

Safer and healthier work at any age

Country Inventory:

Germany

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Abbreviations

ArbSchG:	Occupational Safety and Health Act
BA:	Federal Employment Agency
BAuA:	Federal Institute for Occupational Safety and Health
BDA:	German Employers' Associations
BMAS:	Federal Ministry of Labour and Social Affairs
DGB:	German Trade Union Confederation
DGUV:	German Social Accident Insurance
DRV:	Statutory pension insurance scheme
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 Safety and Health at Work
GDA:	Joint German Occupational Safety and Health Strategy
GKV:	Health insurance funds
HR:	Human resources
IAG:	Institute for Work and Health
IFA:	Institute for Occupational Safety and Health
ILO:	International Labour Organization
INQA:	Initiative New Quality of Work
MSD	Musculoskeletal disorder
NGO:	Non-governmental organisation
OECD:	Organisation of Economic Cooperation and Development
OSH:	Occupational Safety and Health
P.p.:	Percentage points
RTW:	Return to work
SGB:	Social Security Code
WHO:	World Health Organisation

1 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;
- 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.

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 promote safer and healthier work in the context of an ageing workforce.

In Germany, the expert workshops on “Safer and healthier work at any age” took place on 3-4 June 2014, with around 22 participants overall. A full day workshop took place on the topic of OSH and older workers on Tuesday 3 June, during which experts and policy makers came together to discuss the implementation and effectiveness of policies and strategies (at national level and within companies) that play a role on safer work at any age. A half day workshop was organised on Wednesday 4 June, which specifically focused on rehabilitation and return-to-work. Activities and projects in these areas were highlighted and experts discussed how rehabilitation and return-to-work services could be further improved.

Representatives from the European Agency for Safety and Health at Work (EU-OSHA), the Federal Ministry of Labour and Social Affairs, the Federal Institute for Occupational Safety and Health (BAuA), the German statutory pension insurance scheme (DRV) and from German businesses and the academic world gave presentations to introduce the topics for discussion. Although participation was rather low, it represented well the different groups and stakeholders. A summary of the stakeholders’ views is provided in the conclusions of this report.³

The present report describes policies and strategies in Germany, 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.

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 Germany, 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.

³ For more details on the workshop, please refer to the workshop report produced in July 2014 in the framework of the project “Safer and Healthier Work at Any Age”.

1 General context

Section I of this report starts with an overview of the most relevant facts and figures on the current situation in Germany 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 Germany 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 and figures

In this sub-section on facts and figures, a number of indicators introduce the current situation in Germany 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:⁴

- “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 elderly 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 elderly persons.⁵
- “Anticipated old age pensions” are periodic payments intended to maintain the income of beneficiaries who retire before the legal/standard age as established in the relevant scheme.⁶
- “Survivors' pension” is payment to a person whose entitlement derives from their relationship with a deceased person protected by the scheme (widows, widowers, orphans and similar).⁷
- “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.⁸
- The “demand-control-model”⁹ is used to measure certain dimensions of occupational stress; it shows that the combination of a large number of demands made to a worker and the low level of control that the worker has on his/her own tasks has a negative effect on his/her health.
- The model of “effort-reward-imbalance” (ERI)¹⁰ is also used to measure certain dimensions of occupational stress; it shows that the lack of rewards received by a worker in return for his/her efforts spent at work (including money, esteem and career opportunities) causes job strain. The ERI model therefore measures the proportion of ‘rewards’ for the level of effort provided.

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

⁴Definitions extracted from the Eurostat glossary (unless stated otherwise):

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

⁵ 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)

⁶ Definition according to Eurostat Methodology Paper on ESSPROS, p. 51

⁷ Ibid, p62.

⁸ 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.

⁹ This model was created by Karasek (1979) Job Demands, Job Decision Latitude, and Mental Strain - Implications for Job Redesign. *Administration Science Quarterly* 24: 285-307.

¹⁰ This model was created by Siegrist (1996) 'Adverse Health Effects of High-Effort/Low-Reward Conditions', *Journal of Occupational Health Psychology* 1: 24-41.

Table 1, Overview table of main indicators

	Germany	EU-28
Median age 2013 (2060)	45.3 (50.1)	41.9 (46.3)
Share of population aged 55 to 64 years (2013)	13.1%	13%
Share of population aged 65+ (2013)	20.7%	18%
Old age dependency ratio (65+/15-64) 2013 (2060)	31.3% (59.2%)	27.5% (50.2%)
Employment rate of 55 to 64-year-olds (2013) (Δ since 2003)	63.5%(+23.6 p.p.)	50.2%(+10.3 p.p.)
Official Retirement age (2014) ¹¹	65	
Effective retirement age (2012) ¹²	62.1(m)/61.6 (f)	62.3(m)**/60.9(f)** ¹³
Share of pensioners (50-69) who quit working for health or disability reason (2012)	30.5%	20.9%
Pension expenditures (% of GDP) (2011)		
All pensions	12.4%	13.0%
Old-age pensions	8.7%	9.5%
Disability	0.2%	0.9%
Life expectancy at 65 years, in years (2011)	19.8	19.7
Women	21.2	21.3
Men	18.2	17.8
Healthy life years at the age of 65 (and 50) ¹⁴ (2011)		
Women	7.3 (15.7)	8.6 (17.9)
Men	6.7 (14.6)	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)	5.5%	11.4% ¹⁵
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	6.1% (4%)	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	40.9% (29.4%)	33.3%** (24.2%**)

¹¹ See 1.4: Pension system¹² OECD estimates on the "average effective age of retirement versus the official age, 2007-2012". Available at: <http://www.oecd.org/els/emp/ageingandemploymentpolicies-statistics-on-average-effective-age-of-retirement.htm> (Accessed December 2014)¹³ These figures refer to the EU-27¹⁴ Figures express numbers of remaining years that a person of specific age is expected to live without any severe or moderate health problems¹⁵ 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.

	Germany	EU-28
Share of people aged 55-64 yrs reporting MSDs as their most serious work-related health problem during the past 12 months (2007)	71.4%	59.9% ¹⁶
Women	79%	64.4%
Men	67%	56%
Share of workers of 50 years or above who think they could do their current job at the age of 60 ¹⁷ (2010)	80.6%	71.4% ¹⁸
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 (2013) ¹⁹	29%	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

1.1.1 Demographic developments

In Germany the population has been ageing since 1960 already (table 2). From 34 years in 1960, the **median age** rose to 38 years in 1990 and further to 45 years in 2013. The increase in the median age between 1990 and 2013 has been as large as on EU average (7 years). In 2013, the median age of Germany's population was three years higher than the EU average.

Table 2, Median age (actual and projections) of population in Germany and for EU, 1960-2060 (in years)

	1960	1980	1990	2000	2012	2013	2020	2040	2060
Germany	34	37	38	40	45	45	48	50	50
EU-27	:	:	35	38	42*	42**	44	46	46

Source: Eurostat population statistics: Population on 1 January: Structure indicators [demo_pjanind];

*figure for EU-27 for this year is flagged "estimated"

** figures from 2013 onwards are for the EU-28 aggregate

The population ageing is also reflected in the **distribution of the population across the different age groups** and their development since 1990. The share of the oldest age group (65 years and above) increased between 1990 and 2013 from 15% to 21%. The share of the age group of 55 to 64-year-olds increased as well, from 11% in 1990 to 13% in 2013. In 2013, the share of people aged 65 years and above was higher in Germany than on EU average (18%), while the share of 55 to 64-year-olds was the same.

¹⁶ 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.

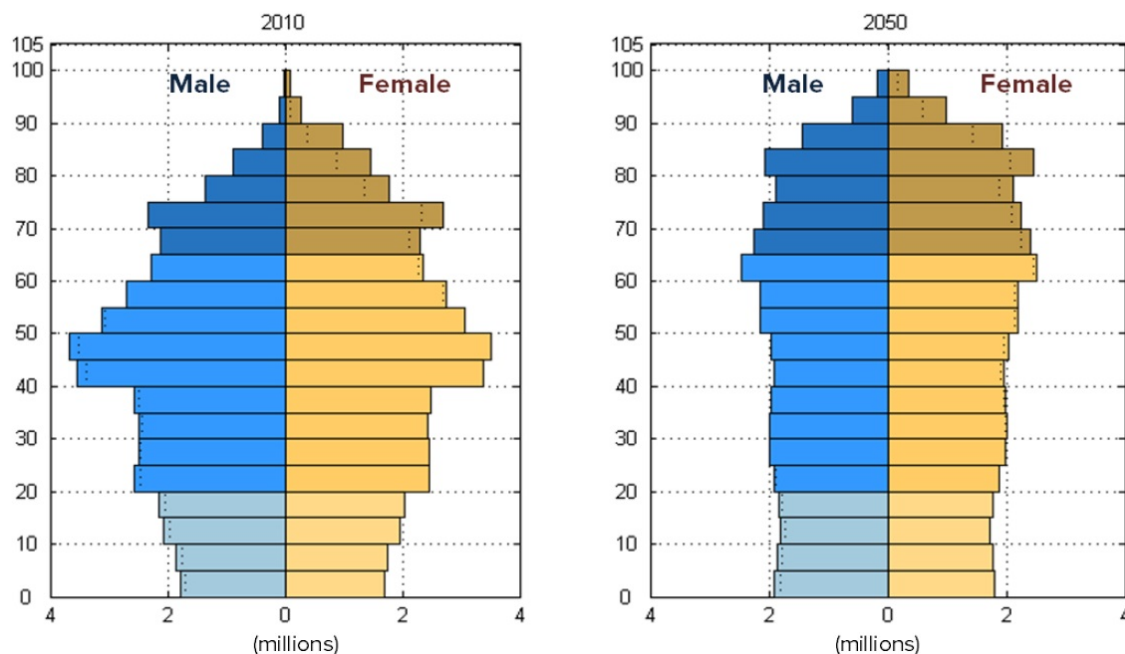
¹⁷ European Working Conditions Survey 2010

