Estimated 2004/05 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



Notes:

* The national estimated prevalence of 452 000 (CI: 422 000 to 483 000) for Great Britain and 383 000 (CI: 355 000 to 411 000) for England are too large to be conveniently shown in this figure. See Table BACKGOR1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/backgor1.htm>) for detailed data. See section 2.7 and Appendix 3.2 for more details on prevalence estimates and rates. The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Table 5B: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported musculoskeletal disorders mainly affecting the back caused or made worse by work, by country and government office region with the corresponding average for Great Britain, for people who have ever worked

Country/Government office region	Whether rates statistically significantly higher/lower than GB average		
	SWI01/02	SWI03/04	SWI04/05
England	No	No	No
North East	No	Higher	No
North West	No	No	No
Yorkshire and the Humber	No	No	No
East Midlands	No	No	No
West Midlands	No	No	No
East	No	No	Lower
London	No	No	No
South East	No	Lower	No
South West	Higher	No	No
Wales	No	No	Higher
Scotland	No	Lower	No
Great Britain	..	..	..

Note:

Not applicable

Tables 5B and 5C compare SWI04/05 prevalence rates of work-related musculoskeletal disorders mainly affecting the back with corresponding results from SWI03/04 and SWI01/02, by country and government office region within England. Table 5B indicates whether these rates were statistically significantly above or below the corresponding average for Great Britain, and Table 5C shows whether the rates from the three surveys were statistically significantly different.

Table 5C: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported musculoskeletal disorders mainly affecting the back caused or made worse by work, by country and government office region, for people who have ever worked

Country/Government office region	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
England	No	Lower	No
North East	Lower	No	Higher
North West	No	No	No
Yorkshire and the Humber	No	No	No
East Midlands	No	No	No
West Midlands	No	No	No
East	No	Lower	No
London	No	No	No
South East	No	No	Lower
South West	No	Lower	No
Wales	No	No	No
Scotland	No	No	No
Great Britain	No	Lower	No

The rates for Wales and Scotland were of a similar order in all three surveys (not statistically significantly different in 2001/02, 2003/04 and 2004/05), but the rate for England was statistically significantly lower in 2004/05 than in 2001/02. Within England, most regions had rates of a similar order in the three surveys (not statistically significantly different in 2001/02, 2003/04 and 2004/05), except for the North East, the East, the South East and the South West. The rates for the East and South West were lower in 2004/05 than in 2001/02, as was the 2003/04 rate for the South East. The pattern for the North East is less clear: the rate was lower in 2004/05 than in 2003/04, which in turn was higher than in 2001/02. All differences were statistically significant.

5.1.2 Employment details (of job causing or making complaint worse)

As previously mentioned (see subsection 3.1.3), to allow for comparisons with SWI03/04, the employment-related prevalence and incidence estimates and associated rates are restricted to the *current or most recent job* in the last 12 months, and illnesses associated with these jobs. Therefore this subsection relates to work-related musculoskeletal disorders mainly affecting the back associated with these jobs (see Appendix 3.2). In addition, prevalence and incidence estimates of musculoskeletal disorders mainly affecting the back ascribed to the current or any past job for people *ever employed*, by occupation and industry, are also presented, for 2004/05 only. This level of information was not collected in earlier surveys.

Table 5D: Estimated 2004/05 prevalence of self-reported musculoskeletal disorders mainly affecting the back, by job causing or making complaint worse, for people ever employed

Which job	Sample cases	Estimated prevalence (thousands)		
		95% C.I.		
		central	lower	upper
Main current job	365	193	172	213
Second job	2	*	*	*
Last job +	23	12	7	17
Some other job	489	245	223	267
Missing	3	..	..	..
All persons	882	452	422	483

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates

Figures in italics are estimates based on fewer than 30 sample cases.

+ In the last 12 months.

See section 2.7 and Appendix 3.2 in the 'Self-reported work-related illness in 2004/05' (SWI04/05) report for more details on prevalence estimates.

The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

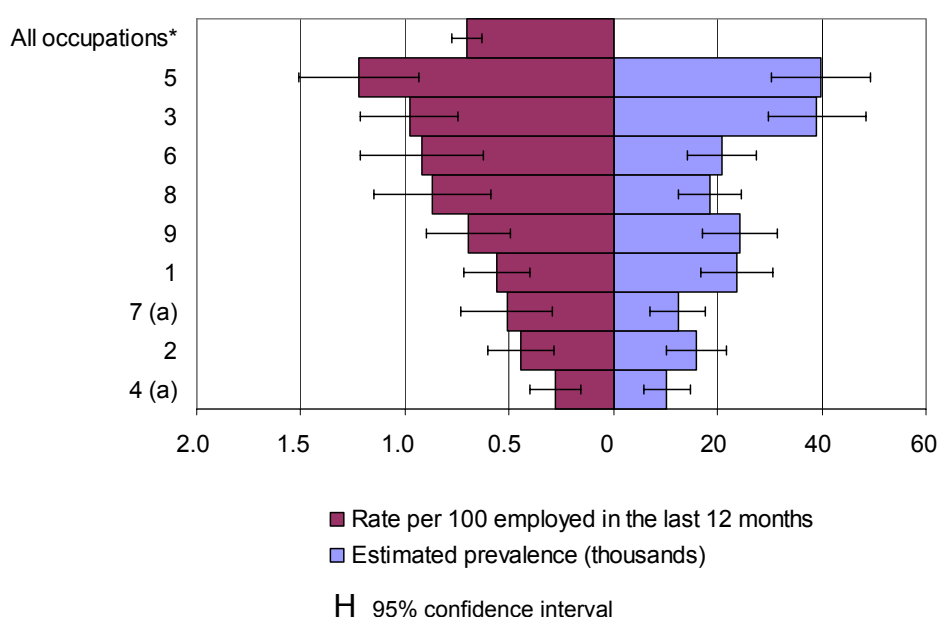
In 2004/05, two-fifths of the estimated number of people with a musculoskeletal disorder mainly affecting the back, an estimated 193 000 (CI: 172 000 to 213 000) people, were still in the job (main current job) which they believe caused or made their illness worse (Table 5D). In total, an estimated 205 000 (CI: 184 000 to 226 000) people ascribed their musculoskeletal disorder which mainly affected their back to their *current or most recent job* in the last 12 months, equating to 0.70% (CI: 0.63% to 0.78%) of people working in this period. This rate will be used to assess whether certain employment-related groupings have above or below average rates i.e. whether specific prevalence rates e.g. occupation groups are statistically significantly different from the overall average rate.

The prevalence rate the *current or most recently* working in the last 12 months was statistically significantly lower in 2003/04 and 2004/05 than in 2001/02.

Occupation

Tables BACKOCC1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/backocc1.htm>) and BACKOCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/backocc2.htm>) and Figure 5.3 provide a detailed occupational breakdown by major occupational group (see Appendix 4 for further information about the occupational classification). Table BACKOCC1 shows prevalence estimates of self-reported musculoskeletal disorders mainly affecting the back ascribed to the current or any past job, for people *ever employed*. Table BACKOCC2 and Figure 5.3 present prevalence estimates and rates of musculoskeletal disorders mainly affecting the back associated with the *current or most recent job in the last 12 months* (see section 2.7 and Appendix 3.2 for more details about the calculation of rates).

Figure 5.3: Estimated 2004/05 prevalence and rates (%) of self-reported musculoskeletal disorders mainly affecting the back caused or made worse by current or most recent job, by occupational major group, for people working in the last 12 months



Notes:

* The national estimated prevalence of 205 000 (CI: 184 000 to 226 000) for all musculoskeletal disorders mainly affecting the back caused or made worse by the current or most recent job in the last 12 months is too large to be conveniently shown in this figure.

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

See Table BACKOCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/backocc2.htm>) for detailed data.

See Appendix 4 for more details on Standard Occupational Classification.

See section 2.7 and Appendix 3.2 for more details on prevalence estimates and rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

5	Skilled trades occupations	1	Managers and senior officials
3	Associate professional and technical occupations	7	Sales and customer service occupations
6	Personal service occupations	2	Professional occupations
8	Process, plant and machine operatives	4	Administrative and secretarial occupations
9	Elementary occupations		

Examining the major occupational groups, skilled trades occupations (major group 5 - 1.2%, CI: 0.93% to 1.5%) and associate professional and technical occupations (major group 3 - 0.98%, CI: 0.75% to 1.2%) carried above average rates. Both were statistically significantly higher than the overall rate.

As more detailed results are only available, where sample numbers are sufficiently large, for certain sub-major and minor occupational groups (see Appendix 4 for occupational descriptions), these have not been presented in Table BACKOCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/backocc2.htm>). However, where sample numbers were sufficiently large to provide reliable estimates, occupational sub-major groups and corresponding minor groups carrying rates which were statistically significantly higher than the rate for all occupations were: health and social welfare associate professionals (sub-major group 32 - 2.0%, CI: 1.4% to 2.6%), in particular health associate professionals (minor group 321 - between 1.4% and 3.1%); skilled construction and building trades (sub-major group 53 - 1.5%, CI: 0.98% to 2.1%), in particular construction trades (minor group 531 - between 0.92% and 2.2%); and transport and mobile machine drivers and operatives (sub-major group 82 - 1.2%, C.I. 0.71% to 1.6%), in particular transport drivers and operatives (minor group 821 - between 0.75% and 1.8%). Healthcare and related personal services (minor group 611 - between 0.72% and 1.8%) also carried a rate which was statistically significantly higher than that for all occupations. Sample numbers were too small to provide prevalence rates for occupational unit groups, except for nurses (unit group 3211) where the rate of between 1.3% and 3.2% was statistically significantly higher than the rate across all occupations.

At the other end of the scale, again where sample numbers were sufficiently large to provide reliable estimates, the occupational major groups carrying rates which were statistically significantly lower than the rate for all occupations were administrative and secretarial occupations (major group 4 - between 0.16% and 0.40%) and professional occupations (major group 2 - 0.45%, C.I. 0.29% to 0.61%).

Tables 5E and 5F and Figure 5.4 compare SWI04/05 prevalence rates with corresponding results from SWI01/02 and SWI03/04, by occupational major group. Table 5E indicates whether these rates were statistically significantly above or below the corresponding average across all occupations, and Table 5F shows whether the rates from the three surveys were statistically significantly different.

Table 5E: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported musculoskeletal disorders mainly affecting the back caused or made worse by the current or most recent job, by occupational major group with the corresponding average for all occupations, for people working in the last 12 months

Occupation description +	Major group	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Managers and senior officials	1	No	Lower	No
Professional occupations	2	Lower	No	Lower
Associate professional and technical occupations	3	Higher	No	Higher
Administrative and secretarial occupations	4	Lower	*	Lower [#]
Skilled trades occupations	5	Higher	Higher	Higher
Personal service occupations	6	No	No	No
Sales and customer service occupations	7	No	Lower [#]	No [#]
Process, plant and machine operatives	8	Higher	Higher	No
Elementary occupations	9	Lower	No	No
All occupations	..	..	..	..

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 4 for details of Standard Occupational Classification

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

The rate for associate professional and technical occupations (major group 3) was statistically significantly lower in 2003/04 than in 2001/02. Where sample numbers are sufficiently large to provide reliable estimates, the rates for all remaining occupational major groups were of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02); rates for skilled trades occupations (major group 5) were consistently high in all three surveys.

Table 5F: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported musculoskeletal disorders mainly affecting the back caused or made worse by the current or most recent job, by occupational major group, for people working in the last 12 months

Occupation description +	Major group	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Managers and senior officials	1	No	No	No
Professional occupations	2	No	No	No
Associate professional and technical occupations	3	No	No	Lower
Administrative and secretarial occupations	4	*	No [#]	*
Skilled trades occupations	5	No	No	No
Personal service occupations	6	No	No	No
Sales and customer service occupations	7	No [#]	No [#]	No [#]
Process, plant and machine operatives	8	No	No	No
Elementary occupations	9	No	No	No
All occupations		No	Lower	Lower

Notes:

* Sample numbers too small to provide reliable estimates.

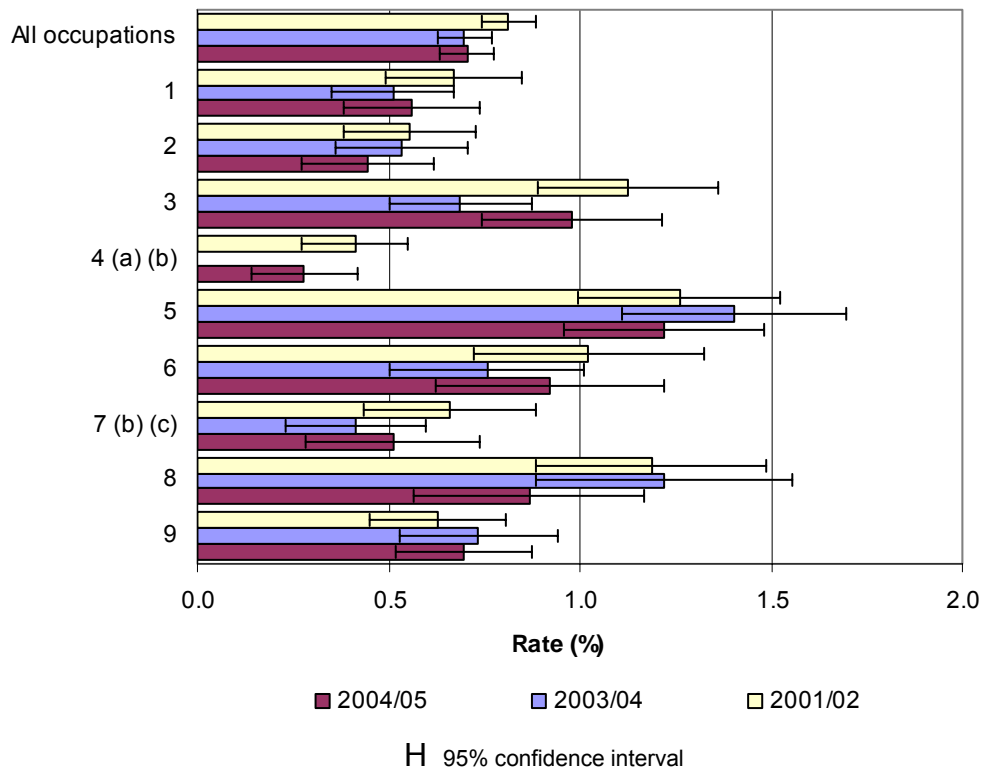
Rates based on fewer than 30 sample cases.

+ See Appendix 4 for details of Standard Occupational Classification

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Figure 5.4: Estimated prevalence rates (%) of self-reported musculoskeletal disorders mainly affecting the back caused or made worse by the current or most recent job, by occupational major group, for people working in the last 12 months, 2004/05, 2003/04 and 2001/02



Notes:

(a) 2003/04 sample numbers too small to provide reliable rates
 (b) 2004/05 rates based on fewer than 30 sample cases
 (c) 2003/04 rates based on fewer than 30 sample cases
 See Table BACKOCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/backocc2.htm>) for detailed data.
 See Appendix 4 for more details on Standard Occupational Classification.
 See section 2.7 and Appendix 3.2 for more details on prevalence rates.
 The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

- | | |
|--|--|
| 1 Managers and senior officials | 6 Personal service occupations |
| 2 Professional occupations | 7 Sales and customer service occupations |
| 3 Associate professional and technical occupations | 8 Process, plant and machine operatives |
| 4 Administrative and secretarial occupations | 9 Elementary occupations |
| 5 Skilled trades occupations | |

Industry

Table BACKIND1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/backind1.htm>) shows the estimated prevalence of work-related musculoskeletal disorders mainly affecting the back ascribed to the current or any past job, by industry section, for people *ever employed*. For people working in the last 12 months, Table BACKIND2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/backind2.htm>) 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 (see Appendix 5 for more details about the industrial classification).

Where sample sizes are large enough to provide reliable estimates, the industries carrying the highest rates in 2004/05 were construction (section F), health and social work (section N) and transport, storage and communication (section I), with estimated prevalence rates of 1.2% (CI: 0.83% to 1.5%), 1.2% (CI: 0.89% to 1.4%) and 1.0% (CI: 0.71% to 1.3%) respectively. All three rates were statistically significantly higher than the rate across all industries.

At the other end of the scale, industries carrying the lowest rates were wholesale and retail trade (section G - 0.44%, CI: 0.30% to 0.59%), in particular retail trade, except of motor vehicles and motorcycles: repair of personal and household goods (division 52 - 0.49%, CI: 0.31% to 0.66%); education (section M - between 0.29% and 0.68%) and real estate, renting and business activities (section K - between 0.32% and 0.71%). The rates for these industries were statistically significantly lower than the rate across all industries.

Table 5G: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported musculoskeletal disorders mainly affecting the back caused or made worse by the current or most recent job with the corresponding average for all industries, by industry section, for people working in the last 12 months

Industry description +	Section	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Agriculture, hunting, forestry and fishing	A&B	*	*	*
Agriculture, hunting and forestry	A	*	*	*
Fishing	B	*	*	*
Extractive and utility supply	C&E	*	*	*
Mining and quarrying	C	*	*	*
Electricity, gas and water supply	E	*	*	*
Manufacturing	D	No	No	No
Construction	F	Higher	Higher	Higher
Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods	G	Lower	Lower	Lower
Hotels and restaurants	H	*	*	*
Transport, storage and communication	I	No	Higher	Higher
Financial intermediation	J	*	*	*
Real estate, renting and business activities	K	Lower [#]	Lower	Lower [#]
Public administration and defence; compulsory social security	L	No	No [#]	No [#]
Education	M	No	No	Lower [#]
Health and social work	N	Higher	No	Higher
Other community, social and personal service activities	O	No [#]	*	*
Other	P&Q	*	*	*
Private households with employed persons	P	*	*	*
Extra-territorial organisations and bodies	Q	*	*	*
All industries	..	..	..	..

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 5 for details of Standard Industrial Classification

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Tables 5G and 5H compare SWI04/05 prevalence rates with corresponding results from SWI01/02 and SWI03/04, by industry section. Table 5G indicates whether these rates were statistically significantly above or below the corresponding average across all industries, and Table 5H shows whether the rates from the three surveys were statistically significantly different.

Table 5H: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported musculoskeletal disorders mainly affecting the back caused or made worse by the current or most recent job, by industry section, for people working in the last 12 months

Industry description +	Section	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Agriculture, hunting, forestry and fishing	A&B	*	*	*
Agriculture, hunting and forestry	A	*	*	*
Fishing	B	*	*	*
Extractive and utility supply	C&E	*	*	*
Mining and quarrying	C	*	*	*
Electricity, gas and water supply	E	*	*	*
Manufacturing	D	No	No	No
Construction	F	No	No	No
Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods	G	No	No	No
Hotels and restaurants	H	*	*	*
Transport, storage and communication	I	No	No	No
Financial intermediation	J	*	*	*
Real estate, renting and business activities	K	No [#]	No [#]	No [#]
Public administration and defence; compulsory social security	L	No [#]	No [#]	No [#]
Education	M	No [#]	No [#]	No
Health and social work	N	No	No	Lower
Other community, social and personal service activities	O	*	*	*
Other	P&Q	*	*	*
Private households with employed persons	P	*	*	*
Extra-territorial organisations and bodies	Q	*	*	*
All industries		No	Lower	Lower

Notes:

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 5 for details of Standard Industrial Classification

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Where sample numbers were sufficiently large to provide reliable estimates, rates for all sections were of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02), except health and social work (section N), where the rate was statistically significantly lower in 2003/04 than in 2001/02. The rates for construction (section F) were consistently high in all three surveys, whereas the rates for wholesale and retail trade (section G) and real estate, renting and business activities (section K) were consistently low.

Size of workplace

Table BACKSIZE1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/backsize1.htm>) shows the estimated prevalence and rates, by workplace size, of self-reported musculoskeletal disorders mainly affecting the back, associated with the current or most recent job the last 12 months. In 2004/05, the rate for the self-employed (on own or with partner(s), but no employees), at 0.99% (CI: 0.71% to 1.3%) was statistically significantly higher than the rates for workplaces with 1-24 employees (0.55%, CI: 0.44% to 0.66%) and 1-49 employees (0.58%, CI: 0.49% to 0.68%). Furthermore, the rate for the size band '1-24 employees' was lower than that for the size band '25+ employees' (0.75%, CI: 0.65% to 0.85%), as was the rate for the size band '1-49 employees' (0.58%, CI: 0.49% to 0.68%) compared with that for the size band '50+ employees' (0.77%, CI: 0.66% to 0.88%). The differences were statistically significant.

In 2001/02, the self-employed (on own or with partner(s), but no employees) carried a rate that was statistically significantly higher than the rate in each of the groups '1-24 employees', '25+ employees' and '1-49 employees', whereas the pattern for the self-employed in 2003/04 was similar to that in 2004/05 (see above). Unlike in 2004/05, the rates for the groups '1-24 employees' and '25+ employees' and those for '1-49 employees' and '50+ employees' were of a similar order (not statistically significant different) in 2001/02 and 2003/04.

Results are also provided for small, medium and large workplaces for 2004/05 and 2003/04 only (LFS response categories in 2001/02 did not allow such an analysis). In 2004/05, the rates for small (less than 50 employees), medium (50 to 249 employees), and large (at least 250 employees) workplaces (see Table BACKSIZE2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/backsize2.htm>)) were of a similar order (not statistically significantly different). The rates for small, medium and large workplaces were also of a similar order in 2003/04.

5.2 WORKING DAYS LOST

For people who worked in the last 12 months and suffered from a work-related musculoskeletal disorder mainly affecting the back in that period, Table 5I gives the estimated 2004/05 prevalence of such disorders by the length of time that sufferers took off work on account of them. Around two-fifths of sufferers, an estimated 115 000 (CI: 99 000 to 130 000) people, took no time off work because of their complaint.

Table 5I: Estimated 2004/05 prevalence of self-reported musculoskeletal disorders mainly affecting the back caused or made worse by work, by time taken off work in the last 12 months because of the complaint

Days off work in the last 12 months +	Sample cases #	Estimated prevalence (thousands)		
		central	lower	upper
No time off work	217	115	99	130
Time off work	279	145	128	162
Less than one day	13	*	*	*
1 to 3 days	77	41	32	50
4 to 9 days	62	33	25	41
10 to 21 days	44	23	16	30
22 to 65 days	41	19	13	26
66 to 131 days	22	12	7	16
132 to 197 days	8	*	*	*
198 or more days	12	*	*	*
All persons	496	260	236	283

Notes:

* Sample numbers too small to provide reliable estimates

Figures in italics are estimates based on fewer than 30 sample cases.

+ Working days lost are expressed in the form of full-day equivalent working days. More details can be found in section 2.9 and Appendix 3.2 of the 'Self-reported work-related illness in 2004/05' (SWI04/05) report.

See section 2.7 and Appendix 3.2 in the 'Self-reported work-related illness in 2004/05' (SWI04/05) report for more details on prevalence estimates.

Estimates of days lost were imputed for 3 cases who did not respond to the 'time off' question. Corresponding prevalence estimates for each sample case have been distributed between 'no time taken off' and the relevant time taken off' category.

Hence, the 3 sample cases have been included twice.

The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

In 2004/05, an estimated 145 000 (CI: 128 000 to 162 000) individuals took an estimated 4.5 million (CI: 3.4 to 5.6 million) days off work (full-day equivalent) on account of work-related musculoskeletal disorders which mainly affected the back, around two-fifths of all working days lost due to work-related musculoskeletal disorders. On average, each *sufferer* took 17.4 (CI: 13.5 to 21.3) days (full-day equivalent) off work (in the 12 month period) because of a musculoskeletal disorder mainly affecting the back (Table 5J). Furthermore, each *worker* took 0.19 days (CI: 0.15 to 0.24 days) (full-day equivalent) off work because of such complaints (includes people without a disorder). In 2004/05, average days lost *per worker* and days lost *per case* were of a similar order (not statistically significantly different) to the corresponding rates in 2001/02 and 2003/04. More details about the calculations can be found in section 2.9 and the technical note located in Appendix 3.2.

Sample numbers are not sufficiently large to provide a more detailed analysis, but further information on days lost due to work-related musculoskeletal disorders (regardless of site) can be found in section 4.2 (working days lost).

Table 5J: Summary of overall days lost (full-day equivalent) estimates and rates due to self-reported musculoskeletal disorders mainly affecting the back caused or made worse by work, 2004/05, 2003/04 and 2001/02

Year	Sample cases #	Central estimate	95% C.I.		
			lower	upper	
2004/05					
	Prevalent cases				
	Estimated days lost (thousands)	279	4512	3425	5598
	Average days lost per case+	279	17.4	13.5	21.3
	Average days lost per worker	279	0.19	0.15	0.24
2003/04					
	Prevalent cases				
	Estimated days lost (thousands)	310	4897	3802	5992
	Average days lost per case+	310	18.7	14.9	22.6
	Average days lost per worker	310	0.21	0.17	0.26
2001/02					
	Prevalent cases				
	Estimated days lost (thousands)	380	5471	4404	6539
	Average days lost per case+	380	18.7	15.4	22.0
	Average days lost per worker	380	0.24	0.19	0.29

Notes:

For people taking time off work.

+ "case" refers to persons suffering from a work-related illness.

See sections 2.9 and Appendix 3.2 for more details on days lost calculations.

The estimates in this table take account of recent revisions made to the Great Britain population estimates following the 2001 Census.

6. MUSCULOSKELETAL DISORDERS (BONE, JOINT OR MUSCLE PROBLEMS) MAINLY AFFECTING THE UPPER LIMBS OR NECK

- In 2004/05, an estimated 375 000 (CI: 347 000 to 402 000) 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 0.87% (CI: 0.81% to 0.94%) of people who have *ever* worked in Great Britain and is statistically significantly lower than the corresponding rate of 1.0% (CI: 0.97% to 1.1%) in 2003/04, but similar (not statistically significantly different) to that of 0.91% (CI: 0.85% to 0.97%) in 2001/02.
- In total, an estimated 25% of sufferers, 93 000 (CI: 79 000 to 108 000) 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 0.29% (CI: 0.25% to 0.34%) of people 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 equivalent rates of 0.31% (CI: 0.26% to 0.36%) in 2003/04 and 0.30% (CI: 0.26% to 0.35%) in 2001/02.
- An estimated 4.7 million (CI: 3.5 to 6.0 million) working days (full-day equivalent) were lost in 2004/05 through musculoskeletal disorders mainly affecting the upper limbs or neck caused or made worse by work. On average, each person suffering took an estimated 21.7 (CI: 16.3 to 27.0) days off in that 12 month period. This equates to an annual loss of 0.20 days (CI: 0.15 to 0.26 days) *per worker*, which was of a similar order (not statistically significantly different) to the corresponding rates of 0.21 (CI: 0.16 to 0.25) days in 2003/04 and 0.17 (CI: 0.14 to 0.21) days in 2001/02.

