

Safer and healthier work at any age

Country Inventory: Spain

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Abbreviations

ENWHP:	European Network for Workplace Health Promotion
EU:	European Union
Eurofound:	European Foundation for the Improvement of Living and Working Conditions
EU-OSHA:	European Agency for Health and Safety at Work
HR:	Human resources
ILO:	International Labour Organisation
INSHT:	Instituto Nacional de Seguridad e Higiene en el Trabajo (National Institute of Occupational Safety and Hygiene)
INSS:	Instituto Nacional de la Seguridad Social (National Social Security Office)
ITSS:	Inspección de Trabajo y Seguridad Social (National Labour Inspection Authority)
MSD	Musculoskeletal disorder
NGO:	Non-governmental organisation
OECD:	Organisation of Economic Cooperation and Development
OSH:	Occupational Safety and Health
P.p.:	Percentage point
RTW:	Return to work
SNS:	Sistema Nacional de Salud (National Health System)
WHO:	World Health Organisation

Introduction

This report is part of the project 'Safer and healthier work at any age', initiated and financed by the European Parliament¹². The objective of the European Parliament was to further investigate possible ways of improving the health and safety of older people at work.

The project, which started in 2013,

- reviewed state of the art knowledge on ageing and work;
- investigated EU and Member States policies, strategies, and programmes addressing the challenges of an ageing workforce in the field of occupational safety and health (OSH) and policy areas that affect OSH, such as employment and social affairs, public health, and education;
- investigated EU and Member States policies, strategies, and programmes in relation to rehabilitation/return-to-work;
- and collected information on related workplace-level practices.

To review policy developments and initiatives taken in Europe to tackle the demographic change, country reports were prepared, with a specific focus on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting rehabilitation/return to work.

Methodology

The country reports were prepared in each of the 28 European Member States and EFTA countries (Iceland, Switzerland, Lichtenstein and Norway). In eight countries (Austria, Belgium, Denmark, Finland, France, Germany, the Netherlands and the United Kingdom), the research was carried out at a more in-depth level including additional resources and the consultation of relevant stakeholders via the organisation of expert workshops.

The **information** used to prepare the reports was collected between September 2013 and June 2014 and comes from international, European and national sources, referenced in the report's bibliography.

The **indicators** presented in the first section of the reports have been selected taking into account:

- *Relevance to the topic:* In addition to data on working conditions and health, indicators related to general contextual factors such as the demographic development, labour market and employment have also been included.
- *Availability of data by age groups:* As the focus of this work is to investigate activities in the context of an ageing workforce, it is central to the project to collect data by age groups.
- *Geographical coverage:* In order to be able to compare results across the Member States, it is important to use the same indicators in all country reports. For this reason, European and international sources were favoured.

National expert workshops took place in the eight countries subject to in-depth review as well as in two additional countries, Poland and Greece between March and June 2014.

The objectives of the workshops were to:

- Confirm the findings and interpret the results of the desk research;

¹ Official Journal of the European Union, '04 04 16 – Pilot project - Health and safety at work of older workers', Chapter 0404— Employment, Social Solidarity and Gender Equality, 29.02.2012, pp. II/230 - II/231. Available at: http://bookshop.europa.eu/en/officialjournal-of-the-european-union-l-56-29_02_2012-pbFXAL12056/ (Accessed December 2014)

² The activities carried out for the European Parliament's pilot project are coordinated by the European Agency for Safety and Health at Work (EU-OSHA) and implemented by a consortium led by Milieu Ltd (other consortium partners include: COWI, IOM, IDEWE, FORBA, GfK, NIOM).

- Stimulate discussions between intermediaries and experts in the field of occupational health and safety and rehabilitation/return-to-work, in order to collect additional information and examples of good practices;
- Exchange views and ideas on what works well, what could be improved, and what are the drivers, needs and obstacles to address the challenges of an ageing workforce.

Finally, in order to validate the findings of the desk research, EU-OSHA's network of **focal points** reviewed the country reports.

In Finland, the national expert workshop "The ageing workforce and health and safety at work") took place on 5-6 May 2014, with 26 participants over the two days. The Finnish Ministry of Health and Social Affairs, EU-OSHA's focal point, provided extensive support for the organisation and execution of the workshop.

On the first day, the workshop focussed on the topic of OSH and older workers, and on the second day, on rehabilitation and return-to-work. Representatives from the European Agency for Safety and Health at Work (EU-OSHA), the Ministry of Social Affairs and Health, the Finnish Institute for Occupational Health (FIOH) and from the social partners (businesses and workers) gave presentations to introduce the topics for discussion. Experts and policy makers discussed the implementation and effectiveness of policies and strategies (at national level and within companies) addressing the challenges of an ageing workforce.

Although participation in Finland was rather low, the different groups and stakeholders were well represented. A summary of the stakeholders' views is provided in the conclusions of this report.

Structure of the report

The first section of the report provides background information on demographic developments, the labour market, working conditions and the health status of the older working population. The institutional and legal framework for occupational health and safety in Finland, as of June 2014, is also described.

The second section of the report describes strategies, policies, programmes and activities initiated by the government or government-affiliated organisations, social partners and non-governmental organisations to tackle the challenges related to demographic change, and more specifically to the ageing of the workforce. These initiatives were identified primarily in the area of occupational health and safety but also in the areas of employment and public health and any other relevant policy areas.

The third section of the report focuses on the issue of the rehabilitation and return to work of workers following a health problem (accident or disease). The section starts by introducing the national system for the rehabilitation of workers following a long-term sick leave or work incapacity and considers the legal and policy framework, the actors involved and the main steps of the rehabilitation process. The second part of the section describes specific activities, programmes or strategies implemented by the government or government-affiliated organisations, social partners and non-governmental organisations for the rehabilitation of workers.

The present report describes policies and strategies in Spain, addressing the ageing of workforce. Specifically, it focuses on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting the rehabilitation/return to work of workers following a health problem.

1 General context

Section I of this report starts with an overview of the most relevant facts and figures on the current situation in Spain with regard to demographics, the labour market, working conditions and the health status of the older working population. It then provides background information on the institutional and legal frameworks in Spain that pertain to safe and healthy work in the context of an ageing workforce. Finally, it provides a brief overview of the pension system, looking specifically at legal and actual retirement ages, early retirement opportunities and ongoing or upcoming reforms that would affect older workers.

1.1 Facts & Figures

In this sub-section on facts and figures, a number of indicators introduce the current situation in Spain with regard to demographic factors, the labour market, working conditions and health status of the older working population.

The following definitions aim to provide clarity on a number of terms used frequently in this section:³

- “Median age” is the age that divides a population into two groups that are numerically equivalent.
- The “old age dependency ratio” is the ratio of the number of older people at an age when they are generally economically inactive (i.e. aged 65 and over), compared to the number of people of working age (i.e. 15-64 years old)
- “Old age pension” is payment to maintain the income of a person after retirement from employment at the standard age or payment made to support the income of older persons.⁴
- “Healthy life years”, also called disability-free life expectancy (DFLE), is defined as the number of years that a person is expected to continue to live in a healthy condition.⁵

Table 1 provides a quick snapshot of selected indicators, some of which are further described in the rest of the section.

Table 1, Overview table of main indicators

	Spain	EU-28
Median age 2013 (2060)	41 (48)	42 (46)
Share of population aged 55 to 64 years (2013)	11%	13%
Share of population aged 65+ (2013)	18%	18%
Old age dependency ratio (65+/15-64) 2013 (2060)	26% (54%)	28% (50%)
Employment rate of 55 to 64-year-olds (2013) (Δ since 2003)	43% (+3 p.p.)	50% (+10 p.p.)
Official Retirement age ⁶ (2013)	67	
Effective retirement age (2012) ⁷	63.2(f)/62.3(m)	60.9(f)/62.3(m) ^{*8}

³ Definitions extracted from the Eurostat glossary (unless stated otherwise):

http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Thematic_glossaries (Accessed December 2014)

⁴ Eurostat, Methodologies and Working Papers, *The European System of Integrated Social PROtection Statistics (ESSPROS)*, ESSPROS Manual and user guidelines, 2012, p. 58. Available at:

<http://ec.europa.eu/eurostat/documents/3859598/5922833/KS-RA-12-014-EN.PDF/6da3b2bf-85ba-4665-b318-a41d6a2df37f?version=1.0> (Accessed December 2014)

⁵ This indicator is compiled separately for men and women, both at birth and at age 65. It is based on age-specific prevalence (proportions) of the population in healthy and unhealthy condition and age-specific mortality information. A healthy condition is defined as one without limitation in functioning and without disability.

⁶ See section 1.4 on Pension system; as from 2013, there has been and will be a gradual increase of the official retirement age from 65 years to 67 years until 2027

⁷ Source: OECD estimates on the [“average effective age of retirement versus the official age, 2007-2012”](#)

⁸ These figures refer to the EU-27

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	Spain	EU-28
Share of pensioners (50-69) who quit working for health or disability reason (2012)	29%	21%
Pension expenditures (% of GDP) (2011*)		
All pensions	11.4% ⁹	13.0%
Old-age pensions	6.9% ¹⁰	9.5%
Disability	1.3% ¹¹	0.9%
Life expectancy at 65 years, in years (2011)	21	19.7
Women	23	21.3
Men	18.8	17.8
Healthy life years at the age of 65 (and 50) (2011)		8.6 (17.7)
Women	9.3 (19.8)	8.6 (17.9)
Men	9.7 (19.7)	8.6 (17.5)
Employed persons aged 55 to 64 years reporting one or more work-related health problems in the past 12 months in 2007 (% from all employed aged 55 to 64 years)	8.7% ¹²	11% ¹³
Share of employed people aged 55-64 yrs who perceive their health as in being in a bad or very bad status (and 45-54 yrs), 2012	4.7% (2.5%)	5.7% (3.8%)
Share of employed people aged 55-64 yrs who have a long-standing illness or health problem (and 45-54 yrs), 2012	26.9% (17.9%)	33.3%** (24.2%**)
Share of people aged 55-64 yrs who report MSDs as their most serious work-related health problem during the past 12 months (2007)	67% ¹⁴	60% ¹⁵
Women	74%	64%
Men	61%	56%
Share of workers above the age of 50 who think they could do their current job at the age of 60 ¹⁶ (2010)	69%	71% ¹⁷
Share of employed people with working experience who report that measures to adapt the workplace for older people have been put in place at their workplace ¹⁸ (2013)	26%	31%

Sources: All figures are as published by Eurostat, unless mentioned otherwise. Sources used by Eurostat include: Eurostat population statistics, Eurostat population projections, the European Labour Force Survey (EU-LFS), the European Survey on Income and Living Conditions (EU-SILC), the European System of Integration Social Protection Statistics (ESSPROS).

*figure refers to 2011; ** estimated figures only (by Eurostat)

⁹ Provisional data

¹⁰ Provisional data

¹¹ Provisional data

¹² Definition differs

¹³ This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends using the aggregate figures without France.

¹⁴ Definition differs

¹⁵ This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends to use the aggregate figures without France.

