

# **Employment Arrangements, Work Conditions and Health Inequalities: Task Group 2 Summary and Proposals**

The full report of the task group can be found at

[http://www.ucl.ac.uk/gheg/marmotreview/consultation/Employment arrangements work conditions report](http://www.ucl.ac.uk/gheg/marmotreview/consultation/Employment_arrangements_work_conditions_report)

## **Task group members**

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1. Employment and working conditions make a significant contribution to the development of social inequalities in health in England, as is the case in all wealthy countries. They are of critical importance to improve population health and redress health inequalities in several interrelated ways.
  - 1.1. First, labour market and economic policies determine employment rates and conditions (e.g. precarious, insecure or informal work). These have a major impact on a range of life chances associated with paid work as a main social role in adult life.
  - 1.2. Second, wages and salaries provide the main component of income. Low and insecure income affects health via material deprivation, unhealthy behaviours and stressful experience. Importantly, due to childhood antecedents of poor adult health, low income can have long-lasting negative effects across generations.
  - 1.3. Third, adverse working conditions in terms of physical and chemical hazards, risks of injuries, long or irregular work hours, shift work and physically demanding work affect workers' health, defining targets of occupational health and safety measures.
  - 1.4. Fourth, as the organisation of work and employment has changed significantly during the last century, psychological and socio-emotional job demands and threats evolving from insecure

employment conditions and other forms of an adverse psychosocial work environment have become more common. As these demands and threats have been shown to directly affect the health of workers, new challenges have emerged to strengthen 'good' (health-promoting and -protective) work through primary and secondary preventative measures.

2. The distribution of unemployment and health-adverse employment and working conditions across the workforce is socially patterned, leaving those in lower socioeconomic positions at higher risk. The scientific evidence for the associations between adverse employment and working conditions and a range of indicators of poor health is summarised in this report, and available results from intervention studies are presented and discussed. The implications for policy- and workplace-related interventions are derived from this evidence.
3. Finally, the proposals made are intended to make a significant contribution towards healthier work and, ultimately, towards reducing social inequalities in health. These are based on general principles that focus on fair employment and improved quality and safety of work as a central goal of governmental policies. The reduction of harmful employment and working conditions (through legislation, income transfers, empowering workers, and integrating labour standards with labour market regulations) and the implementation of participatory activities and inter-sectoral, contextualised interventions at national, regional and local levels should be pursued in accordance with the principles of a sustainable economy.
4. Specific proposals are made on measures to increase job security, enforce protection in employment, enhance participation at work, promote control and reward at work, reintegrate sick, disabled and unemployed people, and strengthen the work-life balance.

5. These proposals need to be further elaborated, harmonized with proposals from other task groups, evaluated with respect to their feasibility, measurement and implementation, and prioritised in the context of short-term, medium-term, and long-term policies. The medium and long-term perspectives should embody the principles of sustainable development.

## **Proposals and priorities**

This report has summarized three lines of evidence.

1. Specific employment and working conditions are associated with elevated risks of reduced physical and mental health, elevated sickness absence and disability pension risk. These conditions are found in the English workforce. Importantly, these associations are not confined to traditional occupational hazards and related occupational diseases and injuries, but include increased health risks attributable to insecure employment and an adverse psychosocial work environment.
2. As the distribution of many of these health problems follows a social gradient, it was shown that work contributes to the explanation of this social gradient in two complementary ways, by mediating part of this association and by magnifying the effects of socio-economic position on health.
3. Available evidence suggests that structural (mainly organisational and workplace-related) and personal (mainly behavioural) interventions may improve health and well being of exposed groups within the workforce. based on this evidence, the following proposals are intended to make a significant contribution towards healthier work and, ultimately, towards reducing social inequalities in health. Supportive evidence is indicated by referring to respective sections within this report.

### *General principles for developing proposals*

- Make the provision of fair employment and the improvement of 'good' work a central goal of government policies.
- Give priority to policies on employment and working conditions that emphasise action on social policies and good labour market and workplace standards in line with principles of a sustainable economy.

- Reduce harmful employment and working conditions through empowering workers, integrating labour standards with labour market regulations and, where necessary, additional legislation or regulation.
- Implement inter-sectoral interventions, where policymakers, government, employers, workers, and community organisations are actively engaged.
- Specify and implement actions that are contextualised for different types of regions, firms, and workers.