6.1 PREVALENCE AND INCIDENCE

6.1.1 Individual characteristics

This subsection concentrates on prevalence (long standing as well as new cases) estimates and rates for people who have *ever* been employed. Only overall incidence (new cases) estimates and rates are provided: estimates are based on the *ever* worked and rates on individuals who *worked in the last 12 months*. Sample numbers were not sufficiently large to provide a more detailed incidence analysis, but further information relating to work-related musculoskeletal disorders (regardless of site) can be found in section 4.1.

Just under two-fifths of people suffering from a work-related musculoskeletal disorder in 2004/05, an estimated 375 000 (CI: 347 000 to 402 000) people, were affected by a condition which mainly affected their upper limbs or neck (see Table TYPESEX1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex1.htm>) and Figure 3.7). An estimated 0.87% (CI: 0.81% to 0.94%) of people who had ever worked suffered from such a condition in that year. This rate was statistically significantly lower than the corresponding rate of 1.0% (CI: 0.97% to 1.1%) in 2003/04, but similar (not statistically significantly different) to that of 0.91% (CI: 0.85% to 0.97%) in 2001/02.

In total, a quarter of the estimated prevalence of work-related musculoskeletal disorders affecting the upper limbs or neck in 2004/05 were *incidence* cases, an estimated 93 000 (CI: 79 000 to 108 000) people who have ever been employed (see Tables TYPESEX1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex1.htm>) and TYPESEX2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex2.htm>) and Figure 3.7). This equates to an estimated 0.29% (CI: 0.25% to 0.34%) of people who worked in the last 12 months who

became aware of the disorder in that period. The rate was similar (not statistically significantly different) to the equivalent rates of 0.31% (CI: 0.26% to 0.36%) in 2003/04 and 0.30% (CI: 0.26% to 0.35%) in 2001/02.

Table 6A: Summary of overall prevalence and incidence estimates and associated rates of self-reported musculoskeletal disorders mainly affecting the upper limbs or neck caused or made worse by work, 2004/05, 2003/04 and 2001/02

Year	Sample cases	Central estimate	95% C.I.	
			lower	upper
2004/05				
Prevalent cases				
Estimated prevalence (thousands) for people ever employed	748	375	347	402
Rate per 100 ever employed	748	0.87	0.81	0.94
Incident cases				
Estimated incidence (thousands) for people ever employed	179	93	79	108
Estimated incidence (thousands) for people employed in the last 12 months	161	85	71	98
Rate per 100 employed in the last 12 months	161	0.29	0.25	0.34
2003/04				
Prevalent cases				
Estimated prevalence (thousands) for people ever employed	918	448	418	477
Rate per 100 ever employed	918	1.0	0.97	1.1
Incident cases				
Estimated incidence (thousands) for people ever employed	190	97	83	111
Estimated incidence (thousands) for people employed in the last 12 months	175	90	76	103
Rate per 100 employed in the last 12 months	175	0.31	0.26	0.36
2001/02				
Prevalent cases				
Estimated prevalence (thousands) for people ever employed	867	389	363	415
Rate per 100 ever employed	867	0.91	0.85	0.97
Incident cases				
Estimated incidence (thousands) for people ever employed	201	93	80	106
Estimated incidence (thousands) for people employed in the last 12 months	186	87	74	99
Rate per 100 employed in the last 12 months	186	0.30	0.26	0.35

Notes:

See sections 2.7 and 2.8 and Appendix 3.2 for more details on relevant estimates and rates.

The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

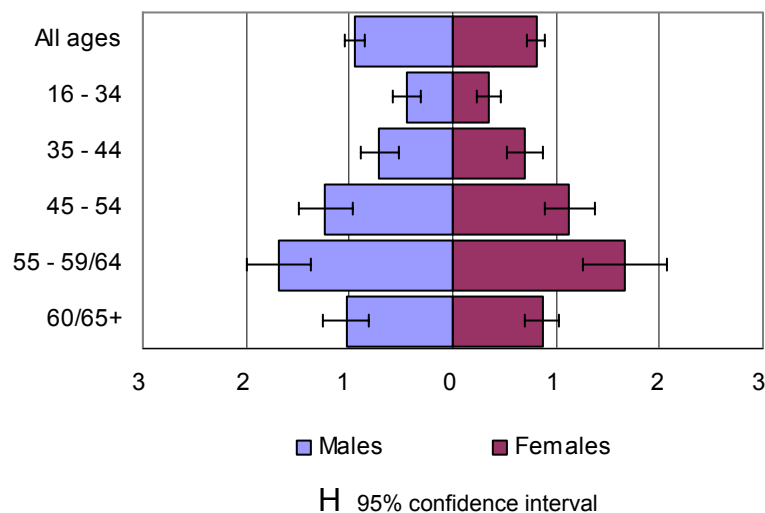
Age and gender

Table ULNAGE1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/ulnage1.htm>) and Figure 6.1 give a breakdown of the prevalence of work-related musculoskeletal disorders mainly affecting the upper limbs or neck, by five age groups and gender.

The overall rate for males (0.94%, CI: 0.85% to 1.0%) was statistically significantly higher than that for females (0.81%, CI: 0.72% to 0.89%) in 2004/05. Both of these rates were statistically significantly lower in 2004/05 than in 2003/04, but similar (not statistically significantly different) to in 2001/02. In 2003/04 and 2001/02, the rates for males and females were of a similar order (not statistically significantly different).

For both males and females, the age group carrying the highest rate was the oldest working age group (55-64 years for males and 55-59 years for females) - both carried rates of 1.7% (with respective confidence intervals of 1.4% to 2.0% and 1.3% to 2.1%). These rates were statistically significantly higher than the rates for each of the other age groups and, along with the respective rates of 1.2% (CI: 0.98% to 1.5%) and 1.1% (CI: 0.88% to 1.4%) for males and females aged 45-54 years, statistically significantly higher than the overall rate for the relevant gender. For both males and females, the youngest age group (16-34 years) carried the lowest rate - 0.44% (CI: 0.31% to 0.58%) and 0.35% (CI: 0.24% to 0.46%) respectively. Both rates were statistically significantly lower than the corresponding gender-specific rates in each of the other age groups and, along with the rate of 0.71% (CI: 0.53% to 0.90%) for males in the 35-44 year age group, lower than the overall rate for the relevant gender.

Figure 6.1: Estimated 2004/05 prevalence rates (%) of self-reported musculoskeletal disorders mainly affecting the upper limbs or neck, caused or made worse by work, by age and gender, for people ever employed



Notes:

See Table ULNAGE1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/ulnage1.htm>) for detailed data.

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

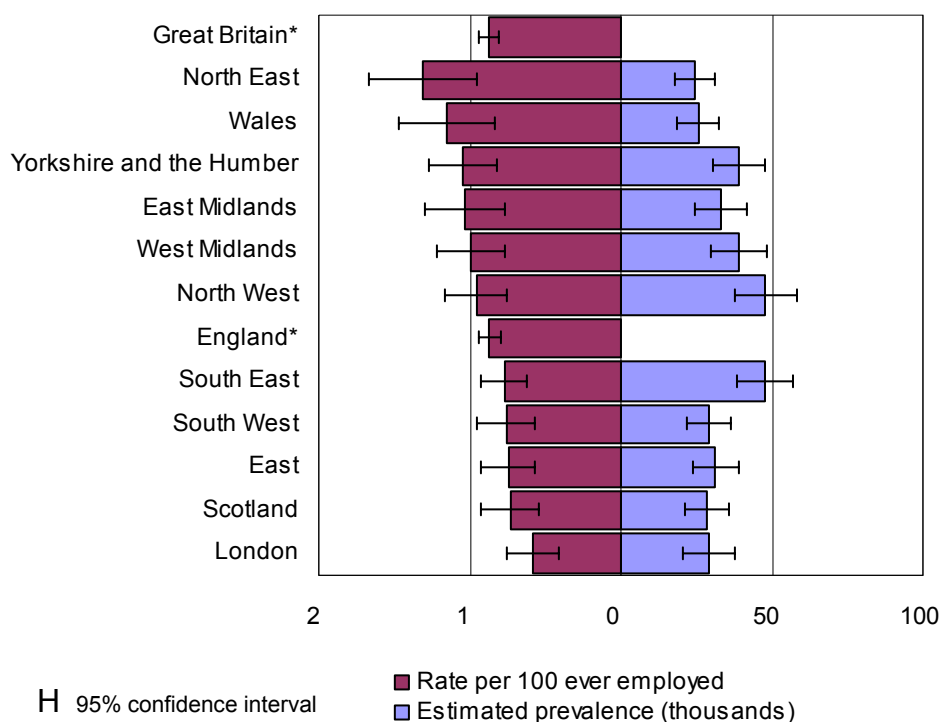
The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Country and region

The estimated prevalence rate of work-related musculoskeletal disorders mainly affecting the upper limbs or neck for people living in Scotland, at 0.74% (CI: 0.54% to 0.93%), was statistically significantly lower than the rate of 1.2% (CI: 0.84% to 1.5%) for people living in Wales (Table ULNGOR1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/ulngor1.htm>)) and

Figure 6.2) in 2004/05. Within England, the North East carried an above average rate for such a disorder, with an estimated 1.3% (CI: 0.96% to 1.7%) of people ever employed suffering. This rate was statistically significantly higher than the rates for England (0.87%, CI: 0.80% to 0.94%) and Great Britain (0.87%, CI: 0.81% to 0.94%). The rate of 0.59% (CI: 0.41% to 0.76%) for people living in London was statistically significantly lower than those for England and Great Britain.

Figure 6.2: Estimated 2004/05 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



Notes:

* The national estimated prevalence of 375 000 (CI: 347 000 to 402 000) for Great Britain and 321 000 (CI: 295 000 to 346 000) for England are too large to be conveniently shown in this figure.

See Table ULNGOR1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/ulngor1.htm>) for detailed data.

See section 2.7 and Appendix 3.2 for more details on prevalence estimates and rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Tables 6B and 6C compare SWI04/05 prevalence rates of work-related musculoskeletal disorders mainly affecting the upper limbs or neck with corresponding results from SWI03/04 and SWI01/02, by country and government office region within England. Table 6B indicates whether these rates were statistically significantly above or below the corresponding average for Great Britain, and Table 6C shows whether the rates from the three surveys were statistically significantly different.

The prevalence rate for England was lower in 2004/05 than in 2003/04, which was in turn higher than in 2001/02, whereas rates for Wales and Scotland were of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02). Within England, all regions had rates of a similar order in the three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02) except the South West, where the rate in 2004/05 was lower than in 2003/04 and 2001/02. All differences were statistically significant.

The North East had consistently high rates in the three surveys, whilst those in London were consistently low.

Table 6B: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence 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 with the corresponding average for Great Britain, for people who have ever worked

Country/Government office region	Whether rates statistically significantly higher/lower than GB average		
	SWI01/02	SWI03/04	SWI04/05
England	No	No	No
North East	Higher	Higher	Higher
North West	No	No	No
Yorkshire and the Humber	Higher	Higher	No
East Midlands	No	No	No
West Midlands	No	No	No
East	No	No	No
London	Lower	Lower	Lower
South East	No	No	No
South West	No	No	No
Wales	No	No	No
Scotland	No	No	No
Great Britain	..	..	..

Note:

Not applicable

Table 6C: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence 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, for people who have ever worked

Country/Government office region	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
England	Lower	No	Higher
North East	No	No	No
North West	No	No	No
Yorkshire and the Humber	No	No	No
East Midlands	No	No	No
West Midlands	No	No	No
East	No	No	No
London	No	No	No
South East	No	No	No
South West	Lower	Lower	No
Wales	No	No	No
Scotland	No	No	No
Great Britain	Lower	No	Higher

6.1.2 Employment details (of job causing or making complaint worse)

As previously mentioned (see subsection 3.1.3), to allow for comparisons with SWI03/04, the employment-related prevalence and incidence estimates and associated rates are restricted to the *current or most recent job* in the last 12 months, and illnesses associated with these jobs. Therefore this subsection relates to work-related musculoskeletal disorders mainly affecting the upper limbs or neck associated with these jobs (see Appendix 3.2). In addition, prevalence and incidence estimates of musculoskeletal disorders mainly affecting the upper limbs or neck ascribed to the current or any past job, for people *ever employed*, by occupation and industry are also presented, for 2004/05 only. This level of information was not collected in earlier surveys.

In 2004/05, two-fifths of people suffering from a work-related musculoskeletal disorder mainly affecting the upper limbs or neck, an estimated 160 000 (CI: 142 000 to 178 000) people, were still in the job (main current job) which they believe caused or made their condition worse (Table 6D).

Table 6D: Estimated 2004/05 prevalence of self-reported musculoskeletal disorders mainly affecting the upper limbs or neck, by job causing or making complaint worse, for people ever employed

Which job	Sample cases	Estimated prevalence (thousands)		
		95% C.I.		
		central	lower	upper
Main current job	310	160	142	178
Second job	1	*	*	*
Last job +	24	13	8	19
Some other job	408	198	179	218
Missing/unknown	5	..	..	..
All persons	748	375	347	402

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates

Figures in italics are estimates based on fewer than 30 sample cases.

+ In the last 12 months.

See section 2.7 and Appendix 3.2 in the 'Self-reported work-related illness in 2004/05' (SWI04/05) report for more details on prevalence estimates.

The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

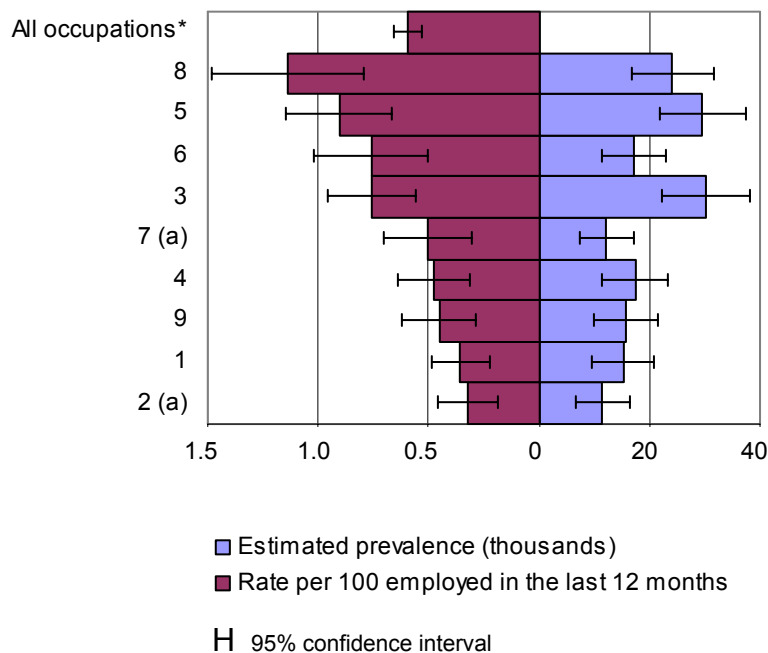
In total, an estimated 173 000 (CI: 154 000 to 192 000) people ascribed their musculoskeletal disorder mainly affecting the upper limbs or neck to their current or most recent job in the last 12 months, equating to 0.60% (CI: 0.53% to 0.66%) of people working in the last 12 months. This prevalence rate will be used to assess whether certain employment-related groupings have above or below average rates i.e. whether specific rates e.g. occupation groups are statistically significantly different from the overall rate. This rate was of a similar order (not statistically significantly different) to the corresponding rates in 2001/02 and 2003/04.

Occupation

Tables ULNOCC1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/ulnocc1.htm>) and ULNOCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/ulnocc2.htm>) provide a detailed occupational breakdown by major occupational group (see Appendix 4 for further information about the occupational classification). Table ULNOCC1 shows prevalence estimates of self-reported musculoskeletal disorders mainly affecting the upper limbs or neck ascribed to the current or any past job for people *ever employed*. Table ULNOCC2 presents prevalence estimates and rates of musculoskeletal disorders mainly affecting the upper limbs or neck associated with the *current or most recent job in the last 12 months* (see section 2.7 and Appendix 3.2 for more details about the calculation of rates).

Figure 6.3 displays prevalence estimates and rates ascribed to the current or most recent job, by major occupational group, for people working in the last 12 months only.

Figure 6.3: Estimated 2004/05 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 occupational major group, for people working in the last 12 months



Notes:

* The national estimated prevalence of 173 000 (CI: 154 000 to 192 000) for all musculoskeletal disorders mainly affecting the upper limbs or neck caused or made worse by the current or most recent job in the last 12 months is too large to be conveniently shown in this figure.

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

See Table ULNOCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/ulnocc2.htm>) for detailed data.

See Appendix 4 for more details on Standard Occupational Classification.

See section 2.7 and Appendix 3.2 for more details on prevalence estimates and rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

8 Process, plant and machine operatives	4 Administrative and secretarial occupations
5 Skilled trades occupations	9 Elementary occupations
6 Personal service occupations	1 Managers and senior officials
3 Associate professional and technical occupations	2 Professional occupations
7 Sales and customer service occupations	

Examining the major occupational groups, process, plant and machine operatives (major group 8 - 1.1%, CI: 0.80% to 1.5%) and skilled trades occupations (major group 5 - 0.91%, CI: 0.67% to 1.1%) carried rates which were statistically significantly higher than the overall rate.

As more detailed results are only available, where sample numbers are sufficiently large, for certain sub-major occupational groups (see Appendix 4 for occupational descriptions), these have not been presented in Table ULNOCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/ulnocc2.htm>). However, 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: health and social welfare associate professionals (sub-major group 32 - between 0.82% and 1.8%); process, plant and machine operatives (sub-major group 81 - between 0.79% to 1.8%); and skilled construction and building trades (sub-major group 53 - between 0.69% to 1.6%).

At the other end of the scale occupational major groups carrying rates which were statistically significantly lower than the rate for all occupations were professional occupations (major group 2 - between 0.19% and 0.46%) and managers and senior officials (major group 1 - 0.36%, CI: 0.23% to 0.49%).

Tables 6E and 6F and Figure 6.4 compare SWI04/05 prevalence rates with corresponding results from SWI01/02 and SWI03/04, by occupational major group. Table 6E indicates whether these rates were statistically significantly above or below the corresponding average across all occupations, and Table 6F shows whether the rates from the three surveys were statistically significantly different.

Table 6E: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported musculoskeletal disorders mainly affecting the upper limbs or neck caused or made worse by the current or most recent job with the corresponding average across all occupations, by occupational major group, for people working in the last 12 months

Occupation description +	Major group	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Managers and senior officials	1	Lower	No	Lower
Professional occupations	2	No	No	Lower [#]
Associate professional and technical occupations	3	No	No	No
Administrative and secretarial occupations	4	No	Lower	No
Skilled trades occupations	5	Higher	Higher	Higher
Personal service occupations	6	No [#]	No	No
Sales and customer service occupations	7	Lower [#]	*	No [#]
Process, plant and machine operatives	8	Higher	No	Higher
Elementary occupations	9	No	No	No
All occupations	..	..	..	..

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 4 for details of Standard Occupational Classification

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Where sample numbers were sufficiently large to provide reliable estimates, the rates for all occupational major groups were of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02), with the exception of professional occupations (major group 2) where the rate was statistically significantly lower in 2004/05 than in 2003/04 and 2001/02. The rates for skilled trades occupations (major group 5) were consistently high in all three surveys.

Table 6F: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported musculoskeletal disorders mainly affecting the upper limbs or neck caused or made worse by the current or most recent job, by occupational major group, for people working in the last 12 months

Occupation description +	Major group	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Managers and senior officials	1	No	No	No
Professional occupations	2	Lower [#]	Lower [#]	No
Associate professional and technical occupations	3	No	No	No
Administrative and secretarial occupations	4	No	No	No
Skilled trades occupations	5	No	No	No
Personal service occupations	6	No	No	No [#]
Sales and customer service occupations	7	*	No [#]	*
Process, plant and machine operatives	8	No	No	No
Elementary occupations	9	No	No	No
All occupations		No	No	No

Notes:

* Sample numbers too small to provide reliable estimates.

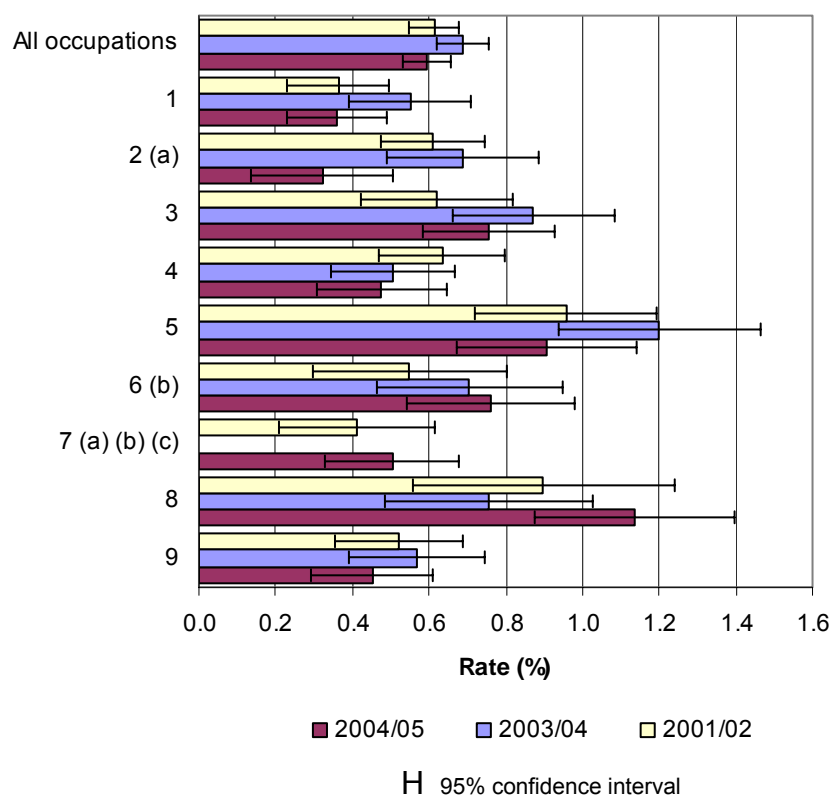
Rates based on fewer than 30 sample cases.

+ See Appendix 4 for details of Standard Occupational Classification

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Figure 6.4: Estimated prevalence rates (%) of self-reported musculoskeletal disorders mainly affecting the upper limbs or neck caused or made worse by the current or most recent job, by occupational major group, for people working in the last 12 months, 2004/05, 2003/04 and 2001/02



Notes:

(a) 2004/05 rate based on fewer than 30 sample cases.
 (b) 2001/02 rate based on fewer than 30 sample cases.
 (c) 2003/04 sample numbers too small to provide a reliable rate.
 See Table ULNOCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/ulnocc2.htm>) for detailed data.
 See Appendix 4 for more details on Standard Occupational Classification.
 See section 2.7 and Appendix 3.2 for more details on prevalence estimates and rates.
 The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

- | | |
|--|--|
| 1 Managers and senior officials | 6 Personal service occupations |
| 2 Professional occupations | 7 Sales and customer service occupations |
| 3 Associate professional and technical occupations | 8 Process, plant and machine operatives |
| 4 Administrative and secretarial occupations | 9 Elementary occupations |
| 5 Skilled trades occupations | |

Industry

Table ULNIND1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/ulnind1.htm>) shows the estimated prevalence of work-related musculoskeletal disorders mainly affecting the upper limbs or neck ascribed to the current or any past job, by industry section, for people ever employed. For people working in the last 12 months, Table ULNIND2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/ulnind2.htm>) 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 (see Appendix 5 for more details about the industrial classification).

Where sample sizes are large enough to provide reliable estimates, the industries carrying the highest rates in 2004/05 were manufacturing (section D) and health and social work (section N). Their respective estimated prevalence rates of 0.83% (CI: 0.62% to 1.0%) and 0.82% (CI: 0.61% to 1.0%) were statistically significantly higher than the rate for all industries.

At the other end of the scale, the industry with the lowest rate was real estate, renting and business activities (section K), with a prevalence rate of between 0.23% and 0.53%. This rate was statistically significantly lower than the rate for all industries.

Table 6G: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported musculoskeletal disorders mainly affecting the upper limbs or neck caused or made worse by the current or most recent job with the corresponding average across all industries, by industry section, for people working in the last 12 months

Industry description +	Section	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Agriculture, hunting, forestry and fishing	A&B	*	*	*
Agriculture, hunting and forestry	A	*	*	*
Fishing	B	*	*	*
Extractive and utility supply	C&E	*	*	*
Mining and quarrying	C	*	*	*
Electricity, gas and water supply	E	*	*	*
Manufacturing	D	Higher	No	Higher
Construction	F	No [#]	Higher	No
Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods	G	Lower	Lower	No
Hotels and restaurants	H	*	*	*
Transport, storage and communication	I	No [#]	No [#]	*
Financial intermediation	J	*	*	*
Real estate, renting and business activities	K	No	No	Lower [#]
Public administration and defence; compulsory social security	L	No	No [#]	*
Education	M	No	No	*
Health and social work	N	No	Higher	Higher
Other community, social and personal service activities	O	*	No [#]	No [#]
Other	P&Q	*	*	*
Private households with employed persons	P	*	*	*
Extra-territorial organisations and bodies	Q	*	*	*
All industries		..	..	..

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 5 for details of Standard Industrial Classification

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Tables 6G and 6H compare SWI04/05 prevalence rates with corresponding results from SWI01/02 and SWI03/04, by industry section. Table 6G indicates whether these rates were statistically significantly above or below the corresponding average across all industries, and Table 6H shows whether the rates from the three surveys were statistically significantly different.