¹⁶ Source: European Working Conditions Survey 2010

¹⁷ This Figure refers to the EU-27

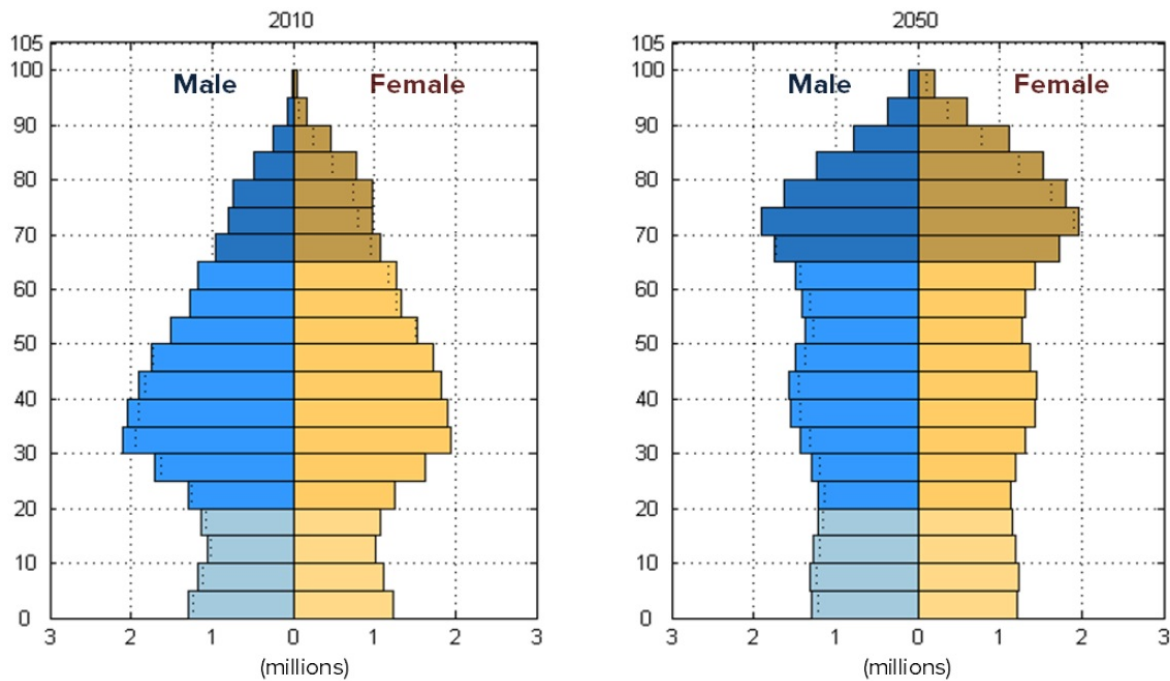
¹⁸ Source: European Commission, Flash Eurobarometer on Working Conditions, 2014. Fact sheet on Spain. Available at: http://ec.europa.eu/public_opinion/flash/fl_398_fact_es_en.pdf (accessed December 2014).

Demographic developments

As in all EU countries, the population in Spain has become older compared to 1960. While in 1980 the median age was 30 years, in 2013 it was 41 years¹⁹. This corresponds more or less to the average median age of the EU-28 population (around 42 years). This ageing is also reflected in the distribution of the population across the different age groups and their development between 1990 and 2013. The share of the oldest age group (65 years and above) has increased between 1990 and 2013 from 13% to 18% (EU-28: 18% in 2013) while the group of 55 to 64-year-olds has remained the same compared to 1990, at 11% (EU-28: 13% in 2013).

The population ageing is predicted to continue. The age group “65+” is projected to increase from 18% in 2013 to 30% of the total population in 2060. This ageing is also shown in the age pyramid below (Figure 1) which shows that between 2010 and 2050, the age group of 20 to 65-year-olds is predicted to decrease while the age group of 65+ is predicted to increase. This is also reflected in the old-age dependency ratio (see Table 1).

Figure 1, Total population by age group and gender, 2010 and 2050



Source: International Conference on Population and Development Beyond 2014, Spain Country Implementation Profile²⁰.

Labour market participation

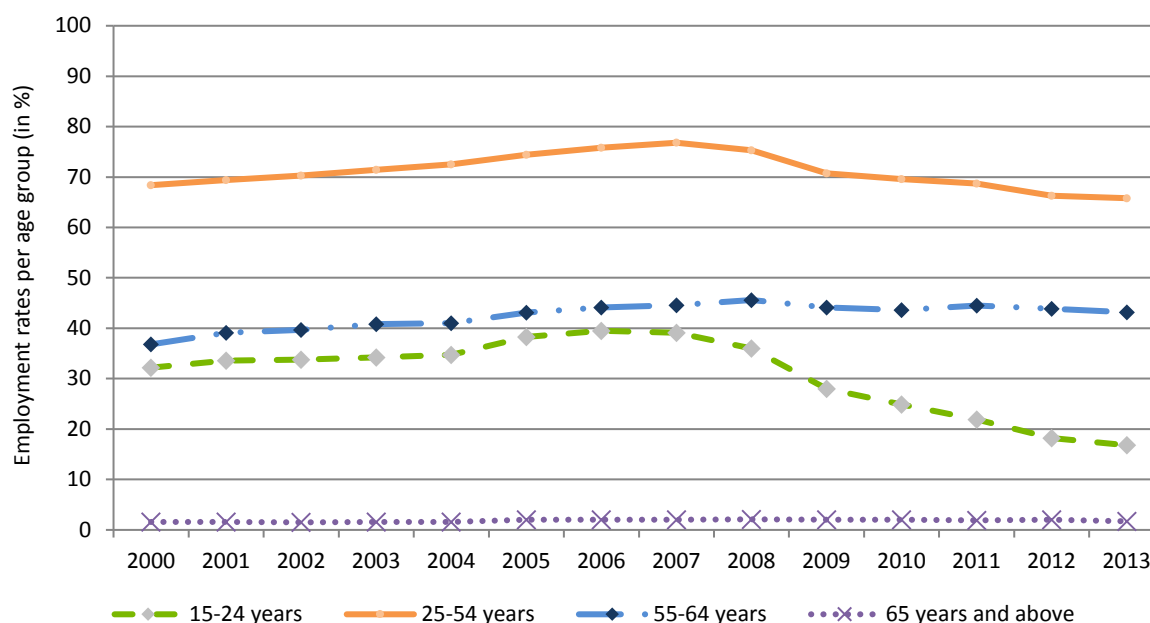
The employment rates of different age groups show that employment among the older working age population (55-64 years) has been increasing since 2002, however, not as strongly as on EU-average. While for the EU-27, the employment rate for this age group reached almost 50% in 2013, in Spain it remained at 43% - slightly below the level it had reached before the crisis in 2008.

However, the gap between the EU-wide and the Spanish employment rates for the 55-64-year-olds is not as large as that for the employment rates of the 25-54-year-olds and of the young population, which suffers greatly from unemployment in Spain.

¹⁹ The 2012 figure is flagged as provisional.

²⁰ International Conference on Population and Development Beyond 2014, Spain Country Implementation Profile. Available at: <http://icpdbeyond2014.org/about/view/19-country-implementation-profiles> (Accessed December 2014)

Figure 2, Employment rates per broad age groups, trend 2000-2013, Spanish residents, all nationalities



Source: Eurostat 2013, LFS detailed annual survey results, Employment rates by sex, age and nationality (%) [lfsa_ergan]

Working conditions

Based on the Fifth European Working Conditions Survey (5th EWCS), carried out by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) in 2010²¹, the following conclusions can be drawn with regard to the working conditions of older workers²² (aged 50 and above) in Spain:

- The share of workers having to *carry heavy loads* at work decreases with age in Spain. The share of older workers having to carry heavy loads is lower in Spain (26%) than on EU-average (32%).
- Older workers in Spain are slightly less likely to work in *tiring or painful positions* almost all of the time than middle-aged workers (17% and 20%, respectively – compared to 15.5% for older workers at EU level), but more likely than younger workers (15%) to work in such positions.
- The share of Spanish workers who *work in shifts* decreases with age and corresponds more or less to the EU-average (14% among older workers for both). The share of older workers who are exposed to *night work* is slightly lower in Spain than across the EU (10% and 16%, respectively).
- Older workers are more likely to think that their *working hours fit well with their private life* than middle-aged workers (78% and 72%, respectively). However, the share among older workers who think this is lower than on EU-average (85%).
- As in most other EU Member States, the number of people reporting *three or more external constraints on their work pace* (such as demands from people or production/performance targets) decreases with age in Spain: 33% of young workers report that at least three external factors determine their work pace against 22% of older workers (which is lower than the EU-27 average of 27% of older workers).

²¹ Unless mentioned otherwise, the figures in this paragraph relate to the EWCS from 2010. Available at: <http://eurofound.europa.eu/surveys/ewcs/2010/european-working-conditions-survey-2010> (Accessed December 2014)

²² The term “older workers” in this section refers to workers aged 50 years and above, the term “young workers” refers to workers below 30 years.

- In Spain, the share of workers receiving *on-the-job training* decreases with age. Furthermore, the share of older workers receiving on-the-job training is considerably lower in Spain than across the EU (19% and 26%, respectively).
- A slightly larger share of older workers in Spain (31%) than across the EU (27%) found that *work affected their health negatively*.
- In Spain, *satisfaction with working conditions* increases with age. In addition, the share of older workers who are satisfied with their working conditions is about the same in Spain (88%) as across the EU-27 (84%).
- In Spain, a smaller share of older workers think they will be *able to do the same job at the age of 60* (69%) than across the EU (71%).
- In Spain, 26% of employed people and people with working experience indicated that *measures to adapt the workplace for older people* had been put in place at their workplace (compared to 31% at EU-28 average). Four percent of those that responded did not know whether their workplace had been adapted to older workers²³.

Health

In 2011, estimations showed that Spanish men of the age of 65 years had a *life expectancy* of around 18.8 additional years²⁴ including 9.7 considered “*healthy life years*”.²⁵ Women of the age of 65 had a life expectancy of 23 additional years but only 9.3 “*healthy life years*”. These figures are all higher than the figures of the EU population in general (life expectancy at the age of 65 of 17.8 for men and 21.3 for women, including 8.6 “*healthy life years*” for both genders).

The *perceived health status* among employed persons in Spain worsens with age as demonstrated in Table 2 below.

Table 2, Self-perceived health among employed in different age groups, 2012; shares of age group reporting “very bad” or “bad” health status

	16-44 years	45-54 years	55-64 years	65 years and above
Employed	0.9%	2.5%	4.7%	4% ²⁶

Source: EU-SILC Self-perceived health by sex, age and labour status (%) [hlth_silc_01]

As shown in Table 3, the share of Spanish workers between the age of 55 and 64 years who reported that they suffered from *work-related health problems* was lower than the EU average for the same age group in 2007.²⁷

²³ European Commission, *Flash Eurobarometer on Working Conditions - Fact sheet for Spain*, 2014. Available at: http://ec.europa.eu/public_opinion/flash/fl_398_fact_es_en.pdf (Accessed December 2014)

²⁴ Eurostat 2013 'Life expectancy by age and sex' [demo_mlexpec]

²⁵ Eurostat 2013 'Healthy Life Years (from 2004 onwards) (hlth_hlye).

²⁶ This is for “bad” health status only, as figure for “very bad” health status is missing

²⁷ EU LFS ad-hoc module 2007 on accidents at work and work-related health problems “Persons reporting one or more work-related health problems in the past 12 months, by sex, age and education - % [hsw_pb1]”; shares from all employed in the respective age group; a work-related health problem is defined as covering all diseases, disabilities and other physical or mental health problems, apart from accidental injuries, suffered by the person during the last 12 months, and caused or made worse by the work. This is a broad concept that covers much more than the recognised occupational diseases.

Table 3, Self-reported work-related health problems by workers in Spain and EU-27, by age group

ES 25-34 yrs	4%**
ES 35-44 yrs	6%**
ES 45-54 yrs	7%**
ES 55-64 yrs	9%** (same for both genders)
EU-27* 55-64 yrs	11%

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting one or more work-related health problems in the past 12 months, by age - % [hsw_pb1]

*this figure is for EU-27 excluding France, since in France, the question wording was slightly different, causing a bias. Eurostat suggests using the aggregate without France.

The *serious work-related health problems* reported among the 55 to 64-year-olds were – as in most other countries – musculoskeletal disorders (MSDs) (Table 4).²⁸ While the prevalence of physical illnesses (in particular cardiovascular disorders and musculoskeletal disorders) as most serious work-related health problems increases with age that of psychosocial disorders (stress, depression and anxiety) decreases.