¹⁸ This Figure refers to the EU-27

¹⁹ European Commission, *Flash Eurobarometer on Working Conditions – Fact sheet for Germany*, 2014. Available at: http://ec.europa.eu/public_opinion/flash/fl_398_fact_de_en.pdf (Accessed December 2014)

The population ageing is predicted to continue. The age group of “65+” is predicted to increase further to 32% in 2060. The population ageing is also shown in the age pyramids below (figure 1), which show that the age group of 20 to 60-year-olds will decrease considerably in size, while the age group of “60+” will increase in size.

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



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

The **old age dependency ratio** (ratio of ‘dependants’ – aged 65 and above – and working-age population – aged 15 to 64 years) is predicted to increase until 2060 (table 4). The increase will be strongest between 2020 and 2040. This means that while in 1990 and in 2000 there were still around four people of working age per old person (65 years and above), in 2015 already there will be around 3 people and in 2040 less than 2 people of working age per old person.

Table 3, Old-age dependency ratio, (65+ year olds/15-64 year olds) (actual and projections), 1990-2060

	1990	2000	2010	2015	2020	2040	2060
OADR	22%	24%	31%	33%	36%	56%	59%

Source: Eurostat; Old-age dependency ratio 1st variant (population 65 and over to population 15 to 64 years), population on 1 January; Structure indicators [demo_pjanind], 1990-2010; the same ratio was calculated for 2015-2080 with figures from Eurostat population projections, [proj_10c2150p]

The population ageing in Germany is reflected in the change of the total numbers of **old-age pension beneficiaries** (table 4). Between 2006 and 2011, the number of beneficiaries of all old age pensions increased by around 1 million. In 2011, old age pension beneficiaries made up around one quarter (22.6%) of the whole population in Germany.

²⁰ International Conference on Population and Development Beyond 2014, Germany Country Implementation Profile. Available at: <http://icpd-beyond2014.org/about/view/19-country-implementation-profiles> (Accessed December 2014)

Table 4, Number of beneficiaries of old-age pensions in Germany 2006-2011, in thousands

	2006	2007	2008	2009	2010	2011
Total old age pension beneficiaries	17,583	17,871	18,018	18,151	18,306	18,468
As % of total population	21.3%	21.7%	21.9%	22.1%	22.4%	22.6%

Source: Eurostat ESSPROS Pensions beneficiaries at 31st December [spr_pns_ben], figures include beneficiaries of means-tested and non-means-tested pensions

The increase in pension beneficiaries is not directly reflected in the **pension expenditures** (measured in % of GDP): While the shares of total of pensions, old age pensions and anticipated old-age pensions increased between 1995 and 2005, they decreased again in 2011. The share of disability pensions stayed the same, while the share of expenditures on survivor's pension decreased between 1995 and 2005. The total expenditure on pensions in Germany was lower than the EU average (12% and 13.0%, respectively).

Table 5, Expenditures on all pensions and old-age pensions, Germany and EU, as % of GDP, 1990, 1995, 2000, 2005 and 2011*

Type of expenditure		1990	1995	2000	2005	2011*
Total	DE	:	12.5	13.1	13.4	12.3
	EU-27**				12.1	13.0*
Old age pension	DE		7.6	8.4	9.1	8.7
	EU-27**				8.5	9.5*
Anticipated old age pension**	DE		0.7	1	0.8	0.6
	EU-27**				0.7	0.7*
Disability pension	DE		0.2	0.2	0.2	0.2
	EU-27**				0.9	0.9*
Survivors pension	DE		2.7	2.5	2.3	2.0
	EU-27**				1.7	1.6*

Source: Eurostat ESSPROS Expenditures on pensions [spr_exp_pens], 1990-2011.

* figures for 2011 are provisional; ** figures for 2011 are for EU-28; *** 'anticipated old age pension' are periodic payments intended to maintain the income of beneficiaries who retire before the legal/standard age as established in the relevant scheme.²¹

Contrary to some other EU Member States, Germany still granted early retirement benefits to its citizens in 2011. However, their share from the GDP declined compared to 1995. The share of expenditures on early retirement benefits due to reduced capacity to work was higher than the EU average in 2011, while the expenditures on early retirement benefits for labour market reasons were the same as EU average.

²¹ Definition according to Eurostat Methodology Paper on ESSPROS, p. 51

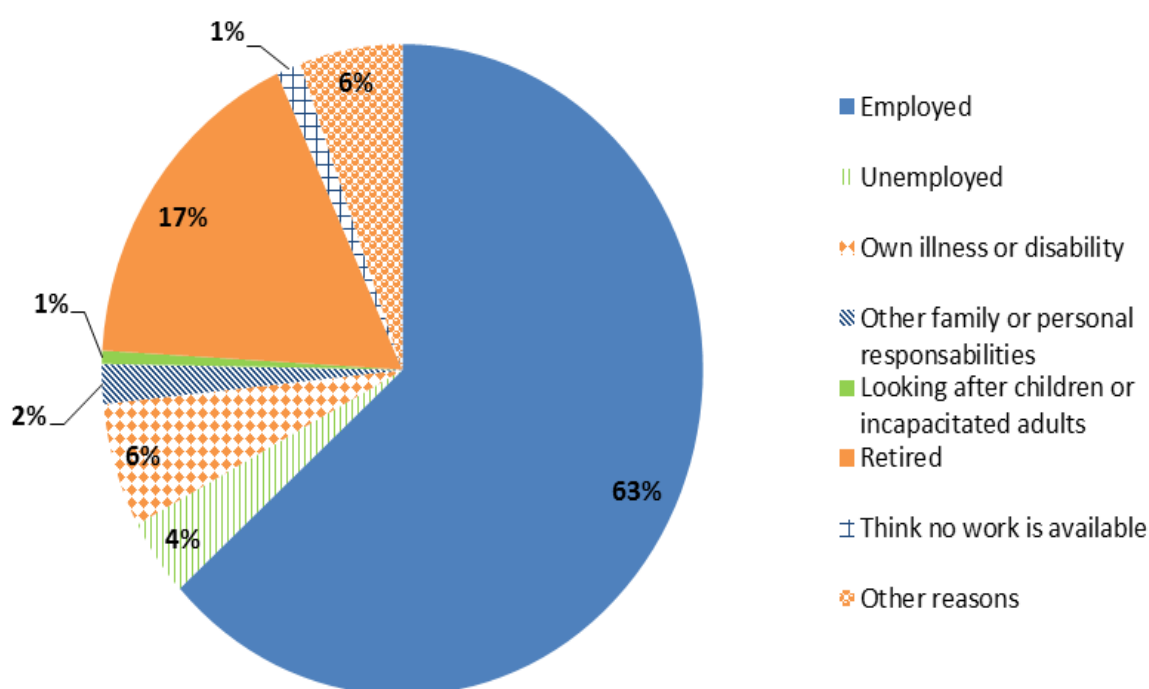
1.1.2 Labour market participation

Retirement age

The official **retirement age** in Germany in 2014 was 65 years both for women and men²² (but is gradually increasing to 67), while the effective retirement age lied between around 61 and 62 years for both women and men, according to different sources²³. This means that Germans retire at around the same age as EU workers on average. The **effective retirement age** has increased by around 2 years for men and by around 3 years for women since 1996. This is reflected in the increased employment rate of 55 to 64-year-olds (see below).

In 2013, around 63% of 55 to 64-year-olds were still in employment, compared to only 50% on EU average. However, the share of unemployed – thus people who were still looking for a job at that age – was very small in Germany (4%) (fig.2). Six per cent of the population of this age group was inactive due to illness or disability, 17% were retired and further 6% were inactive due to other reasons.

Figure 2, Population of 55 to 64-year-olds in Germany, by labour status (employed, unemployed or inactive) and reason for inactivity (not seeking employment), 2013 (in %)



Source: EU-LFS, Eurostat "Population by sex, age, nationality and labour status (1 000) [lfsa_pganws]" and "Inactive population - Main reason for not seeking employment - Distributions by sex and age (%) [lfsa_igar]"; all green shades are inactive persons by reason for inactivity.

The main reason for persons aged 50 to 69 years who already receive a pension to quit working was by far their own health or disability (31%) and only secondly because they had reached eligibility for a pension (13%), while on EU-average this order is the other way round (table 6).