Table 6H: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported musculoskeletal disorders mainly affecting the upper limbs or neck caused or made worse by the current or most recent job, by industry section, for people working in the last 12 months

Industry description +	Section	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Agriculture, hunting, forestry and fishing	A&B	*	*	*
Agriculture, hunting and forestry	A	*	*	*
Fishing	B	*	*	*
Extractive and utility supply	C&E	*	*	*
Mining and quarrying	C	*	*	*
Electricity, gas and water supply	E	*	*	*
Manufacturing	D	No	No	No
Construction	F	No	No [#]	No [#]
Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods	G	No	Higher	No
Hotels and restaurants	H	*	*	*
Transport, storage and communication	I	*	*	No [#]
Financial intermediation	J	*	*	*
Real estate, renting and business activities	K	No [#]	No [#]	No
Public administration and defence; compulsory social security	L	*	*	No [#]
Education	M	*	*	No
Health and social work	N	No	No	No
Other community, social and personal service activities	O	No [#]	*	*
Other	P&Q	*	*	*
Private households with employed persons	P	*	*	*
Extra-territorial organisations and bodies	Q	*	*	*
All industries		No	No	No

Notes:

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 5 for details of Standard Industrial Classification

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Where sample numbers were sufficiently large to provide reliable estimates, rates for all sections were of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02), with the exception of wholesale and retail trade (section G), where the rate in 2004/05 was statistically significantly higher than in 2001/02.

Size of workplace

The estimated prevalence and rates, by workplace size, of musculoskeletal disorders mainly affecting the upper limbs or neck caused or made worse by the *current or most recent job*, for people who have worked in the last 12 months, are shown in Table ULNSIZE1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/ulnsize1.htm>).

In 2004/05, the rates for the workplace size groups were of a similar order (not statistically significantly different), whereas, in 2003/04, the rate for the self-employed (on own or with partner(s), but no employees) was higher than the rate of workplaces with at least 25 employees, which in turn was higher than the rate of workplaces with 1-24 employees. All of these differences were statistically significant. In 2001/02, the rate for the self-employed (on own or with partner(s), but no employees) was again statistically significantly higher than that for workplaces with 1-24 employees. In 2001/02 and 2003/04, the rates for the '1-49 employees' and '50+ employees' groups were of a similar order (not statistically significantly different). However, only the rate of the former was statistically significantly lower than that of the self-employed (on own or with partner(s), but no employees) in 2001/02.

In 2004/05, the rates for all workplace size groupings presented in Table ULNSIZE1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/ulnsize1.htm>) were of a similar order (not statistically significantly different) to the corresponding rates in 2001/02 and 2003/04, with the exception of the self-employed (on own or with partner(s), but no employees), where the rate was lower in 2004/05 than in 2003/04.

Results are also provided for small, medium and large workplaces for 2003/04 and 2004/05 only (LFS response categories in 2001/02 did not allow such an analysis). Small workplaces are defined as those having less than 50 employees, medium have between 50 and 249 employees, whilst large workplaces employ at least 250 employees. Prevalence estimates and rates are presented in Table ULNSIZE2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/ulnsize2.htm>), for people working in the last 12 months. The rates for small, medium and large workplaces were of a similar order (not statistically significantly different) in 2004/05. The pattern was the same in 2003/04.

6.2 WORKING DAYS LOST

For people who worked in the last 12 months and suffered from a work-related musculoskeletal disorder mainly affecting the upper limbs or neck in that period, Table 6I gives the estimated 2004/05 prevalence of such disorders, by the length of time that sufferers took off work in the last year on account of their complaint. Around half of sufferers, an estimated 102 000 (CI: 88 000 to 117 000) people, took no time off work because of their complaint.

Table 6I: Estimated 2004/05 prevalence of self-reported musculoskeletal disorders mainly affecting the upper limbs or neck caused or made worse by work, by time taken off work in the last 12 months because of the illness

Days off work in the last 12 months +	Sample cases #	Estimated prevalence (thousands)		
		central	lower	upper
No time off work	200	102	88	117
Time off work	222	115	100	131
Less than one day	17	*	*	*
1 to 3 days	36	19	13	25
4 to 9 days	44	22	16	29
10 to 21 days	41	21	14	27
22 to 65 days	49	26	19	33
66 to 131 days	13	*	*	*
132 to 197 days	7	*	*	*
198 or more days	15	*	*	*
All persons	422	217	196	239

Notes:

* Sample numbers too small to provide reliable estimates

+ Working days lost are expressed in the form of full-day equivalent working days. More details can be found in section 2.9 and Appendix 3.2 of the 'Self-reported work-related illness in 2004/05' (SWI04/05) report.

See section 2.7 and Appendix 3.2 in the 'Self-reported work-related illness in 2004/05' (SWI04/05) report for more details on prevalence estimates.

Estimates of days lost were imputed for 1 case who did not respond to the 'time off' question. Corresponding prevalence estimates for this sample case have been distributed between 'no time taken off' and the relevant 'time taken off' category.

Hence, this sample case has been included twice.

The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

In total, an estimated 115 000 (CI: 100 000 to 131 000) individuals took an estimated 4.7 million (CI: 3.5 to 6.0 million) days off work (full-day equivalent) in 2004/05 on account of work-related musculoskeletal disorders which mainly affected the upper limbs or neck. This amounts to about two-fifths of all working days lost due to a work-related musculoskeletal disorder. Each person *suffering* from a musculoskeletal disorder mainly affecting the upper limbs or neck took an average of 21.7 (CI: 16.3 to 27.0) days (full-day equivalent) off work in the previous 12 months because of this illness (Table 6J). Furthermore, each *worker* (including people without a disorder) took 0.20 days (CI: 0.15 to 0.26 days) (full-day equivalent) off work on average because of such complaints. Average days lost *per worker* and days lost *per case* in 2004/05 were of a similar order (not statistically significantly different) to the corresponding rates in 2001/02 and 2003/04. More details about the calculations can be found in section 2.9 and the technical note located in Appendix 3.2.

Sample numbers are not sufficiently large to provide a more detailed analysis, but further information on days lost due to work-related musculoskeletal disorders (regardless of site) can be found in section 4.2.

Table 6J: Summary of overall days lost (full-day equivalent) estimates and rates due to self-reported musculoskeletal disorders mainly affecting the upper limbs or neck caused or made worse by work, 2004/05, 2003/04 and 2001/02

Year	Sample cases #	Central estimate	95% C.I.		
			lower	upper	
2004/05					
	Prevalent cases				
	Estimated days lost (thousands)	222	4714	3455	5974
	Average days lost per case+	222	21.7	16.3	27.0
	Average days lost per worker	222	0.20	0.15	0.26
2003/04					
	Prevalent cases				
	Estimated days lost (thousands)	252	4736	3684	5788
	Average days lost per case+	252	18.3	14.5	22.0
	Average days lost per worker	252	0.21	0.16	0.25
2001/02					
	Prevalent cases				
	Estimated days lost (thousands)	238	3947	3065	4829
	Average days lost per case+	238	17.8	14.1	21.4
	Average days lost per worker	238	0.17	0.14	0.21

Notes:

For people taking time off work.

+ "case" refers to persons suffering from a work-related illness.

See sections 2.9 and Appendix 3.2 for more details on days lost calculations.

The estimates in this table take account of recent revisions made to the Great Britain population estimates following the 2001 Census.

7. STRESS, DEPRESSION OR ANXIETY

- In 2004/05, an estimated 509 000 (CI: 477 000 to 542 000) 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 1.2% (CI: 1.1% to 1.3%) of people who have *ever* worked in Great Britain, statistically significantly lower than the corresponding rate of 1.3% (CI: 1.2% to 1.4%) in 2003/04.
- In total, an estimated 48% of sufferers, 245 000 (CI: 222 000 to 268 000) 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 0.82% (CI: 0.75% to 0.90%) of people with a *new* case of work-related illness in this period. This was of a similar order (not statistically significantly different) to the corresponding rates of 0.86% (CI: 0.78% to 0.94%) in 2003/04 and 0.89% (CI: 0.81% to 0.96%) in 2001/02.
- An estimated 12.8 million (CI: 11.1 to 14.5 million) working days (full-day equivalent) were lost in 2004/05 through stress, depression or anxiety caused or made worse by work. On average, each person suffering took an estimated 30.9 (CI: 27.4 to 34.5) days off in that 12 month period. This equates to an annual loss of 0.55 days (CI: 0.48 to 0.63 days) *per worker*, which was similar (not statistically significantly different) to the rates of 0.56 days (CI: 0.48 to 0.64 days) in 2003/04 and 0.57 days (CI: 0.50 to 0.64 days) in 2001/02.

7.1 PREVALENCE AND INCIDENCE

7.1.1 Individual characteristics

Within this subsection, prevalence (long standing as well as new cases) estimates, associated rates and incidence (new cases) estimates are given for people who have *ever* been employed, whilst incidence rates are restricted to those who *worked in the last 12 months* (see sections 2.7 and 2.8, and Appendix 3.2 for more details). Care should be taken when making direct comparisons between prevalence and incidence rates due to the differing base populations.

Stress, depression or anxiety was the second most common type of work-related illness (after musculoskeletal disorders) in 2004/05, affecting an estimated prevalence of 509 000 (CI: 477 000 to 542 000) people. This equates to an estimated 1.2% (CI: 1.1% to 1.3%) of people who have ever worked, statistically significantly lower than the corresponding rate of 1.3% (CI: 1.2% to 1.4%) in 2003/04 (Table 7A).

Around 11% of people affected by work-related stress, depression or anxiety, an estimated 57 000 (CI: 47 000 to 68 000) people, suffered from at least one other work-related illness in the year prior to interview.

Just less than half the estimated *prevalence* of work-related stress, depression or anxiety in 2004/05 were incidence cases, an estimated 245 000 (CI: 222 000 to 268 000) people who had ever been employed (see Figure 3.7 and Tables TYPESEX1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex1.htm>) and TYPESEX2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/typesex2.htm>)). This equates to an estimated 0.82% (CI: 0.75% to 0.90%) of people who worked in the last 12 months who became aware of their condition in that period, which was of a similar order (not statistically significantly different) to the corresponding rates of 0.86% (CI: 0.78% to 0.94%) in 2003/04 and 0.89% (CI: 0.81% to 0.96%) in 2001/02.

Table 7A: Summary of prevalence and incidence estimates and associated rates of self-reported stress, depression or anxiety caused or made worse by work, 2004/05, 2003/04 and 2001/02

Year	Sample cases	Central estimate	95% C.I.	
			lower	upper
2004/05				
Prevalent cases				
Estimated prevalence (thousands) for people ever employed	981	509	477	542
Rate per 100 ever employed	981	1.2	1.1	1.3
Incident cases				
Estimated incidence (thousands) for people ever employed	468	245	222	268
Estimated incidence (thousands) for people employed in the last 12 months	458	239	217	262
Rate per 100 employed in the last 12 months	458	0.82	0.75	0.90
2003/04				
Prevalent cases				
Estimated prevalence (thousands) for people ever employed	1098	557	523	590
Rate per 100 ever employed	1098	1.3	1.2	1.4
Incident cases				
Estimated incidence (thousands) for people ever employed	496	254	231	277
Estimated incidence (thousands) for people employed in the last 12 months	486	248	226	271
Rate per 100 employed in the last 12 months	486	0.86	0.78	0.94
2001/02				
Prevalent cases				
Estimated prevalence (thousands) for people ever employed	1183	548	516	580
Rate per 100 ever employed	1183	1.3	1.2	1.4
Incident cases				
Estimated incidence (thousands) for people ever employed	558	257	235	279
Estimated incidence (thousands) for people employed in the last 12 months	549	252	231	274
Rate per 100 employed in the last 12 months	549	0.89	0.81	0.96

Notes:

See sections 2.7 and 2.8 and Appendix 3.2 for more details on relevant estimates and rates.

The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

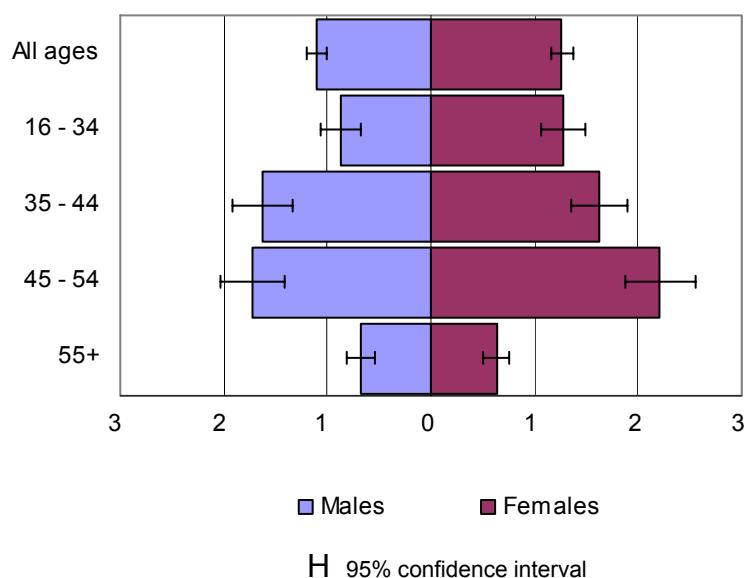
Age and gender

Table STRAGE1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strage1.htm>) and Figure 7.1 give the estimated prevalence and rates per 100 ever employed of self-reported stress, depression or anxiety caused or made worse by work, by four age groups and gender. In 2004/05, the rate for females, at an estimated 1.3% (CI: 1.2% to 1.4%), was statistically significantly higher than that for males (1.1%, CI: 1.0% to 1.2%). These rates equate to an estimated 230 000 (CI: 208 000 to 252 000) males and 279 000 (CI: 256 000 to 303 000)

females ever employed who were suffering in 2004/05 from stress, depression or anxiety caused or made worse by work. The rate for males was also statistically significantly lower than corresponding rates for males in 2003/04 and 2001/02 (both 1.3%, CI: 1.2% to 1.4%). Rates for females were the same in all three surveys.

For males, the 45-54 and 35-44 year age groups carried the highest prevalence rates of work-related stress, depression or anxiety, affecting an estimated 1.7% (CI: 1.4% to 2.0%) and 1.6% (CI: 1.3% to 1.9%) of males who have ever worked respectively. Both rates were statistically significantly higher than the rates for the youngest (16-34 years) and oldest (55+ years) age groups and for males as a whole. Females aged 45-54 years carried the highest prevalence rate, at an estimated 2.2% (CI: 1.9% to 2.5%). This rate was statistically significantly higher than the rates for all other age groups and, along with the rate of 1.6% (CI: 1.4% to 1.9%) for the 35-44 year age group, for females as a whole. Males in the oldest (55+ years) and youngest (16-34 years) age groups and females in the oldest age group carried the lowest rates (see Figure 7.1). These rates were statistically significantly lower than the corresponding overall rates for each gender and the rates for all remaining age groups.

Figure 7.1: Estimated 2004/05 prevalence rates (%) of self-reported stress, depression or anxiety caused or made worse by work, by age and gender, for people ever employed



Notes:

See Table STRAGE1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strage1.htm>) for detailed data.

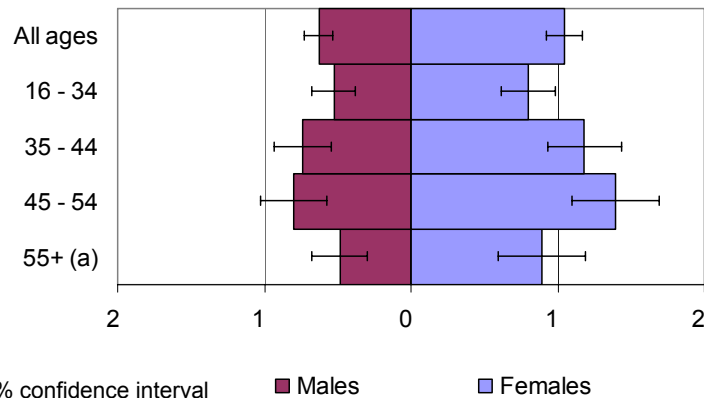
See section 2.7 and Appendix 3.2 for more details on prevalence rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

With an estimated incidence of 144 000 (CI: 127 000 to 161 000), more females were affected by a new complaint of this nature in 2004/05 than males (101 000, CI: 87 000 to 116 000). The incidence rate for females who had worked in the last 12 months, at 1.0% (CI: 0.92% to 1.2%), was also statistically significantly higher than the corresponding rate of 0.63% (CI: 0.54% to 0.72%) for males (Table STRAGE2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strage2.htm>) and Figure 7.2). This was also true in 2003/04 and 2001/02.

For males, the incidence rates for all age groups in 2004/05 were similar (not statistically significantly different). For females, the 45-54 year age group carried the highest rate (1.4%, CI: 1.1% to 1.7%) and the youngest (16-34 years) age group carried the lowest (0.80%, CI: 0.62% to 0.99%). Both rates were statistically significantly different to the overall female rate.

Figure 7.2: Estimated 2004/05 incidence rates (%) of self-reported stress, depression or anxiety caused or made worse by work, by age and gender, for people working in the last 12 months



Notes:

(a) Estimates for males based on fewer than 30 sample cases

See Table STRAGE2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strage2.htm>) for detailed data.

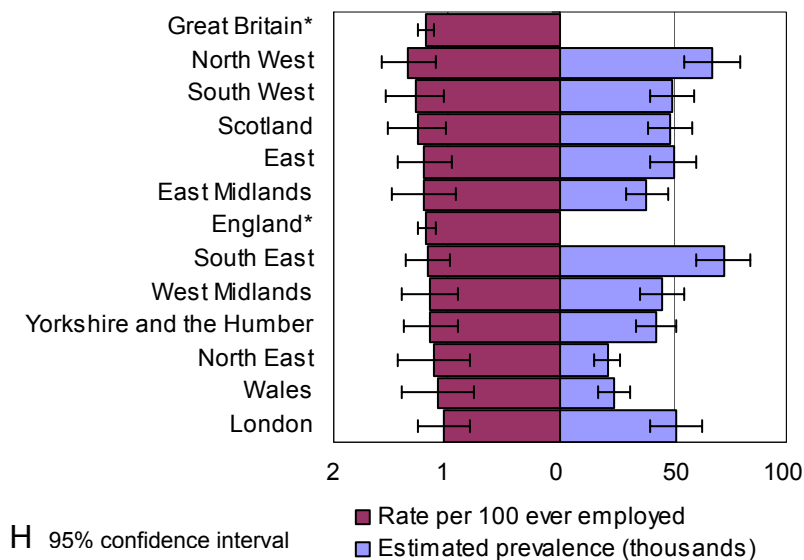
See section 2.8 and Appendix 3.2 for more details on incidence rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Country and region

The estimated prevalence and rates of work-related stress, depression or anxiety, for people who have ever worked, by the government office region and country of residence are shown in Table STRGOR1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strgor1.htm>) and Figure 7.3.

Figure 7.3: Estimated 2004/05 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:

* The national estimated prevalence of 509 000 (CI: 477 000 to 542 000) for Great Britain and 437 000 (CI: 407 000 to 467 000) for England are too large to be conveniently shown in this figure.

See Table STRGOR1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strgor1.htm>) for detailed data.

See section 2.7 and Appendix 3.2 for more details on prevalence estimates and rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

The estimated prevalence rates for England, Wales and Scotland were of a similar order in 2004/05 (not statistically significantly different). Furthermore, the rates of regions within England were also similar to the overall rates for England and Great Britain (not statistically significantly different).

Tables 7B and 7C compare SWI04/05 prevalence rates of work-related stress, depression or anxiety with results from SWI03/04 and SWI01/02, by country and government office region within England. Table 7B indicates whether these rates were statistically significantly above or below the corresponding average for Great Britain, and Table 7C shows whether the rates from the three surveys were statistically significantly different. Figure 7.4 displays prevalence rates from all three surveys by country only.

Table 7B: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported stress, depression or anxiety caused or made worse by work with the corresponding average for Great Britain, by country and government office region, for people ever employed

Country/Government office region	Whether rates statistically significantly higher/lower than GB average		
	SWI01/02	SWI03/04	SWI04/05
England	No	No	No
North East	Lower	No	No
North West	No	No	No
Yorkshire and the Humber	No	No	No
East Midlands	No	No	No
West Midlands	No	No	No
East	No	No	No
London	Higher	No	No
South East	No	No	No
South West	No	No	No
Wales	No	No	No
Scotland	Lower	No	No
Great Britain	..	..	..

Note:

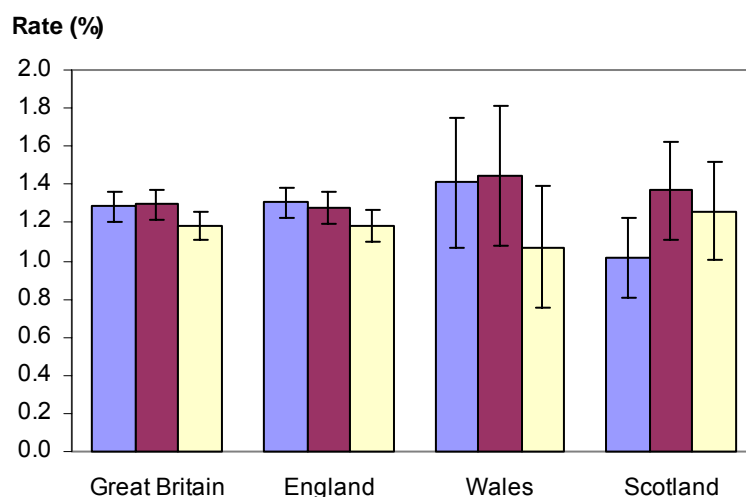
.. Not applicable

The rates for Wales were of a similar order in all three surveys (not statistically different in 2004/05, 2003/04 and 2001/02). For England, the rate of 1.2% (CI: 1.1% to 1.3%) in 2004/05 was statistically significantly lower than that of 1.3% (CI: 1.2% to 1.4%) in 2001/02. For Scotland, the rate of 1.4% (CI: 1.1% to 1.6%) in 2003/04 was statistically significantly higher than that of 1.0% (CI: 0.80% to 1.2%) in 2001/02. Within England, rates for all regions were similar across the three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02), with the exception of London, where the rate of 1.0% (CI: 0.80% to 1.3%) in 2004/05 was statistically significantly lower than that of 1.5% (CI: 1.3% to 1.8%) in 2001/02.

Table 7C: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported stress, depression or anxiety caused or made worse by work, by country and government office region, for people ever employed

Country/Government office region	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
England	No	Lower	No
North East	No	No	No
North West	No	No	No
Yorkshire and the Humber	No	No	No
East Midlands	No	No	No
West Midlands	No	No	No
East	No	No	No
London	No	Lower	No
South East	No	No	No
South West	No	No	No
Wales	No	No	No
Scotland	No	No	Higher
Great Britain	Lower	No	No

Figure 7.4: Estimated prevalence rates (%) of self-reported stress, depression or anxiety caused or made worse by work, by country, for people ever employed, 2004/05, 2003/04 and 2001/02



H 95% confidence interval

Notes:

See Table STRGOR1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strgor1.htm>) for detailed data.

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Table STRGOR2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strgor2.htm>) gives the estimated incidence and rates of work-related stress, depression or anxiety, by country and government office region within England. The estimated incidence rates for England, Wales and Scotland were of a similar order in 2004/05 (not statistically significantly different). Within England, where the sample numbers were large enough to provide reliable estimates, the rates for the government office regions were of a similar order (not statistically significantly different) in 2004/05, except for London, where the rate of 0.58% (CI: 0.38% to 0.79%) was statistically significantly lower than the rates for England (0.81%, CI: 0.73% to 0.89%) and Great Britain (0.82%, CI: 0.75% to 0.90%).

Tables 7D and 7E compare SWI04/05 incidence rates of work-related stress, depression or anxiety with corresponding results from SWI03/04 and SWI01/02, by country and government office region within England. Table 7D indicates whether these rates were statistically significantly above or below the corresponding average for Great Britain, and Table 7E shows whether the rates from the three surveys were statistically significantly different.

Table 7D: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported stress, depression or anxiety caused or made worse by work with the corresponding average for Great Britain, by country and government office region, for people employed in the last 12 months

Country/Government office region	Whether rates statistically significantly higher/lower than GB average		
	SWI01/02	SWI03/04	SWI04/05
England	No	No	No
North East	*	*	*
North West	No	No	No
Yorkshire and the Humber	No	No	No
East Midlands	No	No	No [#]
West Midlands	No	No	No
East	No	No	No
London	No	No	Lower
South East	No	No	No
South West	No	No	No
Wales	No	No [#]	No [#]
Scotland	Lower	No	No
Great Britain	..	..	..

Notes:

.. Not applicable

[#] Rates based on fewer than 30 sample cases.

* Sample cases too small to provide reliable estimates.

Incidence rates for England, Wales and Scotland were of a similar order in 2004/05 to those in 2003/04 and 2001/02, but at 1.0% (CI: 0.76% to 1.3%) of people working in the last 12 months, the rate for Scotland was statistically significantly higher in 2003/04 than the corresponding rate of 0.61% (CI: 0.41% to 0.81%) in 2001/02. The incidence rates for the regions within England, where sample numbers were large enough to provide reliable estimates, were similar (not statistically significantly different) in 2004/05 to those in 2003/04 and 2001/02, except for London, where the rate of 0.58% (CI: 0.38% to 0.79%) in 2004/05 was statistically significantly lower than that of 0.96% (CI: 0.72% to 1.2%) in 2001/02.

Table 7E: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported stress, depression or anxiety caused or made worse by work, by country and government office region, for people employed in the last 12 months

Country/Government office region	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
England	No	No	No
North East	*	*	*
North West	No	No	No
Yorkshire and the Humber	No	No	No
East Midlands	No [#]	No [#]	No
West Midlands	No	No	No
East	No	No	No
London	No	Lower	No
South East	No	No	No
South West	No	No	No
Wales	No [#]	No [#]	No [#]
Scotland	No	No	Higher
Great Britain	No	No	No

Notes:

[#] At least one of rates based on fewer than 30 sample cases.

* Sample cases too small to provide reliable estimates.

