
Occupational safety and health risks for the ageing workforce

Emerging Psychosocial Risks related to OSH
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Health and employment

Many familiar with Eurofound research on health consequences of employment e.g. EWCS

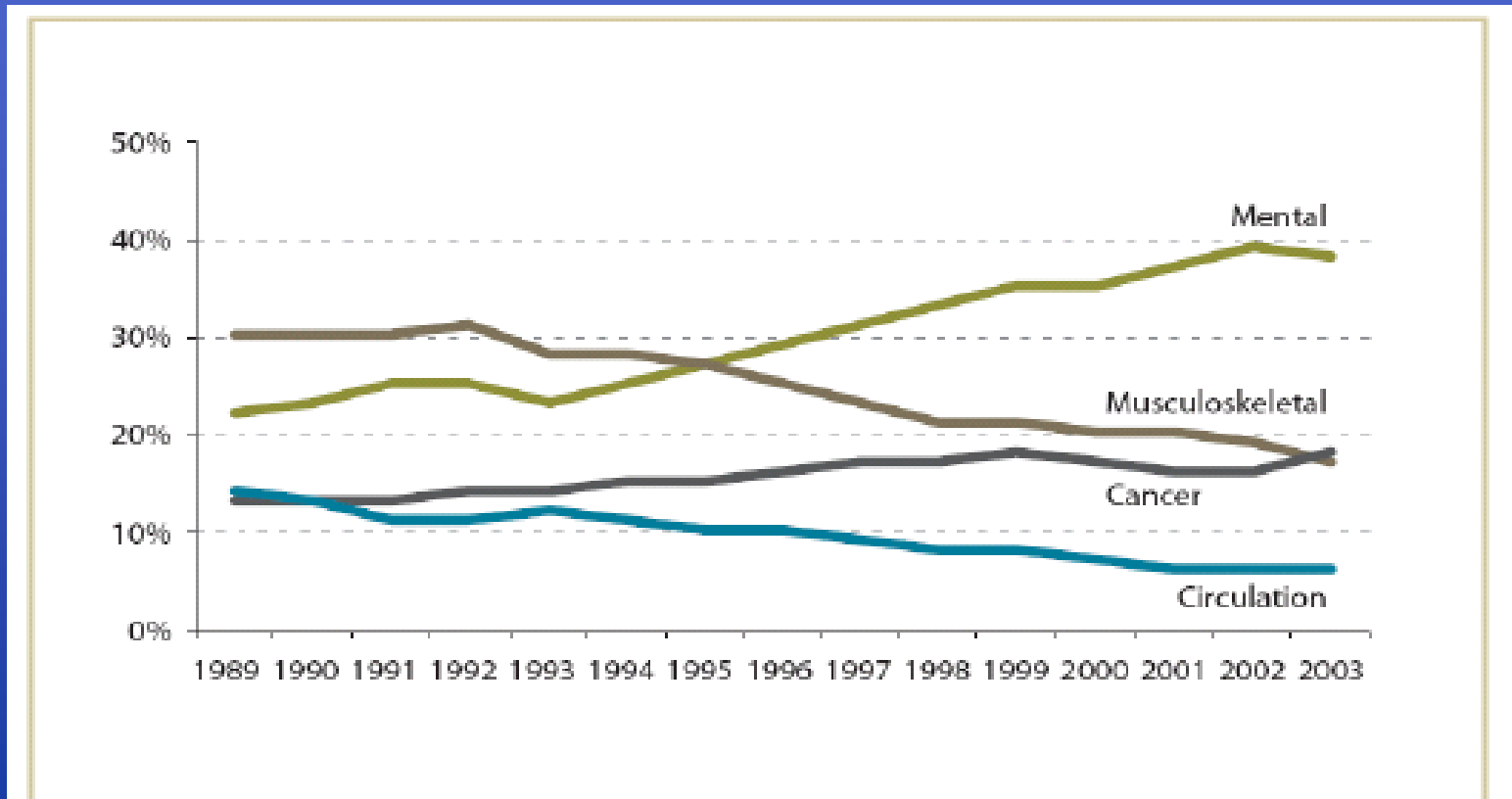
But now increasing attention to ill-health as a cause of exclusion from employment, especially for:

- Older workers
- People with disabilities
- Carers of people with ill-health or disability

