

DRIVERS: Improving health equity through action across the life course

Executive summary

In brief

Business in the Community has been involved in DRIVERS (2012-15), a **major pan-European research study**, funded by the EU 7th Framework Programme, into three key drivers for health:

- early childhood development;
- fair employment and working conditions;
- and income and social protection (welfare systems);

This report provides an **overview of the project** (including BITC's involvement) and its most **significant findings and recommendations**.

Main findings

An overarching conclusion of the research is that to improve health and reduce health inequalities **everyone should have the right to access high-quality services and social protection**.

Why the DRIVERS findings are important:

DRIVERS reinforces our understanding that many of the causes of health inequalities are potentially avoidable and that solutions to health inequalities do not lie solely within the health sector but fall across multiple sectors and policy areas.

Central to the DRIVERS findings across all three areas is the principle that universality of access needs to be combined with targeted activity addressing disadvantage to have the greatest impact on inequality and health outcomes. This includes personalised support for those who need it. In short, they need to be 'fit for purpose' and 'right the first time.'

For example this means tailored and meaningful active labour market policies combined with a welfare system that a high share (over 90%) of the workforce is eligible for if, and when, they face adverse circumstances.

For employers, the key implications of the findings are the role that they can play in:

- Creating supportive employment policies that help women return to work and parents combine work with parental responsibilities
- Supporting programmes that help vulnerable people facing multiple barriers to work back into the labour market
- Improving the quality of work, particularly for lower status occupations which are at greater risk of workplace stress in modern economies
- Going beyond compliance to broaden their understanding of what contributes to a healthy workplace

Background

The project has been carried out by a consortium of leading research centres and civil society organisations. The aim of the DRIVERS project as a whole is to understand what can be done to reduce health inequalities, and promote health equity through policy and practice in these three key areas that are ‘drivers’ for health. To achieve this, **a range of activities have taken place:**

1. Scientific reviews looking at existing knowledge and testing theories about health inequalities.
2. Data analyses using surveys, focus groups and interviews.
3. Assessment of the way research in these areas is done and how it could be done better.
4. Research into the best ways to advocate effectively for health equity.
5. Case studies on a variety of existing activities across Europe to give context to the project.
6. Development of recommendations for policy, research and practice to promote health equity.

DRIVERS in context

Health inequalities continue to persist in the EU and they result in a large number of avoidable cases of poor health and premature death every year.

This research project **builds on the growing body of evidence** – including the *World Health Organization Commission on Social Determinants of Health*, at the global level, *Fair society, healthy lives: the Marmot Review* in England, and the *Review of social determinants and the health divide in the WHO European region* – that reducing health inequalities requires action in many policy areas from early childhood to employment and living standards.

Such a challenge can only be met by coherent policy responses from across the whole of society and government. Indeed, **many of the actions required lie outside the remit of the health sector.**

Recognising this, and the gaps in the evidence base, DRIVERS set out to deepen understanding of the relationships that exist in a European context between some of **the key influences on health over the course of a person’s life** - early childhood, employment, and income and social protection – and to find solutions to improve health and reduce health inequalities.

The research has been undertaken by a consortium of research bodies – University College London, Dusseldorf University and the CHES (Swedish Centre for Health Equity Studies) – in partnership with organisations representing the public health sector, civil society and business (EuroHealthNet, Eurochild,

Business in the Community and the European Anti-Poverty Network) and managed by EuroHealthNet.

The goal of DRIVERS is to **leave a lasting legacy**, by providing evidence that informs the implementation of policies and programmes across different sectors that are effective in reducing health inequalities, improving social justice and contributing to societal and economic progress for all.

For more information on DRIVERS, see the project website: health-gradient.eu

Business in the Community’s involvement

Over the past seven years Business in the Community have been **engaging businesses specifically in tackling health inequalities**. What has become clear in that time is that many elements of the agenda are, both in the UK and elsewhere, being actively tackled by business e.g. poverty reduction, workplace health and well-being, social exclusion, education, etc. However, these are not necessarily seen or articulated by businesses in terms of their wider impact on health or health inequalities.

Work represents a source of income and social protection, helps determine social status, expands access to social networks and exposes a person to different types of physical and mental stresses. It is central to people’s lives and has the potential to significantly affect health both at the individual and population level.

That’s why Business in the Community were pleased to get involved in DRIVERS, **with a focus on the fair employment and working conditions strand**. Specific work BITC have undertaken over the course of the project includes:

- the first ever large scale [research into the impact of job coaching](#) (which went on to be published in the *Research on Social Work Practice* journal);
- an in-depth [case study on what employer interventions make a difference to those with barriers to work](#) as they seek to gain and sustain work, and;
- an exercise to map voluntary sector advocacy efforts to help make the Work Programme work better for homeless and vulnerable people in the UK.