### *Specific proposals*

The specific proposals of the Task Group are outlined below. Each of the detailed proposals is followed by a list of paragraph, table and/or appendix numbers (in parentheses). These refer to the position in the main Task Group Report at which the supporting evidence and references can be found.

#### **1. Increasing job security**

- implement measures and incentives to extend employment opportunities in accordance with principles of a sustainable economy at the national, regional and company level (3.1.1. and Tables 1 and 2, Appendix);
- establish regulations to prevent the adverse effects of downsizing, subcontracting and outsourcing of companies and organisations (including supply chain regulations) (3.3.2);
- promote investment in training and re-skilling of less qualified segments of the workforce, with emphasis on developing a sustainable economy (2.1.1; 3.1.4);
- take measures to increase the job stability and appropriate career advancement of long-term employees (3.1.1 and Tables 1 and 2, Appendix; 3.3.2);

- reduce involuntary early retirement and promote policies that maintain the ability of older employees to work (3.3.5);
- promote policies to maintain employment during economic downturns, while ensuring efforts towards safeguarding the environment (3.3.2).

### **Enforcing protection in employment**

- ensure adequate surveillance information and monitoring of health- endangering employment and working conditions (including professional screening, expert rating systems, employee surveys) (3.1.2; 3.1.3; 3.3.3; 3.3.4);
- enforce existing legislation to protect workers at risk, specifically those in precarious, insecure or informal jobs, immigrant workers, disabled people and employed children (2.1.2; 3.3.2);
- ensure that legislation and regulations adequately cover the need for protection at work, including legal sanctions, discrimination and exposure to occupational hazards that affect work places and work environments (2.2; 3.3.2; 3.3.3)
- enforce existing regulations concerning work time, shift work and exposure levels and duration in hazardous jobs (3.1.3; 3.3.4);
- extend health assessments of workers in 'unhealthy' working conditions (3.1.4; 3.3.5).

### **2. Enhancing participation at work**

- expand workplace participation to give workers a greater say in working conditions and in the sustainable operation of organisations for which they work (3.1.4 and Table 3, Appendix);
- develop and enhance partnership between employers, expert groups (occupational health and safety professionals) and employee representatives to improve healthy work organisation and practices (3.3.2);

- provide necessary means (training, staff, information and communication) to implement effective participation at work (3.1.4 and Table 3, Appendix; 3.3.5); include less privileged and marginal employment groups in participatory processes (3.2; 3.3.2).

### **3. Promoting control and reward at work**

- increase employees' control of their health by expanding coverage of occupational health services to those in precarious, irregular or informal jobs, including self employed and homeworkers (2.1.2; 2.2; 3.3.2);
- increase employees' control of their health by providing adequate screening and monitoring of occupational health hazards and stressors and by providing appropriate worksite health-promoting programmes (3.3.1-3.3.5);
- improve employees' control and autonomy at work by enabling decision making in task design, work time control and related measures of work organisation (3.1.4 and Table 3, Appendix; 3.3.5);
- improve employees' rewards by providing fair wages and salaries, qualification-based promotion prospects and by establishing a culture of esteem, trust and good leadership (3.1.4 and Table 3, Appendix; 3.3.5);
- implement best practice models and intervention trials and create incentives for managers to invest into healthy work. These should include healthy work environments – social spaces, food and recreational facilities (3.3.1; 3.3.5; 3.4).

### **4. Reintegrating sick, disabled and unemployed people**

- expand existing regulations of social protection and compensation to vulnerable groups of workers (2.2; 3.3.2);
- promote early intervention and treatment of employees with health problems, with particular emphasis on mental health (2.2; 3.3.2);

- enforce the implementation of regulations on rehabilitation measures in sick and disabled employees and provide appropriate services (staff, resources), with special attention to established models (e.g. Individual Placement and Support Models (3.3.5);
- endorse initiatives for re-integrating newly and longer-term unemployed into work (3.1.1; 3.3.2).

#### **5. Strengthening Work-Life Balance**

- promote opportunities of part-time and flexible work for those with caring responsibilities (working mothers, employees caring for disabled and chronically ill people) (2.1.2; 2.2; 3.3.2);
- expand social benefits and ensure minimal household income among those whose participation in the labour market is limited e.g. by family or similar personal obligations (2.1.2; 2.2; 3.3.2);
- promote incentives to develop family-friendly work arrangements and to provide adequate services (e.g. child care) (2.2; 3.3.4).