Table 4, Most serious work-related health problem during the past 12 months, % of all employees who reported a work-related health problem during the past 12 months; by gender and by most prevalent types of diseases²⁹

		Cardiovascular disorders	Musculoskeletal disorders	Stress, depression, anxiety	Pulmonary disorders
35-44 yrs.	Total (EU-27*)	2.4 (2.9)	62.5 (60.9)	19.0 (16.4)	4.1 (4.9)
	Women	2.1	58.2	20.4	6.1
	Men	2.7	66.6	17.7	2.4
45-54 yrs.	Total (EU-27*)	4.8 (6.2)	61.3 (61.3)	15.3 (13.5)	6.7 (4.7)
	Women	2.8	65.8	15.8	5.8
	Men	7.1	56.2	14.8	7.7
55-64 yrs.	Total (EU-27*)	8.3 (11.3)	67.4 (59.9)	10.2 (9.2)	5.9 (5.8)
	Women	5.7	73.9	10.3	2.7
	Men	10.9	60.8	10.2	9.1

²⁸ EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem work in the past 12 months, by type of problem - % [hsw_pb5]; the module distinguishes 8 different problems in total.

²⁹ More recent figures are available (EU-LFS ad-hoc module 2013); however, several countries have not delivered data for 2013, which is why no EU aggregates for this variable could be calculated. Due to these limitations, the 2007 data was used in this report. Data for 2013 can be obtained from Eurostat, available at: <http://ec.europa.eu/eurostat/web/lfs/data/database>

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem work in the past 12 months, by type of problem - % [hsw_pb5]

*this figure is for EU-27 excluding France, since in France, the question wording was slightly different, causing a bias. Eurostat suggests using the aggregate without France.

Definition

There is no official definition of an older worker in Spain.

1.2 Institutional structure for health and safety at work

The following section presents the overall institutional structure related to occupational health and safety in Spain.

Overall Structure

The **Ministry of Employment and Social Security** (*Ministerio de Empleo y Seguridad Social*)³⁰ is the main responsible body, at national level, for OSH matters, while at regional level, the governments of the Autonomous Communities, which are responsible for executing the OSH laws, have their own authorities. The Ministry of Employment includes:

- The Labour State Secretariat (Secretaría de Estado de Empleo), responsible for the development of national policies related to OSH, working conditions, employment support, occupational training and promotion of self-employment, and for promoting, directing and developing labour relations both individual and collective; and
- The Social Security State Secretariat (Secretaría de Estado de la Seguridad Social), in charge of the social security services, structure and management of its collaborative entities (work foundations, collaborative companies and mutual insurance of occupational accidents companies).

The Ministry of Employment plays a role in OSH mainly through two agencies:

- The **National Institute of Occupational Safety and Hygiene**³¹ (*Instituto Nacional de Seguridad e Higiene en el Trabajo*, INSHT), that is responsible for the analysis of the working conditions, as well as for the promotion of safe and healthy working conditions, furthermore providing support to improve them. Its role is mainly informative and supportive.
- The **Inspectorate of Labour and Social Security** (*Inspección de Trabajo y Seguridad Social*, ITSS) is responsible for the control and monitoring of the development and enforcement of labour standards and social security issues. The Inspectorate's most important functions are to monitor the implementation of the occupational health regulations and to inform about work accidents/occupational diseases. It also assesses working conditions and guide workers and companies accordingly. The previously mentioned INSHT is also responsible for studying the conditions to ensure that the objectives set within the **National Labour Inspection Authority**³² (*Inspección de Trabajo y Seguridad Social*) are met.

The **Ministry of Health, Social Services and Equality**³³ (*Ministerio de Sanidad, Servicios Sociales e Igualdad*) guarantees the effective right of all inhabitants to health protection. It is the key authority responsible for coordinating the **National Health System** (*Sistema Nacional de Salud*, SNS) and for drafting health policy and the necessary basic enabling legislation. The Ministry of Health also carries

³⁰ Ministry of Labour and Social Security, <http://www.empleo.gob.es/es/index.htm> (Accessed October 2014)

³¹ National Institute of Occupational Safety and Hygiene, <http://www.insht.es/portal/site/insht/> (Accessed September 2016)

³² Ministry of Labour and Social Security, http://www.empleo.gob.es/es/sec_sub/index.htm (Accessed September 2016)

³³ Ministry of Health, Social Services and Equality. Environmental and Occupational Health. <http://www.msssi.gob.es/ciudadanos/saludAmbLaboral/saludLaboral/home.htm> (Accessed October 2014)

out interregional coordination of activities for the development of Occupational Health Programmes and Plans. It holds the national representation to the European Union on the specific field and constitutes an institutional participant in the development of the occupational safety and health policies in the Social Round Tables, as well as within the framework of the National Commission of Occupational Safety and Health. The health system in Spain is decentralised, so each Autonomous Community has its own Health Service. Occupational health care is included in the National Health System.

Under Art. 148. 1. 21 of the Spanish Constitution, Autonomous Regions can assume competences in healthcare legislation and management. Therefore, the healthcare system is also institutionally organised at Autonomous Region level. **Healthcare Areas** (*Areas de salud*) are the main administrative structure of the national health system at this level³⁴.

In addition, a number of technical bodies have a role in the development and execution of OSH laws:

The **National Institute of Occupational Safety and Hygiene** (*Instituto Nacional de Seguridad e Higiene en el Trabajo*, INSHT) is the technical body of the General State Administration and is responsible for analysing and studying health and safety conditions as well as promoting training and improvement of occupational health. Its work focuses on high specialisation and cooperation with the regional bodies. The Institute also plays an administrative role as the Secretariat of the National Commission for Occupational Safety and Health and manages the **State Observatory of Labour Conditions**³⁵ (*Observatorio Estatal de Condiciones de Trabajo*, OECT), which is an information point for different indicators of the working conditions in Spain as socio-economic work context, management of prevention activities or the consequences of working conditions in health. The INSHT is the centre of national reference for the European Union in matters of safety and health at work, and also administers the Spanish Network of Health and Safety at Work, an Internet-based network of stakeholders.

In Spain, occupational safety and health issues are transferred to **Regional Technical Bodies** of the different regions. As mentioned, most of the 17 Spanish autonomous communities have their own OSH specialists in regional ministries and/or regional institute for safety and health at work. Regional OSH institutes are technical bodies, which collect OSH data, provide support in risk assessment and prevention, and promote OSH activities in companies. The **National Commission of Occupational Safety and Health**³⁶ (*Comisión Nacional de Seguridad y Salud en el Trabajo*, CNSST) brings together all representatives of the Spanish government responsible for and involved in improving the working conditions and quality of the working life. It is a key instrument which participates in the development and proposals for OSH policies.

Social security and insurance organisations

One of the roles of the social security system is controlling accident, disease, disability and retirement pensions. The work accident insurance, compensation and rehabilitation system in Spain consists in a hybrid system of a private non-profit grouping of mutual insurance companies, **the Mutual Insurance Associations Collaborating with the Social Security network** (*Mutuas Colaboradoras con la Seguridad Social*), and the **National Social Security Institute** (*Instituto Nacional de la Seguridad Social*, INSS), which guarantee's workers compensation in companies that are not members of a *Mutua Colaboradora con la Seguridad Social*.

- The **National Institute of Social Security**, under the supervision of the Ministry of Employment and Social Security, manages the social security financial benefits and all family benefits, including old-age pensions, permanent invalidity, cash benefits in the case of temporary incapacity for work;
- The **Mutual Insurance Associations Collaborating with the Social Security network** (*Mutuas Colaboradoras con la Seguridad Social*) are established as private associations of companies, under the supervision of the Ministry of Employment and Social Security, and are obliged to cooperate with the authorities of the public social security system. At the moment there are 20 *Mutuas*. They are members of the **Association of Work Accident Insurance Companies**

³⁴ Art. 56 of Law 14/1986 on the Healthcare System (*Ley General de Sanidad*)

³⁵ State Observatory of Labour Conditions website: <http://www.oect.es> (Accessed October 2014)

³⁶ Art. 13 of [Law 31/1995](#) on Labour Risks Prevention (*Ley de prevención de Riesgos Laborales*)

(*Asociación de Mutuas de Accidentes de Trabajo, AMAT*), which is a non-profit organisation, established in 1986, acting as the interest group for the insurance bodies³⁷.

The **Institute for Elderly and Social Services** (*Instituto de Mayores y Servicios Sociales, IMSERSO*) administers, under the supervision of the Ministry of Health, Social Services and Equality, with the Autonomous Communities, pensions paid under the non-contributory system, benefits for the older population and people with disabilities, as well as other related social services. It also administers long-term care schemes³⁸. The State Council of Older People *Imserso* (*Consejo Estatal de las Personas Mayores Imserso*) is an advisory and consultative body of the General State Administration assigned to the Ministry of Health, Social Services and Equality, through the State Secretary of Social Services and Equality.

It aims to make the collaboration and participation of elderly people in the definition, implementation and monitoring of ageing policies in the areas of welfare and social inclusion within the scope of the competences assigned to the General State Administration.³⁹ The Council is involved in the design and development of care services for dependent adults and in the state's plans related to elderly people. Its general functions include encouraging the full participation of older adults in society, setting up collaborative networks between public administrations and civil society organisations, as well as promoting the development of quality systems within organisations, centres and services aimed at the ageing population.

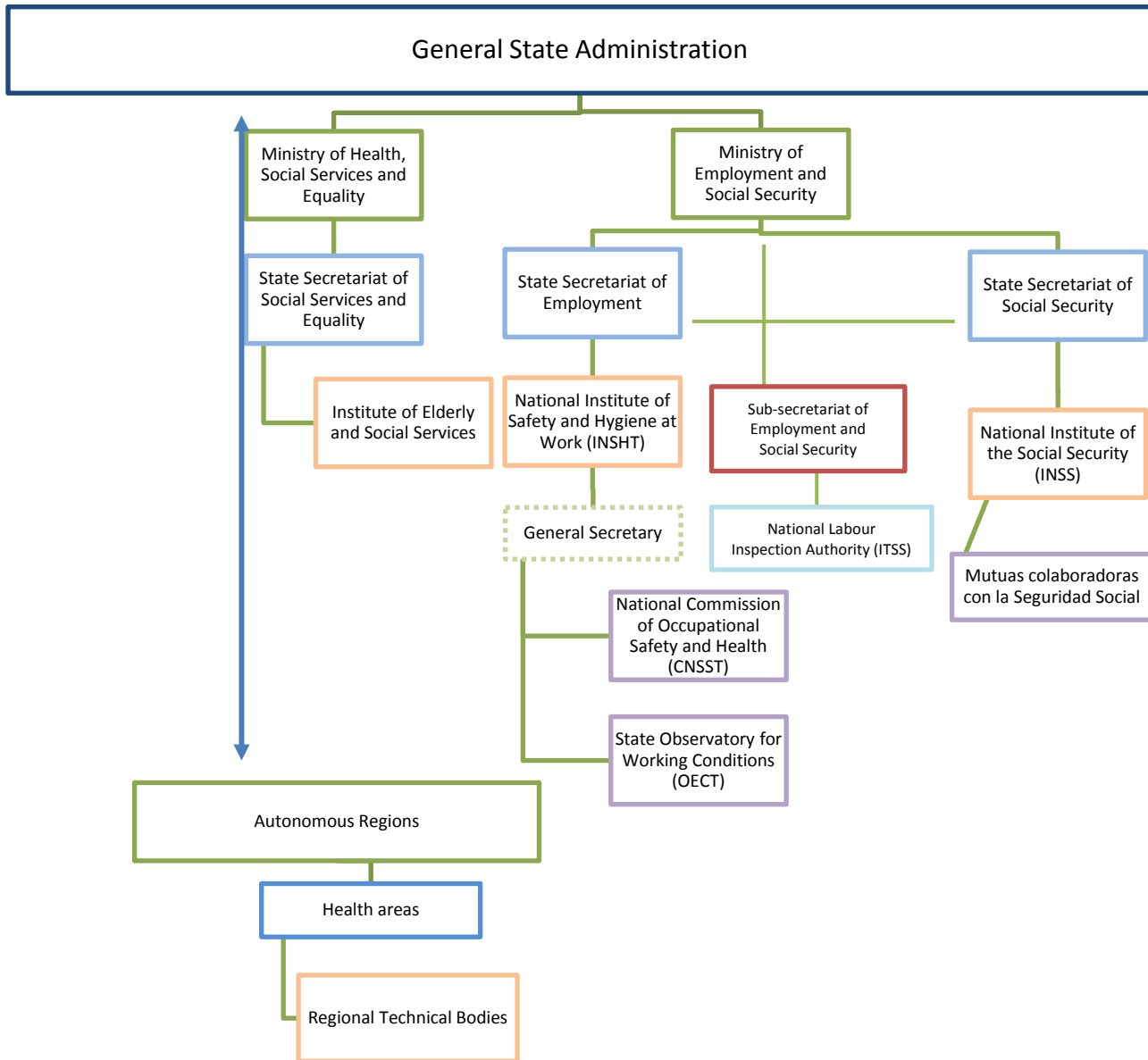
Among the specific functions, the Council represents older adults towards national and international institutions, it makes proposals for ageing policies and encourages research and study on this field. Employers are obliged to insure their employees under the INSS or with a mutual insurance company from the *Mutuas Colaboradoras con la Seguridad Social*.