Disability/ill-health as a major cause of exclusion and early exit

- 2002 – Joint Report on Labour Force Participation and Active Ageing
- 2003 – Resolution of the Council on promoting employment of people with disabilities
- 2005 – Report on the contribution of health to the economy of the EU
- 2005 – Disabled people: European Action Plan 2006-2007
- 2005 – Green Paper on Promoting Mental Health
- 2006 – Commission report to Spring European Council
- 2007 – Communication on Social protection for those furthest from the labour market
- 2007 – Community strategy on Health & Safety at Work

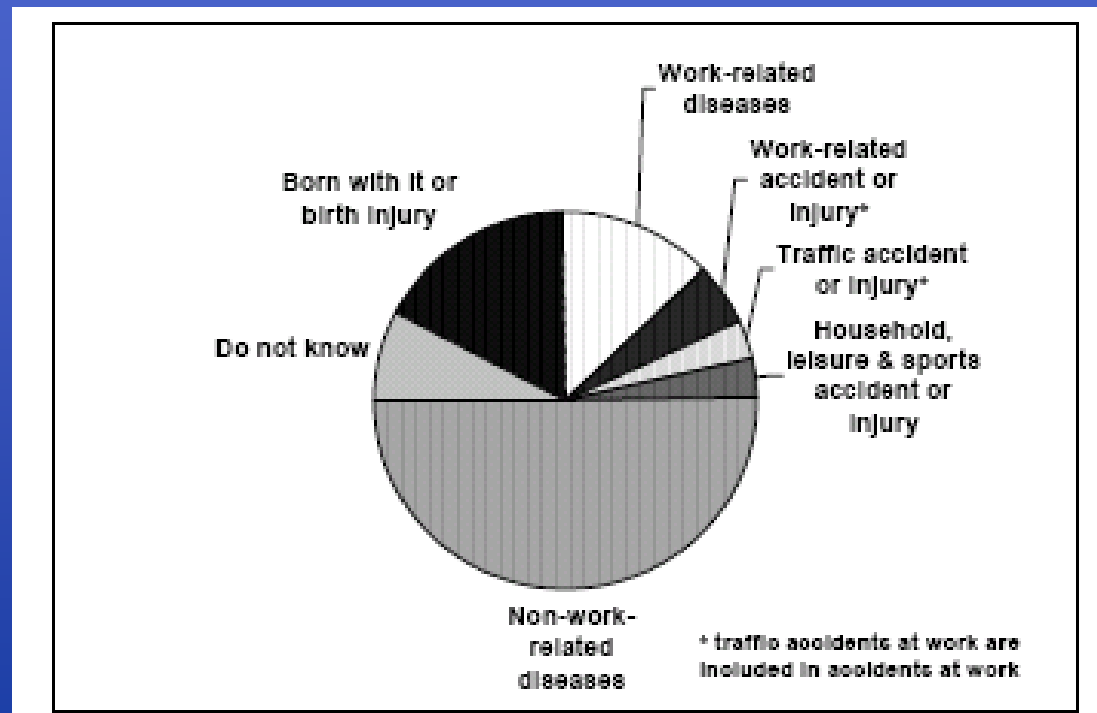
Major causes of early retirement



Source: German Federal Health Monitoring (2007)

