Improving health equity through action across the life course: Summary of evidence and recommendations from the DRIVERS project[1] – Annex B

List of case studies undertaken in the DRIVERS project[2]

Early Childhood Development[3]

- **Sure Start and the Universal Medical Visitation Service:** Providing caregivers in highly disadvantaged areas access to a Children's House (Family, Child, Youth Association, Hungary)
- **Toybox:** Enhancing social, educational, emotional, physical, linguistic and cognitive development to traveller family children (Northern Ireland Early Years)
- **Theotokos Centre:** Childcare and support for single Roma mothers (Faculty of Sociology and Social Work – University of Cluj, Romania)
- **Longitudinal birth and child cohort study:** Assessing and comparing the impact of specific early childhood programmes in Scotland (Children in Scotland)
- **The Family Network Austria:** Targeted referral services aimed at families in need with children aged 0-2 (Gesundheit Österreich GmbH)

Employment & Working Conditions[4]

- **Reducing social inequalities in return to work among disabled persons:** How a well-developed national vocational rehabilitation policy can improve return to work of people with spinal cord injury (Swiss Paraplegic Research Centre/University of Dusseldorf, Germany)
- **Employer interventions that make a positive difference to those with barriers to work:** Interviews with employers and businesses to find out how they support people who face significant barriers to (re-)enter the labour market (Business In The Community, UK)

[1] Goldblatt P, Siegrist J, Lundberg O, Marinetti C, Farrer L & Costongs C (2015). Improving health equity through action across the life course: Summary of evidence and recommendations from the DRIVERS project. Report produced as part of the 'DRIVERS for Health Equity' project, http://health-gradient.eu/. Brussels: EuroHealthNet.

[2] Morrison J, Goldblatt P (eds.). Final case studies report: Drivers for health equity. Report produced as part of the 'DRIVERS' for Health Equity' project. Research Department of Epidemiology and Public Health, University College London. London: 2015. Available from: http://health-gradient.eu/.

[3] Morrison J, Goldblatt P, Pikhart H, Ruiz M. Early child development: Report on case studies. Report produced as part of the 'DRIVERS for Health Equity' project. Research Department of Epidemiology and Public Health, University College London. London: 2015. Available from: http://health-gradient.eu/.

[4] Siegrist J, Montano D, Hoven H. Case studies on selected return-to-work services for persons with disability and social disadvantages. Report produced as part of the 'DRIVERS for Health Equity' project. Centre for Health and Society, Faculty of Medicine, Heinrich Heine- Universität. Düsseldorf: 2015. Available from: http://health-gradient.eu/.

The research leading to these results was done within the framework of the DRIVERS project (www.health-gradient.eu) coordinated by EuroHealthNet, and has received funding from the European Community (FP7 2007-2013) under grant agreement no 278350.

- **Job coaching in Ready for Work:** Data analysis of this UK-based back to work scheme, focusing on job coaching and other elements that appear to show promise in terms of supporting people to (re-)enter the labour market (Business In The Community, UK/University of Dusseldorf, Germany).

Income & Social Protection[5]

- **Experience of social protection systems - Youth & long-term unemployed adults** (Hungarian Anti-Poverty Network)
- **Experience of social protection systems - Youth & former drug and alcohol users and/or homeless people** (European Anti-Poverty Network (Poland))
- **Experience of social protection systems - Youth & people with experience of addiction and in recovery** (The Poverty Alliance, Scotland)
- **Experience of social protection systems - Youth & Single parent families, NEETS, and people with drug and alcohol problems** (Swedish Single Parents' Organisation)
- **Experience of social protection systems - Youth & disadvantaged groups (long-term unemployed, precariously employed, living in poverty, ethnic minorities)** (EAPN Portugal)
- **Unemployment of recent graduates in the Canary Islands:** Examining how youth unemployment has affected recent graduates in the Canary Islands, and factors that protect or put at greater risk unemployed graduates' health (University of La Laguna, Spain)[6]

Advocacy[7]

- **Health 2015:** Improving inter-sectoral co-operation on Health 2015 to improve health equity (The National Institute for Health and Welfare, Finland)
- **Advocacy elements in an intervention on child poverty & health:** Developing an advocacy strategy to promote a child health intervention for disadvantaged families (Dutch Institute for Healthcare Improvement)
- **Think Family:** Analysing advocacy arguments used to promote a programme at local and national level (Blackburn with Darwen Borough Council, England)
- **Food aid & healthy nutrition programme:** Developing advocacy arguments to promote a programme which provides nutritious and free school meals to children in deprived areas of Greece (Institute of Preventive Medicine, Environmental & Occupational Health, Greece)
- **Mental Health First Aid:** Examining advocacy concerning a programme to increase detection and treatment of mental health problems in the workplace (Public Health Wales)

[5] McHardy F, Lundberg, O. Report on income and social protection for the EU Drivers project: Synthesis of case study evidence compiled by European Anti-Poverty Network. Report produced as part of the 'DRIVERS for Health Equity' project. European Anti-Poverty Network. Brussels: 2015. Available from: http://health.gradient.eu/

[6] Darias-Curvo S & Betancort M. Young, well-educated and unemployed: The deterioration of social support and the labour market in the Canary Islands. Case study report produced as part of the 'DRIVERS for Health Equity' project. University of La Laguna. La Laguna: 2015. Available from: http://health-gradient.eu/.