³⁷ EU-OSHA – European Agency for Safety and Health at Work, OSHWIKI, “OSH system at national level – Spain”. Available at: http://oshwiki.eu/wiki/OSH_system_at_national_level_-_Spain (Accessed October 2014)

³⁸ European Commission, Your social security rights in Spain, http://ec.europa.eu/employment_social/empl_portal/SSRinEU/Your%20social%20security%20rights%20in%20Spain_en.pdf (Accessed October 2014)

³⁹ State Council of Older Persons *Imserso* website. Available at: http://www.imserso.es/imserso_06/el_imserso/relaciones_institucionales/consejo_estatal_personas_mayores/index.htm (Accessed September 2016)

Figure 3, The OSH infrastructure in Spain



Source: Authors of this report

Social Dialogue

The **General Union of Workers** (*Unión General de Trabajadores*, UGT) and the **Workers' Commissions** (*Comisiones Obreras*, CCOO) that are the two most representative trade unions in Spain involved in social dialogue at national level. It is interesting to note that trade union density⁴⁰ in Spain has remained stable around 17.5% since 1993, according to the OECD, and is close to the OECD average of 17.1% in 2012.⁴¹

The most representative employers' organisations involved in social dialogue at national level are:

⁴⁰ Trade union density corresponds to the ratio of wage and salary earners that are trade union members, divided by the total number of wage and salary earners (OECD *Labour Force Statistics*). Density is calculated using survey data, wherever possible, and administrative data adjusted for non-active and self-employed members otherwise (OECD)

⁴¹ OECD (Online OECD Employment database: <http://www.oecd.org/els/emp/onlineoecdemploymentdatabase.htm#union> (Accessed December 2014))

- The **Spanish Confederation of Corporate Organisations** (*Confederación Española de Organizaciones Empresariales*, CEOE), representing big companies; and
- The **Spanish Confederation of Medium and Small Companies** (*Confederación Española de la Pequeña y Mediana Empresa*, CEPYME), representing medium and small companies.

The **National Commission of Occupational Safety and Health**⁴² (*Comisión Nacional de Seguridad y Salud en el Trabajo*, CNSST) is the main body of institutional participation in matters of occupational health and safety (OSH). It consists of a representative of each of the 17 Spanish autonomous communities (Spain's regional administrations) plus two more from the towns of Ceuta and Melilla, 19 members of the General Administration of the Nation, 19 representatives of the private sector entrepreneurs associations and 19 union representatives. The CNSST formulates proposals in particular regarding general action programmes, OSH regulations and the coordination among public administrations. It works through various OSH and risk prevention working groups. On the basis of the 1995 OSH Law (see below section 1.3) a quadripartite institution was created, aiming at promoting health and safety at work, particularly in small and medium enterprises, through information campaigns, technical assistance, training and promotion of risk prevention compliance. Social dialogue is the driving force of the **Foundation for the Prevention of Occupational Risks** (*Fundación para la Prevención de Riesgos Laborales*, FUNPRL); it involves the administrations of the regions/autonomous communities (plus the cities of Ceuta and Melilla), the national government, the employers organisations and trade unions. It reports to the National Commission for Safety and Health at Work, and is partly funded by the Prevention and Rehabilitation Fund (Fondo de Prevención y Rehabilitación), which draws on surplus funds of the Mutual Insurance Associations Collaborating with the Social Security network (*Mutuas Colaboradoras con la Seguridad Social*)^{43,44}.

1.3 Labour, OSH and anti-discrimination legislation

The following section provides a brief overview of the main pieces of legislation in the fields of occupational health and safety, labour and employment and antidiscrimination and whether they contain any provisions in relation to older workers.

Occupational health and safety legislation

The legal base for occupational risk prevention in Spain is the **Law for Occupational Risks Prevention 31/1995**⁴⁵, along with implementing or complementary acts laying down specific or sectoral preventive measures in the workplace. Duties, to introduce measures to prevent risks, cover all workers (with the exception of police, custom and civil protection services, the armed forces of the Guardia Civil, and domestic workers and with exceptions for the military), but risk assessment should also address hazards that any particularly sensitive groups may specifically face (as per the European OSH Framework Directive 89/391). It establishes the general principles for Health Monitoring of workers.

The **General Health Law 33/2011** addresses occupational health as a transversal theme, and specifically in chapter VI of Title II (art. 32, 33 and 34), which defines occupational health – ‘Occupational health aims to achieve the highest degree of physical, mental and social wellbeing for workers regarding the characteristics and risks of the workplace, the work environment and its influence on the environment, promoting prevention, diagnosis, treatment, adaptation and rehabilitation with regard to the pathology produced by or related to work’ (art. 32) and indicates which aspects health services should cover in terms of occupational health – general health promotion, early detection of health risks, prevention actions towards the health aspects of work-related risks, and the promotion of information sharing and workers’ participation (art. 33). Law 33/2011 also requires health institutions to jointly establish

⁴² National Commission of Occupational Safety and Health.

<http://www.insht.es/portal/site/Insht/menuitem.d22be8b09ba968aec843d152060961ca/?vgnextoid=62f5a126a4a85110VgnVCM100000dc0ca8c0RCRD&vgnnextchannel=25d44a7f8a651110VgnVCM100000dc0ca8c0RCRD> (Accessed October 2014)

⁴³ Eurofound, *Foundation for Occupational Risk Prevention* assessed, 2002. Available at:

<http://www.eurofound.europa.eu/eiro/2002/02/feature/es0202210f.htm> (Accessed October 2014)

⁴⁴ EU-OSHA – European Agency for Safety and Health at Work, OSHWIKI, “OSH system at national level – Spain”, as above.

⁴⁵ Law 31/1995 for Occupational Risks Prevention, O.G. BOE no. 269, 10 November 1995.

<https://www.boe.es/buscar/pdf/1995/BOE-A-1995-24292-consolidado.pdf> (Accessed December 2014)

mechanisms to improve the monitoring of occupational health risks (art. 33). In addition, the law also foresees the participation of employers and employees, through the organisations that represent them, in the planning, programming, organisation and monitoring of occupational health management in the different territorial jurisdictions (art.34).

Labour and employment legislation

A number of specific measures related to older workers are included in **Law 43/2006 for the improvement of growth and employment**⁴⁶.

- Companies that employ 59+ workers who have indefinite contracts and have been working at least 4 years in that same company receive financial benefits.
- Companies that employ long-term unemployed workers who are 45+ years old with indefinite contracts receive bonuses.
- Companies that employ 52+ workers who are receiving unemployment benefits can pay only a part of the salary of the worker. The worker would receive up to the 50% of the unemployment benefits money he was receiving, and the rest of the money to complete the whole salary would be assumed by the company.
- Older workers, 45+, have preference in access to training programmes for unemployed people.
- There are special reductions in taxes for those workers who continue working when being 65+ years old.
- Workers who are aged 65 or over do not have to pay Social Security contributions if they have an indefinite contract and have been contributing to the Social Security System for at least 35 years.

All of these measures are aimed at supporting older workers to remain active in the job market but do not have an apparent focus on the OSH dimension.

Social Security legislation

Royal Decree 1/1994 approved the General Law on Social Security⁴⁷. This law develops the fundamental right to a social security system as established in Article 41 of the Spanish Constitution. Through this system, the State guarantees the appropriate protection, including healthcare and economic compensation, from contingencies and situations such as maternity leave, work accidents or retirement pensions. The measures in the referred law were further developed and modified by **Law 40/2007 on Social Security measures**⁴⁸, which included measures on temporary incapacity, permanent incapacity and retirement.

Law 27/2011 for the actualisation, adequation and modernisation of the Social Security system⁴⁹ results from an agreement between the different social actors – Government, workers' and employers' representatives – to actualise and adapt the Social Security system to new realities, such as the ageing of the population, and to guarantee its financial sustainability. This law was further developed by **Royal Decree 5/2013**⁵⁰, which tightens the requirements to qualify for early retirement and partial retirement (see below, Section 1.4). The Decree also introduces in Law 27/2011 the so-called “sustainability factor”, which adapts the retirement rights, including pensions, to the life expectancy of people as of 2027 (see

⁴⁶ Law 43/2006 of 29 December for the improvement of growth and employment, O.G. BOE no. 312, 30 December 2006. <http://www.boe.es/boe/dias/2006/12/30/pdfs/A46586-46600.pdf> (Accessed October 2014)

⁴⁷ Royal Decree 1/1994, 20 June, approving the recast text of the General Law on Social Security system, O.G. BOE no. 154, 29 June 1994. <http://www.boe.es/buscar/act.php?id=BOE-A-1994-14960> (Accessed July 2015)

⁴⁸ Law 40/2007, 4 December, on Social Security measures, O.G. BOE no. 291, 5 December 2007. <http://www.boe.es/buscar/doc.php?id=BOE-A-2007-20910> (Accessed July 2015).

⁴⁹ Law 27/2011, 1 August, on actualisation, adaptation and modernisation of the Social Security System, O.G. BOE no. 184, 2 August 2011. http://www.boe.es/diario_boe/txt.php?id=BOE-A-2011-13242 (Accessed July 2015)

⁵⁰ Royal Decree 5/2013, 15 March, on measures to favour the continuation of the working life of older workers and promote active ageing, O.G. BOE no. 65, 16 March 2013. http://www.boe.es/diario_boe/txt.php?id=BOE-A-2013-2874 (Accessed July 2015).

below, Section 1.4). This factor has been further regulated by **Law 23/2013**⁵¹, which establishes the calculation system for this factor, as well as for the revalorisation index of pensions.

Antidiscrimination legislation

The European Framework Directive 2000/78 about non-discrimination was transposed in Spain in Chapter III of Title II of **Law 62/2003 on tax, administrative and social measures**⁵². Chapter III of Title II, under the heading '**Measures for the principle of equal treatment**', establishes the measures for the application of the principle of equal treatment and non-discrimination, in particular on account of race or ethnic origin, religion or ideas, disability, age or sexual orientation, both for public and private sector. This chapter of the law includes measures for positive discrimination, inclusion of people in danger of discrimination, equal access to the legal, work and health systems. It also introduced an amendment to the previous law on disability (of 1982) regarding the requirement for employers to make reasonable accommodation for disabled people (see below).

The **General Law for Disability of 2013**⁵³ (*Texto Refundido de la Ley General de Derechos de las Personas con Discapacidad y de su Inclusión Social*) replaces and repeals Law 13/1982, integrated with Law 49/2007, on infringements and sanctions in equal opportunities, no discrimination and universal accessibility of people with disabilities issues, and Law 51/2003 on equality of opportunities, no discrimination and universal accessibility of persons with disabilities). It establishes, among others, some measures to promote employment of disabled people. These measures include, for example: reserving a quota (at least a 2%) for disabled workers in every public and private enterprise with more than 50 employees, giving enterprises different financial incentives for hiring disabled people (reduction of contributions to the Social Security, subsidies, etc.) or creating special job centres to employ disabled people. In particular, Art.40.2 of the General Law on Disability establishes the obligation of employers to adopt the appropriate measures to adapt the job position, taking into account the needs of each specific situation, so that people with disabilities can access their job, carry out their job, promote professionally and access to trainings, except when such measures are extremely onerous to the employer. The law for disability

Law 27/2011 reforming the social security system (see above) establishes economic penalties for companies that include an overly high percentage of people over 50 in collective dismissals. The penalty is determined on the basis of the number of workers over 50 that were included in the collective dismissal and also aims at avoiding discrimination on the grounds of older age, in case of collective dismissals. This measure contributes to avoiding discrimination of older workers.