²² Fondsvermittlung24.de (Platform for Fund arrangements) and OECD estimates on the "average effective age of retirement versus the official age, 2007-2012", as above

²³ Fondsvermittlung24.de and OECD estimates

Table 6, Main reason for people who receive a pension to quit working, as shares from all persons receiving a pension aged 50 to 69 (%), 2012

Main reason	Germany	EU-28
Favourable financial arrangements to leave	7.0	7.2
Lost job and/or could not find a job	6.5	7.5
Had reached the maximum retirement age	5.1	9.8
Had reached eligibility for a pension	13.1	37.0
Other job-related reasons ²⁴	1.7	4.0
Own health or disability	30.5	20.9
Family or care-related reasons	3.0	3.9
Other reasons	7.5	5.3
No answer	25.7	4.3

Source: Eurostat, LFS ad-hoc module 2012: Main reason for economically inactive persons who receive a pension to quit working (%) [lfso_12reasnot], 2012

According to a representative survey among dependent employees aged 55 to 65 years in Germany in 2008²⁵, 47.3% would like to continue working after the retirement²⁶. On average, these employees wanted to continue working beyond retirement for further 4.1 years and the majority (71.6%) wishes to work only part-time (between 10 and 24 hours per week)²⁷. An analysis of the data further showed that company size, working conditions and the individual's income are closely related to the willingness to work beyond retirement. Accordingly, this willingness is greater in smaller enterprises (less than 10 employees) than in larger companies (more than 500 employees), because the personal involvement is stronger²⁸.

Moreover, a larger share of employees (40.5%) with higher income (4,000 EUR or more) reject the idea of possible employment beyond retirement, while among employees with lower income (500 to 1,000 EUR) this share is only 24.2%. This goes in line with the results from the Labour Force Survey (table 10) according to which around one quarter of the persons aged 50 to 69 years who receive a pension and continue working do so for financial reasons²⁹. Additionally, willingness for further activity depends strongly on working conditions: work that requires a high level of concentration and brings a lot of responsibility with it promotes the willingness to work longer; on the contrary, monotonous, physically hard and hazardous work as well as not being able to disconnect from work during free-time are factors that negatively influence the willingness to work longer. Furthermore, a person's health status alone

²⁴ Other job-related reasons not included above like inconvenient working hours, tasks, health and safety at the job place, job stress, job too demanding, and skills not adequate or not valued, employer's attitude.

²⁵ The survey "Weiterbeschäftigung im Rentenalter" (*working beyond retirement*) was carried out on behalf of the Federal Institute for population research and carried out by Infratest among 1,500 men and women aged 55 to 65 years in 2008 who were at the point of the survey employed as workers, dependent employees or civil servants. Available at: http://www.bib-demografie.de/DE/Forschung/6_Surveys/Weiterbeschaeftigung/weiterbeschaeftigung_node.html (Accessed December 2014)

²⁶ Dorbritz, Jürgen; Micheel, Frank (2010): Weiterbeschäftigung im Rentenalter. Potenziale, Einstellungen und Bedingungen. In: Bevölkerungsforschung Aktuell 31,3: 2-7, p. 3. Available at: http://www.bib-demografie.de/SharedDocs/Publikationen/DE/Bev_Aktuell/2010_3.html?nn=3075000 (Accessed December 2104)

²⁷ Ibid., p.4

²⁸ Ibid., p.4

²⁹ This means paid work, apart from family workers who may work for other than monetary remuneration.

does not automatically increase this willingness (good health is a necessary, but not sufficient condition)³⁰.

According to a survey³¹ among retired persons who carry out paid or unpaid (volunteering) work, the two most important reasons are to pass on knowledge and help others as well as to stay active and personal development. Financial reasons only play a minor role³². When asked which way led to their current activity, 24.1% said that it evolved from a former activity or contacts, 23.6% were recruited externally, 19.7% actively searched for the activity and 15.8% said the activity evolved through their hobbies. Other contacts, the same activity as before retirement and an activity that was decided on before retirement were only the case for very low shares of respondents³³.

When asked about ideal working conditions for an activity beyond retirement, the most important factor was flexible working hours (identified by 29% of respondents). Further important factors were that it could be a free-lance activity (12%) and that it included a freedom in decision-making (10%). Concerning a human resource policy for elderly employees, most important factors are that it takes into accounts the needs of elderly people and that there are specific working conditions for them (18%), furthermore that there is an exchange between young and old employees and that the elderly can use their experience and know-how (15%), as well as that they are actively integrated in the company (16%). Flexible working hours are also important (13%), while specific services for elderly (10%), recognition (9%), the possibility for a flexible retirement scheme (8%) and participation in training (6%) are slightly less important³⁴.

As mentioned above, the main reason for persons between 50 and 59 years who receive a pension to continue paid work is to provide sufficient income (26.5%, table 7). Non-financial reasons come on second place (16.6%).

Table 7, Main reason for persons who receive a pension (50-69 years) to continue working (%), 2012

Main reason	Germany	EU-28
To establish or increase future retirement pension entitlements	6.6	6.8
To provide sufficient personal/household income	26.5	37.3
To establish/increase future retirement pension entitlements and to provide sufficient personal/household income	8.5	14.5
Non-financial reasons*, e.g. work satisfaction	16.6	29.1
No answer	41.7	12.3

Source: Main reason for persons who receive a pension to continue working (%) [lfsa_12staywork], 2012

* e.g. work satisfaction, flexible working arrangements, good opportunities to update (labour) skills, healthy and safe workplace, appreciation at work, social contacts; see Eurostat Explanatory Notes on ad-hoc module 2012

Employment rate

Employment among older people has been constantly increasing since 2002 (fig.3). Employment among 55 to 64-year-olds was at around 39% in 2002 – the same level as the EU average in 2002. It has since increased at a faster pace than the EU average and was around 15 percentage points higher in 2013 (64% in Germany and 50% on EU average).

³⁰ Ibid., p.5

³¹ This data is based on a survey among 146 paid and unpaid pensioners aged 60 to 85 years who have previously worked in the *white-collar-sector*; the sample is not representative for the wider population, therefore results can only provide indications.

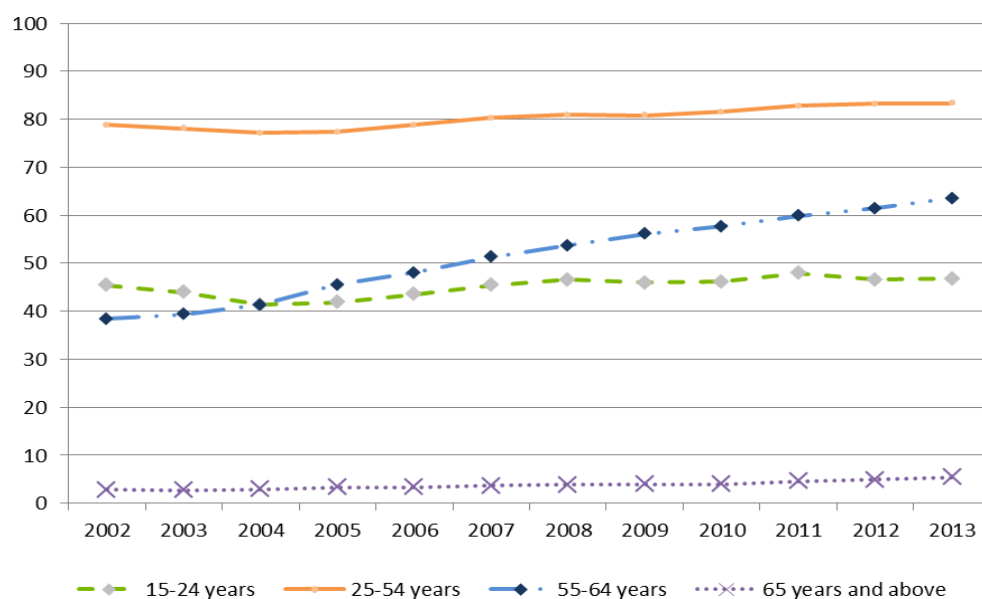
³² Maxin, L., Deller, J. (2010) 'Beschäftigung statt Ruhestand: Individuelles Erleben von Silver Work' in: Comparative Population Studies – Zeitschrift für Bevölkerungswissenschaft, y. 35, 4: 767-800, p. 784

³³ Ibid.

³⁴ Ibid., p.786

There was also an increase in the employment rate of people aged 65 years and above: from around 3% in 2002 to around 5% in 2013 and was thus very similar to the EU average in 2013.

Figure 3, Employment rates per broad age groups, trend 2000-2013, residents in Germany (in %)



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

Not only employment itself but also the type of employment changes with age: from the total of gainfully employed people, the share of employees decreases strongly after the age of 65, while the share of self-employed persons strongly increases. In 2007, around 12% of regularly employed people in the age group 55 to 59 were self-employed, while in the age group 65 to 69 the self-employed made up almost 40%. Furthermore, the share of unpaid family workers³⁵ also strongly increased with age (around 10% in the age group 65 to 69 and around 18% in the age group 70 to 74)³⁶.

