Community Development and Health Network (CDHN) is a regional network organisation committed to reducing health inequalities using a community development approach. We welcome the opportunity to reflect on the use and impact of zero hour contracts within the context of the changing labour market.

Community Development and Health Network

A strong link between employment status and conditions and health has long been established. Good employment is health protecting while poor or precarious employment is health damaging. Poor employment can be categorised as “employment [that] generally comprises temporary jobs, part-time jobs, if working hours do not reflect the workload, bogus self-employment, outsourced white-collar jobs and unpaid internships. It also includes all cash-in-hand work and increasingly popular in the UK, the so-called zero-hour contracts” (Jabłonowski and Piotrowska 2013).

There are two pathways in which poor employment has a negative impact on health. Firstly, material deprivation, in that wages do not enable the person to meet their own, or their families, material needs. Wages may fail to meet material need due to low pay and/or not being given enough hours within a job to earn a living wage. Material deprivation leads to a reliance on food banks, fuel poverty, housing problems and long term financial insecurity. Given that we have 21% of working adults with children living in poverty and 20% of those without children living in poverty (Joseph Rowantree Foundation, 2014) we need to be clear about the relationship between poor employment, including zero hour contracts, and the material deprivation of our population. “The trend in jobs in the UK is to generate more poor quality jobs with all the proven issues of ill physical and mental health – another huge cost to the public purse” (Wong in Jabłonowski and Piotrowska 2013) The second pathway is psycho-social, in that the stress and threat of insecure employment, underemployment, low status within employment and financial insecurity has an effect on the health of the person.

CDHN recognise that the majority of people on zero hour contracts have stated that they are happy, even reporting a higher work life balance satisfaction than those on other types of contracts. There is a vast body of evidence highlighting the link between autonomy and health and health inequalities. This is to say the greater autonomy which a person has the more likely they are to experience better health. It is likely that those reporting that they are happy on zero hour contracts do so because it provides them with a sense of autonomy and this is to be applauded as it will have a positive impact on their health and wellbeing. In acknowledging the positive we must also recognise the negative and CDHN feel that the negative impact of zero hour contracts could have huge implications for the health of our population and perhaps more significantly these contracts may be compounding existing disadvantage within groups of our population.

Research by Benavides & Delclos 2005 states there is an “association between flexible employment and mental health status varied as a function of social class, mostly affecting less privileged workers.” Given that people from a lower socio-economic background already are more likely to employed in jobs with low autonomy and carry greater environmental risks to health CDHN seriously question the rising use of zero hour contracts, especially in sectors and jobs where positions are usually filled by those from a low socio-economic background.

It is because of the likelihood of zero hour contracts increasing health inequalities that CDHN feel that action must be taken, however given that many people have positive experiences of zero hour contracts and that they can contribute to the smooth running and growth of an organisation CDHN would favour greater regulation, and the strengthening of employee rights to tackle the misuse of zero hour contracts rather than a complete ban. Any actions in relation to zero hour contracts should be complimented by work to improve the accessibility and security of the labour market and ultimately we should be growing a labour market and economy which works for all of our population rather than focusing on the maximisation of profits.

In terms of if and when a person on a zero hour contract should be able to move to a fixed term contract CDHN endorse the approach that when a person has worked a regular number and pattern of hours over a fixed period this should trigger the right to a fixed term contract. This makes it possible to be possible to illustrate the business case. It is argued 3 months should be the trigger, this is to prevent employers using zero hour contracts rather than fixed term contracts to cover maternity leave. We believe that it should trigger the contract rather than the right to request a fixed term contract, as the balance of power would remain with the already more powerful employer, who could refuse even when a strong case has been presented.

CDHN fall in favour of completely banning exclusivity clauses and would like to see the development and consultation on proposals to introduce a system close to what exists in the Republic of Ireland.

Any action regarding zero hours will need to be communicated to all those who are potentially affected. CDHN would like to see greater provision and more accessible information being provided in a range of formats and settings in relation to employee and employer rights and responsibilities. This could take the shape of roadshows and workshops in community settings, especially communities and areas where underemployment, unemployment and insecure employment are known to be high.

CDHN feel that action needs to be taken on the use of zero hour contracts within health and social care as a matter of priority. 60% of care workers are on zero hour contracts, we need to consider the impact of this on the quality and continuity of care being provided to our vulnerable populations and individuals.

To conclude CDHN favour the strong regulation of zero hour contracts and feel that this regulation must be enforced by government rather than taking the form a a voluntary code. This is to protect vulnerable employees, to strengthen our labour market and to close the gap in health inequalities.

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