1.4 Pension system

The information and data presented in this section was collected during 2013 and 2014, therefore the information described here presents the situation until then.

The Spanish Social Security System was recently reformed through the 'Actualisation, Adaptation and Modernisation of the Security System Law' that was approved in 2011⁵⁴ (Law 27/2011 – see above) and finally enforced with some changes in 2013⁵⁵.

On 1 January 2013, the pensionable retirement age changed in Spain from 65 years to 67 years. This change will apply gradually from 2013 to 2027, both in terms of pensionable age and compulsory contribution period required. There are different age requirements for early retirement (from 60 years

⁵¹ Law 23/2013, 23 December, regulating the sustainability factor and the revalorisation index for the social security pension system, O.G. BOE no. 309, 26 December 2013. http://www.boe.es/diario_boe/txt.php?id=BOE-A-2013-13617 (Accessed July 2015).

⁵² Law 62/2003, O.G. BOE. No. 313, 31 December 2003. Chapter III. <http://www.boe.es/buscar/pdf/2003/BOE-A-2003-23936-consolidado.pdf> (Accessed December 2014)

⁵³ General Law of Disability. Royal Decree 1/2013, O.G. BOE no. 289, 3 December 2013. Sec. I. Pag. 95635 <http://www.boe.es/boe/dias/2013/12/03/pdfs/BOE-A-2013-12632.pdf> (Accessed December 2014)

⁵⁴ Law 27/2011, O.G. BOE no. 184, 12 August 2013, Sec. I. Pag. 87495. <https://www.boe.es/boe/dias/2011/08/02/pdfs/BOE-A-2011-13242.pdf> (Accessed October 2014)

⁵⁵ Royal Decree-Law 5/2013 of 15 March, O.G. BOE no. 65, 16 March 2013, Sec.I. Pag. 21441. <http://www.boe.es/boe/dias/2013/03/16/pdfs/BOE-A-2013-2874.pdf> (Accessed December 2014)

old) and partial retirement (from 61 to 65 in year 2027). In any case, individuals under 52 years old cannot access a retirement pension. According to OECD, the effective retirement age in 2012 in Spain was 63.2 for women and 62.3 for men⁵⁶.

Royal Decree-Law 5/2013 of 15 March 2013, which modifies Law 27/2011, tightened up the requirements to qualify for early retirement and partial retirement.

- **Early retirement pension** is possible for different reasons including:
 - Early retirement based on occupational group or activity⁵⁷: pensionable age can be earlier for those employed in especially dangerous, toxic or unhealthy work, such as mining, some positions related to aircrafts and trains, firemen, artists or policemen in the Basque police force.
 - Early retirement for disabled workers⁵⁸: retirement age can be reduced for workers with a degree of disability greater or equal to 65%, or from 45% if the disability is causing a reduction in the worker's life expectancy.
- **Partial retirement pension**⁵⁹ aims at adapting working conditions so as to maintain older workers in the workforce for a longer period of time. The requirements became stricter after the system was reformed in 2011 and 2013. It allows for workers who are of pensionable age and meet the requirements to enter retirement to reduce their working hours between 25% and 50%, benefiting partly from their wage and partly from a retirement pension. It is possible to reduce working time up to 75%, provided that the beneficiary arranges to be replaced by a contracted employee who covers the remaining working hours.
- **Compatibility between pension and active work**: Royal Decree-Law 5/2013 of 15 March 2013 made retirement benefits compatible with either paid employment or self-employment. Pensioners can return to work, either full-time, or part-time, while at the same time still receiving 50% of their pension. As an additional benefit, 'active pensioners' are exempted from most contributions. When the 'active period' is over, pensioners return to their previous status, receiving their full pension as it was determined before their return to work. There is no specific focus on OSH in the newly introduced 'active pensioner' scheme.

In addition, Law 27/2011 introduces in the General Law on the Social Security system (1/1994) the so-called 'sustainability factor' under which, from 2027, the fundamental factors of the system, including retirement pensions, will be revisable every 5 years by the competent authorities to adapt them to the life expectancy⁶⁰. Law 23/2013⁶¹ establishes the calculation system for this factor, as well as for the revalorisation index of pensions.

⁵⁶ Source: OECD estimates on the "[average effective age of retirement versus the official age, 2007-2012](#)"

⁵⁷ Early Retirement Based on Occupational Group or Activity. http://www.seg-social.es/Internet_6/Trabajadores/PrestacionesPension10935/Jubilacion/RegimenGeneral/Jubilacionanticipad28464/index.htm (Accessed October 2014)

⁵⁸ Early retirement for disabled workers. http://www.seg-social.es/Internet_6/Trabajadores/PrestacionesPension10935/Jubilacion/RegimenGeneral/tdnueva/index.htm (Accessed October 2014)

⁵⁹ Partial Retirement. http://www.seg-social.es/Internet_1/Trabajadores/PrestacionesPension10935/Jubilacion/RegimenGeneral/Jubilacionparcial/index.htm (Accessed October 2014)

⁶⁰ Royal Legislative Decree 1/1994 on the General Law of the Social Security system, 59 Additional Provision, Sustainability factor of the Social Security system, http://noticias.juridicas.com/base_datos/Admin/rdleg1-1994.t3.html#da59 (Accessed July 2015).

⁶¹ Law 23/2013, 23 December, regulating the sustainability factor and the revalorisation index for the social security pension system, O.G. BOE no. 309, 26 December 2013. http://www.boe.es/diario_boe/txt.php?id=BOE-A-2013-13617 (Accessed July 2015).

2 Overview of policies, strategies and programmes in relation to the occupational health and safety of older workers

As life expectancy rises, it is important to create working conditions that enable healthy and active ageing and ensure that workers reach pension age in good health. The following chapter provides an overview of the various policies, programmes and initiatives put in place by governmental and non-governmental organisations in Spain to address the issue of work sustainability and healthier working lives.

2.1 Initiatives from government/government-affiliated organisations

Occupational health and safety

The **Spanish Strategy for Occupational Safety and Health (2015-2020)**⁶² is the instrument used to establish the general framework for risk prevention in the period of 2015-2020. The Strategy is a continuation of the 2007-2012 Strategy. However, the new Strategy, instead of focusing on reducing occupational accidents, stresses the importance of risk prevention. The Strategy is flexible to address the mid/long-term risks that might arise in the following years, such as psychosocial risks, risks deriving from the use of new technologies or those risks which result from socio-labour factors, such as the ageing of the working population, the new ways of working (telework) or the increasing female participation in the labour force.

The Strategy has two general objectives: 1) to promote an improved implementation of the legislation on safety and health at work and its consolidation in the Autonomous Regions, overall in SMEs; 2) to encourage a continuous improvement of the working conditions among all workers equally, especially focusing on the prevention of work-related ill health. For the implementation of these objectives, three Action Plans will be developed. These Action Plans will cover the whole duration of the Strategy (from the approval of the Strategy until 31 December 2016, from 1 January 2017 to 31 December 2018 and from 1 January 2019 to 31 December 2020) and will include the active participation of all Public Administrations and the relevant social stakeholders.

In addition, the Global Strategy for Older Workers Employment integrates elements related to sustainable work and the OSH of older workers (see below).

Regional Strategies for Occupational Safety and Health are developed by the 17 Spanish autonomous communities, involving the regional OSH institute in collaboration with the social partners. They are made under the common framework of the National Strategy but each regional community can set different time periods and focus on matters that relate to the specific region. For example, the **Andalusian Strategy for Occupational Safety and Health 2010-2014**⁶³ includes a point about boosting research in companies about MSDs in order to establish effective preventive measures. It also includes a point considering the creation of instruments for workplace health promotion in the regional level under the ones created as a consequence of the development of the Spanish Strategy for Occupational Safety and Health. The **IV Director Plan for Occupational Risk Prevention in Madrid 2013-2016**⁶⁴ mentions that older workers suffer more occupational accidents and mentions the need to investigate occupational diseases caused by overstraining in the musculoskeletal system due to weight manipulation, cramped position or/and repetitive movements.

⁶² 2015-2020 Spanish Strategy for Occupational Safety and Health (2007-2012), available in Spanish at http://www.uso.es/wp-content/uploads/2015/04/Estrategia_Espanola_de_Seguridad_y_Salud_en_el_Trabajo_2015-2020.pdf (Accessed June 2015)

⁶³ Andalusian Strategy for Occupational Safety and Health 2010-2014 <http://www.juntadeandalucia.es/export/drupaljda/Estrategia%20Andaluza%20de%20Seguridad%20y%20Salud%20en%20el%20Trabajo%202010-2014.pdf> (Accessed October 2014)

⁶⁴ IV Director Plan for Occupational Risk Prevention in Madrid 2013-2016 http://www.madrid.org/cs/Satellite?c=CM_Planes_FA&cid=1132047348240&idConsejeria=1142697631805&idListConsj=1109265444710&language=es&pagename=ComunidadMadrid%2FEstructura&sm=1109265843983 (Accessed October 2014)

Employment

The **General Strategy for the Employment of Older Workers**, also called “**Strategy 55+**” (Estrategia 55 y más)⁶⁵ is an instrument to establish the general framework of policies dedicated to promoting employment for older workers, considered as those who are 55+ years old. One aspect of the Strategy is working conditions and occupational safety and health. This Strategy is going to be in force from 2012 to 2014, and is the result of the Economic and Social Agreement between the Ministry of Labour and the social partners. Its four main objectives are:

- improve the access to employment for older workers and reduce the unemployment rate in this group
- maintain older workers longer in the active population
- improve working conditions, focusing especially on occupational safety and health
- promote adequate reincorporation to work after unemployment

This strategy establishes general guidelines for future action lines and measures. Guidelines related to working conditions and OSH include, for example, the importance of including factors related to age in the risk assessment. According to the guidelines, good planning of prevention activities should include consideration of the worker’s age, taking into account issues such as decreased visual and perceptive capacities, hearing impairments, decrease of strength or limited mobility of the joints. Training programmes should also be developed on how to maintain and improve ageing workers’ physical and psychological performance at work. The strategy also mentions the possibility of adapting the workplace or even changing work station or position in the company if needed. Specific measures are should be established in line of these guidelines.

2.2 Initiatives from social partners

Trade Unions

The national trade union confederations have carried out specific activities on sustainable work or older workers and OSH. The **CCOO** (*Comisiones Obreras*) and the **UGT** (*Unión General de Trabajadores*)⁶⁶ have initiated, together with other Spanish social partners, a **research project - study of physical and psychological requirements for professional drivers as concerning for a proposal to establish coefficient reductions to retirement age** (Proyecto de investigación - *Estudio de los requerimientos físicos y psíquicos exigidos en el desempeño del conductor profesional para la propuesta de establecimiento de coeficientes reductores de la edad de jubilación*⁶⁷). The overall aim of this project is to contribute to the improvement of OSH conditions within the transport sector. The study has been carried out to obtain reliable information on working conditions, risks and damage to health in workers within the different modalities of the road transport sector. These include cargo and passenger transport services, according to the definitions described in the **National Classification of Economic Activities** (*Clasificación Nacional de Actividades Económicas, CNAE 2009 n° 493 y 494*⁶⁸).

The **UGT** is currently developing a campaign for the prevention of MSDs at workplace, which is a topic of relevance to sustainable work, and has produced two guides by now about MSDs.