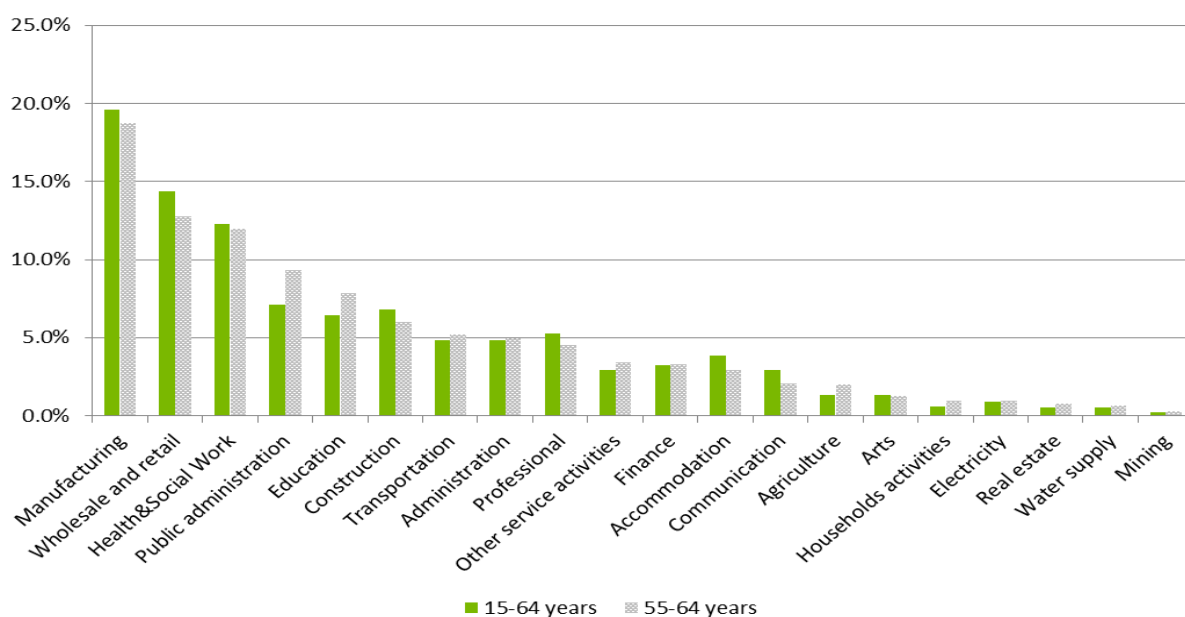
As can be seen in the graph below (fig.4), over 40% of workers in Germany of both age groups are working in three sectors: manufacturing, wholesale and retail and health & social work (at least 10% of workers working in one of these sectors).

There are no big differences concerning the distribution of older workers and workers of all age groups across the sectors, but older workers are slightly underrepresented in manufacturing and wholesale and trade and slightly overrepresented in public administration and education.

³⁵ Unpaid family workers are household members who work without pay and social security contributions in the enterprise of another household member or of a relative living in a different household (see German Statistical Office Destatis)

³⁶ Source: Micro census, Federal Statistical Office Germany 2009a in: Maxin, L., Deller, J. (2010) 'Beschäftigung statt Ruhestand: Individuelles Erleben von Silver Work' in: Comparative Population Studies – Zeitschrift für Bevölkerungswissenschaft, y. 35, 4: 767-800, p. 776

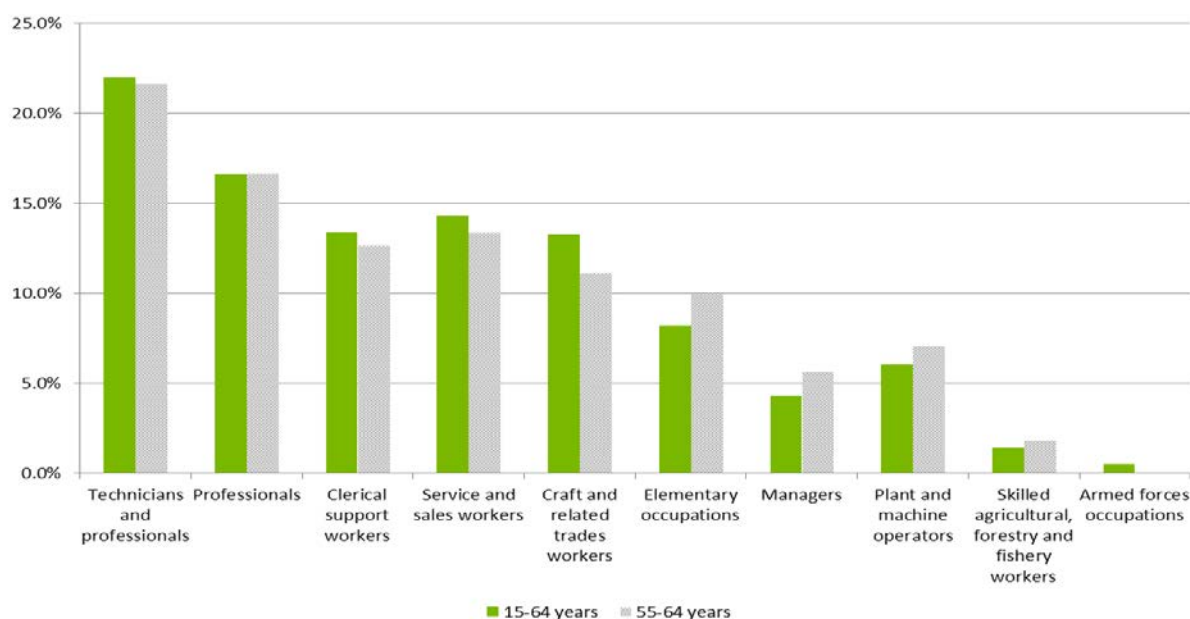
Figure 4, Shares of workers employed in different sectors, by age groups 15 and above and 55 to 64 years, 2012 (in %)



Source: EU-LFS, Employment by sex, age and economic activity (from 2008 onwards, NACE Rev. 2) - [lfsa_egan2]; shares refer to total number of workers in above-mentioned sectors; * figures for the age group 55 to 64 years are unreliable; sector labels were abbreviated for presentation purposes.

As shown in fig.5, technicians and associated professionals are the most important occupations in Germany (over 20% of workers). There are no differences between the age groups in this sector, but older workers are slightly underrepresented in crafts and slightly overrepresented in elementary occupations and among managers.

Figure 5, Distribution of employed persons across different occupations, by age group; shares from total employed persons per age group, 2013 (in %)



Source: Eurostat, EU-LFS, Employment by sex, age, professional status and occupation (1 000) [lfsa_egais]

* no data available (for both or one age group)

Gender gap

Women are less likely to be employed than men in Germany. This gender gap in employment rates can be seen in all age groups although it has been reducing continuously for the past decade. In 2003, the gender gap for the 55-64 year-olds age group was 16 percentage points (p.p.), while in 2013 it was 12.5 p.p. Among the 25-54 year-olds age group the gender gap dropped from 13p.p in 2002 to 9p.p in 2013³⁷.

1.1.3 Working conditions and quality of work

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 2010,³⁸ the following conclusions can be drawn with regard to the working conditions of older workers³⁹ in Germany:

- The share of workers in Germany having to *carry heavy loads* at least a quarter of their working time decreases a little bit with age: from 35% among young workers to 30% among workers aged 30 to 49 years to 28 % among older workers (32% among older workers on EU average).
- The exposure to *tiring or painful positions* does not change a lot with age in Germany. Around 9% (16% on EU average) of older workers report working in tiring or painful positions almost all of the time.
- A slightly higher share of older workers in Germany is exposed to *shift work* than across the EU-27 (16 % compared to 14% on EU average). The share of workers exposed to *night work* once or more per month decreases after the age of 50 (23% among workers aged 30 to 49 years and 18% among older workers, compared to 16% of older workers across the EU-27).
- The share of workers saying that their *working hours fitted their private life* well or very well is slightly higher among young workers and older workers (84% each) than among workers aged 30 to 49 (81%). Shares on EU average are very similar (84.5% among older workers).
- Control over one's *work pace* slightly increases with age among German workers. While 32% of young workers say their work pace is determined by 3 or more factors, this share is only 30% among workers aged 30 to 49 and only 27% among older workers (27% among older workers on EU average)⁴⁰.
- The share of workers receiving *on-the-job-training* decreases with age in Germany: from 53% of young workers to 39% of workers aged 30 to 49 to 32% of older workers (26% of older workers on EU-average).
- The share of workers in Germany who think that *work affects their health negatively* increases with age: from 16% among young workers to 23% among workers aged 30 to 49 years to 25% among older workers (27% on EU average).
- The share of workers who are *satisfied or very satisfied with their working conditions* does not vary to a great extent across age groups in Germany. Older workers in Germany are slightly more often satisfied with their working conditions (87%) than older workers on EU average (84%).
- The share of workers who think they would *be able to do their current job at 60* increases with age among German workers. According to the EWCS, around 81% of older workers in Germany (compared to 71% on EU average) think that they will still be able to do their current job at 60, while among workers aged 30 to 49 years this share is only 73%. However, national data from

³⁷ Eurostat 2013, EU-LFS, annual detailed survey results, Employment rates by sex, age and nationality (%) [lfsa_ergan]

³⁸ Unless otherwise mentioned, all of the following figures come from the European Working Conditions Survey, 2010, <http://eurofound.europa.eu/surveys/ewcs> (Accessed December 2014)

³⁹ 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.

