



EuroHealthNet

EUROPEAN PARTNERSHIP FOR IMPROVING HEALTH, EQUITY & WELLBEING

EUROHEALTHNET'S RESPONSE TO THE PUBLIC CONSULTATION ON LONG-TERM UNEMPLOYMENT

**Contact: Leonardo Palumbo | Health & Social Investment Senior
Coordinator**

About EuroHealthNet

EuroHealthNet is a not-for-profit partnership of organisations, agencies and statutory bodies working to contribute to a healthier Europe by promoting health and health equity between and within European countries. EuroHealthNet achieves this through its partnership framework by supporting members' work in EU and associated states through policy and project development, networking and communications.

EuroHealthNet seeks to address the factors that shape health and social inequalities, building the evidence base for public health and health-related policies and health promotion interventions to level up the social gradient in health. Enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being. EuroHealthNet therefore stimulates and supports the implementation of integrated approaches addressing the social determinants of health by operating at all levels and across the political spectrum in relevant health, social and employment fields. Our vision builds on the 'Health for all policies' approach, which systematically considers the health implications of decisions and fosters synergies to improve health, wellbeing and health equity. We consider that the current socio-economic challenges that the EU is facing (demographic changes including ageing, growing regional imbalances and social inequalities, high youth unemployment rates, etc.) represent public health emergencies, jeopardises EU citizens' long-term health prospects and are likely to widen health inequalities.

EuroHealthNet STRUCTURE

HPE

Health Promotion Europe (HPE) is the core high level network, bringing together bodies at national and subnational level that are publically responsible for health promotion and disease prevention.

PHASE

Created to actively contribute to the EU 2020 Strategy, support the achievement of the related poverty target and help implement the European Social Investment Package, the European Platform for Action on Health and Social Equity (PHASE) is EHN's advocacy and policy-oriented body. PHASE aims to encourage public health communities to play an active role in the achievement of the EU's societal objectives while implementing the Health in All Policies approach.

CIRI

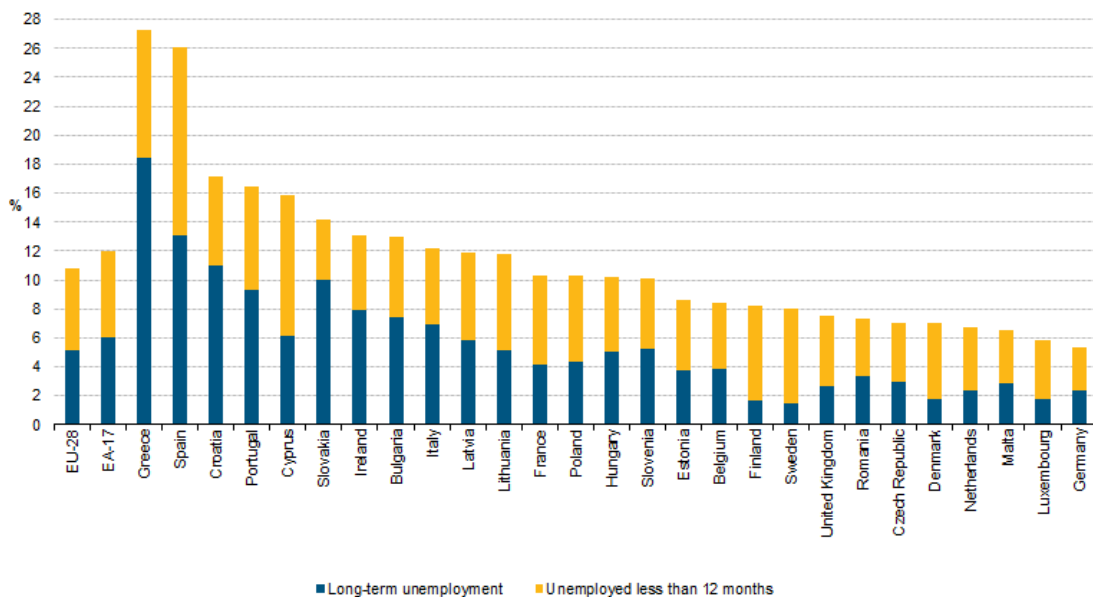
CIRI aims to develop case studies, to test innovative pilot projects, to evaluate and to analyse examples of effective and sustainable approaches to health and wellbeing across all groups in society. Case studies and pilot projects are developed in the context of Horizon 2020 or in relation with other funding mechanisms.

Background for the public consultation

One of the hardest consequences of the financial and economic crisis (graph 1), long-term unemployment is a phenomenon that continues to affect the EU population, increasing the risk of poverty and social exclusion for those experiencing it. Seeking to tackle this matter, the European Union has set the target of lifting 20 million people out of poverty as part of its [Europe2020 strategy](#). The [European Platform against Poverty, Youth on the Move](#) and [An Agenda for new Skills and Jobs](#) are some of Europe 2020's flagship initiatives that directly deal with the phenomenon of long-term unemployment.