Employers’ associations

FEMEVAL (*Federación Empresarial Metalúrgica Valenciana*) is an independent and non-profit corporate organisation that includes and represents the companies of the metal-mechanical industry of the province of Valencia. FEMEVAL (funded by the ESF, under Article 6: Innovative Measures of the

⁶⁵ Estrategia 55 y más, O.G.BOE no. 283. Sec. III. Pag. 125319. Otras disposiciones. 24 de noviembre de 2011.

http://www.empleo.gob.es/uafse/es/anyo_eu/Estrategia55Ymas.pdf (Accessed October 2014)

⁶⁶ UGT. Salud Laboral. <http://www.ugt.es/saludlaboral> (Accessed October 2014)

⁶⁷ Estudio de los requerimientos físicos y psíquicos exigidos en el desempeño del conductor profesional para la propuesta de establecimiento de coeficientes reductores de la edad de jubilación. Federación de Servicios a la Ciudadanía de CCOO.

http://www.fsc.ccoo.es/comunes/recursos/99922/pub89408_Requerimientos_del_conductor_para_coeficientes_reductores_e_la_jubilacion.pdf (Accessed September 2016)

⁶⁸ Instituto Nacional de Estadística. <http://www.ine.es/jaxi/menu.do?type=pcaxis&path=/t40/clasrev&file=inebase> (Accessed September 2016)

European Social Fund) has developed the '**Age Management in the Metal-Mechanical Industry**' initiative (*'Introducción de la gestión de la edad en el sector metalmecánico'*)⁶⁹, creating a network of Age Management Offices to provide services to the companies in four main fields:

- Advice and guidance to *small enterprises and workers* about age management
- Information and awareness service
- Training
- Diagnosis of age management needs in companies and development of action plans

The main objective of this project was to diagnose age management in meta-mechanic enterprises, analyse the general ongoing situation and propose improvement and good practices. The diagnosis found some important features in the metal-mechanic companies targeted: little knowledge about age management, the more traditional companies were the ones with a higher number of senior workers, older workers have important knowledge as a result of their wider experience, there is a need for the establishment of career plans for older workers, it is necessary to provide training and promote awareness in the companies about age management.

As a result of the project, FEMEVAL developed a **guide about 'Good practice in age management, Age management implementation in the company'**⁷⁰ (*La buena práctica en la gestión de la edad: Aplicación de la Gestión de la Edad en la empresa*). This guidance document identifies *good practices in age management* for companies (promotion of age management, auto-diagnosis in age management for the company, implementation of a mentor figure in the organisation, training for older workers to transfer knowledge, etc.). The conclusions of the project include a number of key points identified as necessary to take into account in age management:

- Change of attitudes: age as a positive factor for the interests of the company
- Experience: the importance of transfer of knowledge from older to younger or less experienced workers (mentor figure).
- Career plans: establishment of profiles for work positions and evaluation of work ability
- Training: provision of training for senior workers adapted to their needs.
- Adaptations at the workplace: ergonomic analysis and intervention at the workplace
- Knowledge: making use and recognising the knowledge of senior workers
- Flexibility: promoting flexibility in senior workers
- Motivation: promoting motivation in older workers, so that they can transfer it.
- Efficacy and efficiency: importance of obtaining goals and resource management.

2.3 Initiatives from other organisations/projects

National level

Since 1977, the **Democratic Union of Pensioners and Retired people of Spain** (*Unión Democrática de Pensionistas y Jubilados de España, UDP*)⁷¹ has been developing and carrying out projects to promote the active ageing of Spanish workers and to ease the transition from the working life into retirement. For example, in 2005, UDP established its School of Continuing Training for Active Elders⁷².

The mutual insurance company Navarra (*Mutua Navarra, I.A.M.*) has produced the **Guide - Age**

⁶⁹ Dossier 'Introducción de la gestión de la edad en el sector metalmecánico'
<http://www.femeval.es/proyectos/ProyectosAnteriores/Sinnovaciontecnologia/Documents/Cuadernillo%20Gestion%20Edad%20ES.PDF> (Accessed October 2014)

⁷⁰ La buena práctica en la gestión de la edad: Aplicación de la Gestión de la Edad en la empresa. FEMEVAL.
<http://www.femeval.es/proyectos/ProyectosAnteriores/Sinnovaciontecnologia/Documents/identificacionbuenaspracticass.pdf> (Accessed October 2014)

⁷¹ Unión Democrática de Pensionistas y Jubilados de España website: <http://www.mayoresudp.org/>.

⁷² UDP website, Escuela de Formación: <http://www.mayoresudp.org/escuela-de-formacion/>.

management at business. Challenge and opportunity (Guía - *Gestión de la Edad en la Empresa. Reto y oportunidad*⁷³) within the framework of the project - **Business Performance Guide to promote an Active Ageing Workforce, increase their work capacity and improve OSH conditions within organisations** (Proyecto - *Guía de actuación empresarial para potenciar el envejecimiento activo de la población laboral, incrementar su capacidad de trabajo y mejorar la salud y seguridad de las organizaciones*), This publication includes a compilation of proposals for OSH policies included in the “Strategy 55+.”.

The guide is an issue number of the collection **Recomendaciones para una empresa saludable** (*Recommendations for a healthy business*), which provides a positive approach to age management in companies to achieve the full recognition of older workers for their contribution to business, rather than for their age.

The **Institute of Biomechanics of Valencia** (*Instituto de Biomecánica de Valencia*, IBV) has led, in collaboration with other organisations, the following activities in the field of older workers and risk prevention:

- **The Aware Project - Ageing Workforce towards an Active Retirement**, funded through the Ambient Assisted Living Joint Programme, aims at developing a solution for social inclusion of retired people and at preparing older workers for transition to retirement. The outcome of the project is an **online platform SEN+**⁷⁴ which offers the possibility for older people (including older workers) to communicate, share knowledge and experience, access training, etc. The project is also useful for companies and institutions. The goal is to **help them in the management of their older staff and collaborators**. The tool provides companies with opportunities to keep and manage the knowledge and experience of their workers, to bridge the gap between young and old workers and to develop strategies to ease and manage the transition to retirement.⁷⁵
- **Good Practice Guide - Workplace adaptation to older workers** (*Adaptación de puestos de trabajo para trabajadores mayores. Guía de buenas prácticas*⁷⁶) aims to address the challenges that companies will face as a result of the current demographic change and an ageing population. The guide provides recommendations on how to adapt workplaces adequately in order to maximize the OSH conditions, comfort and efficiency of older workers. These measures have been designed based on ergonomic principles so they are also beneficial to all workers, regardless of their age or condition.

Good Practice Guide - Preventing risks associated with shift work for older workers within the chemical industry (*Buenas prácticas para la prevención de los riesgos asociados al trabajo a turnos para los trabajadores mayores en el sector de la industria química*⁷⁷). The guide is the outcome of a project aimed at promoting an OSH risk prevention culture among employers and workers to address the impact of the specific risks associated with the demographic changes that are occurring in our society. The research conducted for the guide includes the problems and solutions resulting from the shift work within the chemical industry with a special focus on older workers.

Fundación Prevent, a private foundation of occupational risks prevention, together with the **National Institute of Occupational Safety and Hygiene** and **Aedipe Catalunya**, a private association of Human Resources, organised a workshop on 18-19 April 2012⁷⁸ on **'Incidence of ageing workers in Occupational Health'**. The workshop aimed at *informing and raising awareness among professionals*

⁷³ Guía Gestión de la Edad en la Empresa. Reto y oportunidad. Mutua navarra (i.A.M.)
http://www.mutuanavarra.es/Portals/0/Documentos/MN_Guia_ES_Gestion_Edad_ok.pdf (Accessed September 2016)

⁷⁴ SEN+ platform website: <http://www.sen-plus.net/moodle/index.php> (Accessed October 2014)

⁷⁵ AWARE website: <http://aware.ibv.org/> (Accessed October 2014)

⁷⁶ IBV website: <http://www.ibv.org/publicaciones/catalogo-de-publicaciones/adaptacion-de-puestos-de-trabajo-para-trabajadores-mayores-guia-de-buenas-practicas> (Accessed September 2016)

⁷⁷ IBV website: http://gestion.ibv.org/gestoribv/index.php?option=com_docman&view=download&alias=310-buenas-practicas-trabajo-a-turnos-mayores-industria-quimica&category_slug=productos&Itemid=142 (Accessed September 2016)

⁷⁸ Jornadas 'Incidencia del envejecimiento de los trabajadores en la Salud Laboral'
<http://www.fundacionprevent.com/spa/pages/area/prevencion-de-riesgos-laborales/jornadas/2012/27> (Accessed October 2014)

about older workers, their features and needs in the working environment, in line with the European Year for Active Ageing and Solidarity between Generations (2012). The workshop included various conferences and roundtables on ageing at work, through a holistic approach, and focused on several aspects such as ergonomics, policies, management measures, etc.

A research study was carried out, from January 2008 to May 2010, by Aut3noma de Barcelona University, EADA Business School Barcelona, Sociedad Catalana de Seguridad y Medicina del Trabajo SCSMT and subsidised by the National Institute of Occupational Safety and Hygiene. The “**Older workers: strategies to facilitate their occupational capacity preservation and their aim to continue in active working (CapLab Study)**”⁷⁹ initiative analyses the elements playing a role in occupational capacity and wellbeing of workers aged 50 or over and explores possible ways to improve these elements. It entails quality information about *occupational wellbeing for older workers* in the context of the progressive ageing of the population in Spain. It also includes *two pilot projects* on the improvement of the working conditions for workers over 50 years old in a school and in a hospital. One focused on the need to plan the generational replacement and the other focused on improving the recognition of the effort and contribution of older workers (e.g. with the creation of the role of ‘mentor’ for new professionals).

The intervention model proposed in the CapLab Study considers four main actions aiming to address the most important factors affecting the well-being and work ability of workers aged 50 or over, which are:

- *training* including training in new technologies, awareness for the change and preparation for retirement
- *suitability of person/position* including measures such as flexible working hours and schedule, partial retirement plans and change of routines
- *recognition* including involving older workers in the training of younger workers, mentoring role, participation in the decision making
- *intergenerational relations* including planning the generational replacement, promoting a generational balance in work teams and raising awareness to break stereotypes related to age.

Regional level

In 2013, the **Basque Innovation Agency** (Innobasque) along with other organisations and public administrations, presented the ‘**Guide for age management in organisations of Euskadi**’⁸⁰. This tool includes examples of good practices of age management in different companies around the world, explains the features and importance of older workers and provide with recommendations to cover their needs in terms of policies, workplace. The guide’s aim is to raise awareness about the special needs of older workers in Basque organisations and promote initiatives and strategies focused on this group.

⁷⁹Los trabajadores de mayor edad: estrategias para favorecer el mantenimiento de su capacidad laboral y su intenci3n de mantenerse laboralmente activos (CapLab)’, http://www.insht.es/InshtWeb/Contenidos/Documentacion/AAinf_estructural/ProyectoSubvencionados/2007/Resumen%20CAPLAB.pdf (Accessed October 2014)

⁸⁰ ‘Guide for age management in organisations of Euskadi’. Innobasque: <http://www.innobasque.com/Modulos/DocumentosVisor.aspx?docId=798> (Accessed October 2014)

3 Overview of policy, strategy and programmes in relation to the rehabilitation/return to work of workers

Extending working lives in healthy, safe and sustainable working conditions also means ensuring that people who suffer from an illness or an accident that leads to prolonged sick leave have the necessary support to return to work in safe and adapted conditions. By promoting the return to work of those who are suffering from a health problem, and specifically in the older age group, a number of people who may otherwise have chosen early retirement or needed a disability pension will remain employed.

The effectiveness of the rehabilitation process is therefore another important factor related to prolonging healthy working lives. Although the issue of rehabilitation and return-to-work is particularly relevant for older workers, as they are more likely to suffer from work-related health problems than younger age groups, the chapter looks at rehabilitation for all workers.

In Spain, rehabilitation and return-to-work support programmes target mainly people with a certified permanent incapacity/disability. Workers on sick leave have access to medical rehabilitation, if recommended by their treating physician, but no other form of rehabilitation support programme (vocational, social) seems to exist to facilitate their return to work.

