

# What is proportionate universalism?



## 1. What is Proportionate Universalism?

Proportionate Universalism is about making sure everyone benefits and giving targeted help to those who face more challenges- like poverty, lower educational attainment, or poor living conditions. It means that actions should be universal, but with a scale and intensity that is proportionate to the level of need. This helps reduce the link between poor health and social disadvantage, as outlined by Michael Marmot's 2010 Review.

Locally, this is part of the Norfolk and Waveney Health Inequalities Strategic Framework for Action as a guiding principle 'Everyone needs something, some people need more.'



## 2. Why is it important?

Looking at services and outcomes through this lens contributes to reducing health gaps for everyone, avoiding sharp cut-offs in who gets help, and promoting fairness without stigma.

Here's why it's important:

- **Helps to flatten the social gradient-** this helps flatten the gradient rather than just targeting the extremes, aiming for equity in outcomes.
- Proportionate universalism ensures that **support is universal (available to all) but scaled in intensity according to the level of need.**
- **Avoids creating or increasing stigma-** targeted interventions can sometimes stigmatise individuals or communities. Universal policies, applied proportionately, reduce this risk by ensuring everyone benefits, while still directing appropriate support to those who need it most.
- **Promotes equity and efficiency-** by tailoring the scale of support to need, resources are used more efficiently. It ensures that those with greater challenges receive the right kind of help, while still maintaining a baseline of support for all.
- **Supports long-term change-** When everyone sees benefits, there's more incentive for shared investment in long term goals.
- **Addresses injustice-** it reflects a commitment to fairness and justice, recognising that unequal circumstances require proportionate responses to achieve equal outcomes. An example of this is the social model of disability. It says that people are disabled by barriers in society, not by their impairment or condition. Here is an example of this in action taken from Scope's webpage on the Social Model of Disability:

"You are a disabled person who can't use stairs and wants to get into a building with a step at the entrance. The social model recognises that this is a problem with the building, not the person, and would suggest adding a ramp to the entrance."



### 3. Examples of proportionate universalism in Norfolk & Waveney

The [Family Hub](#) model within Norfolk offer universal services, but specific targeted support programmes according to the need in the area.


[Active NoW](#) is open to anyone who has low levels of physical activity, but has specific programmes in certain localities based on need.



### 4. What are the challenges?

To make this work, the following considerations need to be made:

- **Accurately identifying which groups require more intensive support is difficult.** Use good, detailed data and intelligence to understand the population, avoiding oversimplification.
- **Working in silos.** Work collaboratively across different sectors, and be flexible in our approaches as organisations including how funding might work.
- **Accusations of unfairness when defining ‘proportionate’.** Justifying greater per-person investment in certain groups or areas can clash with principles of equal treatment for all leading to resistance. Transparency in decision making is key.
- **Risk of stigma.** Involve communities which are best placed to understand need.



### 5. How can you be fair and proportionate at work?

Here's a few examples of ways in which proportionate universalism can happen:

- Use data and intelligence to identify who needs more support.
- Avoid ‘one-size-fits-all’ solutions- think about scaling interventions.
- Provide things like health checks for all patients, but spend extra time or resources with those from high-risk groups.
- Design campaigns that reach everyone, but target tailored approaches for most affected communities, depending on your data and knowledge of outcomes. i.e. children and young people that are looked after, that may be vaping
- Offer everyone vaccines, but provide extra clinics and outreach in areas with low uptake or high deprivation.
- Provide free stop-smoking advice for all, but intensive one-to-one support for people in high-risk groups (e.g. pregnant smokers or those in deprived communities).
- Avoid ‘Yes’/‘No’ thresholds to accessing support.
- Having a library service accessible to all, but mobile libraries or digital access programmes for rural or disadvantaged areas.



## 6. Final thought

**Proportionate Universalism isn't just a theory- it's a practical way to make health fairer. By using it in our policies and services, we can help everyone live healthier lives, no matter where they start from.**

### More reading:

- Fair Society, Healthy Lives (The Marmot Review), Institute of Health Equity:  
<https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>
- Towards health equity: a framework for the application of proportionate universalism, Springer Nature Link:  
<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-015-0207-6>
- Social model of disability, Scope: <https://www.scope.org.uk/social-model-of-disability>
- Tackling Health Inequalities Through Action on the Social Determinants of Health: lessons from experience, Public Health England:  
[https://assets.publishing.service.gov.uk/media/5a7dcac5ed915d2acb6ee2a6/Briefing10\\_Lessons\\_from\\_experience\\_health\\_inequalities.pdf](https://assets.publishing.service.gov.uk/media/5a7dcac5ed915d2acb6ee2a6/Briefing10_Lessons_from_experience_health_inequalities.pdf)