7.1.2 Employment details (of job causing or making complaint worse)

As previously mentioned (see subsection 3.1.3), to allow for comparisons with SWI03/04, the employment-related prevalence and incidence estimates and associated rates are restricted to the *current or most recent job* in the last 12 months, and illnesses associated with these jobs. Therefore this subsection relates to work-related stress, depression or anxiety associated with these jobs (see Appendix 3.2). In addition, prevalence and incidence estimates of stress, depression or anxiety ascribed to the current or any past job, for people *ever employed*, by occupation and industry, are also presented, for 2004/05 only. This level of information was not collected in earlier surveys.

In 2004/05, over half of the estimated prevalence of people suffering from work-related stress, depression or anxiety, an estimated 305 000 (CI: 280 000 to 331 000) people, were still in the job (main current job) which caused or made their complaint worse (Table 7F). A further estimated 40 000 (CI: 31 000 to 49 000) people, not currently employed, ascribed their illness to their most recent job in the last 12 months. Therefore, an estimated 345 000 (CI: 318 000 to 372 000) people ascribed their condition to their *current or most recent* job, equating to 1.2% (CI: 1.1% to 1.3%) of people working in the last 12 months. This prevalence rate will be used to assess whether certain employment-related groupings have above or below average rates i.e. whether specific prevalence rates e.g. occupation groups are statistically significantly different from the overall rate. This rate was similar (not statistically significantly different) to the corresponding estimated rates in 2001/02 and 2003/04.

Table 7F: Estimated 2004/05 prevalence of self-reported stress, depression or anxiety, by job causing or making complaint worse, for people ever employed

Which job	Sample cases	Estimated prevalence (thousands)		
		central	95% C.I. lower upper	
Main current job	586	305	280	331
Second job	2	*	*	*
Last job +	75	40	31	49
Some other job	316	162	144	181
Missing	2	..	..	..
All persons	981	509	477	542

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates

+ In the last 12 months.

See section 2.7 and Appendix 3.2 in the 'Self-reported work-related illness in 2004/05' (SWI04/05) report for more details on prevalence estimates.

The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

For people who developed work-related stress, depression or anxiety in the last 12 months (incidence cases), Table 7G gives details of the job which they believe caused or made the complaint worse. Around three-quarters of individuals with a new case of stress, depression or anxiety in the last 12 months, an estimated 186 000 (CI: 166 000 to 205 000) people, were still in the job (main current job) which they believe caused or made their illness worse.

Table 7G: Estimated 2004/05 incidence of self-reported stress, depression or anxiety, by job causing or making complaint worse, for people ever employed

Which job	Sample cases	Estimated incidence (thousands)		
		central	95% C.I. lower upper	
Main current job	356	186	166	205
Last job +	48	26	19	34
Some other job #	62	32	24	40
Missing	2	..	..	..
All persons	468	245	222	268

Notes:

.. Not applicable

+ In the last 12 months.

Also excludes second job.

See section 2.8 and Appendix 3.2 in the 'Self-reported work-related illness in 2004/05' (SWI04/05) report for more details on incidence estimates.

The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

In total, an estimated 212 000 (CI: 191 000 to 233 000) people who worked in the 12 months prior to interview developed stress, depression or anxiety in 2004/05, which they attributed to their *current or most recent job*, equating to an incidence rate of 0.73% (CI: 0.66% to 0.80%). This rate will be used to assess whether certain employment-related groupings have above or below average incidence rates i.e. whether specific rates e.g. occupation groups are statistically significantly different from the overall incidence rate. This rate was of a similar order (not statistically significantly different) to the corresponding rates in 2001/02 and 2003/04.

Occupation

Tables STROCC1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strocc1.htm>) and STROCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strocc2.htm>) provide a detailed occupational breakdown by major and sub-major occupation group (see Appendix 4 for further information about the occupational classification). Table STROCC1 shows prevalence estimates of self-reported stress, depression or anxiety ascribed to the current or any past job, for people *ever employed*. Table STROCC2 presents prevalence estimates and rates of stress, depression or anxiety associated with the *current or most recent job in the last 12 months* (see section 2.7 and Appendix 3.2 for more details about the calculation of rates).

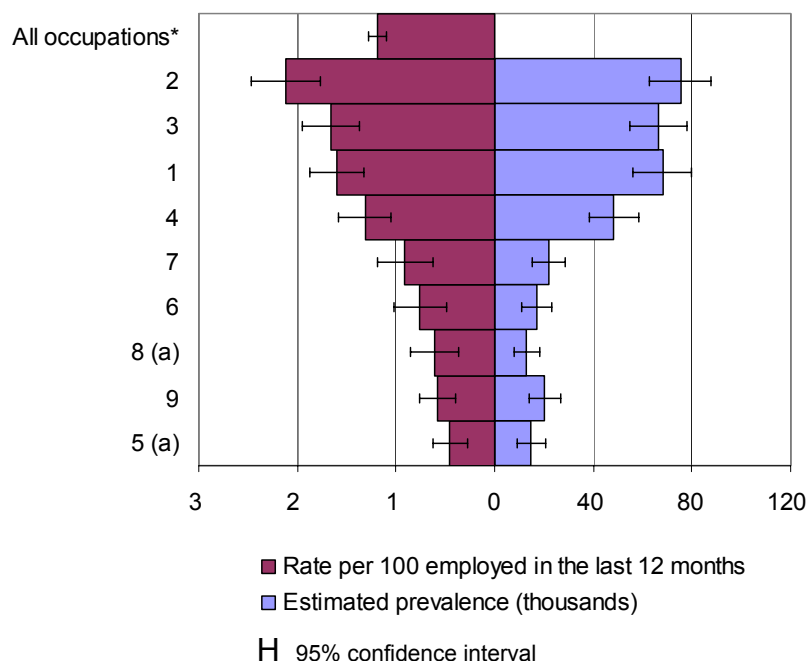
Figure 7.5 displays prevalence estimates and rates of stress, depression or anxiety ascribed to the current or most recent job, by major occupational group, for people working in the last 12 months only. Occupational major groups carrying the highest prevalence rates in 2004/05 were professional occupations (major group 2 - 2.1%, CI: 1.8% to 2.5%), associate professional and technical occupations (major group 3 - 1.7%, CI: 1.4% to 2.0%) and managers and senior officials (major group 1 - 1.6%, CI: 1.3% to 1.9%). All three rates were statistically significantly above the average rate for all occupations.

Examining the sub-major occupational groups (see Table STROCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strocc2.htm>)), where the sample numbers are large enough to provide reliable estimates, shows that teaching and research professionals (sub-major group 23 - 3.0%, CI: 2.3% to 3.6%), health and social welfare associate professionals (sub-major group 32 - 2.0%, CI: 1.4% to 2.6%) and corporate managers (sub-major group 11 - 1.7%, CI: 1.4% to 2.0%) carried rates which were statistically significantly higher than the overall rate.

As more detailed results are only available, where sample numbers are sufficiently large, for certain minor and unit occupational groups (see Appendix 4 for occupational descriptions), these have not been presented in Table STROCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strocc2.htm>). However, where sample numbers were sufficiently large to provide reliable estimates, minor and unit occupational groups carrying rates which were statistically significantly higher than the rate for all occupations were: teaching professionals (minor group 231 - 3.0%, CI: 2.4% to 3.7%), in particular secondary education teaching professionals (unit group 2314 - 4.2%, CI: 2.7% to 5.6%) and primary and nursery education teaching professionals (unit 2315 - between 1.6% and 3.8%).

At the other end of the scale, where sample numbers were sufficiently large to provide reliable estimates, the occupational major and sub-major groups carrying the lowest rates of work-related stress, depression or anxiety were: skilled trades occupations (major group 5 - between 0.27% and 0.63%); elementary occupations (major group 9 - 0.58%, CI: 0.39% to 0.77%), in particular elementary administration and service occupations (sub-major group 92 - between 0.31% and 0.73%); process, plant and machine operatives (major group 8 - between 0.37% and 0.85%); personal service occupations (major group 6 - 0.76%, CI: 0.49% to 1.0%), in particular caring personal service occupations (sub-major group 61 - between 0.52% and 1.2%); and sales and customer service occupations (major group 7 - 0.91%, CI: 0.63% to 1.2%).

Figure 7.5: Estimated 2004/05 prevalence and rates (%) of self-reported stress, depression or anxiety caused or made worse by current or most recent job, by occupational major group, for people working in the last 12 months



Notes:

(a) Estimates based on fewer than 30 sample cases

* The national estimated prevalence of 345 000 (CI: 318 000 to 372 000) for all stress, depression or anxiety caused or made worse by the current or most recent job in the last 12 months is too large to be conveniently shown in this figure.

See Table STROCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strocc2.htm>) for detailed data.

See Appendix 4 for more details on Standard Occupational Classification.

See section 2.7 and Appendix 3.2 for more details on prevalence estimates and rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

- | | |
|--|---|
| 2 Professional occupations | 6 Personal service occupations |
| 3 Associate professional and technical occupations | 8 Process, plant and machine operatives occupations |
| 1 Managers and senior officials | 9 Elementary occupations |
| 4 Administrative and secretarial occupations | 5 Skilled trades occupations |
| 7 Sales and customer service occupations | |

Tables 7H and 7I compare SWI04/05 prevalence rates with corresponding results from SWI01/02 and SWI03/04, by occupational major and sub-major group. Table 7H indicates whether these rates were statistically significantly above or below the corresponding average across all occupations, and Table 7I shows whether the rates from the three surveys were statistically significantly different. Figure 7.6 displays the prevalence rates for the three surveys, by occupational major group only.

Major and sub-major occupational groups which carried consistently high rates in all three surveys, where sample numbers were sufficiently large to provide reliable estimates, were: managers and senior officials (major group 1), in particular corporate managers (sub-major group 11); professional occupations (major group 2), in particular teaching and research professionals (sub-major group 23); and associate professional and technical occupations (major group 3), in particular health and social welfare associate professionals (sub-major group 32). The rates for skilled trades occupations (major group 5), sales and customer service occupations (major group 7), process, plant and machine operatives (major group 8) and elementary occupations (major group 9), in particular elementary administration and service occupations (sub-major 92) were consistently low in all three surveys.

Table 7H: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported stress, depression or anxiety caused or made worse by the current or most recent job with the corresponding average for all occupations, by occupational major and sub-major group, for people working in the last 12 months

Occupation description +	Major or sub-major group	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Managers and senior officials	1	Higher	Higher	Higher
Corporate managers	11	Higher	Higher	Higher
Managers and proprietors in agriculture and services	12	No [#]	No [#]	*
Professional occupations	2	Higher	Higher	Higher
Science and technology professionals	21	*	No [#]	No [#]
Health professionals	22	*	*	*
Teaching and research professionals	23	Higher	Higher	Higher
Business and public service professionals	24	Higher	Higher	No [#]
Associate professional and technical occupations	3	Higher	Higher	Higher
Science and technology associate professionals	31	*	*	*
Health and social welfare associate professionals	32	Higher	Higher	Higher
Protective service occupations	33	Higher [#]	*	*
Culture, media and sports occupations	34	*	*	*
Business and public service associate professionals	35	Higher	Higher	No
Administrative and secretarial occupations	4	No	No	No
Administrative occupations	41	Higher	No	No
Secretarial and related occupations	42	No [#]	No [#]	No [#]
Skilled trades occupations	5	Lower	Lower	Lower [#]
Skilled agricultural trades	51	*	*	*
Skilled metal and electrical trades	52	*	*	*
Skilled construction and building trades	53	*	*	*
Textiles, printing and other skilled trades	54	*	*	*
Personal service occupations	6	No	No	Lower
Caring personal service occupations	61	No	No	Lower [#]
Leisure and other personal service occupations	62	*	*	*
Sales and customer service occupations	7	Lower	Lower	Lower
Sales occupations	71	Lower	Lower [#]	No
Customer service occupations	72	*	*	*
Process, plant and machine operatives	8	Lower	Lower	Lower [#]
Process, plant and machine operatives	81	*	*	*
Transport and mobile machine drivers and operatives	82	No [#]	No [#]	*

continued

Table 7H continued

Occupation description +	Major or sub-major group	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Elementary occupations	9	Lower	Lower	Lower
Elementary trades, plant and storage related occupations	91	*	*	*
Elementary administration and service occupations	92	Lower [#]	Lower [#]	Lower [#]
All occupations		..	..	..

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates.

Estimates based on fewer than 30 sample cases.

+ See Appendix 4 for details of Standard Occupational Classification

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Table 7I: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported stress, depression or anxiety caused or made worse by the current or most recent job, by occupational major and sub-major group, for people working in the last 12 months

Occupation description +	Major or sub-major group	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
		Managers and senior officials	1	No
Corporate managers	11	No	No	No
Managers and proprietors in agriculture and services	12	*	*	No [#]
Professional occupations	2	No	No	No
Science and technology professionals	21	No [#]	*	*
Health professionals	22	*	*	*
Teaching and research professionals	23	No	No	Lower
Business and public service professionals	24	No [#]	No [#]	No
Associate professional and technical occupations	3	No	No	No
Science and technology associate professionals	31	*	*	*
Health and social welfare associate professionals	32	No	No	No
Protective service occupations	33	*	*	*
Culture, media and sports occupations	34	*	*	*
Business and public service associate professionals	35	No	No	No

continued

Table 7I continued

Occupation description +	Major or sub-major group	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Administrative and secretarial occupations	4	No	No	Lower
Administrative occupations	41	No	No	Lower
Secretarial and related occupations	42	No [#]	No [#]	No [#]
Skilled trades occupations	5	No [#]	No [#]	No
Skilled agricultural trades	51	*	*	*
Skilled metal and electrical trades	52	*	*	*
Skilled construction and building trades	53	*	*	*
Textiles, printing and other skilled trades	54	*	*	*
Personal service occupations	6	Lower	Lower	No
Caring personal service occupations	61	Lower [#]	No [#]	No
Leisure and other personal service occupations	62	*	*	*
Sales and customer service occupations	7	No	No	No
Sales occupations	71	No	No	No [#]
Customer service occupations	72	*	*	*
Process, plant and machine operatives	8	No [#]	No [#]	No
Process, plant and machine operatives	81	*	*	*
Transport and mobile machine drivers and operatives	82	*	*	No [#]
Elementary occupations	9	No	No	No
Elementary trades, plant and storage related occupations	91	*	*	*
Elementary administration and service occupations	92	No [#]	No [#]	No [#]
All occupations		No	No	No

Notes:

* Sample numbers too small to provide reliable estimates.

Estimates based on fewer than 30 sample cases.

+ See Appendix 4 for details of Standard Occupational Classification

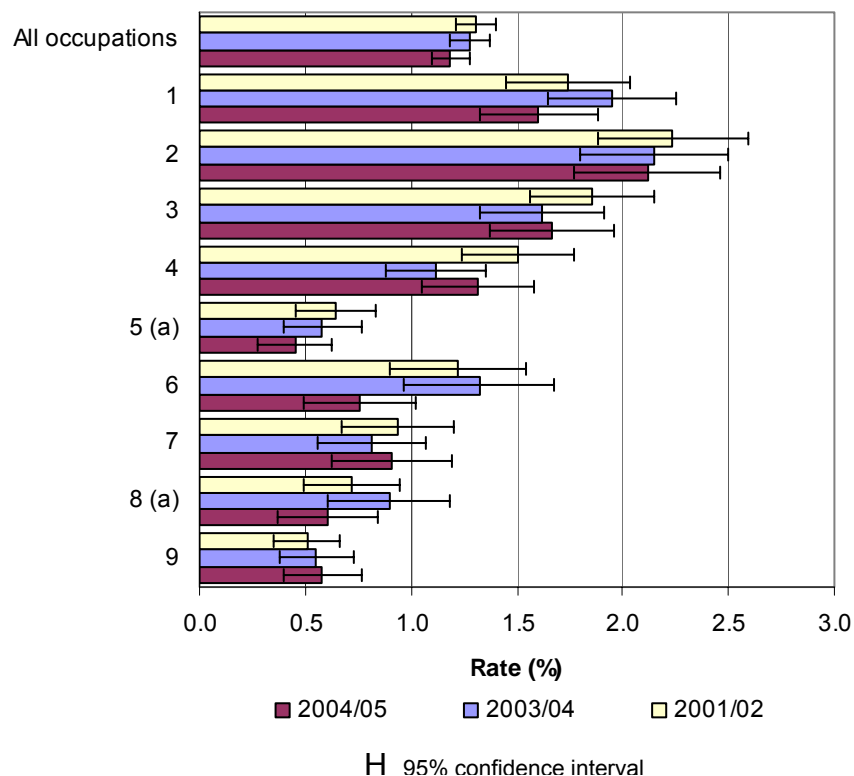
See section 2.7 and Appendix 3.2 for more details on prevalence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

The rate for administrative and secretarial occupations (major group 4) was statistically significantly lower in 2003/04 than in 2001/02 and the rate for personal service occupations (major group 6) was lower in 2004/05 than in 2001/02 and 2003/04. Rates for all other major groups were of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02). In terms of sub-major groups, the rates for teaching and research professionals (sub-major group 23) and administrative occupations (sub-major group 41) were statistically significantly lower in 2003/04 than in 2001/02, and the rate for caring

personal service occupations (sub-major group 61) was statistically significantly lower in 2004/05 than in 2003/04. The rates for all other sub-major groups, where sample numbers are sufficiently large to provide reliable estimates, were of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02).

Figure 7.6: Estimated prevalence rates (%) of self-reported stress, depression or anxiety caused or made worse by the current or most recent job, by occupational major group, for people working in the last 12 months, 2004/05, 2003/04 and 2001/02



Notes:

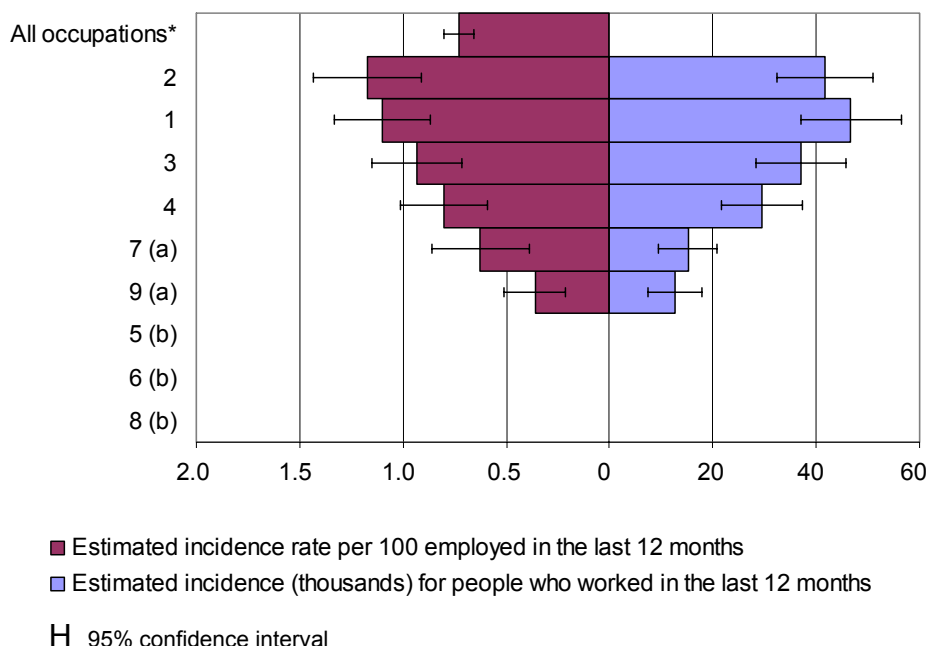
(a) 2004/05 rate based on fewer than 30 sample cases.
 See Table STROCC2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strocc2.htm>) for detailed data.
 See Appendix 4 for more details on Standard Occupational Classification.
 See section 2.7 and Appendix 3.2 for more details on prevalence estimates and rates.
 The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

- | | | | |
|---|--|---|--|
| 1 | Managers and senior officials | 6 | Personal service occupations |
| 2 | Professional occupations | 7 | Sales and customer service occupations |
| 3 | Associate professional and technical occupations | 8 | Process, plant and machine operatives |
| 4 | Administrative and secretarial occupations | 9 | Elementary occupations |
| 5 | Skilled trades occupations | | |

Tables STROCC3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strocc3.htm>) and STROCC4 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strocc4.htm>) and Figure 7.7 give a detailed occupational breakdown by major occupation group (see Appendix 4 for more details about the occupational classification) for new cases of work-related stress, depression or anxiety. Table STROCC3 shows incidence estimates of stress, depression or anxiety ascribed to the current or any past job, for people *ever employed*. Table STROCC4 and Figure 7.7 present incidence estimates and rates associated with the *current or most recent job in the last 12 months* (see section 2.8 and Appendix 3.2 for more details about the calculation of rates).

Figure 7.7: Estimated 2004/05 incidence and rates (%) of self-reported stress, depression or anxiety caused or made worse by current or most recent job, by occupational major group, for people working in the last 12 months



Notes:

* The national estimated incidence of 212 000 (CI: 191 000 to 233 000) for all stress, depression or anxiety caused or made worse by the current or most recent job in the last 12 months is too large to be conveniently shown in this figure.

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

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

See Table STROCC4 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strocc4.htm>) for detailed data.

See Appendix 4 for more details on Standard Occupational Classification.

See section 2.8 and Appendix 3.2 for more details on incidence estimates and rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

- | | |
|--|---|
| 2 Professional occupations | 9 Elementary occupations |
| 1 Managers and senior officials | 5 Skilled trades occupations |
| 3 Associate professional and technical occupations | 6 Personal service occupations |
| 4 Administrative and secretarial occupations | 8 Process, plant and machine operatives |
| 7 Sales and customer service occupations | |

Where sample numbers are large enough to provide reliable estimates, the occupational major groups carrying the highest incidence rates were professional occupations (major group 2 - 1.2%, CI: 0.91% to 1.4%) and managers and senior officials (major group 1 - 1.1%, CI: 0.87% to 1.3%). The group carrying the lowest rate was elementary occupations (major group 9 - between 0.21% and 0.51%). All three groups carried rates which were statistically significantly different from the rate across all occupations. Corresponding *prevalence* rates followed the same pattern.

As more detailed results are only available, where sample numbers are sufficiently large, for certain occupational sub-major groups (see Appendix 4 for occupational descriptions), these have not been presented in Table STROCC4 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strocc4.htm>). However, where sample numbers were sufficiently large to provide reliable estimates, the sub-major groups carrying rates which were statistically significantly higher than the rate for all occupations were teaching and research professionals (sub-major group 23 - 1.6%, CI: 1.1% to 2.1%) and corporate managers (sub-major group 11 - 1.2%, CI: 0.93% to 1.5%).

Table 7J: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported stress, depression or anxiety caused or made worse by the current or most recent job with the corresponding average for all occupations, by occupational major group, for people working in the last 12 months

Occupation description +	Major group	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Managers and senior officials	1	Higher	Higher	Higher
Professional occupations	2	Higher	Higher	Higher
Associate professional and technical occupations	3	Higher	No	No
Administrative and secretarial occupations	4	No	No	No
Skilled trades occupations	5	Lower	Lower [#]	*
Personal service occupations	6	No [#]	No [#]	*
Sales and customer service occupations	7	No	No [#]	No [#]
Process, plant and machine operatives	8	*	No [#]	*
Elementary occupations	9	Lower	Lower [#]	Lower [#]
All occupations	..	..	..	..

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 4 for details of Standard Occupational Classification

See section 2.8 and Appendix 3.2 for more details on incidence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Table 7K: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported stress, depression or anxiety caused or made worse by the current or most recent job, by occupational major group, for people working in the last 12 months

Occupation description +	Major group	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
		Managers and senior officials	1	No
Professional occupations	2	No	No	No
Associate professional and technical occupations	3	No	No	No
Administrative and secretarial occupations	4	No	No	No
Skilled trades occupations	5	*	*	No [#]
Personal service occupations	6	*	*	No [#]
Sales and customer service occupations	7	No [#]	No [#]	No [#]
Process, plant and machine operatives	8	*	*	*
Elementary occupations	9	No [#]	No [#]	No [#]
All occupations		No	No	No

Notes:

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

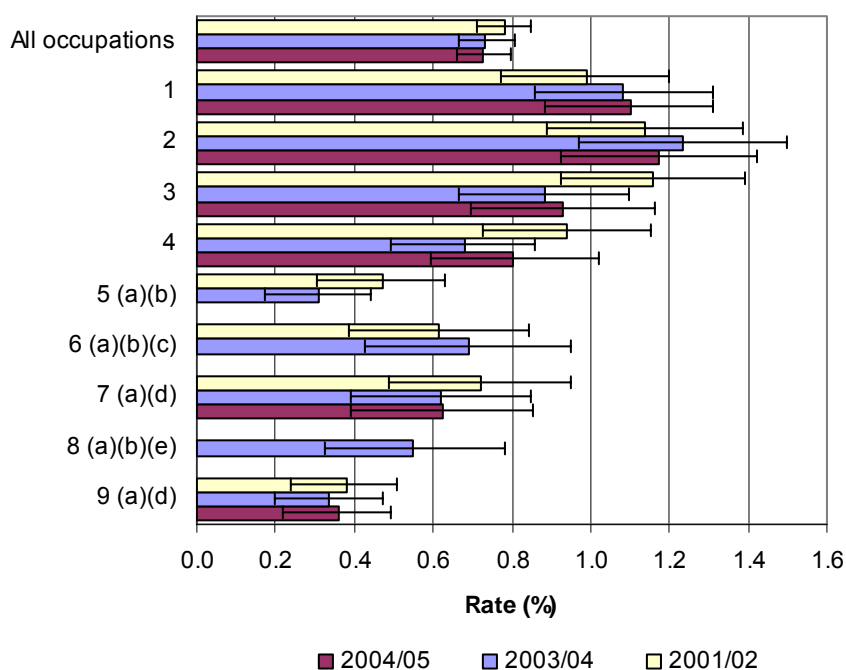
+ See Appendix 4 for details of Standard Occupational Classification

See section 2.8 and Appendix 3.2 for more details on incidence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Tables 7J and 7K and Figure 7.8 compare SWI04/05 incidence rates with corresponding results from SWI01/02 and SWI03/04, by occupational major group. Table 7J indicates whether these rates were statistically significantly above or below the corresponding average across all occupations, and Table 7K shows whether the rates from the three surveys were statistically significantly different.