Causes of LSHPD: all countries

Source: Eurostat, 2003



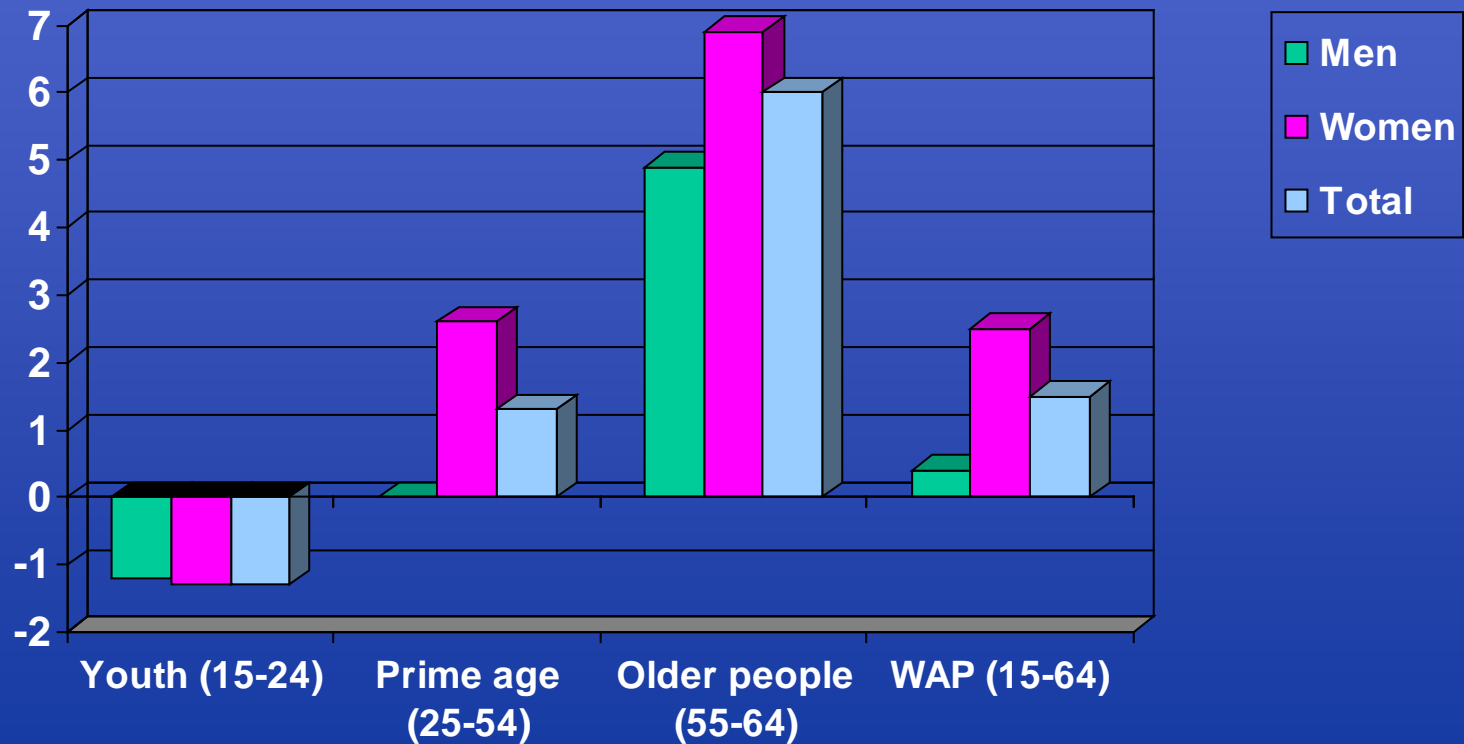
A majority of workers with a disability have developed this during the course of working life – and many disabilities are not visible.

