

The wider determinants of health What works to improve participation in work?

Summary of systematic evidence mapping – what it does and does not tell us

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provided it is done so accurately and is not used in a misleading context.

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Transforming data and evidence into public health intelligence

1 What this document tells us

This summary provides an overview of the direction of evidence answering the question *What works to improve participation in work in order to improve health and reduce health inequalities?*

We used systematic evidence mapping to search for and sort evidence from systematic reviews. The material in this summary is limited to reviews that we consider have been produced using a robust methodology¹.

We mapped a broad body of evidence. We sorted this based on whether the evidence suggests the intervention may work (green) or may not work (coloured red). Many systematic reviews reported insufficient evidence (one or no relevant studies) or inconclusive evidence (coloured orange). We considered that the evidence was inconclusive in reviews where some studies found a positive effect but others did not, so there was no clear majority of studies in either direction.

This summary may be used to familiarise yourself with high-level research in this area. It points to interventions that may or may not be useful.

2 This document does not tell us

It does not provide all the answers. Because we did not do a systematic review we have not considered the quality of the evidence (the appropriateness of the study design or how well it was conducted).

The mapping covers the breadth of evidence on the question *What works to improve participation in work* rather than the depth of evidence on a focused question. To inform decisions about action you need to know what works for whom and in what circumstances. This document only summarises what works. Consult the evidence map and the full evidence reviews to inform decisions. Bear in mind that the interventions may not be relevant to your setting or population.

3 Gaps in the evidence

We identified a number of important gaps in the evidence. We did not find any systematic reviews that looked at outcomes relevant to health inequalities. We were also interested in reviews that looked used area level measures of socio-economic status, income and material deprivation,

¹ Systematic reviews and meta-analyses providing analysis, interpretation of primary research studies that have been produced by a recognised expert body, using a method that is transparent and adheres to systematic review principles with critical appraisal using a recognised tool.

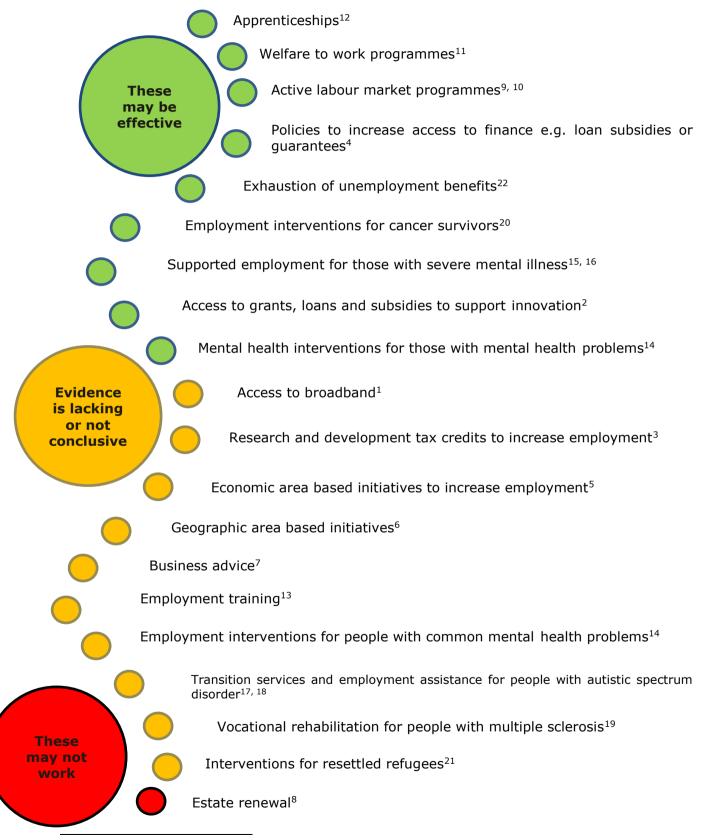
income inequality and child poverty, but did not find any that reported these. Other evidence gaps we identified are summarised in the table below.

What works to get people into work?	What works to ensure work contributes to good health?	Staying in work
The impact of interventions to support people to enter work such as help with childcare or transport	Reviews looking at health status in relation to differences in pay levels, pay distribution and transparency in pay distribution, availability of sufficient hours of work or access to occupational pensions	Reviews looking at the impact of flexible working and interventions to improve work life balance and interventions for work life balance
The health impact of interventions to support or encourage people to enter work	Reviews looking at the impact of temporary work, job security, employment status or risk of redundancy on health status	

The detailed evidence map and technical report are available here.

4 What we found

4.1 What works to get people into work?²



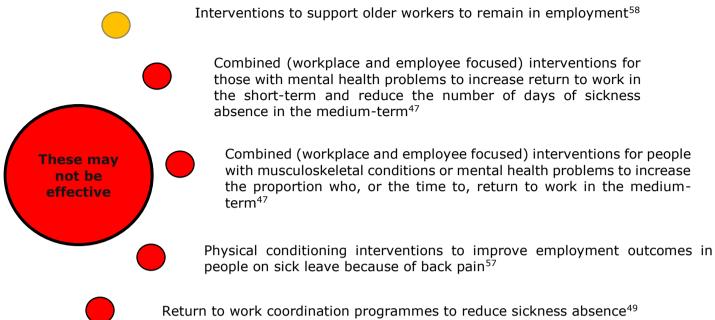
² The numbers in superscript refer to the reference list in the technical report

4.2 What works to ensure that work contributes to good health?²



4.3 What works to keep people in work?²





Cognitive behavioural therapy to reduce time to return to work for people with adjustment disorders⁵¹

Interventions for people with coronary heart disease to reduce sickness absence or maintain employment⁵⁴

Individual employee focused interventions for people with musculoskeletal conditions to increase the proportion returning to work or reduce time to

return to work in the medium term⁴⁷

Individual employee focused interventions for people with mental health problems to reduce days of sickness absence or time to return to work in the medium term⁴⁷