Figure 7.8: Estimated incidence rates (%) of self-reported stress, depression or anxiety caused or made worse by the current or most recent job, by occupational major group, for people working in the last 12 months, 2004/05, 2003/04 and 2001/02



H 95% confidence interval

Notes:

- (a) 2003/04 rates based on fewer than 30 sample cases.
 - (b) 2004/05 sample numbers too small to provide a reliable rate.
 - (c) 2001/02 rates based on fewer than 30 sample cases.
 - (d) 2004/05 rates based on fewer than 30 sample cases.
 - (e) 2001/02 sample numbers too small to provide a reliable rate.
- See Table STROCC4 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strocc4.htm>) or detailed data.
 See Appendix 4 for more details on Standard Occupational Classification.
 See section 2.8 and Appendix 3.2 for more details on incidence estimates and rates.
 The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

- | | |
|--|--|
| 1 Managers and senior officials | 6 Personal service occupations |
| 2 Professional occupations | 7 Sales and customer service occupations |
| 3 Associate professional and technical occupations | 8 Process, plant and machine operatives |
| 4 Administrative and secretarial occupations | 9 Elementary occupations |
| 5 Skilled trades occupations | |

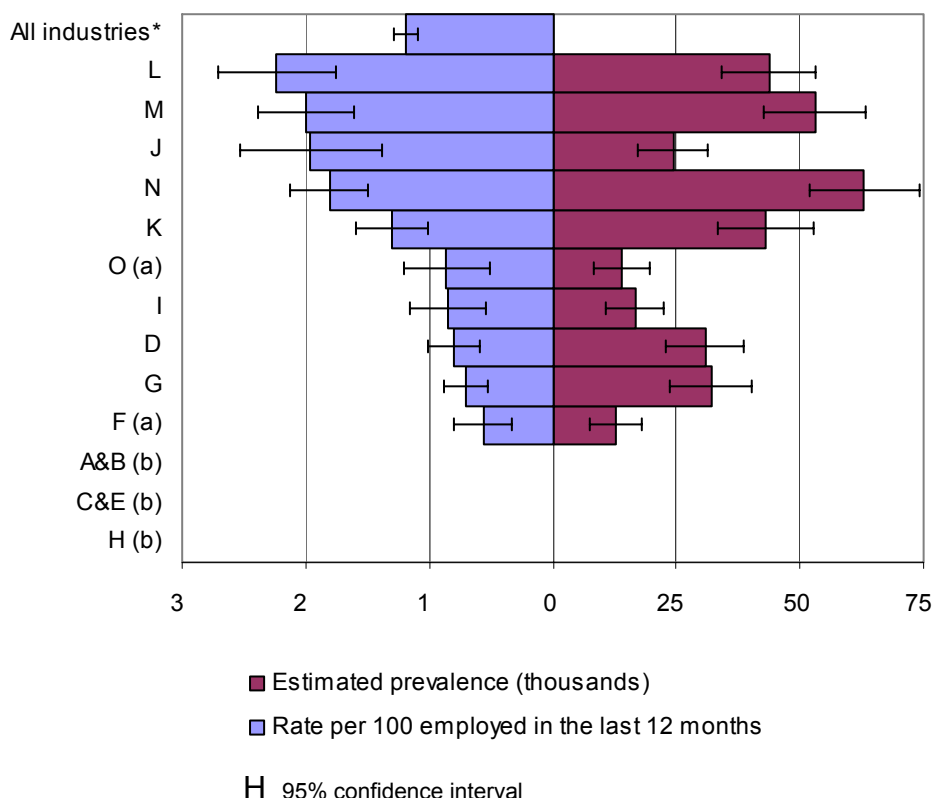
Considering occupational major groups, where sample numbers were sufficiently large to provide reliable estimates in all three surveys, managers and senior officials (major group 1) and professional occupations (major group 2) carried consistently high rates in all three surveys, whereas elementary occupations (major group 9) carried consistently low rates.

No occupational major group, where sample numbers were sufficiently large to provide reliable estimates, carried a rate in 2004/05 which was statistically significantly different to the rates in 2001/02 and 2003/04.

Industry

Table STRIND1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strind1.htm>) shows the estimated prevalence of self-reported stress, depression or anxiety ascribed to the current or any past job, by industry section, for people ever employed. For people working in the last 12 months, Table STRIND2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strind2.htm>) and Figure 7.9 present the estimated prevalence and rates of self-reported stress, depression or anxiety associated with the current or most recent job, by industry section (see Appendix 5 for more details about the industrial classification).

Figure 7.9: Estimated 2004/05 prevalence and rates (%) of self-reported stress, depression or anxiety caused or made worse by current or most recent job, by industry section, for people who worked in the last 12 months



Notes:

*The national estimated prevalence of 345 000 (CI: 318 000 to 372 000) for all stress, depression or anxiety caused or made worse by the current or most recent job in the last 12 months is too large to be conveniently shown in this figure.

(a) Estimates based on fewer than 30 sample cases

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

See Table STRIND2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strind2.htm>) for detailed data.

See Appendix 5 for more details on Standard Industrial Classification.

See section 2.7 and Appendix 3.2 for more details on prevalence estimates and rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

L	Public administration and defence; compulsory social security	D	Manufacturing
M	Education	G	Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods
J	Financial intermediation	F	Construction
N	Health and social work	A&B	Agriculture, hunting, forestry and fishing
K	Real estate, renting and business activities	C&E	Extractive and utility supply industries
O	Other community, social and personal service activities	H	Hotels and restaurants
I	Transport, storage and communication		

Where sample sizes are large enough to provide reliable estimates, the industries carrying the highest rates in 2004/05 were public administration and defence (section L - 2.2%, CI: 1.8% to 2.7%); education (section M - 2.0%, CI: 1.6% to 2.4%); financial intermediation (section J - 2.0%, CI: 1.4% to 2.5%), in particular financial intermediation, except insurance and pension funding (division 65 - 2.3%, CI: 1.5% to 3.1%); and health and social work (section N - 1.8%, CI: 1.5% to 2.1%). All rates which 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 in 2004/05 were construction (section F - between 0.32% and 0.80%); wholesale and retail trade (section G - 0.70%, CI: 0.52% to 0.88%), in particular retail trade, except motor vehicles and motorcycles: repair of personal and household goods (division 52 - 0.74%, CI: 0.53% to 0.96%); manufacturing (section D - 0.80%, CI: 0.60% to 1.0%); and transport, storage and communication (section I - 0.85%, CI: 0.55% to 1.2%). The rates for these industries were statistically significantly lower than the rate for all industries.

Table 7L and 7M compare SWI04/05 prevalence rates with corresponding results from SWI01/02 and SWI03/04, by industry section. Table 7L indicates whether these rates were statistically significantly above or below the corresponding average across all industries, and Table 7M shows whether the rates from the three surveys were statistically significantly different.

Considering industry sections, where sample numbers were sufficiently large to provide reliable estimates in all three surveys, rates for public administration and defence (section L), education (section M) and health and social work (section N) carried consistently high in all three surveys, whilst the rates for construction (section F) and wholesale and retail trade (section G) were consistently low.

Rates were of a similar order in all three surveys, where sample numbers were sufficiently large to provide reliable estimates, with the exception of transport, storage and communication (section I) where the rate in 2004/05 was statistically significantly lower in than in 2001/02 and 2003/04.

Table 7L: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported stress, depression or anxiety caused or made worse by the current or most recent job with the corresponding average for all industries, by industry section, for people who worked in the last 12 months

Industry description +	Section	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Agriculture, hunting, forestry and fishing	A&B	*	*	*
Agriculture, hunting and forestry	A	*	*	*
Fishing	B	*	*	*
Extractive and utility supply	C&E	*	*	*
Mining and quarrying	C	*	*	*
Electricity, gas and water supply	E	*	*	*
Manufacturing	D	Lower	No	Lower
Construction	F	Lower [#]	Lower	Lower [#]
Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods	G	Lower	Lower	Lower
Hotels and restaurants	H	Lower [#]	*	*
Transport, storage and communication	I	No	No	Lower
Financial intermediation	J	Higher	No	Higher
Real estate, renting and business activities	K	No	No	No
Public administration and defence; compulsory social security	L	Higher	Higher	Higher
Education	M	Higher	Higher	Higher
Health and social work	N	Higher	Higher	Higher
Other community, social and personal service activities	O	No	No	No [#]
Other	P&Q	*	*	*
Private households with employed persons	P	*	*	*
Extra-territorial organisations and bodies	Q	*	*	*
All industries		..	..	..

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 5 for details of Standard Industrial Classification

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Table 7M: Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence rates of self-reported stress, depression or anxiety caused or made worse by the current or most recent job, by industry section, for people who worked in the last 12 months

Industry description +	Section	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Agriculture, hunting, forestry and fishing	A&B	*	*	*
Agriculture, hunting and forestry	A	*	*	*
Fishing	B	*	*	*
Extractive and utility supply	C&E	*	*	*
Mining and quarrying	C	*	*	*
Electricity, gas and water supply	E	*	*	*
Manufacturing	D	No	No	No
Construction	F	No [#]	No [#]	No [#]
Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods	G	No	No	No
Hotels and restaurants	H	*	*	*
Transport, storage and communication	I	Lower	Lower	No
Financial intermediation	J	No	No	No
Real estate, renting and business activities	K	No	No	No
Public administration and defence; compulsory social security	L	No	No	No
Education	M	No	No	No
Health and social work	N	No	No	No
Other community, social and personal service activities	O	No [#]	No [#]	No
Other	P&Q	*	*	*
Private households with employed persons	P	*	*	*
Extra-territorial organisations and bodies	Q	*	*	*
All industries		No	No	No

Notes:

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

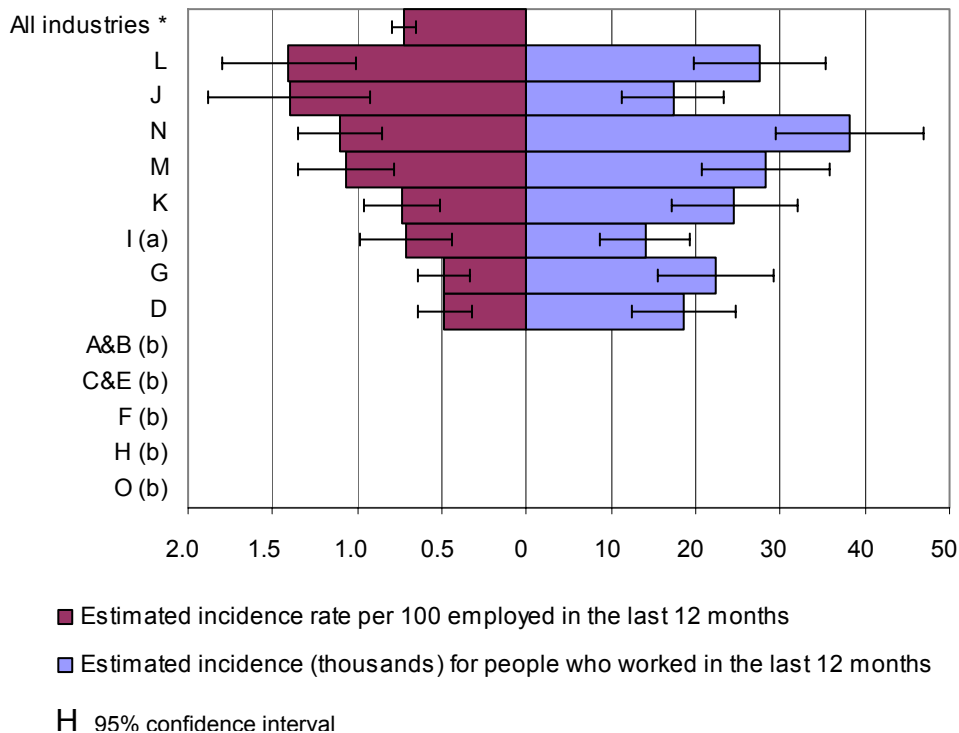
+ See Appendix 5 for details of Standard Industrial Classification

See section 2.7 and Appendix 3.2 for more details on prevalence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Table STRIND3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strind3.htm>) shows the estimated incidence of stress, depression or anxiety ascribed to the current or any past job, by industry section, for people ever employed. Table STRIND4 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strind4.htm>) and Figure 7.10 give 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.

Figure 7.10: Estimated 2004/05 incidence and rates (%) of self-reported stress, depression or anxiety caused or made worse by current or most recent job, by industry section, for people working in the last 12 months



Notes:

The national estimated incidence of 212 000 (CI: 191 000 to 233 000) for all stress, depression or anxiety caused or made worse by the current or most recent job in the last 12 months is too large to be conveniently shown in this figure.

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

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

See Table STRIND4 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strind4.htm>) for detailed data.

See Appendix 5 for more details on Standard Industrial Classification.

See section 2.8 and Appendix 3.2 for more details on incidence estimates and rates.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

- | | |
|---|--|
| L Public administration and defence; compulsory social security | D Manufacturing |
| J Financial intermediation | A&B Agriculture, hunting, forestry and fishing |
| N Health and social work | C&E Extractive and utility supply industries |
| M Education | F Construction |
| K Real estate, renting and business activities | H Hotels and restaurants |
| I Transport, storage and communication | O Other community, social and personal service activities |
| G Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods | |

Where sample numbers were sufficiently large to provide reliable estimates, industries carrying above average incidence rates in 2004/05 were public administration and defence (section L - 1.4%, CI: 1.0% to 1.8%); financial intermediation (section J - 1.4%, CI: 0.92% to 1.9%), in particular financial intermediation, except insurance and pension funding (division 65 - between 1.0% and 2.3%); health and social work (section N - 1.1%, CI: 0.85% to 1.3%); and education (section M - 1.1%, CI: 0.78% to 1.3%). Their rates were statistically significantly higher than the rate across all industries and they also had above average prevalence rates. At the other end of the scale, manufacturing (section D - 0.48%, CI: 0.32% to 0.64%) and wholesale and retail

trade (section G - 0.49%, CI: 0.34% to 0.64%) had rates which were statistically significantly lower than the rate across all industries. These two sections also had below average *prevalence* rates.

Tables 7N and 7O compare SWI04/05 incidence rates with corresponding results from SWI01/02 and SWI03/04, by industry section. Table 7N indicates whether these rates were statistically significantly above or below the corresponding average across all industries, and Table 7O shows whether the rates from the three surveys were statistically significantly different.

Table 7N: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported stress, depression or anxiety caused or made worse by the current or most recent job with the corresponding average for all industries, by industry section, for people who worked in the last 12 months

Industry description +	Section	Whether rates statistically significantly higher/lower than GB average		
		SWI01/02	SWI03/04	SWI04/05
Agriculture, hunting, forestry and fishing	A&B	*	*	*
Agriculture, hunting and forestry	A	*	*	*
Fishing	B	*	*	*
Extractive and utility supply	C&E	*	*	*
Mining and quarrying	C	*	*	*
Electricity, gas and water supply	E	*	*	*
Manufacturing	D	Lower	No	Lower
Construction	F	*	*	*
Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods	G	Lower	Lower	Lower
Hotels and restaurants	H	*	*	*
Transport, storage and communication	I	No	No [#]	No [#]
Financial intermediation	J	Higher	No [#]	Higher
Real estate, renting and business activities	K	No	No	No
Public administration and defence; compulsory social security	L	Higher	Higher	Higher
Education	M	Higher	No	Higher
Health and social work	N	No	Higher	Higher
Other community, social and personal service activities	O	No [#]	No [#]	*
Other	P&Q	*	*	*
Private households with employed persons	P	*	*	*
Extra-territorial organisations and bodies	Q	*	*	*
All industries		..	..	..

Notes:

.. Not applicable

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 5 for details of Standard Industrial Classification

See section 2.8 and Appendix 3.2 for more details on incidence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Where sample numbers were sufficiently large to provide reliable estimates in all three surveys, public administration and defence (section L) carried consistently high rates in all three surveys, whilst those for wholesale and retail trade (section G) were consistently low. This was also the case in terms of *prevalence*.

Table 70: Comparison of estimated 2001/02, 2003/04 and 2004/05 incidence rates of self-reported stress, depression or anxiety caused or made worse by the current or most recent job, by industry section, for people who worked in the last 12 months

Industry description +	Section	Whether SWI04/05 rates statistically significantly higher/lower than SWI03/04	Whether SWI04/05 rates statistically significantly higher/lower than SWI01/02	Whether SWI03/04 rates statistically significantly higher/lower than SWI01/02
Agriculture, hunting, forestry and fishing	A&B	*	*	*
Agriculture, hunting and forestry	A	*	*	*
Fishing	B	*	*	*
Extractive and utility supply	C&E	*	*	*
Mining and quarrying	C	*	*	*
Electricity, gas and water supply	E	*	*	*
Manufacturing	D	No	No	No
Construction	F	*	*	*
Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods	G	No	No	No
Hotels and restaurants	H	*	*	*
Transport, storage and communication	I	No [#]	No [#]	No [#]
Financial intermediation	J	No	No	Lower [#]
Real estate, renting and business activities	K	No	No	No
Public administration and defence; compulsory social security	L	No	No	No
Education	M	No	No	No
Health and social work	N	No	No	No
Other community, social and personal service activities	O	*	*	No [#]
Other	P&Q	*	*	*
Private households with employed persons	P	*	*	*
Extra-territorial organisations and bodies	Q	*	*	*
All industries		No	No	No

Notes:

* Sample numbers too small to provide reliable estimates.

Rates based on fewer than 30 sample cases.

+ See Appendix 5 for details of Standard Industrial Classification

See section 2.8 and Appendix 3.2 for more details on incidence rates.

This table compares rates which take account of revisions made to the Great Britain population estimates following the 2001 Census.

Where sample numbers were sufficiently large to provide reliable estimates, rates for industry sections were of a similar order in all three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02), with the exception of financial intermediation (section J), where the rate was statistically significantly lower in 2003/04 than in 2001/02.

Size of workplace

For people who worked in the last 12 months, the estimated prevalence and rates, by workplace size, for stress, depression or anxiety caused or made worse by the *current or most recent* job, are shown in Table STRSIZE1 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strsize1.htm>). In 2004/05, the self-employed (on own with partner(s), but no employees) had the lowest rate, at between 0.27% and 0.66%. This was lower than the rate for workplaces with 1-24 employees (0.97%, CI: 0.82% to 1.1%), which in turn was lower than that of workplaces with at least 25 employees (1.4%, CI: 1.3% to 1.6%). All these differences were statistically significant. The same pattern was seen when examining the size bands '1-49 employees' and '50+ employees'. The workplace size groups also showed the same pattern in 2003/04 and 2001/02.

A breakdown for small, medium and large workplaces is also provided for 2004/05 and 2003/04 only (LFS response categories in 2001/02 did not allow such an analysis). Small workplaces are defined as those having less than 50 employees, medium have between 50 and 249 employees, whilst large workplaces employ at least 250 employees. Table STRSIZE2 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strsize2.htm>) presents prevalence estimates and rates, for people working in the last 12 months. At an estimated 0.98% (CI: 0.87% to 1.1%), the rate for small workplaces was statistically significantly lower than those for medium (1.3%, CI: 1.1% to 1.6%) and large workplaces (1.6%, CI: 1.3% to 1.8%). The rates followed a similar pattern in 2003/04.

Table STRSIZE3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strsize3.htm>) gives incidence estimates and rates for stress, depression or anxiety ascribed to the current or most recent job in the last 12 months, by workplace size. As for prevalence, the estimated 2004/05 incidence rate of 0.60% (CI: 0.48% to 0.71%) for workplaces with 1-24 employees was statistically significantly lower than that of 0.87% (CI: 0.77% to 0.98%) for larger workplaces. This pattern was repeated when the workplace size bands '1-49 employees' and '50+ employees' were examined: the estimated incidence rate of 0.64% (CI: 0.54% to 0.75%) for the former was statistically significantly lower than that of 0.90% (CI: 0.78% to 1.0%) for the latter. The 2001/02 and 2003/04 results also showed the same pattern. In 2004/05 and 2003/04, sample numbers were too small to provide a reliable estimate for the self-employed (on own with partner(s), but no employees).

As for *prevalence*, the incidence rate of 0.58% (CI: 0.49% to 0.67%) for small workplaces was statistically significantly lower than those of 0.86% (CI: 0.69% to 1.0%) for medium-sized workplaces and 0.94% (CI: 0.77% to 1.1%) for large workplaces (see Table STRSIZE4 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strsize4.htm>)). The rates followed a similar pattern in 2003/04.

7.2 WORKING DAYS LOST

7.2.1 Individual characteristics

This subsection is restricted to people *working in the last 12 months*, and presents working days lost due to work-related stress, depression or anxiety expressed as *full-day equivalent* working days. Rates are provided in the form of average working days lost (full-day equivalent) *per worker*. The average working days lost (full-day equivalent) *per case of stress, depression or anxiety* is also quoted. More details about the calculations can be found in section 2.9 and the technical note located in Appendix 3.2.

For people who worked in the last 12 months, Table 7P shows the estimated prevalence of work-related stress, depression or anxiety by the length of time taken off work in the last year because of such complaints. Around 30% of sufferers, an estimated 127 000 (CI: 111 000 to 143 000) people, took no time off work on account of their complaint, whilst between 6 000 and 15 000 people took 9 months or more (at least 198 full-day equivalent days) off work.

Table 7P: Estimated 2004/05 prevalence of self-reported stress, depression or anxiety caused or made worse by work, by time taken off work in the last 12 months because of the illness

Days off work in the last 12 months +	Sample cases #	Estimated prevalence (thousands)		
		95% C.I.		
		central	lower	upper
No time off work	253	127	111	143
Time off work	553	288	264	312
Less than one day	16	*	*	*
1 to 3 days	58	31	23	39
4 to 9 days	86	44	34	53
10 to 21 days	108	58	47	69
22 to 65 days	153	78	66	91
66 to 131 days	85	44	35	54
132 to 197 days	27	14	9	20
198 or more days	20	10	6	15
All persons	806	415	385	444

Notes:

* Sample numbers too small to provide reliable estimates

Figures in italics are estimates based on fewer than 30 sample cases

+ Working days lost are expressed in the form of full-day equivalent working days. More details can be found in section 2.9 and Appendix 3.2 of the 'Self-reported work-related illness in 2004/05' (SWI04/05) report.

See section 2.7 and Appendix 3.2 in the 'Self-reported work-related illness in 2004/05' (SWI04/05) report for more details on prevalence estimates and rates.

Estimates of days lost were imputed for 8 cases who did not respond to the 'time off' question. Corresponding prevalence estimates for each sample case have been distributed between 'no time taken off' and the relevant 'time taken off' category. Hence, the 8 sample cases have been included twice.

The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

Overall, an estimated 288 000 (CI: 264 000 to 312 000) sufferers of stress, depression or anxiety caused or made worse by work took an estimated 12.8 million (CI: 11.1 to 14.5 million) days (full-day equivalent) off work in 2004/05, equating to an average of 30.9 (CI: 27.4 to 34.5) working days (full-day equivalent) off work per sufferer (Table 7Q). Furthermore, on average an estimated 0.55 (CI: 0.48 to 0.63) days *per worker* (includes workers in the last 12 months without such a condition) were lost. This rate, along with the average days lost *per case*, was of a similar order (not statistically significantly different) to the corresponding rates in 2003/04 and 2001/02.

Considering people who first became aware of their work-related stress, depression or anxiety in 2004/05 (*incidence* cases), an estimated 182 000 (CI: 162 000 to 201 000) people took an estimated 7.1 million (CI: 5.9 to 8.2 million) days off work in the 12 month period. This amounted to around 55% of the total estimated number of working days lost due to work-related stress, depression or anxiety. On average, 29.6 (CI: 25.7 to 33.5) days were taken off work in the 12 month period because of a new case of work-related stress, depression or anxiety.

Furthermore, *each worker* took an estimated 0.31 (CI: 0.26 to 0.36) days off work on average because of such a condition (includes people without a complaint). This incidence rate (average days lost *per worker*) was statistically significantly lower than the corresponding rate for all sufferers (*prevalence*) of work-related stress, depression or anxiety. More details about the calculations can be found in section 2.9 and the technical note located in Appendix 3.2.

Table 7Q: Summary of overall days lost (full-day equivalent) estimates and rates due to self-reported stress, depression or anxiety caused or made worse by work, 2004/05, 2003/04 and 2001/02

Year	Sample cases #	Central estimate	95% C.I.	
			lower	upper
2004/05				
Prevalent cases				
Estimated days lost (thousands)	553	12820	11100	14540
Average days lost per case+	553	30.9	27.4	34.5
Average days lost per worker	553	0.55	0.48	0.63
Incident cases				
Estimated days lost (thousands)	347	7087	5934	8240
Average days lost per case+	347	29.6	25.7	33.5
Average days lost per worker	347	0.31	0.26	0.36
2003/04				
Prevalent cases				
Estimated days lost (thousands)	564	12803	11014	14593
Average days lost per case+	564	28.5	25.0	32.0
Average days lost per worker	564	0.56	0.48	0.64
Incident cases				
Estimated days lost (thousands)	347	6524	5315	7734
Average days lost per case+	347	26.3	22.0	30.5
Average days lost per worker	347	0.28	0.23	0.34
2001/02				
Prevalent cases				
Estimated days lost (thousands)	637	12919	11235	14603
Average days lost per case+	637	29.0	25.7	32.3
Average days lost per worker	637	0.57	0.50	0.64
Incident cases				
Estimated days lost (thousands)	399	6294	5313	7274
Average days lost per case+	399	24.9	21.7	28.2
Average days lost per worker	399	0.28	0.23	0.32

Notes:

For people taking time off work.

+ "case" refers to persons suffering from a work-related illness.

See sections 2.9 and Appendix 3.2 for more details on days lost calculations.

The estimates in this table take account of revisions made to the Great Britain population estimates following the 2001 Census.

The remainder of this section relates to time taken off work by *all* sufferers of work-related stress, depression or anxiety (long standing as well as new cases).