Challenges for policies and services

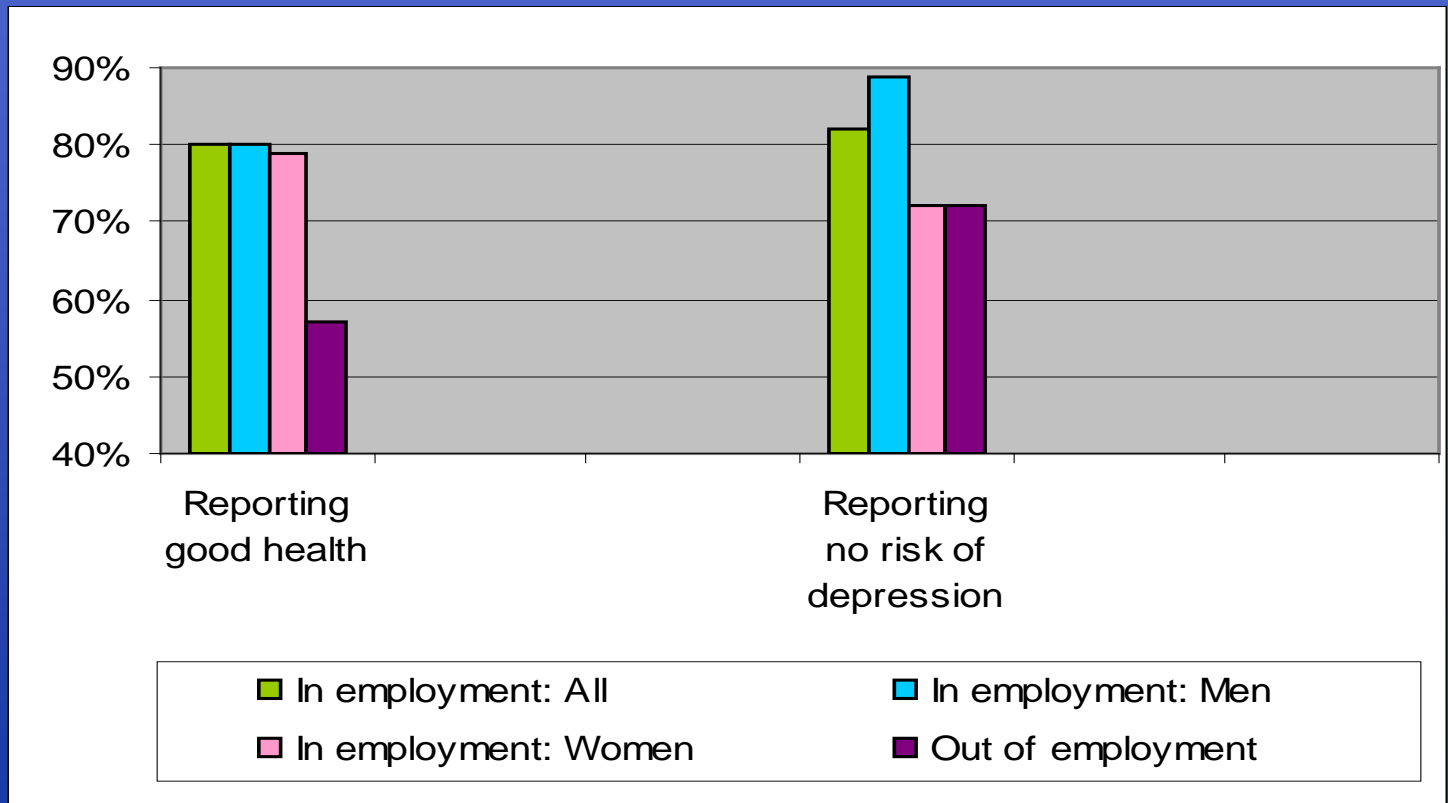
- Ageing of the workforce
- Increasing rates of work disability, especially due to mental illness
- Big differences between countries in duration of sick leave
- Attitudes of workers, health professionals and employers
- Coverage of occupational health services, particularly for SMEs

Processes are complex and require coordinated, focused system responses from companies, and designated authorities.