The following chapter first describes the institutional system in Spain for the rehabilitation/return to work of workers suffering from a health problem and then looks at specific initiatives from governmental and non-governmental organisations to promote rehabilitation and return-to-work.

3.1 The national system for the rehabilitation/return to work of sick or injured workers

The legal and policy framework

As mentioned in section 1.3, the Spanish Social Security System was recently reformed through the **Actualisation, Adaptation and Modernisation of the Security System Law 27/2011**. In relation to the rehabilitation and return to work of workers following a disease or an accident, the law covers the following relevant issues:

- The provision of healthcare in case of common or occupational disease and accident
- Professional recovery
- Financial benefits in situations of temporary disability
- Permanent disability benefits (contributory and non-contributory arrangements)
- Benefits in terms of re-education and rehabilitation of disabled persons.

The **General Law for Disability** of 2013 includes provisions on rehabilitation and return to work for people with disabilities. In particular, Art. 17 establishes that the people with disabilities who are in “employable age” have the right to benefit from vocational and professional rehabilitation, to ensure that stay in or return to their job. The provision specifies what this right entails and the specific measures that shall be taken (see next section for more details). As mentioned in Section 1.3, the General Law for Disability 2013 also requires employers to make adaptations to the workplace to accommodate the needs of workers with disability. Art. 39 establishes that they can receive a financial aid that can consist of subventions or loans to hire people with disabilities, adapt the job posts, removal of barriers that make their access, mobility, communication or understanding difficult, bonuses in the employer’s social security contribution rates, and whichever other measures or aids that are considered appropriate to promote the employability of people with disabilities, especially in cooperatives and other entities that contribute to social economy structures. Protected or sheltered employment is also foreseen in the law (art. 43 – 46) in “special centres for the labour inclusion of people with disabilities” which receive a special public aid (art. 44).

Some recent changes in employment legislation should be noted in the context of this study. The **Labour**

Reform of 2012⁸¹ allows the dismissal of an employee if his/her absence from work amounts to 20% in two consecutive months or 25% in four discontinued months in a twelve-month period. Although this measure excludes absences from work because of pregnancy/maternity leave, occupational or common accidents or diseases, which cause an absence for more than twenty consecutive days (as recognised by the official health services), there have been cases in which employers or companies use this measure to dismiss workers after a long-term or repeated periods of sickness absence.

In terms of the policy framework, the **Strategy in rheumatic and musculoskeletal diseases of the National Health System** (Estrategia en enfermedades reumáticas y musculoesqueléticas del Sistema Nacional de Salud)⁸² is said to be the reference tool in Spain for the promotion, prevention and provision of health and social care of persons suffering from rheumatic and musculoskeletal diseases. It provides guidelines and recommendations for the prevention and early detection of these types of disease, coordination in healthcare, improvement of health assistance and further training and research. The Strategy refers to the 2009 Fit for Europe report which concludes that one in six European workers suffered from a chronic MSD problem that affected their work ability. MSDs are recognised as a work-related disease related, but there is no specific focus on intervention in OSH in the strategy, showing the lack of coordination between public health and OSH policies.

Main actors and steps to the rehabilitation process

As mentioned in section 1.2, employers are obliged to insure their employees under the **INSS** (National Institute of Social Security) or with a mutual insurance company from the **Mutual Insurance Associations Collaborating with the Social Security network** (*Mutuas Colaboradoras con la Seguridad Social*).

In the case of accident or illness the **National Health System (SNS)** or the **mutual insurance company** are responsible for recognising and assessing any potential temporary incapacity to work. When the accident or disease is work-related, this is done by the physicians of the mutual insurance company (or the INSS), when it is not work-related, it is done by the SNS (general practitioner). In 2004, a new department at the INSS was created in order to better monitor and ultimately reduce absence rates. It developed a new monitoring tool with the complete and updated history of sickness absence of individuals and offering the possibility to monitor specific cases when sickness absence is longer than expected. In addition, absence control was put in place when the duration of the sick leave was longer than six months.⁸³

For non-work-related accident or diseases, the SNS is responsible for medical treatment, hospitalisation, emergency care, as well as medical rehabilitation, which is provided free of charge in cases that the treating physician deems it medically necessary. Under certain conditions treatment with thermal cures is also possible. For occupational diseases or accidents, the mutual insurance companies are responsible to treat the worker and can do so in specific medical rehabilitation facilities.⁸⁴ It does not seem that any additional form of rehabilitation, e.g. vocational or social, is provided at this stage (i.e. before an assessment of incapacity/invalidity is done).

When the worker has successfully recovered, the mutual insurance company, in case of work-related accident or disease, or the SNS, in case of non-occupational accident or disease, is responsible for issuing a release for the return to work when the worker has successfully recovered.

In the case that full recovery is not achieved after completing the prescribed treatment and receiving a medical discharge, workers can be granted a permanent incapacity classification. The **Disability Evaluation and Orientation Centers of the INSS** have the competence for assessing and reviewing permanent incapacity⁸⁵. The general social security scheme in Spain sets four degrees of incapacity:

⁸¹ Royal Decree-Law 3/2012, BOE no. 36, 11 February 2012. Sec. I, pgs. 12483- 12546

<http://www.boe.es/boe/dias/2012/02/11/pdfs/BOE-A-2012-2076.pdf> (Accessed December 2014)

⁸² Estrategia en enfermedades reumáticas y musculoesqueléticas del Sistema Nacional de Salud <http://www.sespas.es/adminweb/uploads/docs/Estrategia%20ERYMEs.pdf> (Accessed December 2014)

⁸³ OECD – Organisation for Economic Cooperation and Development, *Sickness, Disability and Work: Breaking the Barriers – A synthesis of finding across OECD countries*, 2010, p84.

⁸⁴ European Commission, *Your social security rights in Spain*, as above.

⁸⁵ *Ibid.*

- **Partial permanent incapacity** to perform normal occupation (*incapacidad permanente parcial para la profesión habitual*) is attributed when a worker is able to work at his/her normal occupation with less than two thirds of his/her normal capacity.
- Total permanent incapacity to perform normal occupation (*incapacidad permanente total para la profesión habitual*) is recognised for workers that are unable to work at their normal occupation but are able to do some other kind of work.
 - **Absolute permanent incapacity** (*incapacidad permanente absoluta*) is established in cases of a permanent total loss of working capacity to perform any kind of work.
 - Finally, **severe invalidity** (*gran invalidez*), consists of a degree of incapacity which demands that the person needs constant assistance with the most basic actions of daily life.

Workers with permanent incapacity receive healthcare and guidance from the national health insurance system, which includes special functional and psychotherapeutic rehabilitation programmes, psychological treatment and counselling, general and special education programmes, occupational rehabilitation, vocational integration programmes, etc. In case the permanent incapacity is a result of a work-related accident or disease, this is covered by the mutual insurance companies. The mutual insurance companies can also provide financial assistance for the acquisition of equipment and facilities for independent workers.

The actual rehabilitation takes place in dedicated centres, such as the **Recovery Centres for People with Physical Disabilities** (*Centros de Recuperación de Personas con Discapacidad Física*, CRMF)⁸⁶, which develop individual rehabilitation plans covering, among others, training and retraining courses to develop professional skills and competences and preparation for employment and for the social and personal integration of the disabled person. There are six such centres in Spain.⁸⁷

Return to work

In the case of a partial permanent disability (less than 33%), the worker has the right to return to his/her previous job, under the same conditions, but if the employer considers that the performance of the worker has decreased, he/she can offer the worker a more adequate job position or, if this is not possible, reduce the workers' salary up to a 25 %. In case of a total or absolute permanent disability or a severe disability, the employment contract is suspended and the employer is obliged to keep the job position open for a maximum of 2 years, provided that there is a provision of improvement by the medical committee of the Social Security. If the worker, who has not totally recovered from the disability, rejects a job of the same or inferior category, the enterprise is no longer obliged to reinstate him/her.⁸⁸⁸⁹

As mentioned in the General Law for Disability of 2013, employers can receive financial support from the INSS to comply to their obligation of making adaptations to the workplace to accommodate the needs of workers with disabilities.

At the workplace

Occupational health professionals are usually responsible for promoting healthy habits at the work place, addressing the special needs or adaptations of workers with a specific health condition (usually physical) on a case-by-case basis or performing periodic general medical checks but do not seem to have a role in rehabilitation or return-to-work matters.

In addition, there are private companies that offer services to workers and companies following a period of incapacity due to an accident or an illness aiming to assist them in the process of re-adaptation to

⁸⁶Institute for Elderly and Social Services website, webpage on CRMF:

http://www.imserso.es/imserso_01/auxiliares/direcciones/centros_imserso/cap_crmf/index.htm (Accessed July 2015).

⁸⁷ Institute for Elderly and Social Services website, webpage on CRMF:

http://www.imserso.es/imserso_01/centros/crmf/index.htm (Accessed October 2014)

⁸⁸ Workers' Statute Law. Reformed text by Royal Legislative Decree 1/1995, O.G. BOE no. 75, 24 March 1995.

<https://www.boe.es/buscar/pdf/1995/BOE-A-1995-7730-consolidado.pdf> (Accessed October 2014)

⁸⁹ Contrato indefinido para trabajadores con discapacidad. Ministerio de Empleo y Seguridad Social.

<http://www.empleo.gob.es/es/informacion/contratos/contenidos/indefdicap.html> (Accessed October 2014)

work. These services however are not a compulsory requirement for employers and are offered by employers to employees only on a voluntary basis. In particular, the **Employee Assistance Programmes** are usually offered to employers by private insurance or specialised companies, and focus on providing psychological well-being to the worker in the company environment. These programmes are usually multidisciplinary and focused on provide workers and/or their families with services on evaluation and solution of work problems affecting, in real or potential terms, their work performance, health and well-being. Increasingly, such programmes may also offer services in the area of return-to-work to employers.

A study on early intervention for MSDs in Spain, completed for the organisation *Fit to Work Europe* in 2010, showed interesting results. As mentioned in this study, although employers are required to make 'reasonable accommodation' to support employees with long-term illness or injury, most line managers find job re-design difficult, irritating and disruptive⁹⁰. There appears to be little external support to help them do this and apart from limited pilot studies carried out in 2005 and 2009 (see section .2), there seems to be little focus on promoting an early return to work through medical and other interventions.

Compensation system

Compensation system for sickness absence

The Spanish social security system does not make separate provision for accidents at work and occupational diseases. The worker affected by an occupational health problem will, however, receive specific benefits in addition to the ones granted for non-work related reasons⁹¹.

In the case of **non-occupational illness or accident**, the salary is paid to the worker by the company or/and the social security system, usually through a mutual insurance company from the Mutual Insurance Associations Collaborating with the Social Security network ('common contingencies'), on a differentiated percentage according to the duration of the absence. The employer pays sick pay (60% of the salary) from the 4th up to the 15th day of sick leave, after which sickness cash benefit is provided from the social security system; 60% of the salary from the 16th to the 20th day and 75% from the 21st day onwards. This benefit is paid for maximum of 365 days and can be extended for a period of another 180 days if it can be certified that recovery is likely within the additional period. The requirement is to have paid contributions for a total of 180 days within the five preceding years.

In the case of an **accident at work or occupational illness**, the worker receives 75% of his/her salary from the first day of absence⁹². In this case, the social security system assumes the payment of the salary to the absent worker, usually through a mutual insurance company from the Mutual Insurance Associations Collaborating with the Social Security network ('professional contingencies')⁹³. This benefit is paid for maximum of 365 days and can be extended for a period of another 180 days if it can be certified that recovery is likely within the additional period. Moreover, in case of occupational illness, there is a provision of monitoring for 6 months that can be prolonged by another 6⁹⁴.

All the benefits paid out for an accident at work or occupational disease are increased by 30 to 50%, if the accident or disease occurred due to negligence on the part of the employer who was not fully respecting the occupational health and safety measures. Benefits related to accidents at work or occupational diseases are paid whether or not the employer has fulfilled his/her insurance obligations towards the worker⁹⁵.