Age and gender

Table STRAGE3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strage3.htm>) gives the distribution of the estimated number of days lost due to work-related stress, depression or anxiety by three age groups and gender, along with the average number of days lost *per worker*, for people who worked in the last 12 months. In 2004/05, the estimated total number of days lost for males and females was of a similar order - 6.2 million (CI: 4.9 to 7.5 million) and 6.6 million (CI: 5.5 to 7.7 million) respectively. However, the average days lost *per worker* for females, at 0.72 (CI: 0.60 to 0.84), was statistically significantly higher than the corresponding rate of 0.45 (CI: 0.35 to 0.54) for males. The pattern was consistent in 2001/02 and 2003/04.

For both males and females, the rates in the youngest age group (16-34 years) were statistically significantly lower than the overall average rate for the relevant gender in 2004/05. For females, the rate for the oldest age group (45+ years) was statistically significantly higher than the overall rate for females.

For males and females, age-specific rates (average days lost *per worker*) were of a similar order in the three surveys (not statistically significantly different in 2004/05, 2003/04 and 2001/02), with the exception of males in the youngest age group (16-34 years), where the rate in 2003/04 was statistically significantly higher than in 2001/02, and females aged 35-44 years, where the rates in 2003/04 and 2004/05 were statistically significantly lower than that in 2001/02.

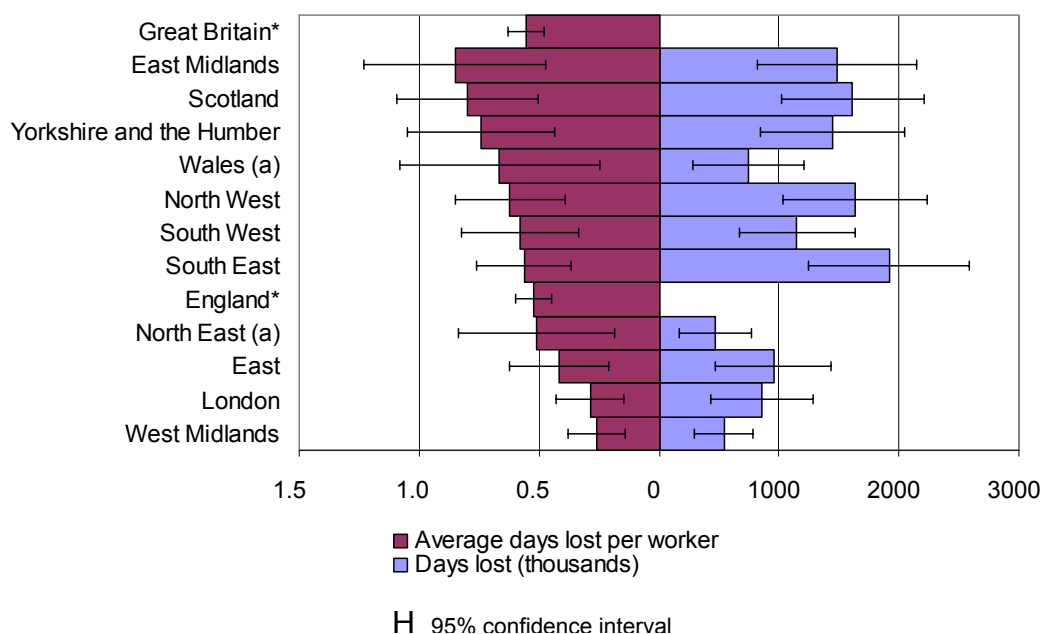
Country and region

The regional distribution of the estimated number of days lost and the associated average number of days lost *per worker* due to work-related stress, depression or anxiety are given in Table STRGOR3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strgor3.htm>) and Figure 7.11.

Average days lost per worker were of a similar order (not statistically significantly different) for England, Wales and Scotland in 2004/05. Most of the regional rates (days lost *per worker*) were similar (not statistically significantly different) to the rate for England, with the exception of the West Midlands and London, where the rates were statistically significantly lower than that for England. The South East and the North West accounted for around a quarter of estimated days lost due to work-related stress, depression or anxiety - an estimated 1.9 million (CI: 1.3 to 2.6 million) and 1.6 million (CI: 1.0 to 2.2 million) days respectively.

The average days lost *per worker* for England, Wales and Scotland were of a similar order in 2004/05, 2003/04 and 2001/02 (not statistically significantly different). Within England, regional rates also remained constant in the two surveys (not statistically significantly different), with the exception of the East Midlands, where the rate in 2004/05 was statistically significantly higher than in 2003/04 and 2001/02, and the West Midlands, where the rate in 2004/05 was statistically significantly lower than in 2003/04 and 2001/02.

Figure 7.11: Estimated days (full-day equivalent) off work and associated average days lost per worker in 2004/05 due to self-reported stress, depression or anxiety caused or made worse by work, by country and government office region within England



Notes:

* The estimated working days lost of 12.8 million (CI: 11.1 to 14.5 million) for Great Britain and 10.5 million (CI: 8.9 to 12.0 million) for England are too large to be conveniently shown in this figure.

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

See Table STRGOR3 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strgor3.htm>) for detailed data.

See section 2.9 and Appendix 3.2 for more details on days lost calculations.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

7.2.2 Employment details (of job causing or making complaint worse)

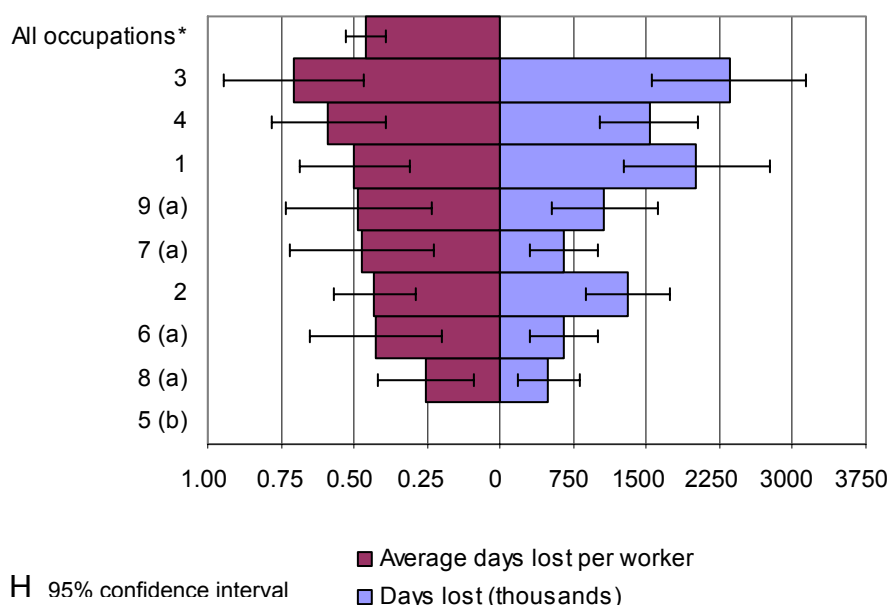
Most of the employment-related analysis in the remainder of this subsection relates to the current or most recent job, held within the last year, and stress, depression or anxiety associated with these jobs. However in addition, the estimated days off work associated with stress, depression or anxiety caused or made worse by *any* job are included by occupation and industry, for 2004/05 only. This level of information was not collected in earlier surveys. More details about the analysis can be found in section 2.9 and Appendix 3.2.

In total, an estimated 12.8 million (CI: 11.1 to 14.5 million) working days were lost in 2004/05 because of work-related stress, depression or anxiety, of which an estimated 10.6 million (CI: 9.0 to 12.2 million) working days were lost because of stress, depression or anxiety associated with the *current or most recent job*. On average, *workers* took 0.46 (CI: 0.39 to 0.53) days off work on account of such a condition ascribed to the *current or most recent job*; the rate was of a similar order (not statistically significantly different) to that in 2003/04 and 2001/02. This rate, rather than the rate for the full sample will be used to assess whether employment-related groupings have above or below average rates i.e. are statistically significantly different from this rate.

Occupation

Tables STROCC5 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strocc5.htm>) and STROCC6 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strocc6.htm>) and Figure 7.12 provide a breakdown by major occupational group (see Appendix 4 for further information about the occupational classification). Table STROCC5 shows the amount of time that individuals took off work in 2004/05 associated with stress, depression or anxiety caused or made worse by *any job*. Table STROCC6 and Figure 7.12 present the amount of time that individuals took off work 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*.

Figure 7.12: Estimated days (full-day equivalent) off work and associated average days lost per worker in 2004/05 due to self-reported stress, depression or anxiety caused or made worse by current or most recent job, by occupational major group



Notes:

* The estimated working days lost of 10.6 million (CI: 9.0 to 12.2 million) for all stress, depression or anxiety caused or made worse by the current or most recent job in the last year is too large to be conveniently shown in this figure.

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

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

See Table STROCC6 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strocc6.htm>) for detailed data.

See Appendix 4 for more details on Standard Occupational Classification.

See section 2.9 and Appendix 3.2 for more details on days lost calculations.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

3 Associate professional and technical occupations	2 Professional occupations
4 Administrative and secretarial occupations	6 Personal service occupations
1 Managers and senior officials	8 Process, plant and machine operatives
9 Elementary occupations	5 Skilled trades occupations
7 Sales and customer service occupations	

In 2004/05, where sample numbers were sufficiently large to provide reliable estimates for industry sections, associate professional and technical occupations (major group 3 - 0.70 days, CI: 0.47 to 0.94 days) carried an above average rate and process, plant and machine operatives (major group 8 - between 0.088 and 0.42 days) carried a below average rate. Both rates were statistically significantly different from the rate for all occupations.

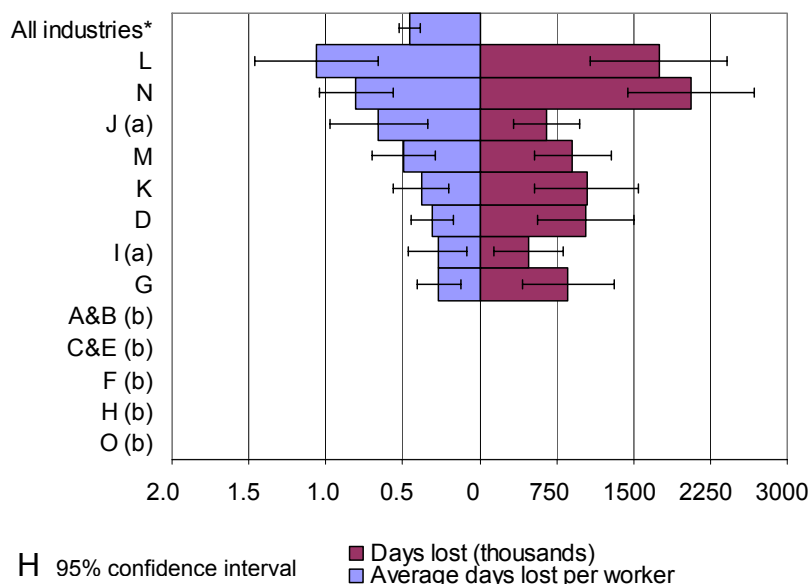
Where sample numbers were sufficiently large to provide reliable estimates in all three surveys, no major groups carried rates that were consistently high or low in all three surveys, but skilled trades occupations (major group 5) carried below average rates in 2001/02 and 2003/04, whilst associate professional and technical occupations (major group 3) carried above average rates in 2001/02 and 2004/05. Furthermore, all major groups carried rates of a similar order in all three surveys (not statistically significantly different in 2001/02, 2003/04 and 2004/05).

Industry

Table STRIND5 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strind5.htm>) shows the amount of time that individuals took off work in 2004/05, which was associated with stress, depression or anxiety caused or made worse by *any job*, by industry section. Table STRIND6 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strind6.htm>) and Figure 7.13 present the amount of time that individuals took off work 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.

In 2004/05, 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 1.1 (CI: 0.66 to 1.5) and 0.80 (CI: 0.56 to 1.0) days lost *per worker*. These rates were statistically significantly higher than the rate for all industries and those) for wholesale and retail trade (section G - 0.27 days, CI: 0.13 to 0.40 days) and manufacturing (section D - 0.31 days, CI: 0.17 to 0.45 days), the industry sections with the lowest rates.

Figure 7.13: Estimated days (full-day equivalent) off work and associated average days lost per worker in 2004/05 due to self-reported stress, depression or anxiety caused or made worse by current or most recent job, by industry section



Notes:

* The estimated working days lost of 10.6 million (CI: 9.0 to 12.2 million) for all stress, depression or anxiety caused or made worse by the current or most recent job in the last year is too large to be conveniently shown in this figure.

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

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

See Table STRIND6 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strind6.htm>) for detailed data.

See Appendix 5 for more details on Standard Industrial Classification.

See section 2.9 and Appendix 3.2 for more details on days lost calculations.

The estimates in this figure take account of revisions made to the Great Britain population estimates following the 2001 Census.

Key:

L	Public administration and defence; compulsory social security	G	Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods
N	Health and social work	A&B	Agriculture, hunting, forestry and fishing
J	Financial intermediation	C&E	Extractive and utility supply industries
M	Education	F	Construction
K	Real estate, renting and business activities	H	Hotels and restaurants
D	Manufacturing	O	Other community, social and personal service activities
I	Transport, storage and communication		

In 2001/02 and 2003/04, public administration and defence (section L) also carried above average rates and wholesale and retail trade (section G) below average rates. Where sample numbers were sufficiently large to provide reliable estimates, the rates for industry sections were of a similar order (not statistically significantly different) in all three surveys, with the exception of public administration and defence (section L) where the rate was statistically significantly lower in 2004/05 than in 2001/02 and 2003/04.

Size of workplace

Table STRSIZE5 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strsize5.htm>) shows the estimated number of days lost and the average time off *per worker* due to work-related stress, depression or anxiety, by workplace size. Two sets of workplace size groupings are presented - less than and at least 25 employees and less than and at least 50 employees (sample numbers are too small to provide reliable estimates for the self-employed on own or with partners but no employees in 2004/05). In both cases, the estimated average number of days lost *per worker* in 2004/05 due to work-related stress, depression or anxiety for the larger workplaces was statistically significantly higher than that of the smaller workplaces. This was also true in 2001/02 and 2003/04, and the corresponding rates in all three surveys were of a similar order (not statistically significantly different in 2004/05, 2003/04 and 2001/02).

Table STRSIZE6 (<http://www.hse.gov.uk/statistics/swi/tables/0405/strsize6.htm>) presents estimated days off work and associated average days lost *per worker* for small, medium and large workplaces for 2004/05 and 2003/04 only; LFS response categories in 2001/02 did not allow such an analysis. Small workplaces are defined as those having less than 50 employees, medium have between 50 and 249 employees, whilst large workplaces employ at least 250 employees. In 2004/05, the rate for small workplaces of 0.36 (CI: 0.27 to 0.44) days was of a similar order (not statistically significantly different) to the rate of 0.46 (CI: 0.33 to 0.59) days for medium workplaces, but was statistically significantly lower than the rate of 0.68 (CI: 0.50 to 0.85) days for large workplaces. In 2003/04, the rate for small workplaces was statistically significantly lower than the rate for medium workplaces, as well as large workplaces.

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APPENDIX 1 MODULE OF QUESTIONS ON WORK-RELATED ILL HEALTH

Questions commissioned by the HSE were included in the winter (December-February) quarter of the 2004/05 GB Labour Force Survey (LFS). Questions were only applicable if respondents were:

- working during reference week, (WRKING = 'yes')
- or temporarily away from a job, (JBAWAY = 'yes')
- or working for their own or a family business, (OWNBUS = 'yes' or RELBUS = 'yes')
- or on an employment training scheme, (YTETMP = 1,2,4)
- or on the New Deal employment schemes (NEWDEA4 = 3,4,5,7)
- or on other New Deal options (study-based schemes, Gateway or Follow Through options) and have additional paid work. (NEWDEA4 = 1, 6, 8, 9, or 19 & YTETJB = 'yes')
- or ever worked (EVERWK= 1)

ILLWRK

If worked sometime in the past but not in the last 12 months	If accident questions just asked (ACCDT2='yes')	If accident questions not asked (ACCDT2='no')						
Within the last 12 months have you suffered from any illness, disability or other physical or mental problem that was caused or made worse by your job or work done in the past?	Apart from the accident you have told me about, within the last twelve months have you suffered from any illness, disability or other physical or mental problem that was caused or made worse by your job or work done in the past?	...or (during that 12 month period) have you suffered from any illness, disability or other physical or mental problem that was caused or made worse by your job or work done in the past?						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td>Yes</td> </tr> <tr> <td style="text-align: center;">2</td> <td>No</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Don't know [*]</td> </tr> </table>			1	Yes	2	No	3	Don't know [*]
1	Yes							
2	No							
3	Don't know [*]							

[*] This option only available for proxy interviews

The questions refer to any illness, disability or problem that was caused or made worse by their work. It is only asked of people who have ever been employed. The illness, disability or problem must be one caused by work, but the original cause could have been work before the 12 month period. However to be eligible for these questions the respondent must have suffered from the effects or symptoms of this work-related illness, disability or other physical/mental problem at some point during the past 12 months.

NUMILL (APPLIES IF ILLWRK=1)

How many illnesses have you had (in the last twelve months) that have been caused or been made worse by your work?

Enter a numeric value between 1 and 8

If the respondent has more than eight illnesses, code as 8.

The remainder of the questions refer to the respondent's most serious illness.

AWARE (APPLIES IF ILLWRK=1)

If one illness reported	If more than one illness reported
ASK OR RECORD WHEN WERE YOU FIRST AWARE OF THIS ILLNESS?	ASK OR RECORD WHEN WERE YOU FIRST AWARE OF THE MOST SERIOUS OF THESE ILLNESSES?
1. Within the last 12 months	
2. More than one year ago	

The interviewer will read the question, but not prompt the person for an answer. The question allows the interviewer to calculate whether the response from the interviewee was in the last 12 months or not.

TYPILL (APPLIES IF ILLWRK=1)

If one illness reported	If more than one illness reported
How would you describe this illness?	How would you describe the most serious of these illnesses?
1	Bone, joint or muscle problems which mainly affect (or is mainly connected with) arms, hands, neck or shoulder
2	Bone, joint or muscle problems which mainly affect (or is mainly connected with) hips, legs or feet
3	Bone, joint or muscle problems which mainly affect (or is mainly connected with) back
4	Breathing or lung problems,
5	Skin problems,
6	Hearing problems,
7	Stress, depression or anxiety,
8	Headache and/or eyestrain,
9	Heart disease/attack, other circulatory system,
10	Infectious disease (virus, bacteria),
11	Other

TYPILL is still referring to the illness or disability in the last 12 months that was caused or made worse by the respondent's work. If more than one code applies, the respondent's illness has more than one effect. Code the one which the respondent says is the most serious, or affects them the most.

TMEOFF (APPLIES IF ILLWRK=1 AND TO RESPONDENTS CURRENTLY IN WORK OR WHO LEFT LAST JOB IN PREVIOUS 12 MONTHS)

In the last twelve months, how much time off work have you had because of this illness [illness description]?

- 1 No time off work,**
- 2 less than 1 day,**
- 3 1 to 3 days,**
- 4 4 to 6 days,**
- 5 At least 1 week but less than 2 weeks,**
- 6 At least 2 weeks but less than 1 month,**
- 7 At least 1 month but less than 3 months,**
- 8 At least 3 months but less than 6 months,**
- 9 At least 6 months but less than 9 months,**
- 10 At least 9 months but less than a year.**

WRKAGN3 (APPLIES IF ILLWRK=1 AND TO RESPONDENTS CURRENTLY IN WORK OR WHO LEFT LAST JOB IN PREVIOUS 12 MONTHS)

In the past 12 months have you had to do any of the following because of this illness...

- 1 leave paid work altogether?**
- 2 changed job – different employer?**
- 3 changed job – same employer?**
- 4 changed contracted hours?**
- 5 temporarily worked lighter duties or reduced hours?**
- 6 no change of job or work pattern?**

WCHJB3 (APPLIES IF ILLWRK=1)

May I just check, was the job that caused or made your illness worse the one you previously mentioned as...

- 1 [Occupation title - main job]**
- 2 [Occupation title - second job]**
- 3 or was it some other job?**

WIND (APPLIES IF ILLWRK=1 AND (WCHJB3 = 3 OR (OCCT = EMPTY AND OCCT2 = EMPTY))

Thinking about the job which caused or made your illness worse, what did the firm/organisation you worked for mainly make or do?

Enter a text of at most 80 characters
--

WINDT (APPLIES IF ILLWRK=1 AND (WCHJB3 = 3 OR (OCCT = EMPTY AND OCCT2 = EMPTY))

Enter a short title for the industry

Enter a text of at most 30 characters
--

WOCCT (APPLIES IF ILLWRK=1 AND (WCHJB3 = 3 OR (OCCT = EMPTY AND OCCT2 = EMPTY))

What was your job?

Enter a text of at most 80 characters
--

WOCCD (APPLIES IF ILLWRK=1 AND (WCHJB3 = 3 OR (OCCT = EMPTY AND OCCT2 = EMPTY))

What did you mainly do in your job?
--

Enter a text of at most 80 characters
--

The interviewer will check special qualifications / training needed to do the job.

APPENDIX 2 CONCEPTS AND DEFINITIONS

Currently employed

People aged 16 or over who did some paid employment in the reference week (whether as an employee or self-employed); those who had a job that they were temporarily away from (on holiday, for example); those on government supported employment schemes (including new deal employment schemes); and those doing unpaid family work.

Employee/Self-employed

The division between employees and self-employed is based on each respondent's own assessment of their employment status.

Full-day equivalent working days lost

Explanation can be found in Appendix 3.2.

Full-time/Part-time

Classification of whether a respondent works full-time or part-time is based on self-assessment.

Government Office Regions

The government office regions of England together with Wales and Scotland have been adopted as the primary classification for the presentation of regional statistics.

Usual hours worked

Respondents to the LFS were asked a series of questions enabling the identification of their usual hours. Only people who were currently working were asked the questions, so results are only available for current workers.

Incidence estimates and rates

Explanation can be found in Appendix 3.2.

Industry

The classification of the respondents' industry of employment is based on the Standard Industrial Classification 1992: SIC(92), which is a means of classifying business establishments and other statistical units by the type of economic activity in which they are engaged. See Appendix 5 for further details. The LFS codes a respondent with a job by the primary industry that they work in. For example, a cook in a canteen which is part of a factory will be classified as 'Manufacturing' and not 'Hotels and Restaurants'.

Job causing complaint

The LFS winter quarter only provides detailed information about the job causing the complaint if it was the respondent's current (including second job) or most recent job in the last 12 months. No job-related information is available for illnesses caused by other jobs.

Occupation

The classification of respondents' occupations is based on the Standard Occupational Classification 2000 (SOC2000), which was introduced in 2001. SOC has a hierarchical structure, where occupations are identified and aggregated with reference to the similarity of qualifications, training, skills and experience commonly associated with the competent performance of constituent tasks. See Appendix 4 for further details.

Prevalence estimates and rates

Explanation can be found in Appendix 3.2.

Recently employed

Not currently working (see above) but had a paid job or place on a scheme *in the last 12 months*.

Second job

Job held in addition to full-time or part-time job.

Size of workplace

The size of workplace relates to the number of people at the workplace which is not necessarily the same size as the number of people working for the company.

Unpaid family worker

This group comprises of persons doing unpaid work for a business they own or a business that a relative owns.

Working days lost

Explanation can be found in Appendix 3.2

APPENDIX 3.1 TECHNICAL NOTE: ADJUSTING FOR NON-RESPONSE

Introduction

The process for adjusting SWI04/05 data for non-response covered workplace injuries as well as work-related ill health, allowing joint estimates on the same basis to be produced.

Methods

The methodology was developed to adjust for non-response to the accident and the ill health screening questions included in the LFS. A module of workplace accident questions was administered prior to the ill health module and the accident screening question (ACCDNT) identified adults who had worked in the last 12 months and had had an accident resulting in injury at work or in the course of their work in this period. The ill health screening question (ILLWRK – see Appendix 1) was administered to those who had ever worked, and identified people with long standing as well as new cases of work-related illness in the same 12 month reference period. The difference in the coverage i.e. worked in the last 12 months for workplace accidents and ever worked for work-related ill health required development of two separate models for adjusting for non-response. This involved splitting the data set into people who worked in the last 12 months and those who did not.

For people working in the last 12 months, adjustments were made to account for non-response to the workplace accident (ACCDNT) and/or the work-related illness (ILLWRK – see Appendix 1) screening question. For people who have ever worked but not in the last 12 months, adjustments were made to account for non-response to the work-related illness (ILLWRK) question alone (as the workplace accident question was restricted to those who worked in the last 12 months).