All of this work has contributed to the wider DRIVERS findings and recommendations on how labour markets can be made more inclusive and the effect this could have on health equity.

On the following pages you will find a focus on each of the three research areas: early childhood development, fair employment and working conditions, and income and social protection.

In focus: Early child development

The issue

Early childhood is recognised as a major driver in inequalities in health because **adversity at this early stage of life tends to have a negative effect on all aspects of child development** – cognitive, communication and language, social and emotional skills – and a profound effect on many outcomes later in life including health, well-being, literacy and numeracy, and participation in social and economic life.

Parents and families have a key role in providing a supportive environment, but **this can be challenging for those facing adversity** – for example, as a result of living in poverty, having little control over their daily lives, or possessing limited skills, knowledge or capacities.

Relatively little is known about the scale and context of social inequalities in childhood health and development across Europe, and what impact programmes and policies in this area might be having. Research undertaken as part of the DRIVERS project aimed to fill some of these gaps in knowledge.

Significant findings

A review of previously published studies showed that **key factors associated with a wide range of adverse child health and developmental outcomes** were:

- neighbourhood deprivation,
- lower parental income/wealth,
- educational attainment,
- occupational social class,
- higher parental job strain,
- parental unemployment,
- lack of housing tenure, and
- material deprivation in the household.

More analyses using birth cohort data from 12 countries across Europe suggested that children born to mothers with a low level of education subsequently experienced adverse health, although the extent of this varied by outcome and country.

The results from the larger cohorts also suggested that **several social factors influence the pathway to ill health**. For example, household income and neighbourhood deprivation were found to be important determinants of childhood asthma. Similarly, maternal psychological distress and socio-economic

disadvantage during the early years were found to have a negative impact.

Observations from case studies

Delivering flexible services, educational activities and structured play supervised by a multidisciplinary team, adapted to young children and their families, improves healthy development, especially where there is a low level of provision of these services.

Suggested solutions

Using evidence from EU member states, DRIVERS looked into the kinds of interventions that improve health and development during the period of early childhood.

More favourable outcomes were demonstrated by programmes offering intensive support, information and home visits using a psychoeducational approach, and which aimed to develop children's and parents' skills.

Overall, the findings suggest the importance of providing access to a comprehensive range of quality early years services to reduce inequalities during the early development of children, especially for those who come from disadvantaged backgrounds.

To be delivered effectively, the services should be **universal but tailored to social and economic need** and recognise parents' knowledge and capacities concerning the development of their children.

What are the main messages for employers?

- To ensure the success of policies to increase the universality of affordable, high-quality pre-natal and early years services, they need to be underpinned by **supportive employment policies to help parents combine work with parental responsibilities**.
 - One of the main areas these policies should focus on is providing child care which is flexible to families' needs, **enabling more women to return to paid employment**.
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In focus: Fair employment and working conditions

The issue

Work is of central importance to most people's lives. It provides income, skills, recognition and social status. **Good quality work and employment contributes to workers' health and well-being**, whereas poor working conditions increase their burden of disease by exposing them to material (physical, chemical, biological) and psychosocial (stress-inducing) adversities.

Significant findings

DRIVERS research increased the understanding that stressful work – defined in terms of jobs with high demands and low control and low rewards relative to efforts expended – directly and negatively affect workers' health and productivity. **There is clear evidence that the frequency of exposure to health-adverse working conditions follows a social gradient** in employed populations across Europe: the lower the socioeconomic position, the higher the exposure to adverse working conditions. Thus, lower occupational groups are at higher risk of work-related ill health than higher occupational groups.

Another major finding was the linear relationship between investments in national active labour market policies (specifically those directed towards integrating vulnerable groups into employment) and quality of work. This suggests that **European countries with more developed active labour market policies also have more health-conducive work environments**.

Observations from case studies

Social and labour market policies and specialised agency programmes can successfully improve the chances of socially disadvantaged and at-risk groups gaining work that meets their full potential.

Employers can play an important role, either as a result of self-motivation or legislative regulations. Achieving these improvements would reduce the social and health inequalities experienced by these groups.

Suggested solutions

DRIVERS concludes that no single sector can tackle unfair employment on its own. It requires the involvement of many stakeholders, including employers, trade unions, policy makers and occupational health and safety professionals. They need to work together to improve working conditions in general, but focus a proportionately greater part of their attention on groups that need it more. There is also no single solution: it needs a multi-faceted and co-ordinated approach.

More needs to be done to ensure the availability of work and that wages provide a sufficient income for a decent quality of life.

Interventions need to tackle multiple sources of adversity and take a **participatory approach** involving employers, managers, professional experts and employees in appropriate ways and addressing change at all levels, including leadership behaviour.