⁴⁰ The index measures if any of the following factors determine the worker's pace of work: work done by colleagues, demands from people, production or performance targets, speed of a machine, direct control of a boss; shares refer to workers reporting that their work is determined by three or more of these factors.

different surveys⁴¹ shows that only around 50 to 60% of the workers think they are likely to be able to carry out their current job until the pension age. This difference may also be due to a broader spectrum of answer categories in the national surveys and slightly different question wording⁴².

- In Germany, 29% of employed people and people with working experience indicated in that *measures to adapt the workplace for older people* had been put in place at their workplace (compared to 31% at EU-28 average). 7% of the respondents did not know whether their workplace had been adapted to older workers⁴³.

Quality of work and early retirement

While the ESWC data mentioned above shows differences in working conditions between age groups and countries, another data source, the Survey on Health, Ageing and Retirement in Europe (SHARE) allows drawing conclusions on how working conditions impact early retirement. SHARE is a large, cross-national survey that was conducted in 20 European countries (plus Israel). Its first wave of data was collected in 2004 and it is the first study to examine the different ways in which people aged 50 and older live.⁴⁴

Several studies include an analysis of SHARE data that measures certain aspects of occupational stress (low control at work/high effort-reward imbalance⁴⁵). One analysis⁴⁶, for example, shows that the odds ratios⁴⁷ of intended early retirement due to effort-reward imbalance are relatively pronounced for Germany. The ratios are less than in the Netherlands, Spain and France, but higher than in Austria, Sweden, Italy, Switzerland and Greece⁴⁸. Accordingly, older workers in Germany who experience a relatively high effort-reward-imbalance are about twice as likely to want to retire early than those who experience relatively low effort-reward-imbalance^{49,50}. The odds ratio for low control at work is not very high (around 1.3, with CI= around 0.8 to 2), however, workers with low control at work are still more likely to want to retire early than those with high control at work.

Another analysis⁵¹ of figures from the SHARE survey shows that restrictions in Activity and Participation (A&P)⁵² increase when an employee has experienced a high level of 'Effort-Reward-Imbalance' two years earlier (the study compared the same individuals from SHARE wave 1 and SHARE wave 2). Accordingly, the mean A&P score⁵³ of German employees aged 50 to 65 years is around four times higher if they reportedly experienced effort-reward-imbalance⁵⁴.

⁴¹ Schreiter, Itke 'Zusammenschau von Erwerbstätigenbefragungen aus Deutschland', Initiative Gesundheit und Arbeit, iga.Report 26, p.66, available at: http://www.iga-info.de/fileadmin/Veroeffentlichungen/iga-Reporte_Projektberichte/iga-Report_26_Erwerbstaeigenbefragungen.pdf; the national results referred to are based on the following surveys that are representative of the German working population: INQA-Befragung 2004, DGB-Index 2010 and iga-Barometer 2005,2007,2010,

⁴² Two national surveys ask whether workers can imagine carrying out the same job *under the current working conditions*, while the EWCS does not specify this. Another national survey offers an additional attenuated answer category "I can imagine this to a limited extent"

⁴³ European Commission, Flash Eurobarometer on Working Conditions, fact sheet for Germany, as above.

⁴⁴ For further information, see: <http://www.share-project.org/home0/overview.html> (Accessed December 2014)

⁴⁵ These measures refer to two models of occupational stress, namely the 'demand-control-model' and the model of 'adverse health effects of high-effort/low-reward conditions'; for a definition, see glossary; for details on measurement, see the related studies.

⁴⁶ Siegrist, J. et al. (2006) '[Quality of work, well-being, and intended early retirement of older employees – baseline results from the SHARE Study](#)', European Journal of Public Health, Vol. 17, No.1, 62-68.

Available at: <http://eurpub.oxfordjournals.org/content/17/1/62.full-text.pdf> (Accessed December 2014)

⁴⁷ Odds ratios show how much more likely people suffering from low job quality are to intend early retirement

⁴⁸ Country comparisons have to be interpreted with caution due to large confidence intervals (see report)

⁴⁹ The 95% confidence interval goes from around 1.2 to 3.2

⁵⁰ 'low effort-reward-imbalance' and 'low control' were a measurement for low job quality; for details see report

⁵¹ Reinhardt, J.D., Wahrendorf, M., Siegrist, J. (2013) '[Socioeconomic position, psychosocial work environment and disability in an ageing workforce: a longitudinal analysis of SHARE data from 11 European countries](#)' in: Occupational and Environmental Medicine, 2013, 70: 156-163; data analysed was from the first two waves of SHARE (2004-2005, 2007-2008). Available at: <http://oem.bmj.com/content/70/3/156> (Accessed December 2014)

⁵² The Index for A&P restrictions is based on the International Classification of Functioning, Disability and Health of the WHO. It include problems with everyday activities, e.g. dressing, bathing, eating, using the toilet, shopping; for the whole item list, see report, p. 158.

⁵³ The higher the score, the more A&P restrictions respondents reportedly suffer from.

⁵⁴ Reinhardt, J.D. et al., p.160

1.1.4 Health

In 2011, **life expectancy** in Germany at the age of 50 for men was 30.3 years (EU-28: 29.7), for women 34.5 years (EU-28: 34.5) and at the age of 65 it was 18.2 years for men (EU-28: 17.8) and 21.2 years for women (EU-28: 21.3). Since 2005, life expectancy increased by between 1.4 years (for women aged 65) and 1.8 (for men aged 50) years. In Germany, men at the age of 50 can expect around 15 more **healthy life years** and women at the same age around 16 more healthy life years. This is slightly less than the EU average (17 for men and 18 for women). At the age of 65, men and women in Germany can expect around 7 more healthy life years which again is below the EU average (9 years)⁵⁵. The amounts of healthy life years have slightly increased (between 0.3 and 2.2 years) for both genders between 2005 and 2011 (both at the age of 50 as well as at the age of 65).

This indicates that life expectancy increased at a faster pace than the number of healthy life years which means that people can expect to live longer, but not necessarily in a healthy state.

General health status

The **general health status** (table 8): deteriorates with age. The health status among the population in Germany is very similar to the EU averages.

Table 8, Self-perceived health among employed in different age groups, 2012; shares of age group reporting “very bad” or “bad” health status (in %)

	16-44 years	45-54 years	55-64 years	65 years and above
Employed	1.5%	4.0%	6.1%	0.9%

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

* Figures are of low reliability; **Figures are estimated; Figures not published

The prevalence of **long-standing illnesses** (according to self-reported information) shows the same scheme as the general health status (table 9): unemployed report higher rates than employed people and long-standing illnesses increase with age. However, the prevalence of long-standing illnesses among the employed is higher level in Germany than the EU average. In Germany, around 41% of 55 to 64-year-old employed reported long-standing illnesses (EU-28: 33%) and 67% of the 55 to 64-year-olds unemployed (EU-28: 47%).

Table 9, Long-standing illness by employment status and age group, 2012 (in %)

	16-44 years	45-54 years	55-64 years	65 years and above
Employed	17.8%	29.4%	40.9%	37.1%

Source: EU-SILC, People having a long-standing illness or health problem, by sex, age and labour status (%) [hlth_silc_04], 2012.

Work-related health

While the population in Germany suffers more frequently from chronic illnesses than the EU population on average, the Germans between 55 and 64 years report far less work-related health problems (5.5% in Germany and 16% on EU-average). Furthermore, work-related health problems do not seem to increase with age (table 10).

⁵⁵ Eurostat 2013 ‘Healthy Life Years (from 2004 onwards) (hlth_hlye)’; The indicator of healthy life years (HLY) measures the number of remaining years that a person of specific age is expected to live without any severe or moderate health problems. For more detailed information, see http://epp.eurostat.ec.europa.eu/cache/ITY_SDDS/en/hlth_hlye_esms.htm; Figures are from 2011.

Table 10, Self-reported work-related health problems by workers in Germany and EU-27, by age group and gender, 2007 (in %)

Age group	Share
DE 25-34 yrs	4.1%*
DE 35-44 yrs	5.5%*
DE 45-54 yrs	7.0%*
DE 55-64 yrs	5.5%*
DE 55-64 years men	4.4%*
DE 55-64 years women	6.1%*
EU-27** 55-64 yrs	11.4%

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], according to Eurostat, 'minor wording, conceptual, or cultural differences were identified' for data from this country; therefore, comparability with other countries has to be interpreted with caution⁵⁶.

*flagged d, definition differs; **the EU-27 average is calculated without France, as, due to different question wording, their results are not comparable to other countries

Like in many other EU Member States, musculoskeletal disorders was by far the most serious work-related health problem the largest share of workers suffered from in 2007, among all age groups (table 11). 71% of older workers reported this as their most serious work-related health problem. This is followed by psychological illnesses (stress, depression, anxiety), which 11% of older workers reported as their most serious work-related health problem. This order does not change with age, although in Germany musculoskeletal disorders become less important and psychological disorders become slightly more important with age. Furthermore, the importance of cardiovascular disorders increases a lot with age, but only for men (from 1.3% among 35 to 44-year-olds to 8.4% among 55 to 64-year-olds).