⁹⁰ Fit for work Europe, Fit For Work? Musculoskeletal Disorders and the Spanish Labour Market http://www.fitforworkeurope.eu/Default.aspx?LocID=0afnew00k_RefLocID=0af01j_Lang-EN.htm (Accessed October 2014)

⁹¹ European Commission, *Your social security rights in Spain*, as above.

⁹² Social Security website: http://www.seg-social.es/Internet_1/Trabajadores/PrestacionesPension10935/Incapacidadtemporal/RegimenGeneral/Cuantia/index.htm#6390 (Accessed July 2015).

⁹³ General Law of the Social Security. Reformed text by Royal Legislative Decree 1/1994, Art. 120. BOE no. 154, 29 June 1994. Pag. 20658-20708. <https://www.boe.es/boe/dias/1994/06/29/pdfs/A20658-20708.pdf> (Accessed October 2014)

⁹⁴ Pensión de Incapacidad Temporal, Seguridad Social: http://www.seg-social.es/Internet_1/Masinformacion/TramitesyGestiones/PrestaciondelIncapac44667/index.htm (Accessed October 2014)

⁹⁵ European Commission, *Your social security rights in Spain*, as above.

Compensation system for disability or reduced work capacity

In cases when the maximum temporary incapacity period (24 months according to Law 40/2007 on Social Security measures – see section 1.3) has elapsed without recovery or when the worker has completed the indicated treatment and has been released but is still unable to perform normal work for the rest of his/her life, he/she can receive an invalidity benefit.

This benefit is granted based on the classification of the four degrees of incapacity mentioned above and the salary earned before the incapacity occurred (calculation basis). In the case of partial permanent incapacity the benefit is a 'lump-sum' compensation equal to 24 times the calculation basis of the benefit for temporary incapacity. For total permanent incapacity, the benefit is a pension equal to 55% of the corresponding calculation basis. For persons 55 years of age or over who have difficulty finding work, the amount of the pension is increased to 75% of the calculation basis. For absolute permanent incapacity to perform any kind of work, the benefit is a pension equal to 100% of the calculation basis. For severe invalidity, the benefit is a pension payable for absolute permanent incapacity with a supplement (45% of the minimum contribution base for the year plus 30% of the worker's contribution base)⁹⁶.

If the incapacity results from an accident at work or occupational disease there is no minimum contribution period and the requirement to be registered with a social security scheme at the time the incapacity occurs does not apply. Furthermore, disabled persons without adequate means who have never paid social security contributions or have not been insured for long enough to be entitled to a contributory pension may be entitled to a non-contributory invalidity pension if certain conditions are met⁹⁷.

3.2 Specific Initiatives

In Spain, no initiatives specifically focused on supporting the worker in cases of rehabilitation/return-to-work were identified, apart for the general framework described above in section 3.1. There are measures to support the employment of people over a certain age, as well as measures aimed at integrating people with disabilities in the job market. These are more general and cover those with absence after non work-related accidents and illness, as well as occupational accident or illness.

Early intervention case studies on MSDs

Two pilot intervention studies, carried out by a team led by Professor Juan Jover from the Hospital San Carlos in Madrid, in 2005 and 2009, aimed at evaluating whether an *early cognitive-behavioural treatment* complementary to a rheumatologic care programme, for patients with recent-onset temporary work disability caused by musculoskeletal disorders (MSDs) is effective.⁹⁸ The first intervention study in 2005 covered more than 10,000 non-selected, recent-onset temporal work disability (TWD) episodes. The study showed that an early clinical intervention programme could reduce the total number of temporal work disability days by 40% and the total number of permanent work disability cases by 50%. In a second intervention study, in 2009, patients with an MSD-related temporary work disability episode from 3-8 weeks' duration who were in a rheumatologic care programme received an additional 'early cognitive-behavioural treatment. They were included in a control group (rheumatologic care programme) or intervention group (rheumatologic care programme plus cognitive-behavioural treatment).

The programmes lasted 24 months and the follow up 6-24 months. The additional treatment in the second study produced an additional reduction of 20% of the temporal work disability episodes. The study shows that early cognitive-behavioural treatment complementary to a rheumatologic care programme adds efficiency to the rheumatologic care programme. The study concludes that if the Madrid results were to be repeated across Spain, where 26 million working days are lost to MSDs each

⁹⁶ Pensión de Incapacidad Permanente. Seguridad Social, as above.

⁹⁷ European Commission, Your social security rights in Spain, as above.

⁹⁸ Emery, P., Jover, J., *Social Return on Investment: The results of the Early Intervention Clinic in Spain. The concept of the Fit for Work Early Intervention framework In Europe*, Presentation at the Fit for Work Europe Summit 2013: <http://fr.scribd.com/doc/179540756/Prof-Paul-Emery-and-Dr-Juan-Jover-Fit-for-Work-Europe-Summit-2013-pdf> (Accessed October 2014)

Fit for work Europe, *Musculoskeletal Disorders and the Spanish Labour Market*, 2010. Available at: http://www.fitforworkeurope.eu/Downloads/Website-Documents/ffw_spain.pdf (Accessed October 2014)

year, over 46,000 Spanish workers would be available for work each day instead of on sick leave.

The **ONCE Foundation** (*Fundación ONCE para la Cooperación e Inclusión Social de Personas con Discapacidad*)⁹⁹ carries out programmes focused on the training and employability of disabled people, but not specifically focused on rehabilitation or return to work after an absence related to an accident or illness. It offers services to employers, e.g. to support them in developing policies on the employment of people with disabilities.

⁹⁹ ONCE Foundation website: <http://www.fundaciononce.es/> (Accessed October 2014)

4 Conclusions

General context

Facts and figures

- As in all EU countries, the population in Spain has become older compared to 1960 and the median age today is more or less the same as the average of the EU population (around 42 years). The *ageing* of the Spanish population is predicted to continue and the old-age dependency ratio will increase from 26% in 2012 to 54% in 2060.
- Both *life expectancy* and the estimated “*healthy life years*” at the age of 65 for both genders in Spain were higher than those of the general EU population in 2011.
- The *employment rate* of workers between 55 and 64 in Spain has been increasing since 2002, however, not as strongly as in the EU. In 2012, it remained at the same level it had reached before the crisis in 2008 (43% compared to 50% for the EU-27).
- Spanish older workers report a slightly better situation than EU older workers in general in several aspects of *working conditions* (carrying heavy loads, working at night, working shift) but not all (more tiring positions, less on-the-job training). Although in Spain a smaller share of older workers thinks they will be able to do the same job when they are 60 (64%) than across the EU (71%), satisfaction with working conditions is slightly higher than the EU average for older workers.
- *Retirement age* increased in Spain from 65 to 67 years while, at the same time, requirements for early and partial retirement became stricter. In 2013, the completion of the pension reform initiated in 2011 made retirement benefits compatible with paid employment and self-employment, with a view to improving the financial situation of the Spanish social security system.

Legal and institutional framework

The OSH legal framework does not include any specific provisions related to age apart from the requirement of the European OSH Framework Directive to address hazards faced by particularly sensitive groups (which may include older workers) in the risk assessment. In addition, legal provisions on age and disability discrimination do not go beyond the minimum requirements set in the EU equality directives.

The Spanish Constitution represents the general framework upon which the Spanish legislation on OSH is based. The basic law on this matter is the Law 31/1995 on Labour Risks Prevention (*Ley de Prevención de Riesgos Laborales*, LPRL). However, due to the decentralized structure of the Spanish administration, the Autonomous Communities have authority to develop preventive actions and measures on OSH issues, including the formulation of specific regulations within the scope of their competences. This particularity has led to follow different criteria for the application of OSH policies across the different Spanish regions. The pension system has traditionally been the most important framework for older workers in Spain. However, the critical economic situation and the lack of public funds, combined with a progressive increase of life expectancy, have launched a debate on the sustainability of the Spanish Social Security and Pension System and it has undergone several modifications (retirement age, requirements on years of contributions, sum of pensions etc.).

OSH and older workers

Although it is well acknowledged by institutions and companies that the ageing of the workforce in Spain is one of the most important issues to consider during the next years, sustainable work and OSH conditions for older workers have not been a key issue in Spain until now. Government policies have traditionally been more focused in the employability of younger workers, and the interest on the ageing population can be considered to be relatively new, mainly related to the relevant EU priority.

The issue of sustainable working conditions is specifically covered in the **Action Plan 2015-2016: Spanish Strategy on OSH 2015-2020** (*Plan de Acción 2015-2016: Estrategia Española de Seguridad*

y Salud en el Trabajo 2015-2020¹⁰⁰), where the challenges related to an ageing workforce are acknowledged. The Strategy highlights that older workers represent a vulnerable group that need to be protected as they are more exposed to suffer accidents at work and the mortality rate for them is higher than the average. Therefore, they should be the subject of a specific analysis to improve their safety and health conditions at work.

So far programmes and strategies have focused on the employability of older workers, in the narrow sense of the concept (i.e. promotion of the labour participation of older workers through incentives such as partial retirement, subsidy for employers who hire older workers, etc.), and working conditions of older workers have been rarely taken into account. OSH issues were mentioned in a non-systematic way usually in terms of 'recommendations' but not as concrete or compulsory measures.

The *General Strategy for the Employment of Older Workers*, "Strategy 55+", was intended as a general framework to promote employment of older workers in response to the EU agenda on ageing. Although it includes a section on OSH, the recommendations do not appear to have been transferred into specific and concrete policies or measures so far.

The involvement of social partners in OSH policies for older workers remains limited to the recommendation level (through general guides or initiatives only for specific professional fields). However, the Metalurgical Employers of Valencia have carried out an interesting initiative to promote age management, which includes advice to SMEs.

Rehabilitation/ return to work

In Spain, there is not enough consideration for rehabilitation/return-to-work policies. The national social security system structured around the INSS and the mutual insurances play the main role in rehabilitation and return-to-work, but mainly in terms of recognising a degree of incapacity and revising this incapacity from time to time to decide if the worker can return to work and in which conditions. Although a new system is in place since 2004 to better monitor and ultimately reduce sickness absence, there are no specific initiatives to support rehabilitation and the return to work. The main activities are based on the usual medical services provided by the National Health System. There is limited external support to help employers accommodate the workplace to the needs of workers with disabilities.

Certain programmes exist (such as the Employee Assistance Programmes) to support workers in the process of re-adaptation to work following a period of incapacity due to an accident or an illness. These services are proposed to employers by private insurance companies or specialised businesses and employers can offer them to their employees on a voluntary basis (no obligation to do so).

However, coordinated multidisciplinary programmes (involving public health, social security and employment services) to help employees get back to work following illness or injury, or supporting employers – which exist in other Member States, do not exist in Spain.

Moreover, none of the initiatives and literature reviewed about age management, active ageing, occupational health and safety for older workers or how to improve older workers conditions and prolonging their active working lives take into account the issue about rehabilitation and return-to-work. So again, there is a lack of a joined-up approach.

General Conclusion

In Spain, the OSH of older workers, sustainable work and rehabilitation/return-to-work issues have not been a priority and strategies, programmes or policies dedicated to health and safety at work or to employment policies address these issues only at the margin. Policy areas are not joined-up and high youth unemployment and the curbing public service expenditure are militating against taking a longer term perspective to sustainable work and investing in programmes to promote an early return to work. From the present moment onwards, and also because of the EU focus on ageing and sustainable work, some measures might be introduced.

¹⁰⁰ INSHT Website:

http://www.insht.es/InshtWeb/Contenidos/Documentacion/FICHAS%20DE%20PUBLICACIONES/EN%20CATALOGO/GENERALIDAD/Plan%20de%20accion%202015_2016%20ESST.pdf (Accessed September 2016)

There seems to be still some way to go before effective and comprehensive policy and measures concerning sustainable work and rehabilitation/return-to-work are implemented. Nevertheless, some employers, and employers' associations, are recognising the need to look at this area. The Global Strategy for Older Workers 2012-2014 would be a starting point for more concrete action, as it includes OSH and sustainable work. In addition, individual projects such as the one for early intervention for MSDs could be explored further in the area of rehabilitation.

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