Change in activity rates between 2000 and 2005 by age/gender grouping

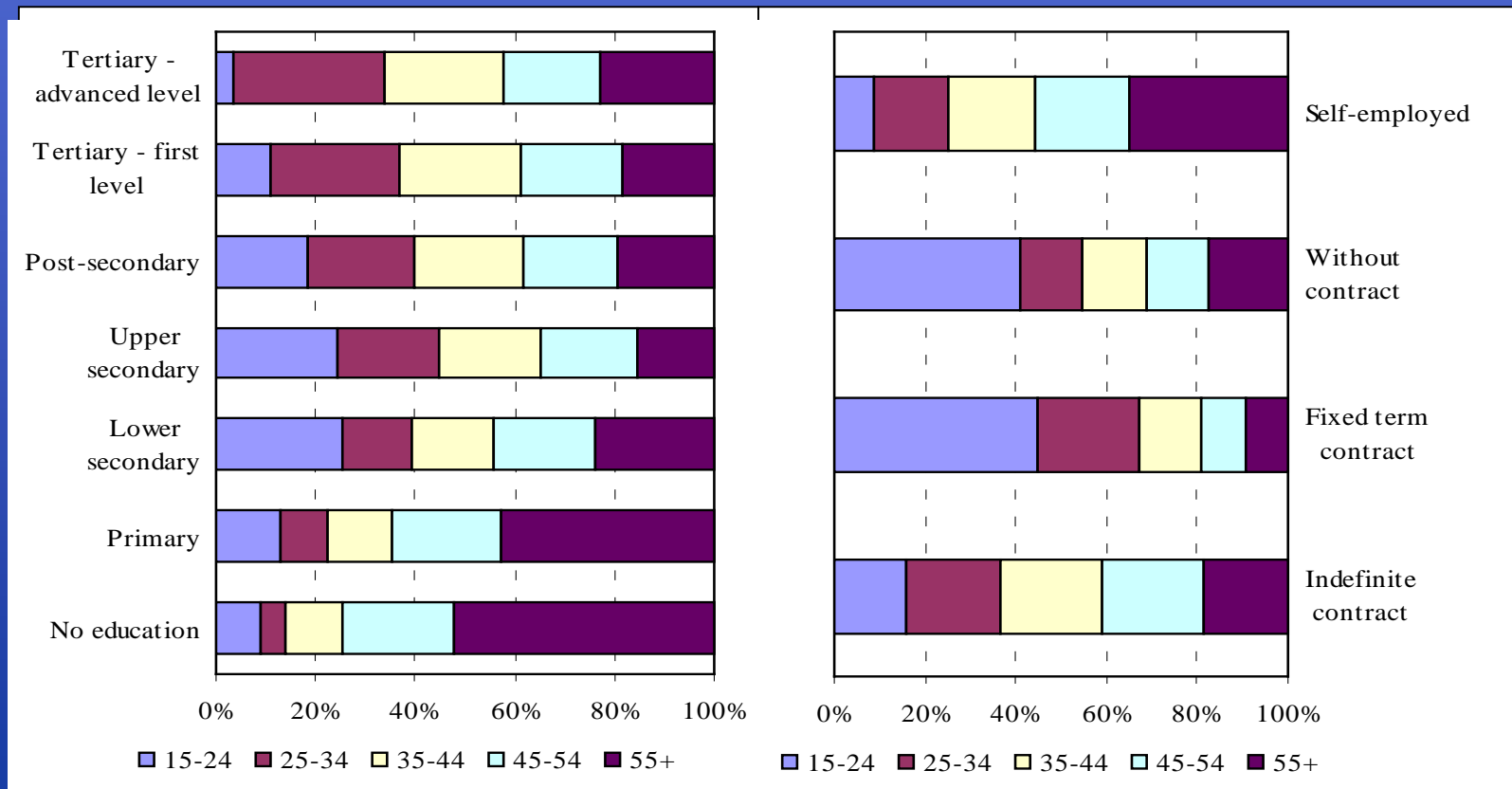


Health and employment status, people aged 50-65



Source: SHARE (Debrand and Lengagne, 2008)

Distribution of employment by age group and main characteristics



Source: *Working conditions of an ageing workforce*, EFILWC, 2008

Proportion of workers with part-time contracts

	15-24	25-34	35-44	45-54	55+	Total
All	24.7	13.5	16.3	13.4	22.1	16.7
Male	19.8	5.2	3.8	3.8	12.0	7.1
Female	30.9	23.2	31.5	25.5	37.0	28.7

Source: *Working conditions of an ageing workforce*, EFILWC, 2008

Physical risks: Percentage exposed half or more of the time by age, and difference between older and other workers in % points (EU27, 2005)

		Age		Diff. (b) – (a)
		<55 yrs (a)	55+ yrs (b)	
Load/position risks	Standing or walking	60.8	60.6	-0.2
	Repetitive hand or arm movements	52.1	49.3	-2.8
	Tiring or painful positions	31.5	30.0	-1.6
	Carrying or moving heavy loads	21.4	17.0	-4.4
Work environment risks	Noise	20.6	16.9	-3.7
	Vibrations	17.6	15.3	-2.3
	High temperatures	16.7	13.3	-3.4
	Low temperatures	12.4	11.5	-0.9
	Breathing in smoke, fumes, powder or dust etc.	13.5	10.4	-3.1
	Tobacco smoke from other people	12.9	10.3	-2.5
Biological / chemical / radiation risks	Handling/contact with chemical products or substances	8.6	6.2	-2.4
	Handling/contact with materials which can be infectious	6.0	4.8	-1.2
	Breathing in vapours such as solvents and thinners	6.5	4.6	-1.9
	Radiation	2.6	2.0	-0.7
	Lifting or moving people	5.5	4.3	-1.3

Positive responses to work organisation indicators by age, and difference between older and other workers in % points (EU27, 2005)