Compared to EU averages, musculoskeletal disorders are seen as more serious among German workers (59% and 71% among older workers, respectively), while cardiovascular disorders are comparatively of less importance (10% and 5% among older workers, respectively)⁵⁷.

Women aged 55 to 64 years are more affected by musculoskeletal disorders than men, while men are much more affected by cardiovascular disorders.

Table 11, Most serious work-related health problem during the past 12 months, % of all employees who reported a work-related health problem; by gender and by most prevalent types of diseases⁵⁸

	Cardiovascular disorders	Musculoskeletal disorders	Stress, depression, anxiety	Pulmonary disorders
Total	1.2%	78.8%	9.1%	2.5%
(EU-27*)	(2.9%)	(60.9%)	(16.4%)	(4.9%)
35-44 yrs.				
<i>Women</i>	1.1%	76.6%	10.6%	2.7%
<i>Men</i>	1.3%	80.4%	8.0%	2.3%

⁵⁶ See Eurostat Evaluation Report AHM 2007, p. 26, available at:

<http://ec.europa.eu/eurostat/documents/1978984/6037334/Evaluation-Report-AHM-2007.pdf>

⁵⁷ Due to differences between Member States in wording, comparisons with EU-averages are only indicative.

⁵⁸ 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>

		Cardiovascular disorders	Musculoskeletal disorders	Stress, depression, anxiety	Pulmonary disorders
45-54 yrs.	Total	2.8%	76.6%	9.1%	2.7%
	(EU-27*)	(6.2%)	(61.3%)	(13.5 %)	(4.7%)
	<i>Women</i>	0.9%	75.3%	11.9%	2.6%
	<i>Men</i>	4.6%	77.8%	6.4%	2.7%
55-64 yrs.	Total	5.2%	71.4%	10.6%	2.4%
	(EU-27*)	(11.3%)	(59.9%)	(9.2%)	(5.8%)
	<i>Women</i>	0.6%	77.8%	12.8%	1.6%
	<i>Men</i>	8.4%	66.9%	9.1%	2.9%

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]; according to Eurostat, 'minor wording, conceptual, or cultural differences were identified' for data from this country; therefore, comparability with other countries has to be interpreted with caution⁵⁹.

*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

Mental health

Psychological illnesses are, together with musculoskeletal disorders, the most important factor for long-term work incapacities (6 weeks or more): according to data from two German health insurance funds, around 18.5% of long-term work incapacities were caused by psychological illnesses (18.7% were caused by musculoskeletal disorders)⁶⁰. Furthermore, the share of sick days caused by psychological illnesses has doubled since 2000. However, it is unclear how this increase is related to changing working conditions. According to the study, this increased importance can be partly due to better awareness, better access to treatment and improved diagnosis of psychological illnesses⁶¹. Furthermore, psychological illnesses can also be caused by several factors outside the workplace.

This increased importance of psychological illnesses among employees is also shown by a study by the Technician's Health Insurance Fund (*Techniker Krankenkasse*) according to which over 50% of employees feel more stressed today than three years ago⁶². These employees also found that stress-related factors, such as high workload, time pressure and floods of information increased during the past three years. According to a survey conducted in North Rhine-Westphalia the three factors that were most often reported to have a negative effect on employees were: high time pressure (40%), high responsibility (35%) and excessive workload (30%)⁶³.

Health and early retirement

According to figures from the German Pension Insurance (*Deutsche Rentenversicherung*), cases of early retirement due to total or partial work incapacity have decreased by 3.1% since 2010.

However, according to studies by the Federal Chamber of Psychotherapists (*Bundespsychotherapeuten-kammer*)⁶⁴ and the Federal Institute for Occupational Safety and Health

⁵⁹ See Eurostat Evaluation Report AHM 2007, p. 26, available at:

<http://ec.europa.eu/eurostat/documents/1978984/6037334/Evaluation-Report-AHM-2007.pdf>

⁶⁰ Ibid., p. 27

⁶¹ Ibid., p.29-30

⁶² Ibid., p. 31; based on: TK – Techniker Krankenkasse (2013) ‚Bleib locker, Deutschland! TK-Studie zur Stresslage der Nation‘, Hamburg: TK-Hausdruckerei.

⁶³ Ibid., p.31

⁶⁴ Bundestherapeutenkammer (BPtK, Federal Chamber of Psychotherapists) (2013) ‚BPtK-Studie zur Arbeits- und Erwerbsunfähigkeit. Psychische Erkrankungen und gesundheitsbedingte Frühverrentung‘, p.4. Available at:

(BAuA)⁶⁵, based on data from the German Pension Insurance (*Deutsche Rentenversicherung*), early retirement cases due to *psychological illnesses* have increased in total numbers and in shares of all diagnoses for early retirement reasons: in 2013, 43% of early retirements were due to diagnosed psychological illnesses, while in 2006 this share was only 33%. Among these psychological illnesses, depressions were the most common diagnosis, especially for women, while for men, alcohol addictions were also an important diagnosis. Early retirement cases due to *work incapacity for other types of health problems* (such as MSDs, cancer or cardio-vascular disorders) have decreased in total numbers since 2010⁶⁶.

Figures further show that psychological illnesses are a slightly more frequent reason for early retirement among women (49% of all early retirements in 2013) than among men (36.5%), while MSDs, cancer and cardio-vascular disorders are more important reasons for men than for women to enter into early retirement.

As shown in a presentation by Hans Martin Hasselhorn from the Federal Institute for Occupational Safety and Health (*Bundesanstalt für Arbeitsschutz und Arbeitsmedizin (BAuA)*), the share of people who work is higher among the healthy 51 to 64-year-olds than among the ones who report a poor health status (table 12). This suggests that good health increases the likelihood of older workers to remain in the labour market. According to Hasselhorn, the decision of retirement is influenced by motivation (do I want to work?) and work-ability (can I work?) as well as financial constraints (do I need to work?).

Health is closely related to the first two aspects. Accordingly, “poor health leads to retirement if people can’t work anymore (work-ability) or are afraid of deterioration (motivation); good health leads to retirement if people don’t want to work anymore (motivation) or are afraid of further health decline (motivation); poor health *does not* lead to retirement if people can work (work-ability), want to work (motivation) or have to work (finances)” (Hasselhorn, OSHA-FOP seminar Bilbao, 2014).

Table 12, Self-rated health in the German population aged 51 to 65 years by activity status

	Good/very good	Poor
Working	6.3 mio. 67%	2.7 mio. 48%
Not working	3.0 mio. 33%	2.9 mio. 52%

Source: HM Hasselhorn, OSHA-FOP seminar Bilbao 05 2014, data from GEDA09, RKI 2010, weighted data; percentages are from the total of columns

Other reasons for early retirement

Based on data from SHARE wave 1 (2004), Koenen et al. (2009)⁶⁷ explored whether forced and voluntary early retirement⁶⁸ depend on other factors such as gender, size of business and sector⁶⁹.

http://www.bptk.de/uploads/media/20140128_BPTK-Studie_zur_Arbeits-und_Erwerbsunfaehigkeit_2013_1.pdf (Accessed December 2014)

⁶⁵ Bundesanstalt fuer Arbeitsschutz und Arbeitsmedizin (BAuA) (2014) ‚Sicherheit und Gesundheit bei der Arbeit 2013‘, p. 157, available at: <http://www.baua.de/de/Publikationen/Fachbeitraege/Suga-2013.html> (Accessed May 2015)

⁶⁶ Ibid., p. 158

⁶⁷ Koenen, F., Reichert, T., Zapf, I. (2009) ‚Freiwillige und unfreiwillige Frühverrentung in Deutschland. Effekte von Arbeitsmarktstrukturen und Geschlecht‘ in: Engelhardt, H. ‚Altern in Europa. Empirische Analysen mit dem Survey of Health, Ageing and Retirement in Europe‘, Bamberger Beiträge zur Soziologie, Band 01, University of Bamberg Press 2009

⁶⁸ *Voluntary early retirement* in this study is defined as early retirement due to the following reasons: bad health status of oneself, family members or friends; the wish to retire at the same time as the partner; the wish to enjoy life; having reached the statutory pension age AND having had the possibility to continue working. *Forced early retirement* in this study is defined as early retirement due to the following reasons: having received a financial offer for early retirement, being laid off, ; having reached the statutory pension age AND NOT having had the possibility to continue working.

⁶⁹ Sample: persons surveyed in the module “employment and pensions”, persons receiving an old-age pension or early retirement benefits, persons aged 63 years and above at point of survey, persons having received first pension before age 65, employees,

Accordingly, the majority of workers aged 63 years and above who had retired early were forced into early retirement (59%), while still a large part had retired early voluntarily (41%). Furthermore, men were more prone to being forced into retirement than women (68% of all early retired men were forced into retirement while only 48% of women were forced into early retirement⁷⁰). A regression analysis confirmed this effect of gender.