[7] Farrer L, Marinetti C. Advocacy for Health equity: Case studies synthesis report. Report produced as part of the 'DRIVERS for Health Equity' project. EuroHealthNet. Brussels: 2015. Available from: http://health-gradient.eu/.

Observations on further action from case studies

Early childhood development	Work and employment	Social protection
1. It is important to provide 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. 2. Services should be tailored to social and economic need. 3. It is important to recognise the knowledge and capacities of parents if interventions aimed at young children and their parents are to be delivered effectively. 4. To ensure that parents have an active involvement in early years programmes, they should receive support and information to understand and contribute to the optimal development of their children. 5. Parents should be empowered to develop their own educational skills, thus strengthening their ability to assist in their children's learning and development. 6. Existing ECD institutions and structures should	1. Special efforts are needed at different policy levels (national legislation, labour and social programmes; organisations and institutions responsible for medical and vocational rehabilitation services, employer organisations, etc.) to improve return to work among disadvantaged population groups. However, rather than being directed to narrowly defined, formerly deprived subgroups they should be developed as inclusive policies, addressing the whole spectrum of social inequalities in return to work. Respective policies can be organised in accordance with the principle of proportionate universalism, prioritising subgroups with special needs without neglecting measures that reduce social gradients of return to work within the whole of society. 2. Improving re-integration of disadvantaged population groups should be part of a larger societal movement that aims to strengthen equity and fairness of opportunities. Social norms reinforcing co-operation and a societal climate of solidarity are important elements in this process. Within and across enterprises, corporate social responsibility measures and explicit human resource management strategies addressing the	Observations are divided between those that are common with the quantitative comparative work, and those that may be considered complementary. **Common findings** 1. The strong common theme emerging from both the quantitative comparative work as well as our case studies, is that social protection is an important collective resource that contributes to better health and smaller health inequalities, in particular when individual and family based resources are not sufficient. 2. Most striking is the strong focus on adequacy that emerges from the case studies, where participants give testimony to the importance of sufficient levels of support, which often is not the case for them. This theme echoes repeated findings concerning the importance of high coverage and high replacement rates[8]. With low coverage or replacement rates there will be considerably less adequacy of support, and social protection policies will not be able to offer much in terms of collective resources.

[8] Ferrarini T, Nelson K, Sjöberg O. (2014b). Unemployment insurance and deteriorating self-rated health in 23 European countries. J Epidemiol Community Health doi:10.1136/jech-2013-203721. Available from: http://jech.bmj.com/content/early/2014/03/10/jech-2013-203721.full?g=widget_default.

be strengthened to promote cross-sector working between social and medical sectors. 7. The recognition, representation and funding of ECD in all areas of work and policy should be enhanced through high-level leadership. This includes promoting support for children who are deprived or vulnerable. 8. Programmes delivered in families' homes and in accessible centres should be evaluated so as to compare outcomes when using one or other of these settings or a combination of the two.	needs of deprived groups should complement this development. 3. In times of macro-economic crisis resulting in austerity measures and cuts in public spending, priority should be directed towards maintaining decent levels of social security provision, of health care and of labour market participation. More specifically, infrastructures and personnel delivering rehabilitation services should remain capable of providing their support to all those who need it, rather than favouring population groups who can afford these services. 4. 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 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. Moreover, more effort in documenting and evaluating rehabilitation measures in a systematic and convincing way are required to make a strong case for their further promising development.	3. Another area where case studies duplicated the quantitative findings is regarding the importance of access to employment, and the potential importance of activation policies. This is reflected in the strong equalising effects of active labour market policies seen for younger persons in one of our quantitative studies[9]. **Complementary findings** 1. One complementary finding of the qualitative studies is the recurring reports of being degraded, devalued and even discriminated against when coming into contact with those who work as part of the welfare state. Unemployment officers, social workers and others, that many times may be pressured by cuts, big workloads and job stress, do not always treat their clients appropriately. Sometimes this may be personal shortcomings, but often it appears to be a systematic feature, not least when (e.g.) unemployment 'services' are provided by private contractors. 2. Another complementary finding relates to the increased use of conditionalities, in particular in programmes directed to the poorest. Conditionality, meaning that there are requirements that must be met in in order to receive benefits, are not necessarily a bad thing, but like the issue of adequacy the conditionality encountered by people in need of support are

[9] Sjöberg, O. (2014). Labour market policies for young unemployed and their effect on health and health inequalities in Europe. Submitted. Stockholm: Swedish Institute for Social Research.

		often experienced as an extra burden and obstacle. 3. The organisation of welfare state institutions and how to navigate through them in order to get the benefits are often cited as problems and obstacles to receiving welfare support. A common theme coming out of the focus groups is the wish for more integrated and personalised services. 4. This links to the common finding of the key role played, or that could potentially be played, by health services. Health services come out as a central provider of support and care in several of the focus group case studies. The importance of NGOs is also highlighted.