		Age		Diff. (b)-(a)
		<55 yrs (a)	55+ yrs (b)	
A U T O N O M Y	Able to apply own ideas in work (sometimes or more often)	76.2%	82.1%	5.9
	Able to choose/change speed/rate of work	68.1%	76.4%	8.2
	Able to choose or change your order of tasks	62.1%	71.5%	9.4
	Can take your break when you wish (sometimes or more often)	62.5%	71.0%	8.5
I N T E N S I T Y	Have enough time to get the job done (sometimes or more often)	88.0%	88.2%	0.2
	Job involves working to tight deadlines (1/2 of the time or more)	50.3%	41.4%	-8.9
	Job involves working at very high speed (1/2 of the time or more)	48.6%	38.9%	-9.7
H P W O	Job involves work in a team	56.1%	48.3%	-7.8
	Job involves rotating tasks	44.9%	35.4%	-9.5

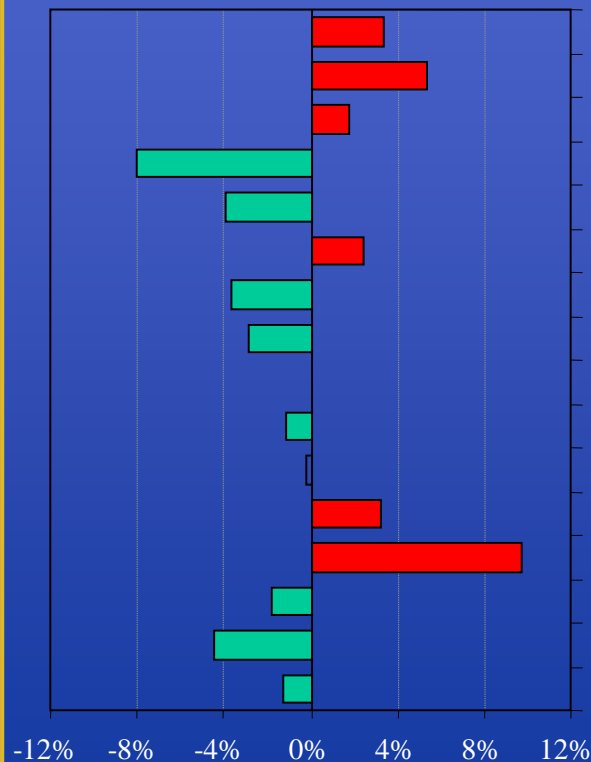
Health status of older workers (50-65) and workplace organisation – Difference in proportions of men/women reporting good health/no depression

	WOMEN		MEN	
	No depression	Good health	No depression	Good health
Low vs High Demand	7.9	10.8	0.8	8.2
High vs Low Control	13.4	14.4	6.7	8.5
High vs Low Reward	23.5	15.5	10.5	11.6
Adequate support at work	12.7	7.9	9.1	4.6
Feeling of job security	13.7	11.4	9.3	3.1

