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The relevance of work-related learning for vulnerable groups. Dutch case study of a Health Impact Assessment with equity focus

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ABSTRACT

Introduction: Learning is essential for sustainable employability. However, various factors make work-related learning more difficult for certain groups of workers, who are consequently at a disadvantage in the labour market. In the long term, that in turn can have adverse health implications and can make those groups vulnerable. With a view to encouraging workers to continue learning, the Netherlands has a policy on work-related learning, which forms part of the 'Vitality Package'.
Aim: A Health Impact Assessment with equity focus (HIAef) was undertaken to determine whether the policy on work-related learning affected certain groups of workers and their health in different ways, and whether the differences were avoidable.
Methods: The HIAef method involved the standard phases: screening, scoping, appraisal and recommendations. Equity was the core principle in this method. Data were collected by means of both literature searches (e.g. Scopus, Medline) and interviews with experts and stakeholders (e.g. expertise regarding work, training and/or health).
Results: The HIAef identified the following groups as potentially vulnerable in the field of work-related learning: the chronically sick, older people, less educated people, flexiworkers/the self-employed and lay carers (e.g. thresholds to learning). Published literature indicates that work-related learning may have a positive influence on health through (work-related) factors such as pay, employability, longer employment rate and training-participation. According to experts and stakeholders, work-related learning policy could be adapted to take more account of vulnerable groups through alignment with their particular needs, such as early support, informal learning and e-learning.
Conclusion: With a view to reducing avoidable inequalities in work-related learning, it is recommended that early, low-threshold, accessible opportunities are made available to identified vulnerable groups. Making such opportunities available may have a positive effect on (continued) participation in the labour market and thus on the health of the relevant groups.

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1. Introduction

1.1. Use of HIA methodology

Health impact assessment (HIA) is an adaptable method for systematically gauging the potential health implications of a policy proposal, programme or project [1,2]. It is suitable for studying a ministry's generic policy objectives or specific plans for a particular neighbourhood [3]. In the Netherlands HIA was first developed and applied on national level. However, currently it is predominantly taking place in local projects (e.g. spatial planning or urban development) and rarely on a national level [4,5]. Moreover, little use is made of a HIA with specific emphasis on health equity. These findings correspond with the practice in other European countries [6,7].

Health equity implies the absence of avoidable health inequalities [8]. It is known that health inequalities are closely related to unemployment, low income, low educational level and unfavourable working conditions [9]. In order to substantially reduce these inequalities a joint effort of the health and non-health sectors is required (e.g. social affairs and education) [10]. Therefore, it is important to incorporate the issue of health equity in the policies of different sectors and to establish an intersectoral collaboration or Health in All Policies [11]. In that context a Health Impact Assessment with equity focus (HIAef) can provide valuable support [3].

A HIAef involves the complementary and structured application of the HIA methodology to determine the potential differential and distributional impacts of a policy or practice on the health of the population and on certain groups within that population, as well as whether the differential impacts are inequitable [1,8]. Similar instruments are Equity-Focus Health Impact Assessment or the Health Equity Assessment Tool [12,13]. Also, a HIA is supposed to assess the distribution of impacts between population groups [14]. However, some argued that HIA does not adequately identify differential impacts on vulnerable groups, and so health equity-focused tools were developed [12,15]. In the European Equity Action project, 19 countries including the Netherlands each applied the HIAef methodology to a particular case on national or regional level [6].

1.2. Dutch case study

In consultation with the ministries of Health, Welfare and Sport (VWS) and Social Affairs and Employment (SZW), a HIAef focusing on the Vitality Package was performed as part of a Dutch case study. The Vitality Package aims to support sustainable employability at the labour market. Sustainable employability implies that, throughout their working lives, workers have the circumstances and realisable opportunities necessary to (continue to) perform their current and future roles without adversely affecting their health or welfare [16]. Development of appropriate knowledge and skills is vital, because job requirements are constantly changing. Lifelong learning (continuous maintenance of knowledge and skills) is therefore a prerequisite for employability [17,18]. For certain groups of workers – as distinguished by, for example, age, socioeconomic status, home-work circumstances, health status, social skills or motivation – work-related learning may be more difficult [19]. That may mean that they are at a disadvantage in the labour market, which may in turn have adverse health implications. The ultimate outcome may be that (health) inequalities are created, or that existing inequalities are reinforced or amplified (e.g. through unemployment or loss of income) [20]. A working environment and government policies that enable and encourage all workers to learn is therefore important [16,21].

In the Netherlands, the Ministry of Social Affairs and Employment has formulated the Vitality Package for the implementation of sustainable employability policy [17]. The measures in the package are expected to help boost work participation amongst older workers and to increase sustainable employability within the workforce [17]. The measures are linked to three policy lines: prolonged working, labour mobility and work-related learning [17]. The policy line on work-related learning is specifically intended to encourage learning and development within the workforce. This paper describes the results of the HIAef undertaken with a view to determining whether work-related learning policy has a differential impact on certain groups of workers and whether avoidable health differences are discernible. The following research questions are addressed: (1) Which groups of workers are vulnerable in the context of work-related learning? (2) What impact does work-related learning have on vulnerable groups and their health (determinants)? (3) How can work-related learning policies take account of vulnerable groups of workers?

2. Methods

2.1. HIA with equity focus

Fig. 1 shows that the HIAef methodology is a systematic approach involving five successive phases, each comprising various activities: (1) screening (selecting the policy subject and measures for the HIAef), (2) scoping (defining determinants/factors that will be used to identify the impact of the policy and identifying vulnerable groups), (3) appraisal or assessment (assessing the positive or negative impact of the policy on the health of vulnerable groups), (4) making recommendations (identifying the aspects of the policy that may be adapted in order to prevent avoidable inequalities in vulnerable groups), (5) monitoring and evaluation [3,6]. The study reported here involved only the first four phases of a HIAef of the Ministry of Social Affairs and Employment's Vitality Package, which was undertaken to provide input to the implementation of the policy. A support group consisting of five experts in the field of HIA, health inequalities and sustainable employability advised on the four phases, both on content (e.g. vulnerable groups, framework consisting of relevant factors, 'adaptation options') and process (e.g. targeted inclusion of stakeholders/experts). During the HIAef there was regular contact with the policy-makers of the Ministries of Health and Social Affairs in order to stay connected to the policy process. Appendix B lists all participants. The HIAef was carried out in the period 2011–2013.