Labour market policies which help re-integrate vulnerable groups into the labour market should be introduced. These policies are **investments that result in important returns** rather than burdens on public spending.

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 rely on models of good practice from countries that have already established particularly effective regulations

What are the main messages for employers?

- **Collaborate** in active labour market policies and specialised programmes and work with other stakeholders to support those furthest away from employment.
 - **Implement workplace interventions to improve effort/reward and demand/control imbalances**, targeted especially at the lower status occupational groups that are most likely to experience workplace stress in modern economies.
 - Go beyond compliance occupational health and safety regulations, **broaden understanding of what contributes to healthy workplace** at all levels and promote/provide resources to encourage healthy lifestyles.
 - **Support the integration of sick and disabled workers into full employment** based on successful and cost-effective examples of vocational rehabilitation.
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In focus: Income and social protection

The issue

When social protection systems of the welfare state – including social insurance, welfare payments and income transfers, health and welfare services – are well designed, they **sustain health and well-being by reducing the economic consequences of illness or unemployment**.

While research shows that social protection is particularly beneficial for those with lower levels of education and smaller incomes, well-designed unemployment benefits are **important for the health of both employed and unemployed people**.

The ways societies are organised, in particular the degree to which they support people who have fewer resources to rely upon, are extremely important in determining the extent of health inequalities. The DRIVERS project has **increased knowledge about how and why social protection is related to health inequalities**.

Significant findings

Higher levels of social spending are generally linked to better health and smaller inequalities, but research from DRIVERS went further, looking into **which aspects of social protection are essential for protecting health** and suggesting how to prioritise spending.

An important piece of work disentangled two central aspects of unemployment benefit programmes, namely the share of the workforce covered (coverage) and the level of benefits in relation to wages (replacement).

The results show that the coverage rate is crucial: **the higher the coverage rate, the lower the risk that those with low education experience deteriorating health**. Once more than 90% of the workforce is covered, a higher replacement rate becomes strongly associated with better health, particularly among lower educated people. This is not the case when coverage rates are below 90%. In other words, the level of benefits to wages is important for health and health inequalities, but only if the social protection programmes in question cover nearly all people.

Interestingly, these **positive benefits are not confined to unemployed people** as their existence even seems to improve quality of life of people who do not have to rely on them.

Separate studies also carried out under this theme of the project found: distinct active labour market policies and higher levels of unemployment benefits were shown to have a positive effect on the self-rated health

of young adults, and countries providing higher levels of minimum income benefits exhibit lower mortality rates.

Observations from case studies

Social protection systems are vital resources and lower coverage and replacement rates are likely to negatively affect less advantaged people and their health. Those with complex needs may require personalised and tailored support to access services. **People need to know they can rely on social protection to help maintain a healthy standard of living, if and when they face adverse circumstances**.

The 'interface' between those accessing social protection and the frontline staff administering it seems to be crucial in increasing uptake and reducing barriers to uptake.

Suggested solutions

Provision of **adequate benefits and access to the labour market** are key features of well-designed social protection systems.

When it comes to unemployment insurance, countries with low coverage rates should strive to increase them to full or almost full (90% or higher) coverage. In addition, countries should strive to increase replacement rates once an almost full coverage rate is attained.

However, **social protection consists of more than just unemployment insurance** and there is a need to protect against different kinds of risks through, for instance, cash transfer programmes and high-quality welfare services.

Particular attention needs to be paid to those at risk of being marginalised. One way of doing this is to increase minimum income benefits. Another is to **ensure that meaningful active labour market policies are in place to support people back into the labour market**.

What are the main messages for employers?

- Supporting programmes that **help vulnerable or marginalised people back into the labour market** is part of contributing to a well-functioning social protection system which benefits everyone, not just the unemployed.
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Find out more

This report contains only a very top level summary of the vast amount of research done – and findings made – across Europe during the three years of the DRIVERS project.

On the publications page of the project website at health-gradient.eu you will find:

- the final public reports of scientific work conducted on early child development, employment & working conditions, and income & social protection;
- links to all papers published in peer-reviewed journals;
- synthesis reports of the case studies, and;
- focused policy briefs designed to be used by advocates to push forward the political agenda in the three main areas of interest.

Contacts for further information:

Anne Willmot, anne.willmot@bitc.org.uk
Stephanie Hagan stephanie.hagan@bitc.org.uk

Business in the Community
137 Shepherdess Walk
London N1 7RQ

T: +44 (0)20 7566 8650
F: +44 (0)20 7253 1877
E: info@bitc.org.uk



Registered details: 137 Shepherdess Walk, London N1 7RQ, Telephone 020 7566 8650
Registered Charity No: 297716, Company Limited by Guarantee No: 1619253
Printed on Revive 100 Silk. Printed by SCS Marketing. Product code 01BIC000506e No 1619253