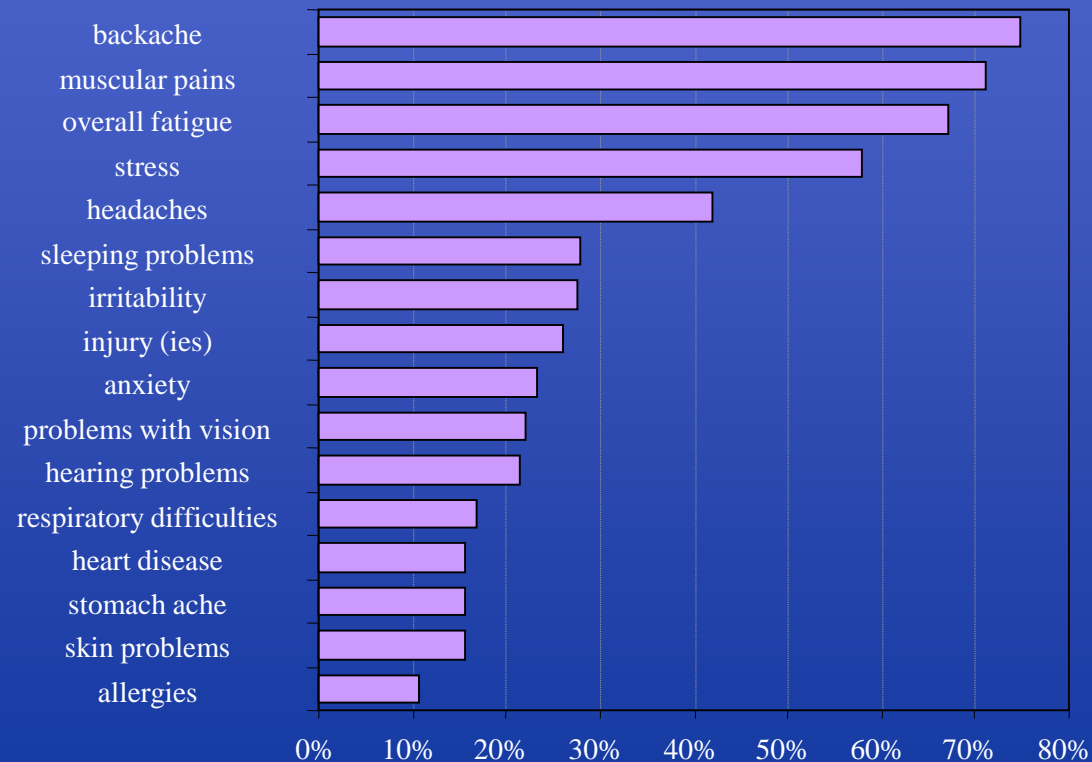
Source: SHARE (Debrand and Lengagne, 2008)

% of older workers who think that work affects health (b), and difference from other workers in % points (a), EU27, 2005

(a) Difference between 55+ workers and 15-54 workers



(b) % of 55+ who think that work affects health



Source: *Working conditions of an ageing workforce*. EFILWC, 2008

Proportion of workers who think their health or safety is at risk because of work by gender and age (EU15 – 1995-2005)

	All		Male		Female	
	All ages	55+	All ages	55+	All ages	55+
1995	28.6%	28.9%	33.3%	29.3%	22.1%	28.3%
2000	27.9%	26.2%	32.0%	28.7%	22.6%	21.6%
2005	25.3%	20.9%	29.8%	23.4%	19.6%	17.3%

Proportion of workers satisfied or very satisfied with working conditions

	15-24	25-34	35-44	45-54	55+	Total
All	78.8	81.0	82.4	81.8	83.5	81.7
Male	78.1	79.7	80.6	81.8	83.2	80.7
Female	79.7	82.5	84.6	81.9	84.0	82.8

Source: *Working conditions of an ageing workforce*, EFILWC, 2008

Good practice in age management

- Job recruitment
- Training, development and lifelong learning
- Career development
- Flexible working practice; reconciliation issues; work organisation; working time arrangements
- Health protection and promotion; workplace design
- Redeployment – internal mobility
- Employment exit and transition to retirement