Another factor increasing the chances of forced retirement was employment in medium or large businesses. Workers in businesses larger than 25 employees are more likely to be forced into retirement than businesses with 6 employees or less. Furthermore, among workers retiring early (at the age between 55 to 64 years) relatively younger workers tend to do so voluntarily more often than relatively older workers. The authors explain this by the fact that the ideal point for voluntary retirement – where potential supplementary earnings are weighed out by increased leisure time – is already quite early, due to the early retirement privileges in Germany⁷¹. On the contrary, whether someone is employed in the tertiary or secondary sector does not have a significant effect on forced or voluntary early retirement.

1.1.5 Definition of older workers

In Germany, there is currently no single definition in the legislation or otherwise for ageing workers.

1.2 Institutional structure for health and safety at work

The following section presents the overall institutional structure related to health and safety at work in Germany.

Overall Structure

Germany has a dual system for occupational safety and health (see the figure on the next page). On the one hand, the state occupational safety and health (OSH) is regulated by the Federal Government, which decides on most of the occupational health and safety issues, and the 16 regional states (Länder), which organise the labour inspection. Ministerial conferences are organised to bring together the Federal Government and the regional state governments to discuss activities and shared responsibilities.

On the other hand there are the autonomous accident insurance institutions for the industrial and public sectors (the BGs and the public-sector accident insurers respectively) that regulate their own labour inspection. The main objectives of the statutory accident insurances are the prevention of occupational accidents, occupational diseases and work-related health risks. With the approval of the Federal and regional state governments, the accident insurance institutions release their own accident prevention regulations (*Berufsgenossenschaftliche Vorschriften für Arbeitssicherheit und Gesundheitsschutz, BGV*)⁷².

The German OSH-system is based upon cooperation and consultation between stakeholders. Coordination across the different stakeholders is achieved through the Joint German Occupational Safety and Health Strategy (Gemeinsame Deutsche Arbeitsschutzstrategie, GDA) (see section 2.1.1). Under this framework, the partners, i.e. the German government (Federal Ministry of Labour and Social Affairs, BMAS), the 16 Länder (Federal States) and the accident insurance institutions, work together at national level to plan, implement and evaluate OSH measures and exchange information with other relevant OSH stakeholders in the country (e.g. professional associations, academic institutions, etc.).⁷³

Government authorities for OSH

- **Federal Ministry of Labour and Social Affairs (BMAS):** Main ministry in charge of occupational health and safety. The BMAS prepares acts and regulations in the field of OSH. It also supports projects relevant to the Ministry's area of responsibility, e.g. employees' health and safety, ageing workforce, productivity and work ability. Furthermore, the Ministry supervises the social accident insurance institutions and the Federal Institute for Occupational Safety and Health (Bundesanstalt für Arbeitsschutz und Arbeitsmedizin, BAuA) and it is represented in the

cohorts of 1921-1925 and after; persons who received a two-tiered pension for reduced earnings capacity (*Erwerbsminderungsrente*) were excluded from the sample.

⁷⁰ Ibid., p.73

⁷¹ Ibid., p.81

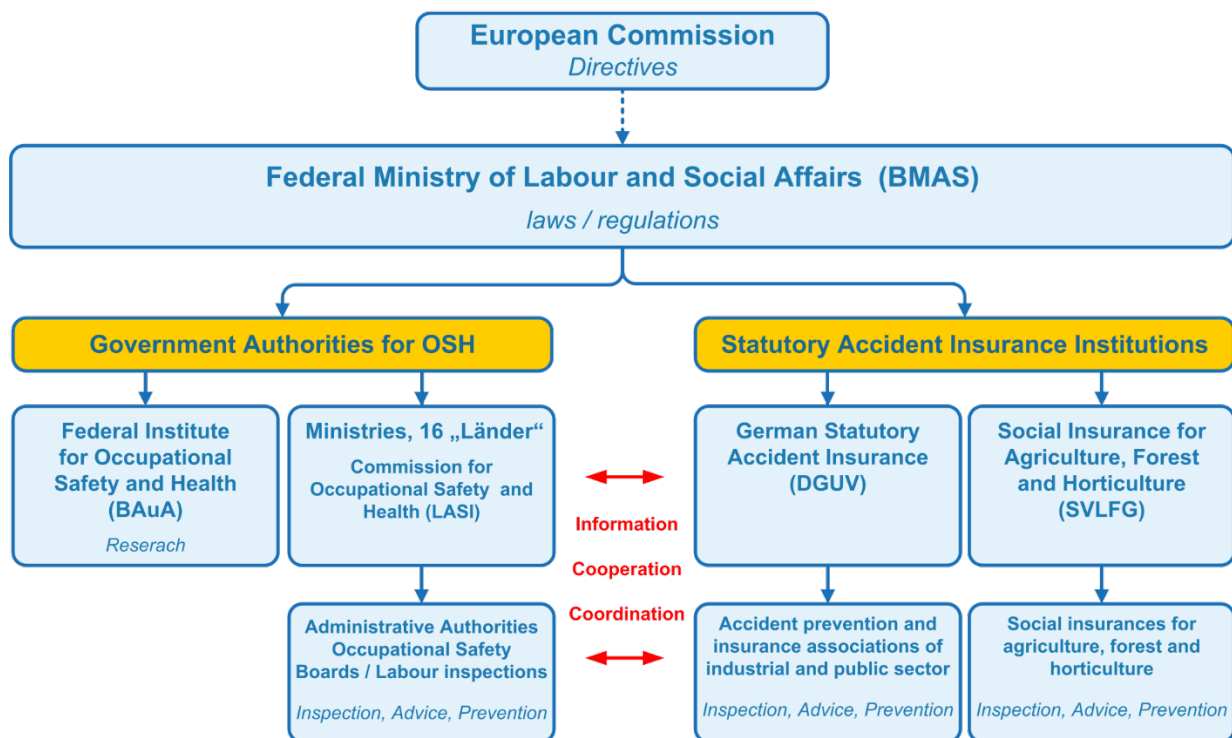
⁷² EU-OSHA, Germany Focal Point: <https://osha.europa.eu/en/oshnetwork/focal-points/germany> (Accessed December 2014).

⁷³ WHO, *Country profile of occupational health system in Germany*, WHO Regional office for Europe, 2012, pxii.

National Occupational Safety and Health Conference of the Joint German OSH Strategy. The BMAS is supported by advisory committees on occupational health (occupational diseases, hazardous chemical substances etc.).

- **Länder:** The 16 regional state governments are responsible for health and safety inspections. The Länder advise employers and supervise compliance with legal requirements. They employ the labour inspectors and define the practical regulations and strategies of enforcement of the regional states. Furthermore, they work together in a **State Committee on Occupational Safety, Health and Technology**, called 'LASI' (*Länderausschuss für Arbeitsschutz und Sicherheitstechnik*)⁷⁴.
- **Federal Institute for Occupational Safety and Health** (*Bundesanstalt für Arbeitsschutz und Arbeitsmedizin, BAuA*): The BAuA conducts research and development in the field of safety and health at work, promotes the transfer of knowledge into practice, advises policymakers and performs sovereign functions such as under hazardous substances law, in product safety and the health data archive. The BAuA is a governmental research institution under the purview of the Federal Ministry of Labour and Social Affairs. It also provides funding for research on occupational safety and health.

Figure 6, The OSH infrastructure in Germany



Source: BAuA, 2015

Statutory accident insurance system

In Germany, all employees are insured against occupational accidents and diseases. The insurance system is a compulsory, no-fault and pay-as-you-go system. It functions through autonomous statutory accident insurance institutions funded solely by employers' contributions. The governing bodies of the institutions, such as the Members Meeting or the Governing Committee of the DGUV, are composed of employers' and employees' representatives. In addition to preventive activities, the accident insurance

⁷⁴ Institute for Employment Studies; Kooperationsstelle Hamburg IFE GmbH (2013): Qualitative Post-test of ESENER National Overview Reports.

institutions provide medical and occupational rehabilitation and compensation for people injured at work or on their way to and from work or for those suffering from occupational diseases.

- **Social Accident Insurance Institutions** (*Berufsgenossenschaften (BGs) / Unfallkassen (UKs)*): The sectoral organisations composed of nine BGs (e.g. retail trade and trade logistics, wood and metal, raw materials and chemical industry) release their own accident prevention regulations (after approval of Federal and State Governments). The **German Social Accident Insurance** (*Deutsche Gesetzliche Unfallversicherung, DGUV*), is the umbrella association of the social accident insurance institutions for industry, trade and the public sectors.⁷⁵ The association employs approximately 2,800 inspectors and additionally approximately 2,000 prevention staff for consultation of employers and enterprises⁷⁶. The DGUV finances research projects of general interest for the social accident insurance institutions conducted by external bodies in the areas of prevention, occupational diseases and rehabilitation. Research is characterised by its relevance to practice, and development of solutions which are rapidly available and suitable for application in the field. In addition, the DGUV maintains institutes which conduct research, development, consultancy, testing and training:
 - o The **Institute for Occupational Safety and Health of the German Social Accident Insurance (IFA, Institut für Arbeitsschutz)** is an institute with a scientific and technical focus.⁷⁷
 - o The **Institute for Prevention and Occupational Medicine of the German Social Accident Insurance (IPA, Institut für Prävention und Arbeitsmedizin)**'s research work aims at the reduction of health risks of employees due to various hazardous substances. The goal is to develop preventive measures as well as to improve diagnosis and therapy of occupational diseases.⁷⁸
 - o The **Institute for Work and Health of the German Social Accident Insurance (IAG, Institut für Arbeit und Gesundheit)** works in the fields of the social sciences, economics and education, occupational psychology, work organization, jurisprudence and engineering.⁷⁹
- **National Association of Statutory Health Insurance Funds** (*GKV Spitzenverband*): This is the umbrella organisation of the statutory health insurances. As the social accident insurance institutions, the health insurance institutions are based on autonomous administration where employers' and employees' are equally represented. In 1996, the separate systems of statutory health and accident insurance funds were obliged to work together on the prevention of work-related health risks in order to promote health in working life⁸⁰. Nowadays, approximately 90 % of the population in Germany are members of a statutory health insurance. The core principle of the statutory health insurance is solidarity: every assured person pays in relation to their income and not their health status.