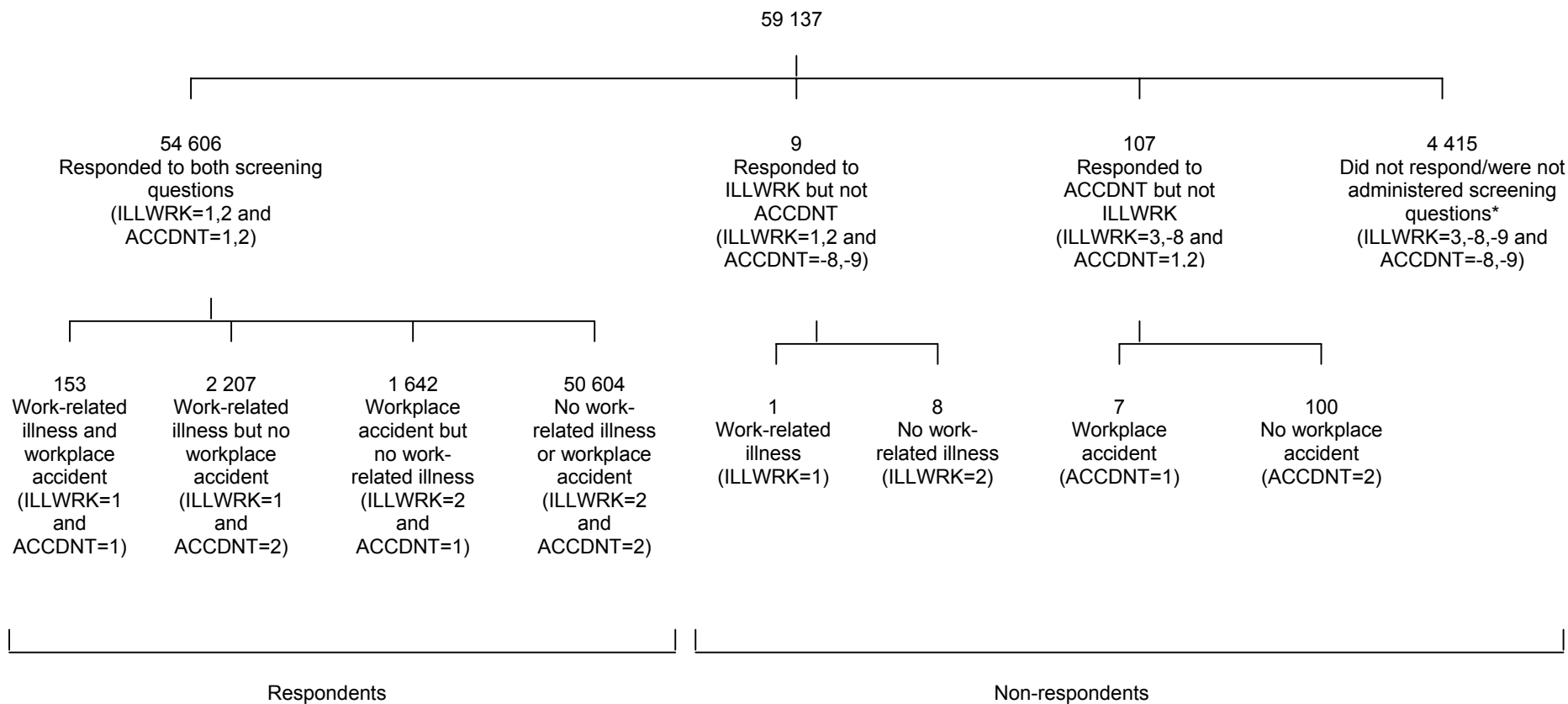
For the non-response adjustments, the algorithm, Chi-squared Automatic Interaction Detection (CHAID) implemented in the software ‘AnswerTree’¹⁰ was used to identify LFS demographic and employment-related variables and codes that best described the pattern of response to the ill health and workplace accident screening questions. The procedure progressively splits the sample into groups between which the response rates differ to a statistically significant extent.

Response rates

Figure A3.1 shows responses to the screening questions for people working in the last 12 months in 2004/05. Of the 54 606 people who worked in the last 12 months and responded ‘yes’ or ‘no’ to both the work-related illness (ILLWRK) and workplace injury (ACCDNT) screening questions, 2360 cases (153 with a workplace injury and 2207 without) reported a work-related illness. Altogether, 4531 cases out of the 59 137 people working in the last 12 months were classed as non-respondents. This included seven cases who had a workplace accident but did not reply (‘yes’ or ‘no’) to the work-related illness question and one case who suffered from a work-related illness but did not reply to the workplace accident question, which were excluded.

Figure A3.2 shows responses to the ill health screening question amongst people not working in the last 12 months in 2004/05. Of the 30 059 people who did not work in the last 12 months, 1603 suffered from a work-related illness and 26 874 did not. A further 1582 cases were classed as non-respondents. In total, for people who have ever worked, 6113 (6.9%) were non-respondents.

Figure A3.1: Outcome of work-related ill health and workplace injury screening questions, for people working in the last 12 months, 2004/05

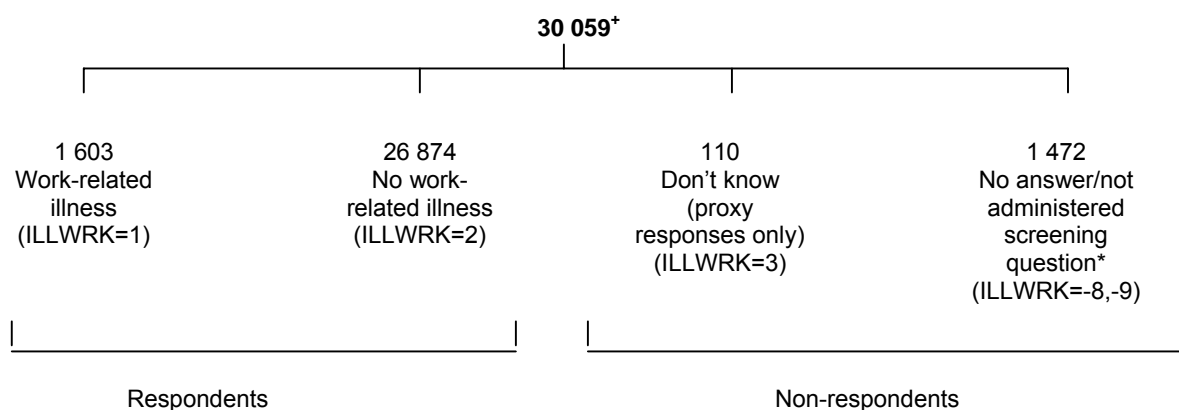


Notes:

See Appendix 1 for details of variable ILLWRK

* Includes respondents brought forward from the previous quarter who could not be contacted in the winter quarter.

Figure A3.2: Outcome of work-related ill health screening questions, for people not working in the last 12 months, 2004/05



Notes:

See Appendix 1 for details of variable ILLWRK

* Includes respondents brought forward from the previous quarter who could not be contacted in the winter quarter.

+ Includes 208 respondents who have ever worked, but provided insufficient information to define whether working in the last 12 months.

Adjustments

For both adjustment processes involving people who worked in the last 12 months and who did not work in this period, the following variables were available for use by CHAID:

- i. Sex (male (1), female (2))
- ii. Age (16-24 (1), 25-34 (2), 35-44 (3), 45-54 (4), 55-59(f)/64(m) (5), 60(f)/65(m)-74 (6), 75+ (7))
- iii. Government Office Region (North East (1), North West (2), Yorkshire and the Humber (3), East Midlands (4), West Midlands (5), East (6), London (7), South East (8), South West (9), Wales (10), Scotland (11))
- iv. Proxy (first person response (1), proxy response (2))
- v. Employment status (employee (1), self-employed (2))
- vi. Industry (section groups relating to current or most recent job in last 8 years – see Appendix 5 for details of section groups)
- vii. Occupation (major groups relating to current or most recent job in last 8 years – see Appendix 4 for details of major groups)
- viii. When worked (current worker (1), recent worker in last 12 months (2), worked over 12 months and less than 8 years ago (3), worked over 8 years ago (4))
- ix. Current economic activity (employed (1), self-employed (2), unemployed (3), students (4), house person (5), temporary or long term sick (6), inactive (7), retired (8))

The decision trees developed by CHAID identified combinations of some of the variables as having statistically significantly different response rates. Unfortunately, the CHAID trees were too large to include pictorially in this report as they included too many branches. Tables A3.1 and A3.2 provide a summary of the groups.

Table A3.1: Groups defined by CHAID analysis which have been used to adjust for non-response in 2004/05, for people working in the last 12 months

CHAID Group	Age	Sex	Person or proxy	Government Office Region	Employment status	Occupation	Industry	Reciprocal of response rate
1	1,2			9,8,6,5,4,11				1.11
2	1,2		2	7,10				1.13
3	1		1	7,10				1.21
4	2	1	1	7,10				1.18
5	2	2	1	7,10				1.12
6	1		2	2,3,1		1,3,5,4,8		1.15
7	1		2	2,3,1		9,2,7,6,-6,-8		1.06
8	1		1	2,3,1				1.13
9	2		2	2,3,1				1.10
10	2		1	2,3,1				1.08
11	3				1	1,3,9,5,8,-6,-8		1.09
12	3				2	1,3,9,5,8,-6,-8		1.11
13	3				1	4,2,7,6		1.06
14	3				2	4,2,7,6		1.09
15	4	1						1.07
16	4	2						1.06
17	5,6,7						5,4,6,7,10	1.06
18	5,6,7						8,3,9,1,2,-6,-8	1.04

Notes:

See above for explanation of codes shown in table.

'-6' = valid reason why not asked the question

'-8' = did not answer question

Table A3.2: Groups defined by CHAID analysis which have been used to adjust for non-response in 2004/05, for people who have ever worked but not in the last 12 months

CHAID Group	Age	Sex	Government Office Region	Person or proxy	Current economic activity	Reciprocal of response rate
1	1,2				8,7,6,5,4	1.10
2	1,2				3,1	1.20
3	3	2		1		1.07
4	3	2		2		1.12
5	3	1				1.12
6	4,5		9,6,2,10,11	1		1.04
7	4,5		8,7,5,4,3,1	1		1.07
8	4,5	2		2		1.07
9	4,5	1		2		1.11
10	6,7	2		1	8,3,4	1.04
11	6,7	2		2	8,3,4	1.05
12	6,7	1			8,3,4	1.05
13	6,7				7,6,5	1.08

Note:

See above for explanation of codes shown in table.

Adjustment for non-response involved multiplication of the weighted data by the reciprocal of the response rate within the groups identified by CHAID. The analysis in this report is based on the corresponding new weights attached to individuals responding yes or no to the screening questions.

APPENDIX 3.2 TECHNICAL NOTE: CALCULATION OF ESTIMATES AND RATES OF PREVALENCE, INCIDENCE AND WORKING DAYS LOST

Calculation of annual prevalence estimates and rates (%)

a) Prevalence estimates and rates of work-related illness relating to individuals ever employed e.g. overall and individual characteristics such as age and sex

Annual prevalence estimate of work-related illness = Estimated number of people ever employed with a work-related illness in the 12 month reference period

Annual estimated prevalence rate per 100 people ever employed = $\frac{\text{Estimated number of people ever employed with a work-related illness in the 12 month period}}{\text{Estimated number of people ever employed}} \times 100$

Notes:

The estimated prevalence relates to illnesses caused or made worse by any job, and includes individuals who have ever worked.

Denominator: The estimated number of people 'ever employed' (as defined by the LFS) has been used as an estimate of the population at risk.

b) Prevalence estimates by occupation and industry relating to individuals ever employed

Individuals reporting a work-related illness were asked whether their illness was caused or made worse by their current or most recent job or by another job (Appendix 1). The LFS routinely collects employment-related information about the current or the most recent job in the last 8 years. If another job was recorded as causing or making the illness worse occupation and industry details were also collected in 2004/05. This level of information was not collected in earlier surveys.

Annual prevalence estimate of work-related illness = Estimated number of people ever employed with a work-related illness in the 12 month reference period

Notes:

Includes illnesses caused or made worse by any job, not just by the current or most recent job.

It is not possible to generate prevalence rates for people who have ever worked, as the LFS only collects employment-related information about the current or the most recent job in the last 8 years.

c) Prevalence estimates and rates relating to individuals who worked in last 12 months e.g. employment-related variables such as occupation and industry

The LFS collects employment-related information about the current or the most recent job in the last 8 years, but only information on illnesses ascribed to the current or most recent job in the last 12 months is available for 2003/04. Therefore for comparison purposes, analysis of employment-related information has been restricted to people working in the last 12 months.

Annual prevalence estimate of ill health caused or made worse by the current or most recent job for people employed in the last 12 months = Estimated number of people with an illness, in the 12 month reference period, caused or made worse by the current or most recent job, for people employed in the last 12 months

Annual estimated prevalence rate of ill health caused or made worse by the current or most recent job per 100 people employed in the last 12 months = $\frac{\text{Estimated number of people with an illness, in 12 month reference period, caused or made worse by the current or most recent job, for people employed in the last 12 months}}{\text{Estimated number of people employed in last 12 months}} \times 100$

Notes:

The job to which the illness is ascribed may not be the current or most recent, but may still be a job in the last 12 months. This information is not included in the prevalence estimate.

Cases of illness caused or made worse by the current job would still be included if the onset of disease was over 12 months ago, while employed in this job, as long as the individual suffered in the reference year. Similarly, cases of illness caused or made worse by the most recent job would still be included if the onset of disease was over 12 months ago, while employed in this job, as long as the individual suffered in the reference year and was still employed in this job during this period.

Denominator: The estimated number of people 'employed in the last 12 months' (as defined by the LFS) has been used as an estimate of the population at risk.

Calculation of annual incidence estimates and rates (%)

a) Estimates and rates of new cases of work-related illness relating to individuals ever employed e.g. overall and individual characteristics such as age and sex

Annual incidence estimate of work-related illness = Number of new cases of work-related illness occurring in 12 month reference period, for people who have ever worked

Note:

Includes illnesses caused or made worse by any job, not just by the current or most recent job.

$$\text{Annual estimated incidence rate of work-related illness per 100 employed in 12 month period} = \frac{\text{Estimated number of new cases of work-related illness occurring in 12 month reference period, amongst individuals employed during 12 month period}}{\text{Estimated number of people employed in the 12 month period}} \times 100$$

Notes:

Numerator: As well as including new cases of ill health caused or made worse by the current job the estimate includes new cases caused or made worse by any other job as long as the individual was employed in the 12 month period (not necessarily in the job which caused or made the illness worse). Illnesses developed after leaving the most recent job, in the 12 month period, or prior to starting the current job in the reference period (provided the individual had previously been employed) are also included.

Denominator: It is important to note that although people will move in and out of work during the 12 month period, people leaving their last (most recent) job in the 12 month reference period will remain at risk of developing a work-related illness during the remainder of the reference period. In addition, people who become employed part way through the period, who have worked prior to the reference period, will be at risk throughout the 12 months. For these reasons, rather than use an estimate of the average working population i.e. ‘worked in the LFS reference week’, which is the usual option for dynamic populations, the ‘worked in the last 12 months’ estimate, which provides a suitable estimate of the number of people at risk, has been used.

b) Estimates of new cases of work-related illness by occupation and industry relating to individuals ever employed

Individuals reporting a work-related illness were asked whether their illness was caused or made worse by their current or most recent job or by another job (Appendix 1). The LFS routinely collects employment-related information about the current or the most recent job in the last 8 years. If another job was recorded as causing or making the illness worse occupation and industry details were collected in 2004/05. This level of information was not collected in earlier surveys.

$$\text{Annual incidence estimate of work-related illness who have ever worked} = \frac{\text{Number of new cases of work-related illness occurring in 12 month reference period, for people who have ever worked}}{\text{Number of people who have ever worked}}$$

Note:

Includes illnesses caused or made worse by any job, not just by the current or most recent job.

It is not possible to generate incidence rates for all people who have worked in the last 12 months, as the LFS only routinely collects employment-related information about the current or the most recent job.

c) Estimates and rates of new cases of work-related illness relating to individuals who worked in last 12 months e.g. employment-related variables such as occupation and industry

The LFS collects employment-related information about the current or the most recent job in the last 8 years, but only information on illnesses ascribed to the current or most recent job in the last 12 months is available for 2003/04. Therefore for comparison purposes, analysis of employment-related information has been restricted to people working in the last 12 months .

Annual incidence estimate of ill health caused or made worse by the current or most recent job, for people who worked in the last 12 months	=	Estimated number of new cases of work-related illness, occurring in the 12 month reference period, caused or made worse by the current or most recent job, for people who worked in the last 12 months	
Annual estimated incidence rate of ill health caused or made worse by the current or most recent job per 100 people employed in 12 month period	=	Estimated number of new cases of work-related illness, occurring in the 12 month reference period, caused or made worse by the current or most recent job, amongst <u>individuals employed during 12 month period</u>	x 100
		Estimated number of people employed in 12 month period	

Notes:

Numerator: Includes new cases of ill health caused or made worse by the current or most recent job where the individual was employed in the 12 month period. Illnesses occurring after leaving the most recent job, in the 12 month period, are also included.

Denominator: As discussed above the ‘worked in the last 12 months’ (as defined by the LFS) been used as an estimate of the number of people at risk.

Calculation of annual full-day equivalent (FDE) working days lost estimates, average FDE working days lost per case of work-related illness and average FDE working days lost per worker

a) Estimated annual FDE working days lost e.g. overall, disease, government office region, occupation and industry

Individuals are asked to record the days they have taken off work because of an illness (the most serious if more than one) caused or made worse by work.

To take account of the variation in the daily hours worked, particularly part-time workers who may work a shorter day, estimated working days lost have been expressed in the form of full-day equivalent (FDE) working days.

$$\text{Estimated annual FDE working days lost} = \frac{\Sigma [\text{usual hours worked per week} \times \text{working days lost}]}{\text{Average hours usually worked per week by full-time worker}}$$

Notes:

Usual hours worked as a proportion of the average hours worked has been used to adjust the reported days off work. This provides an estimate of full-day equivalent working days lost, using the most suitable information available from the LFS. For this purpose, usual hours worked excluded overtime and meal breaks in line with the New Earnings Survey definition of full-time/part-time. Furthermore, the LFS only collects information on hours of work for current workers. Therefore, appropriate usual hours, based on employment characteristics, were imputed for people who worked in the last 12 months but who were not working at the time of interview. Usual hours were also imputed for those current workers who did not answer the relevant usual hours of work question.

Average hours worked per week by full-time workers is based on 2001/02 data and remains constant in the SWI03/04 and SWI04/05 analyses. The same average will be used in future SWI analyses, allowing trends over time to be measured which take account of changes in usual hours worked.

For employment-related variables such as industry and occupation, the job to which the illness is ascribed may not be the current or most recent, but may still be a job in the last 12 months. Days lost information relating to this job is generally not included in the estimated annual FDE working days lost. However, in 2004/05 alone, occupational and industrial information was also collected about the on the job other than the current or most recent to which the illness was ascribed. Days lost estimates due to illnesses ascribed to any job have been provided, as well as days lost estimates and rates due to illnesses ascribed to the current or most recent job in the last 12 months. It is not possible to provide rates of days lost per worker, as the LFS only routinely collects employment-related information about the current or the most recent job.

b) Estimated average annual FDE working days lost per case of work-related illness e.g. overall and by disease

$$\text{Average estimated annual FDE working days lost per case of work-related illness} = \frac{\text{Estimated annual (FDE) working days lost}}{\text{Estimated number of people with a work-related illness, in the 12 month period, who worked in the same period}}$$

Note:

Numerator: See (a) above for calculation of estimated annual FDE (full-day equivalent) working days lost

c) Estimated average annual working days lost (full-day equivalent) per worker e.g. overall and individual characteristics such as government office region

$$\text{Average estimated annual FDE working days lost per worker} = \frac{\text{Annual (FDE) working days lost}}{\text{Full-time equivalent workers (FTE) in 12 month period}}$$

Notes:

Numerator: See (a) above for calculation of estimated annual FDE (full-day equivalent) working days lost

Denominator: Estimated annual full-time equivalent workers has been calculated as follows:

$$FTE = \frac{\Sigma (\text{usual hours worked per week})}{\text{average hours usually worked per week by full-time worker}}$$

For current workers i.e. worked in LFS reference week.

This takes account of the difference in time worked by full and part-time workers. As individuals can only take time off while employed, the average working population, 'worked in the LFS reference week' is the best estimate of the number of people at risk.

d) Estimated average annual working days lost (full-day equivalent) per worker for employment-related variables such as industry and occupation

$$\text{Average estimated annual FDE working days lost per worker} = \frac{\text{Annual (FDE) working days lost due to complaint ascribed to current or most recent job}}{\text{Full-time equivalent workers (FTE) in 12 month period}}$$

Notes:

Numerator: See (a) above for calculation of estimated annual FDE (full-day equivalent) working days lost

For employment-related variables such as industry and occupation, the job to which the illness is ascribed may not be the current or most recent, but may still be a job in the last 12 months. Days lost information relating to this job is not included in the numerator estimate.

Denominator: Estimated annual full-time equivalent workers has been calculated as follows:

$$FTE = \frac{\Sigma (\text{usual hours worked per week})}{\text{average hours usually worked per week by full-time worker}}$$

For current workers i.e. worked in LFS reference week.

This takes account of the difference in time worked by full and part-time workers. As individuals can only take time off while employed, the average working population, 'worked in the LFS reference week' is the best estimate of the number of people at risk.

APPENDIX 4 STANDARD OCCUPATIONAL CLASSIFICATION 2000

The Standard Occupational Classification (SOC) is broken down into 4 areas: the major groups, the sub-major groups, the minor groups and the constituent unit groups. At the most detailed level, there are 353 unit groups, each with a 4 digit classification. Each occupational group is allocated to a minor group (3 digit), of which there 81, a sub-major group (2 digit), of which there are 25 and a major group (1 digit) of which there are 9. The major group structure is a set of broad occupational categories, which are designed to bring together unit groups, which are similar in terms of the qualification, training, skills and experience.

MAJOR GROUP	SUB-MAJOR GROUP	Minor group	Unit group	Description
1		MANAGERS AND SENIOR OFFICIALS		
	11	COR	PORATE MANAGERS	
		111	Corporate managers and senior officials	
			1111	Senior officials in national government
			1112	Directors and chief executives of major organisations
			1113	Senior officials in local government
			1114	Senior officials of special interest organisations
		112	Production managers	
			1121	Production, works and maintenance managers
			1122	Managers in construction
			1123	Managers in mining and energy
		113	Functional managers	
			1131	Financial managers and chartered secretaries
			1132	Marketing and sales managers
			1133	Purchasing managers
			1134	Advertising and public relations managers
			1135	Personnel, training and industrial relations managers
			1136	Information and communication technology managers
			1137	Research and development managers
		114	Quality and customer care managers	
			1141	Quality assurance managers
			1142	Customer care managers
		115	Financial institution and office managers	
			1151	Financial institution managers
			1152	Office managers
		116	Managers in distribution, storage and retailing	
			1161	Transport and distribution managers
			1162	Storage and warehouse managers
			1163	Retail and wholesale managers

117	Protective service officers
	1171 Officers in armed forces
	1172 Police officers (inspectors and above)
	1173 Senior officers in fire, ambulance, prison and related services
	1174 Security managers
118	Health and social services managers
	1181 Hospital and health service managers
	1182 Pharmacy managers
	1183 Healthcare practice managers
	1184 Social services managers
	1185 Residential and day care managers
12	MANAGERS AND PROPRIETORS IN AGRICULTURE AND SERVICES
121	Managers in farming, horticulture, forestry and fishing
	1211 Farm managers
	1212 Natural environment and conservation managers
	1219 Managers in animal husbandry, forestry and fishing n.e.c.
122	Managers and proprietors in hospitality and leisure services
	1221 Hotel and accommodation managers
	1222 Conference and exhibition managers
	1223 Restaurant and catering managers
	1224 Publicans and managers of licensed premises
	1225 Leisure and sports managers
	1226 Travel agency managers
123	Managers and proprietors in other services industries
	1231 Property, housing and land managers
	1232 Garage managers and proprietors
	1233 Hairdressing and beauty salon managers and proprietors
	1234 Shopkeepers and wholesale/retail dealers
	1235 Recycling and refuse disposal managers
	1239 Managers and proprietors in other services n.e.c.
2	PROFESSIONAL OCCUPATIONS
21	SCIENCE AND TECHNOLOGY PROFESSIONALS
211	Science professionals
	2111 Chemists
	2112 Biological scientists and biochemists
	2113 Physicists, geologists and meteorologists

212	Engineering professionals
2121	Civil engineers
2122	Mechanical engineers
2123	Electrical engineers
2124	Electronic engineers
2125	Chemical engineers
2126	Design and development engineers
2127	Production and process engineers
2128	Planning and quality control engineers
2129	Engineering professionals n.e.c.
213	Information and communication technology professionals
2131	IT strategy and planning professionals
2132	Software professionals
22	HEALTH PROFESSIONALS
221	Health professionals
2211	Medical practitioners
2212	Psychologists
2213	Pharmacists/pharmacologists
2214	Ophthalmic opticians
2215	Dental practitioners
2216	Veterinarians
23	TEACHING AND RESEARCH PROFESSIONALS
231	Teaching professionals
2311	Higher education teaching professionals
2312	Further education teaching professionals
2313	Education officers, school inspectors
2314	Secondary education teaching professionals
2315	Primary and nursery education teaching professionals
2316	Special needs education teaching professionals
2317	Registrars and senior administrators of educational establishments
2319	Teaching professionals n.e.c.
232	Research professionals
2321	Scientific researchers
2322	Social science researchers
2329	Researchers n.e.c.
24	BUSINESS AND PUBLIC SERVICE PROFESSIONALS
241	Legal professionals
2411	Solicitors and lawyers, judges and coroners
2419	Legal professionals n.e.c.
242	Business and statistical professionals
2421	Chartered and certified accountants
2422	Management accountants
2423	Management consultants, actuaries, economists and statisticians

	243	Architects, town planners, surveyors
	2431	Architects
	2432	Town planners
	2433	Quantity surveyors
	2434	Chartered surveyors (not quantity surveyors)
	244	Public service professionals
	2441	Public service administrative professionals
	2442	Social workers
	2443	Probation officers
	2444	Clergy
	245	Librarian and related professionals
	2451	Librarian
	2452	Archivists and curators
3		ASSOCIATE PROFESSIONAL AND TECHNICAL OCCUPATIONS
	31	SCIENCE AND TECHNOLOGY ASSOCIATE PROFESSIONALS
	311	Science and engineering technicians
	3111	Laboratory technicians
	3112	Electrical/electronics technicians
	3113	Engineering technicians
	3114	Building and civil engineering technicians
	3115	Quality assurance technicians
	3119	Science and engineering technicians n.e.c.
	312	Draughtspersons and building inspectors
	3121	Architectural technologists and town planning technicians
	3122	Draughtspersons
	3123	Building inspectors
	313	IT Service Delivery Occupations
	3131	IT operations technicians
	3132	IT user support technicians
32		HEALTH AND SOCIAL WELFARE ASSOCIATE PROFESSIONALS
PROF	321	Health associate professionals
	3211	Nurses
	3212	Midwives
	3213	Paramedics
	3214	Medical radiographers
	3215	Chiropodists
	3216	Dispensing opticians
	3217	Pharmaceutical dispensers
	3218	Medical and dental technicians