Towards more comprehensive measures

But: Contradictions, Ambivalences, Ambiguities

Market/business case as key driver

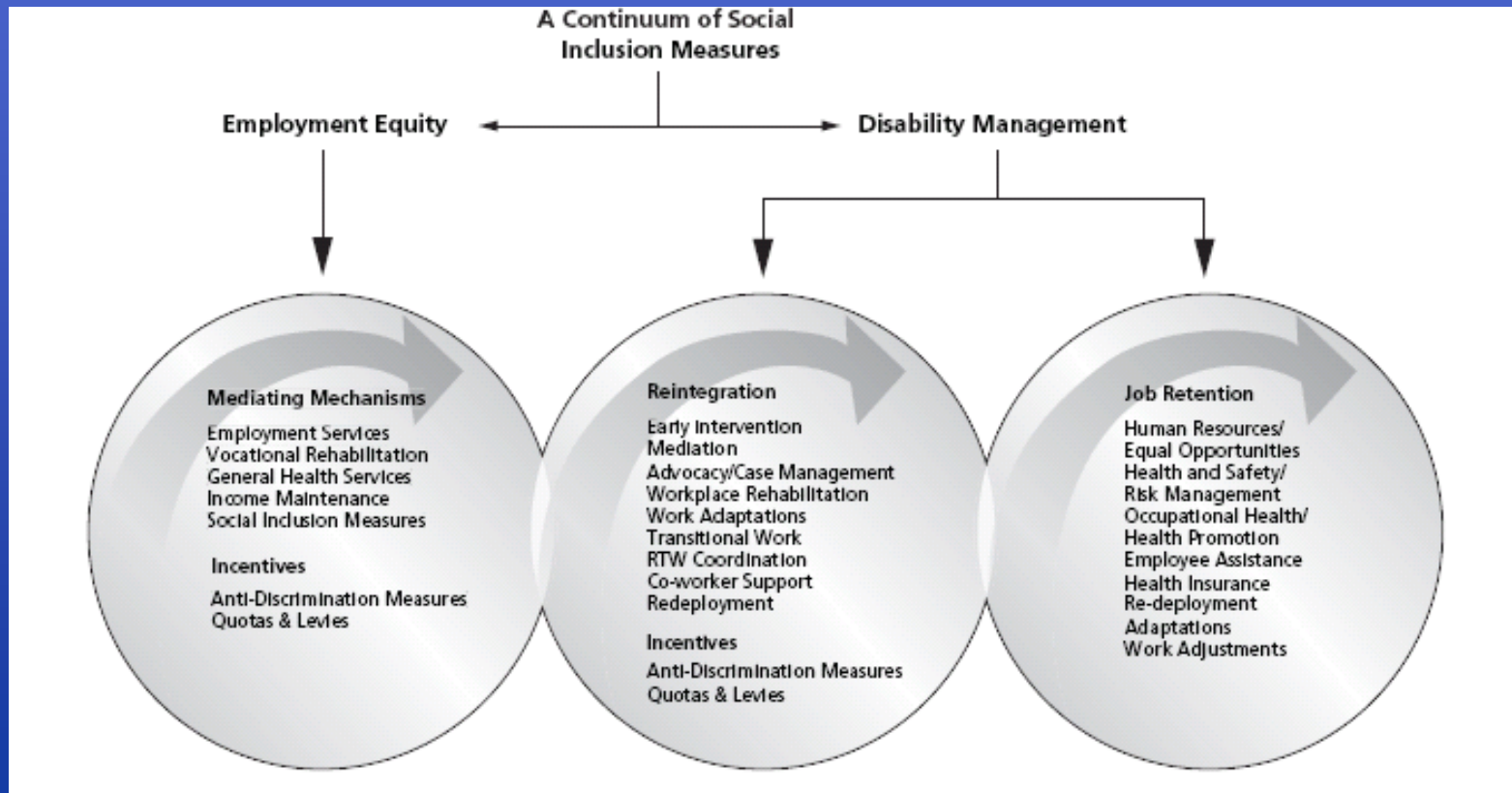
- Avoid labour and skills scarcity (& associated costs)
- Retain valuable experience
- Return on investment from training
- Improved work satisfaction contributing to greater quality and productivity
- Age Diversity = Greater flexibility & synergy

Developments in measures over the last decade

- Most common measures are in training and development followed by flexible working
- Increase over time in the diversity and complexity of approaches to age management
- Tendency for measures to promote health and well-being to be reported more, and specific measures for recruitment or redeployment less
- Targeting to skilled manual workers still prominent but more attention to professional and managerial staff – and more attention to all age groups
- Little specific attention to low-skilled, or to gender issues

The disability management model

Stemming exclusion from work as a result of illness, injury or impairment



The disability management model – main pillars

- Promoting employee health to create a healthy working environment
- Managing identified risks through proactive responses to emerging conditions
- Intervening early when an employee suffered an injury + continued support
- Case managing or coordinating return to work for long-term absent employees

Implications for policy

- Develop awareness of the issue and an explicit “ill-health and disability management” focus
- Allocate responsibility to the workplace and community services for integration and retention plans
- Enhance coordination between services, and between services and the workplace
- Provide incentives for workers and employers to promote insertion and retention
- Develop continuing support for active and coordinated integration measures, including employment guidance services
- Combat discrimination

Conclusions

- Comprehensive and coordinated approaches are possible and worthwhile – need to extend awareness and commitment and implementation
- Policies must consider the whole of working life – working, learning and caring over the life course
- While the focus should be on prevention, some older workers need compensatory remedial provision
- Rethinking of pensions - but also disability and rehabilitation schemes
- The new Member States pose a special challenge for giving priority and particular attention to older workers