The European Commission's consultation on long-term unemployed was launched by [DG EMPL](#) on February 2015. With a period of submission running until May 2015, it sought to collect views for an impact assessment pertaining to a future proposal for a Council recommendation on the labour market reintegration of those experience long-term unemployed (i.e. people who have been out of a job and actively seeking employment for more than 1 year). Civil society organisations, NGO's and other expert bodies were invited to share their insights on long-term unemployment and the best way to address its causes and consequences.

While responding to this consultation, EuroHealthNet highlighted some of the most relevant evidence-based practices and findings of its FP7 [DRIVERS](#) project. Involving prominent research centres and public health, civil society and business organisations, DRIVERS' goal was to find solutions to improve health equity through policy and practice in (among other areas of focus) fair employment, income and social protection.



Graph 1 Unemployment rates by duration (%) in 2013 (Source: Eurostat)

Questions

What recommendations would you make to improve individualized services to long-term unemployed?

This consultation response is an evidenced-based contribution resulting from EuroHealthNet's FP7-funded DRIVERS project focused on links and best ways to tackle equity through policy in, amongst others, employment and working conditions. A multifaceted and coordinated approach is needed to improve work conditions and foster fair employment, and return unemployed people to the labour market. These would include taking measures to improve the uptake of legal rights (and therefore improve the uptake of active labour market measures), making offices and other locations where clients are met welcoming and non-threatening, training staff to treat clients in a respectful manner, and being able to provide individualised support to access services when necessary. A mention should also be made to the perceived obstacles of conditionalities, often experienced by the poorest individuals as an extra hurdle to secure employment. Being of paramount importance to most Europeans' lives, fair employment should be a main policy aim. Special attention should be given to people in or from less privileged occupational groups with the greatest needs so as to enable them to return to the labour market and sustain employment. Quality services that meet the needs of the individual can be achieved by setting minimum standards for the activation of those unemployed for more than one year.

In designing rehabilitation services, a client-oriented approach enabling individual counselling should be preferred to 'one-size-fits-all' strategies. Comprehensive skills training that includes a strengthening of social competencies and of work-related motivations and attitudes requires additional training of professionals providing these services as well as appropriate investments into personnel and facilities

The case study found that a standard application/interview process often excluded people furthest from the labour market. Alternative recruitment activity cited by respondents included open days held in central points of deprived communities. These included paid working interviews for unemployed people.

What recommendations would make on the application of a mutual responsibilities approach?

Effective measures for a mutual responsibilities approach would consist of direct support and incentives to employers who recruit, train or offer fairly remunerated short-term work experience to long-term unemployed people. Again, special emphasis should be placed on people from those occupational groups and socio-economic groups who generally need the most support to return to the labour market. These supports and incentives could include subsidised employment, tax or social contribution reductions and post-placement support and more general support to broad groups of employers (e.g. awareness building among employers on hiring of long-term unemployed people). Conversely, taxes could be increased for employers who do not fulfil certain criteria related to hiring and sustaining the work of long-term unemployed.

Similarly, employers (especially in the private sector) have a key role regarding the successful integration of new employees, particularly workplaces that offer a lot of entry-level positions. The implementation of simple but effective measures like a buddy system and regular, individual/personalised supervision can improve the adaptation and progression of new employers. Local procurement initiatives can also contribute to help disadvantage groups.

What recommendations would you make to improve the efficiency of services delivered to employers?

EuroHealthNet's DRIVERS project showed that specialist agencies can play a particular and important role as intermediaries in reaching and working with disadvantaged groups, providing information and support to employers and recommend specific courses of action. This is because these groups may have particular needs which cannot be effectively met by non-specialist staff and services. For example, one piece of research showed that an individual job coach increased the likelihood of young people with homelessness backgrounds from finding and sustaining employment.

(Further reading - Conclusions: Siegrist J, Montano D, Hoven H. Case studies on selected return-to-work services for persons with disability and social disadvantages (DRIVERS).

Duesseldorf: Senior professorship "Work Stress Research", unpublished document; 2014. Available [here](#))

Do you have any other comments?

Important research within DRIVERS reveals a linear relationship between investments in national active labour market policies (specifically those directed towards integrating vulnerable groups into employment) and quality of work.

Given this evidence, and in view of economic costs and loss of productivity attributable to unhealthy work, there is an urgent need to invest in health-protective and health promoting work and employment conditions in all business sectors, prioritising people from the less privileged occupational groups with the greatest needs. These investments should be reinforced by national labour and social policies, and supplemented by concerted action and regulation at the international level.

Finally, EU-level policies need to be developed to reduce the large variations seen in the quality of work in different parts of Europe. They should encourage or stimulate models of good practice from countries that have already established particularly effective regulations, and include consultation and support of responsible bodies represented within the European institutions, for example local and regional authorities and social partner representatives. A multi-stakeholder, multi sectoral approach and implementation of policy plans at organisational and national levels should also be taken into consideration as viable courses of action.