	322	Therapists
	3221	Physiotherapists
	3222	Occupational therapists
	3223	Speech and language therapists
	3229	Therapists n.e.c.
	323	Social welfare associate professionals
	3231	Youth and community workers
	3232	Housing and welfare officers
33	PROTECTIVE SERVICE OCCUPATIONS	
	331	Protective service occupations
	3311	NCOs and other ranks
	3312	Police officers (sergeant and below)
	3313	Fire service officers (leading fire officer and below)
	3314	Prison service officers (below principal officer)
	3319	Protective service associate professionals n.e.c.
34	CULTURE, MEDIA AND SPORTS OCCUPATIONS	
	341	Artistic and literacy occupations
	3411	Artists
	3412	Authors, writers
	3413	Actors, entertainers
	3414	Dancers and choreographers
	3415	Musicians
	3416	Arts officers, producers and directors
	342	Design associate professionals
	3421	Graphic designers
	3422	Product, clothing and related designers
	343	Media associate professionals
	3431	Journalists, newspaper and periodical editors
	3432	Broadcasting associate professionals
	3433	Public relations officers
	3434	Photographer and audio-visual equipment operators
	344	Sports and fitness occupations
	3441	Sports players
	3442	Sports coaches, instructors and officials
	3443	Fitness instructors
	3449	Sports and fitness occupations n.e.c.
35	BUSINESS AND PUBLIC SERVICE ASSOCIATE PROFESSIONALS	
	351	Transport associate professionals
	3511	Air traffic controllers
	3512	Aircraft pilots and flight engineers
	3513	Ship and hovercraft officers
	3514	Train drivers

- 352** **Legal associate professionals**
3520 Legal associate professionals
- 353** **Business and finance associate professionals**
3531 Estimators, valuers and assessors
3532 Brokers
3533 Insurance underwriters
3534 Finance and investment analysts/advisers
3535 Taxation experts
3536 Importers, exporters
3537 Financial and accounting technicians
3539 Business and related associate professionals n.e.c.
- 354** **Sales and related associate professionals**
3541 Buyers and purchasing officers
3542 Sales representatives
3543 Marketing associate professionals
3544 Estate agents, auctioneers
- 355** **Conservation associate professionals**
3551 Conservation and environmental protection officers
3552 Countryside and park rangers
- 356** **Public service and other associate professionals**
3561 Public service associate professionals
3562 Personnel and industrial relations officers
3563 Vocational and industrial trainers and instructors
3564 Careers advisers and vocational guidance specialists
3565 Inspectors of factories, utilities and trading standards
3566 Statutory examiners
3567 Occupational hygienists and safety officers (health and safety)
3568 Environmental health officers

4

**ADMINISTRATIVE AND SECRETARIAL
OCCUPATIONS**

41 ADMI NISTRATIVE OCCUPATIONS

- 411** **Administrative occupations: government and related organisations**
4111 Civil Service executive officers
4112 Civil Service administrative officers and assistants
4113 Local government clerical officers and assistants
4114 Officers of non-governmental organisations
- 412** **Administrative occupations: finance**
4121 Credit controllers
4122 Accounts and wages clerks, book-keepers, other financial clerks
4123 Counter clerks

523	Vehicle trades
5231	Motor mechanics, auto engineers
5232	Vehicle body builders and repairers
5233	Auto electricians
5234	Vehicle spray painters
524	Electrical trades
5241	Electricians, electrical fitters
5242	Telecommunications engineers
5243	Lines repairers and cable jointers
5244	TV, video and audio engineers
5245	Computer engineers, installation and maintenance
5249	Electrical/electronics engineers n.e.c.
53	SKILLED CONSTRUCTION AND BUILDING TRADES
531	Construction trades
5311	Steel erectors
5312	Bricklayers, masons
5313	Roofers, roof tilers and slaters
5314	Plumbers, heating and ventilating engineers
5315	Carpenters and joiners
5316	Glaziers, window fabricators and fitters
5319	Construction trades n.e.c.
532	Building trades
5321	Plasterers
5322	Floorers and wall tilers
5323	Painters and decorators
54	TEXTILES, PRINTING AND OTHER SKILLED TRADES
541	Textiles and garment trades
5411	Weavers and knitters
5412	Upholsterers
5413	Leather and related trades
5414	Tailors and dressmakers
5419	Textiles, garments and related trades n.e.c.
542	Printing trades
5421	Originators, compositors and print preparers
5422	Printers
5423	Bookbinders and print finishers
5424	Screen printers
543	Food preparation trades
5431	Butchers, meat cutters
5432	Bakers, flour confectioners
5433	Fishmongers, poultry dressers
5434	Chefs, cooks

- 549 Skilled trades n.e.c.**
 - 5491 Glass and ceramics makers, decorators and finishers
 - 5492 Furniture makers, other craft woodworkers
 - 5493 Pattern makers (moulds)
 - 5494 Musical instrument makers and tuners
 - 5495 Goldsmiths, silversmiths, precious stone workers
 - 5496 Floral arrangers, florists
 - 5499 Hand craft occupations n.e.c.

6

PERSONAL SERVICE OCCUPATIONS

61 CARIN G PERSONAL SERVICE OCCUPATIONS

611 Healthcare and related personal services

- 6111 Nursing auxiliaries and assistants
- 6112 Ambulance staff (excluding paramedics)
- 6113 Dental nurses
- 6114 Houseparents and residential wardens
- 6115 Care assistants and home carers

612 Childcare and related personal services

- 6121 Nursery nurses
- 6122 Childminders and related occupations
- 6123 Playgroup leaders/assistants
- 6124 Educational assistants

613 Animal care services

- 6131 Veterinary nurses and assistants
- 6139 Animal care occupations n.e.c.

62 LEISURE AND OTHER PERSONAL SERVICE OCCUPATIONS

621 Leisure and travel service occupations

- 6211 Sports and leisure assistants
- 6212 Travel agents
- 6213 Travel and tour guides
- 6214 Air travel assistants
- 6215 Rail travel assistants
- 6219 Leisure and travel service occupations n.e.c.

622 Hairdressers and related occupations

- 6221 Hairdressers, barbers
- 6222 Beauticians and related occupations

623 Housekeeping occupations

- 6231 Housekeeping and related occupations
- 6232 Caretakers

629 Personal services occupations n.e.c.

- 6291 Undertakers and mortuary assistants
- 6292 Pest control officers

7	SALES AND CUSTOMER SERVICE OCCUPATIONS
71	SALES OCCUPATIONS
711	Sales assistants and retail cashiers
7111	Sales and retail assistants
7112	Retail cashiers and check-out operators
7113	Telephone salespersons
712	Sales related occupations
7121	Collector salespersons and credit agents
7122	Debt, rent and other cash collectors
7123	Roundsmen/women and van salespersons
7124	Market and street traders and assistants
7125	Merchandisers and window dressers
7129	Sales related occupations n.e.c.
72	CUST OMER SERVICE OCCUPATIONS
721	Customer service occupations
7211	Call centre agents/operators
7212	Customer care occupations
8	PROCESS, PLANT AND MACHINE OPERATIVES
81	PROCESS, PLANT AND MACHINE OPERATIVES
811	Process operatives
8111	Food, drink and tobacco process operatives
8112	Glass and ceramics process operatives
8113	Textile process operatives
8114	Chemical and related process operatives
8115	Rubber process operatives
8116	Plastics process operatives
8117	Metal making and treating process operatives
8118	Electroplaters
8119	Process operatives n.e.c.
812	Plant and machine operatives
8121	Paper and wood machine operatives
8122	Coal mine operatives
8123	Quarry workers and related operatives
8124	Energy plant operatives
8125	Metal working machine operatives
8126	Water and sewerage plant operatives
8129	Plant and machine operatives n.e.c.

813 Assemblers and routine operatives

- 8131 Assemblers (electrical products)
- 8132 Assemblers (vehicles and metal goods)
- 8133 Routine inspectors and testers
- 8134 Weighers, graders, sorters
- 8135 Tyre, exhaust and windscreen fitters
- 8136 Clothing cutters
- 8137 Sewing machinists
- 8138 Routine laboratory testers
- 8139 Assemblers and routine operatives n.e.c.

814 Construction operatives

- 8141 Scaffolders, staggers, riggers
- 8142 Road construction operatives
- 8143 Rail construction and maintenance operatives
- 8149 Construction operatives n.e.c.

82 TRANSPORT AND MOBILE MACHINE DRIVERS AND OPERATIVES

821 Transport drivers and operatives

- 8211 Heavy goods vehicle drivers
- 8212 Van drivers
- 8213 Bus and coach drivers
- 8214 Taxi, cab drivers and chauffeurs
- 8215 Driving instructors
- 8216 Rail transport operatives
- 8217 Seafarers (merchant navy); barge, lighter and boat operatives
- 8218 Air transport operatives
- 8219 Transport operatives n.e.c.

822 Mobile machine drivers and operatives

- 8221 Crane drivers
- 8222 Fork-lift truck drivers
- 8223 Agricultural machinery drivers
- 8229 Mobile machine drivers and operatives n.e.c.

9 ELEMENTARY OCCUPATIONS

91 RELATE ELEMENTARY TRADES, PLANT AND STORAGE D OCCUPATIONS

911 Elementary agricultural occupations

- 9111 Farm workers
- 9112 Forestry workers
- 9119 Fishing and agriculture related occupations n.e.c.

912 Elementary construction occupations

- 9121 Labourers in building and woodworking trades
- 9129 Labourers in other construction trades n.e.c.

913	Elementary process plant occupations
9131	Labourers in foundries
9132	Industrial cleaning process occupations
9133	Printing machine minders and assistants
9134	Packers, bottlers, canners, fillers
9139	Labourers in process and plant operations n.e.c.
914	Elementary goods storage occupations
9141	Stevedores, dockers and slingers
9149	Other goods handling and storage occupations n.e.c.
92	ELEMENTARY ADMINISTRATION AND SERVICE OCCUPATIONS
921	Elementary administration occupations
9211	Postal workers, mail sorters, messengers, couriers
9219	Elementary office occupations n.e.c.
922	Elementary personal services occupations
9221	Hospital porters
9222	Hotel porters
9223	Kitchen and catering assistants
9224	Waiters, waitresses
9225	Bar staff
9226	Leisure and theme park attendants
9229	Elementary personal services occupations n.e.c.
923	Elementary cleaning occupations
9231	Window cleaners
9232	Road sweepers
9233	Cleaners, domestics
9234	Launderers, dry cleaners, pressers
9235	Refuse and salvage occupations
9239	Elementary cleaning occupations n.e.c.
924	Elementary security occupations
9241	Security guards and related occupations
9242	Traffic wardens
9243	School crossing patrol attendants
9244	School mid-day assistants
9245	Car park attendants
9249	Elementary security occupations n.e.c.
925	Elementary sales occupations
9251	Shelf fitters
9259	Elementary sales occupations n.e.c.

Notes:

n.e.c. Not elsewhere classified

APPENDIX 5 STANDARD INDUSTRIAL CLASSIFICATION 1992

The Standard Industrial Classification is a means of classifying business establishments and other statistical units by the type of economic activity in which they are engaged. The UK SIC (92) is a hierarchical five digit system. At the highest level of aggregation UK SIC (92) is divided into 17 sections, each denoted by a single letter from A to Q. Within these sections there are 60 divisions (denoted by two digits). The divisions are then broken down into 222 groups (3 digits).

SECTION	Division	Group	Description
A	AGRICULTURE, HUNTING & FORESTRY		
01	Agriculture, hunting and related services		
01.1			Growing of crops; market gardening; horticulture
01.2			Farming of animals
01.3			Growing of crops combined with farming of animals (mixed farming)
01.4			Agricultural & animal husbandry service activities, except veterinary services
01.5			Hunting, trapping & game propagation including related service activities
02	Forestry, logging and related service activities		
02.0			Forestry, logging & related service activities
B	FISHING		
05	Fishing, operation of fish hatcheries and fish farms; service activities incidental to fishing		
05.0			Fishing, operation of fish hatcheries & fish farms; service activities incidental to fishing
C	MINING, QUARRYING		
10	Mining of coal and lignite; extraction of peat		
10.1			Mining & agglomeration of hard coal
10.2			Mining & agglomeration of lignite
10.3			Extraction & agglomeration of peat
11	Extraction of crude petroleum and natural gas; service activities incidental to oil and gas extract		
11.1			Extraction of crude petroleum & natural gas
11.2			Service activities incidental to oil & gas extraction excluding surveying
12	Mining of uranium and thorium ores		
12.0			Mining of uranium & thorium ores
13	Mining of metal ores		
13.1			Mining of iron ores
13.2			Mining of non-ferrous metal ores, except uranium & thorium ores

- 14 Other mining and quarrying**
- 14.1 Quarrying of stone
- 14.2 Quarrying of sand & clay
- 14.3 Mining of chemical & fertilizer minerals
- 14.4 Production of salt
- 14.5 Other mining & quarrying nec

D MANUFACTURING

- 15 Manufacture of food and beverages**
- 15.1 Production, processing & preserving of meat & meat products
- 15.2 Processing & preserving of fish & fish products
- 15.3 Processing & preserving of fruit & vegetables
- 15.4 Manufacture of vegetable & animal oils & fats
- 15.5 Manufacture of dairy products
- 15.6 Manufacture of grain mill products, starches & starch products
- 15.7 Manufacture of prepared animal feeds
- 15.8 Manufacture of other food products
- 15.9 Manufacture of beverages

- 16 Manufacture of tobacco products**
- 16.0 Manufacture of tobacco products

- 17 Manufacture of textiles**
- 17.1 Preparation & spinning of textile fibres
- 17.2 Textile weaving
- 17.3 Finishing of textiles
- 17.4 Manufacture of made-up textile articles, except apparel
- 17.5 Manufacture of other textiles
- 17.6 Manufacture of knitted & crocheted fabrics
- 17.7 Manufacture of knitted & crocheted articles

- 18 Manufacture of wearing apparel: dressing and dyeing of fur**
- 18.1 Manufacture of leather clothes
- 18.2 Manufacture of wearing apparel & accessories
- 18.3 Dressing & dyeing of fur; manufacture of articles of fur

- 19 Tanning and dressing of leather; manufacture of luggage, handbags, saddlery, harness and footwear**
- 19.1 Tanning & dressing of leather
- 19.2 Manufacture of luggage, handbags & the like, saddlery & harness
- 19.3 Manufacture of footwear

- 20 Manufacture of wood and of products of wood and cork, except furniture; manufacture of straw and plaiting materials**
- 20.1 Sawmilling & planing of wood, impregnation of wood
- 20.2 Manufacture of veneer sheets; manufacture of plywood, laminboard, particle board, fibre board & other panels & boards
- 20.3 Manufacture of builder's carpentry & joinery
- 20.4 Manufacture of wooded containers
- 20.5 Manufacture of other products of wood; manufacture of articles of cork, straw & plaiting materials

- 21 Manufacture of pulp, paper and paper products**
21.1 Manufacture of pulp, paper & paperboard
21.2 Manufacture of articles of paper & paperboard
- 22 Publishing, printing and reproduction of recorded media**
22.1 Publishing
22.2 Printing & service activities related to printing
22.3 Reproduction of recorded media
- 23 Manufacture of coke, refined petroleum products and nuclear fuel**
23.1 Manufacture of coke oven products.
23.2 Manufacture of refined petroleum products.
23.3 Processing of nuclear fuel
- 24 Manufacture of chemicals and chemical products**
24.1 Manufacture of basic chemicals
24.2 Manufacture of pesticides & other agro-chemical products
24.3 Manufacture of paints, varnishes & similar coatings, printing ink & mastics
24.4 Manufacture of pharmaceuticals, medicinal chemicals & botanical products
24.5 Manufacture of soaps & detergents, cleaning & polishing preparations, perfumes & toilet preparations
24.6 Manufacture of other chemical products
24.7 Manufacture of man-made fibres
- 25 Manufacture of rubber and plastic products**
25.1 Manufacture of rubber products
25.2 Manufacture of plastic products
- 26 Manufacture of other non-metallic mineral products**
26.1 Manufacture of glass & glass products
26.2 Manufacture of non-refractory ceramic goods other than for construction purposes; manufacture of refractory ceramic products
26.3 Manufacture of ceramic tiles & flags
26.4 Manufacture of bricks, tiles & construction products, in baked clay
26.5 Manufacture of cement, lime & plaster
26.6 Manufacture of articles of concrete, plaster & cement
26.7 Cutting, shaping & finishing of stone
26.8 Manufacture of other non-metallic mineral products
- 27 Manufacture of basic metals**
27.1 Manufacture of basic iron & steel & of ferro-alloys
27.2 Manufacture of tubes
27.3 Other first processing of iron & steel & production of non-ECSC ferro-alloys
27.4 Manufacture of basic precious & non-ferrous metals
27.5 Casting of metals

- 28 Manufacture of fabricated metal products, except machinery and equipment**
- 28.1 Manufacture of structural metal products
 - 28.2 Manufacture of tanks, reservoirs & containers of metal; manufacture of central heating radiators & boilers
 - 28.3 Manufacture of steam generators, except central heating hot water boilers
 - 28.4 Forging, pressing, stamping & roll forming of metal; powder metallurgy
 - 28.5 Treatment & coating of metals; general mechanical engineering
 - 28.6 Manufacture of cutlery, tools & general hardware
 - 28.7 Manufacture of other fabricated products
- 29 Manufacture of machinery and equipment nec**
- 29.1 Manufacture of machinery for the production & use of mechanical power, except aircraft, vehicle & cycle engines
 - 29.2 Manufacture of other general purpose machinery
 - 29.3 Manufacture of agricultural & forestry machinery
 - 29.4 Manufacture of machine tools
 - 29.5 Manufacture of other special purpose machinery
 - 29.6 Manufacture of weapons & ammunition
 - 29.7 Manufacture of domestic appliances nec
- 30 Manufacture of office machinery and computers**
- 30.0 Manufacture of office machinery & computers
- 31 Manufacture of electrical machinery and apparatus nec**
- 31.1 Manufacture of electric motors, generators & transformers
 - 31.2 Manufacture of electricity distribution & control apparatus
 - 31.3 Manufacture of insulated wire & cable
 - 31.4 Manufacture of accumulators, primary cells & primary batteries
 - 31.5 Manufacture of lighting equipment & electric lamps
 - 31.6 Manufacture of electrical equipment nec
- 32 Manufacture of radio, television and communication equipment and apparatus**
- 32.1 Manufacture of electronic valves & tubes & other electronic components
 - 32.2 Manufacture of television & radio transmitters & apparatus for line telephony & line telegraphy
 - 32.3 Manufacture of television & radio receivers, sound or video recording or reproducing apparatus & associated goods
- 33 Manufacture of medical, precision and optical instruments, watches and clocks**
- 33.1 Manufacture of medical & surgical equipment & orthopaedic appliances
 - 33.2 Manufacture of instruments & appliances for measuring, checking, testing, navigating & other purposes, except industrial process control equipment
 - 33.3 Manufacture of industrial process control equipment
 - 33.4 Manufacture of optical instruments & photographic equipment
 - 33.5 Manufacture of watches & clocks
- 34 Manufacture of motor vehicles, trailers and semi-trailers**
- 34.1 Manufacture of motor vehicles
 - 34.2 Manufacture of bodies (coachwork) for motor vehicles; manufacture of trailers & semi-trailers
 - 34.3 Manufacture of parts & accessories for motor vehicles & their engines

- 35 Manufacture of other transport equipment**
 - 35.1 Building & repairing of ships & boats
 - 35.2 Manufacture of railway & tramway locomotives & rolling stock
 - 35.3 Manufacture of aircraft & spacecraft
 - 35.4 Manufacture of motorcycles & bicycles
 - 35.5 Manufacture of other transport equipment nec

- 36 Manufacture of furniture: manufacturing nec**
 - 36.1 Manufacture of furniture
 - 36.2 Manufacture of jewellery & related articles
 - 36.3 Manufacture of musical instruments
 - 36.4 Manufacture of sports goods
 - 36.5 Manufacture of games & toys
 - 36.6 Miscellaneous manufacturing nec

- 37 Recycling**
 - 37.1 Recycling of metal waste & scrap
 - 37.2 Recycling of non-metal waste & scrap

- E ELECTRICITY GAS & WATER SUPPLY**

- 40 Electricity, gas, steam and hot water supply**
 - 40.1 Production & distribution of electricity
 - 40.2 Manufacture of gas; distribution of gaseous fuels throughout mains
 - 40.3 Steam & hot water supply

- 41 Collection, purification and distribution of water**
 - 41.0 Collection, purification & distribution of water

- F CONSTRUCTION**

- 45 Construction**
 - 45.1 Site preparation
 - 45.2 Building of complete constructions or parts thereof-, civil engineering
 - 45.3 Building Installation
 - 45.4 Building completion
 - 45.5 Renting of construction or demolition equipment with operator

- G WHOLESALE AND RETAIL TRADE: REPAIR OF MOTOR VEHICLES, MOTORCYCLES AND PERSONAL AND HOUSEHOLD GOODS**

- 50 Sale, maintenance and repair of motor vehicles and motorcycles; retail sale of automotive fuel**
 - 50.1 Sale of motor vehicles
 - 50.2 Maintenance & repair of motor vehicles
 - 50.3 Sale of motor vehicle parts & accessories
 - 50.4 Sale, maintenance & repair of motorcycles & related parts & accessories
 - 50.5 Retail sale of automotive fuel

- 51 Wholesale trade and commission trade, except of motor vehicles and motorcycles**
- 51.1 Wholesale on a fee or contract basis
 - 51.2 Wholesale of agricultural raw materials & live animals
 - 51.3 Wholesale of food, beverages & tobacco
 - 51.4 Wholesale of household goods
 - 51.5 Wholesale of non-agricultural intermediate products, waste & scrap
 - 51.6 Wholesale of machinery, equipment & supplies
 - 51.9 Other Wholesale

- 52 Retail trade, except of motor vehicles and motorcycles: repair of personal and household goods**
- 52.1 Retail sale in non-specialised stores
 - 52.2 Retail sale of food, beverages & tobacco in specialised stores
 - 52.3 Retail sale of pharmaceutical & medical goods, cosmetic & toilet articles
 - 52.4 Other retail sale of new goods in specialised stores
 - 52.5 Retail sale of second-hand goods in stores
 - 52.6 Retail sale not in stores
 - 52.7 Repair of personal & household goods

H HOTELS & RESTAURANTS

- 55 Hotels and restaurants**
- 55.1 Hotels
 - 55.2 Camping sites & other provision of short-stay accommodation
 - 55.3 Restaurants
 - 55.4 Bars
 - 55.5 Canteens & catering

I TRANSPORT, STORAGE & COMMUNICATION

- 60 Land transport; transport via pipelines**
- 60.1 Transport via railways
 - 60.2 Other land transport
 - 60.3 Transport via pipelines

- 61 Water transport**
- 61.1 Sea & coastal water transport
 - 61.2 Inland water transport

- 62 Air transport**
- 62.1 Scheduled air transport
 - 62.2 Non-scheduled air transport
 - 62.3 Space transport

- 63 Supporting and auxiliary transport activities; activities of travel agencies**
- 63.1 Cargo handling & storage
 - 63.2 Other supporting transport activities
 - 63.3 Activities of travel agencies & tour operators; tourist assistance activities nec
 - 63.4 Activities of other transport agencies

64 Post and telecommunications

64.1 Post & courier activities

64.2 Telecommunications

J FINANCIAL INTERMEDIATION

65 Financial intermediation, except insurance and pension funding

65.1 Monetary intermediation

65.2 Other financial intermediation

66 Insurance and pension funding, except compulsory social security

66.0 Insurance & pension funding, except compulsory social security

67 Activities auxiliary to financial intermediation

67.1 Activities auxiliary to financial intermediation, except insurance & pension funding

67.2 Activities auxiliary to insurance & pension funding

K REAL ESTATE, RENTING & BUSINESS ACTIVITIES

70 Real estate activities

70.1 Real estate activities with own property

70.2 Letting of own property

70.3 Real estate activities on a fee or contract basis

71 Renting of machinery and equipment without operator and of personal and household goods

71.1 Renting of automobiles

71.2 Renting of other transport equipment

71.3 Renting of other machinery & equipment

71.4 Renting of personal & household goods nec

72 Computer and related activities

72.1 Hardware consultancy

72.2 Software consultancy & supply

72.3 Data processing

72.4 Data base activities

72.5 Maintenance & repair of office, accounting & computing machinery

72.6 Other computer related activities

73 Research and development

73.1 Research & experimental development on natural sciences & engineering

73.2 Research & experimental development on social sciences & humanities

74	Other business activities
74.1	Legal, accounting, book-keeping & auditing activities; tax consultancy; market research & public opinion polling; business & management consultancy; holdings
74.2	Architectural & engineering activities & related technical consultancy
74.3	Technical testing & analysis
74.4	Advertising
74.5	Labour recruitment & provision of personnel
74.6	Investigation & security activities
74.7	Industrial cleaning
74.8	Miscellaneous business activities nec
L	PUBLIC ADMINISTRATION & DEFENCE; COMPULSORY SOCIAL SECURITY
75	Public administration & defence; compulsory social security
75.1	Administration of the State & the economic & social policy of the community
75.2	Provision of services to the community as a whole
75.3	Compulsory social security activities
M	EDUCATION
80	Education
80.1	Primary education
80.2	Secondary education
80.3	Higher education
80.4	Adult & other education
N	HEALTH & SOCIAL WORK
85	Health and social work
85.1	Human health activities
85.2	Veterinary activities
85.3	Social work activities
O	OTHER COMMUNITY, SOCIAL AND PERSONAL SERVICE ACTIVITIES
90	Sewage and refuse disposal, sanitation and similar activities
90.0	Sewage & refuse disposal, sanitation & similar activities
91	Activities of membership organisations nec
91.1	Activities of business, employers & professional organisations
91.2	Activities of trade unions
91.3	Activities of other memberships organisations

- 92 Recreational, cultural and sporting activities**
92.1 Motion picture & video activities
92.2 Radio & television activities
92.3 Other entertainment activities
92.4 News agency activities
92.5 Library, archives, museums & other cultural activities
92.6 Sporting activities
92.7 Other recreational activities

- 93 Other service activities**
93.0 Other service activities

P PRIVATE HOUSEHOLDS WITH EMPLOYED PERSONS

- 95 Private households with employed persons**
95.0 Private households with employed persons

Q EXTRA-TERRITORIAL ORGANISATIONS AND BODIES

- 99 Extra-territorial organisations and bodies**
99.0 Extra-territorial organisations & bodies

Notes:

nes Not elsewhere specified

nec Not elsewhere classified