Labour inspection

Länder labour inspectors are responsible for ensuring compliance with federal legislation, while the inspectors from accident insurance institutions ensure that their accident prevention regulations are implemented. In addition, the accident insurance inspectors monitor implementation of *Länder* laws and regulations but cannot issue fines for violation of the laws and ordinances.

Länder and social accident insurance inspectors will usually coordinate their work, avoid duplication, and keep each other informed by exchanging written records and often by personal communication. In the case of severe non-compliance by a company and major and fatal accidents, however, they will investigate together. Owing to the legal changes associated with the GDA (see above and 2.1.1), an

⁷⁵ Website of the German Statutory Accident Insurance: <http://www.dguv.de/de/Forschung/index-2.jsp> (accessed December 2014).

⁷⁶ Institute for Employment Studies; Kooperationsstelle Hamburg IFE GmbH (2013): Qualitative Post-test of ESENER National Overview Reports.

⁷⁷ Website of the IFA: <http://www.dguv.de/ifa/index.jsp> (Accessed December 2014)

⁷⁸ Website of the IPA: <http://www.ipa.ruhr-uni-bochum.de/e/index.php> (Accessed April 2015)

⁷⁹ Website of the IAG: <http://www.dguv.de/iag/index.jsp> (Accessed December 2014)

⁸⁰ More information on the website of the Health and Work Initiative (IGA): <http://www.iga-info.de/wir-ueber-uns/historie.html> (accessed December 2014).

Internet-based data system will become available to both inspection services in the near future as far as data protection rules are clarified to facilitate the coordination of inspection work⁸¹.

Other relevant bodies

- **National Occupational Safety and Health Conference (NAK):** The NAK is a decision-making body that brings together the main occupational health and safety actors to plan, coordinate and evaluate measures and activities. The Conference provides measures for the implementation and evaluation of the Joint German Occupational Safety and Health Strategy (GDA – see section 2.1.1). The NAK is made up of three voting representatives from the Federal Government, each of the Federal States and the accident insurers, and up to three consultative representatives of the leading associations of the social partners.
- **Federal Employment Agency (Bundesagentur für Arbeit):** The BA is the largest provider of labour market services in Germany. It has a network of more than 700 agencies and branch offices nationwide. Its most important tasks are job and training placements, career counselling and providing benefits which have the function of replacing employment income (such as unemployment benefit and insolvency payments). The Family Benefits Office (Familienkasse), which provides child benefits, is also part of the Federal Employment Agency.⁸²

Social Dialogue

Collective bargaining: Trade Unions and Employers' Associations can conclude collective agreements (as established in the Collective Agreement Act). There is a trend towards decentralisation, but up to now the dominant pattern remains sectoral collective bargaining.

Unions: Overall union membership has fallen sharply since German unification. The Deutscher Gewerkschaftsbund (DGB, **German Trade Union Confederation**, the umbrella organisation for trade unions) has been most severely affected losing almost half (48%) of its membership since its peak in 1991. According to the OECD, trade union density⁸³ in Germany has decreased from 31.8% in 1993 to 17.7% in 2013 and is now just above the OECD average (16.9% in 2013).⁸⁴ There are several reasons for this: one is the loss of members in eastern Germany following the reunification, another is the loss of jobs in formerly well-organised sectors due to rationalisation, restructuring, relocation, outsourcing and privatisation of large state-owned companies.⁸⁵ However, four unions are growing slowly, including the largest, IG Metall (the metalworker's union). Trade union membership is strongest among manual workers in manufacturing and in the public services, but much weaker among workers in the private services sector⁸⁶.

Sectoral or national employers' associations and trade unions share power on the boards of **Social Accident Insurance Institutions**, with each party commanding 50 % of the votes (seats)⁸⁷. This was stipulated by a federal law in 1951 (Gesetz über die Selbstverwaltung und über Änderungen von Vorschriften auf dem Gebiet der Sozialversicherung).

Interest representation on company level: **Works Councils** (Betriebsrat) represent the interests of employees in companies, but are not legally able to negotiate collective agreements. They can, however, reach agreements with individual employers on issues not covered by collective agreements as well as on how the terms of the collective agreement will be applied in practice. This has become increasingly important as collective agreements give greater flexibility to local negotiators⁸⁸. The works

⁸¹ WHO, *Country profile of occupational health system in Germany*, as above.

⁸² Website of the Federal Employment Agency: <http://www.arbeitsagentur.de/web/content/EN/index.htm> (Accessed December 2014).

⁸³ 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)

⁸⁴ OECD (Online OECD Employment database: <http://www.oecd.org/els/emp/onlineoecdemploymentdatabase.htm#union>

⁸⁵ Dribbusch, H., Birke, P., *Trade Unions in Germany – Organisation, Environment, Challenges*, 2012. Available at: <http://library.fes.de/pdf-files/id-moe/09113-20120828.pdf> (Accessed December 2014)

⁸⁶ ETUI, Worker-participation.eu: <http://www.worker-participation.eu/National-Industrial-Relations/Countries/Germany/Trade-Unions> (accessed December 2014).

⁸⁷ Institute for Employment Studies; Kooperationsstelle Hamburg IFE GmbH (2013): Qualitative Post-test of ESENER National Overview Reports.

⁸⁸ ETUI, Worker-participation.eu: <http://www.worker-participation.eu/National-Industrial-Relations/Countries/Germany/Collective-Bargaining> (accessed December 2014).

council has a general responsibility to try to ensure that the health and safety provisions and accident prevention measures are observed and to support the appropriate health and safety authorities and other bodies in their efforts to eliminate hazards, by offering suggestions, advice and information. In addition, the works council has a number of concrete rights regarding health and safety in the workplace (e.g. the right to participate in health and safety instructions).⁸⁹

1.3 Labour, OSH and antidiscrimination 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 related to older workers or sustainable working conditions.

Occupational Health and Safety Legislation

Occupational Safety and Health Act (*Arbeitsschutzgesetz, ArbSchG*): The ArbSchG regulates employers' duties regarding occupational health and safety, the duties and rights of the employees as well as the inspection of OSH by enforcement authorities. The employer has to take the necessary measures to ensure and improve the safety and health of employees at work. In particular, employers have to conduct workplace risk assessments of physical and psychological risk factors (§5 ArbSchG). Psychological risk factors were added in 2013 to the Occupational Safety and Health Act.

Occupational Safety Act (*Gesetz über Betriebsärzte, Sicherheitsingenieure und andere Fachkräfte für Arbeitssicherheit*, also called *Arbeitssicherheitsgesetz, ASiG*): According to this act, the employer has to appoint both occupational physicians and safety-at-work experts (*Fachkraft für Arbeitssicherheit*). They are to support employers' OSH-activities.

Social Security Code (*Sozialgesetzbuch, SGB*): The SGB is the basis for all rehabilitation law, within the joint system of social security in Germany. SGB Book IX (2001) serves to reduce the dissimilarities and the complexity of rehabilitation law⁹⁰. In accordance with SGB Book IX, 'Integration and Rehabilitation of People with Disabilities', the aim with regard to workers' rehabilitation is to provide services to:

- avert, remove or reduce the disability, or prevent or restrict its deterioration or the consequences thereof, prevent, overcome, lessen or attenuate either reductions in employment or the need for care,
- ensure lasting participation in working life⁹¹ (see also Section 3)

Employment and labour legislation

Collective Agreement Act (*Tarifvertragsgesetz, TVG*), 1949: Employers and trade unions can conclude collective agreements. The social partners are free to choose the subjects of their negotiations, e.g. working conditions for older workers.

Works Constitution Act (*Betriebsverfassungsgesetz, BetrVG*), 1952 - amended in 2001: This act regulates the establishment, tasks and limitations of works' councils. Employees have the right to elect a works council in every company with at least five employees. Regarding OSH, the works council has a general responsibility to try to ensure that the health and safety provisions and accident prevention measures are observed and to support the appropriate health and safety authorities and other bodies in their efforts to eliminate hazards by offering suggestions, advice and information⁹².

⁸⁹ ETUI, Worker-participation.eu website:

<http://www.worker-participation.eu/National-Industrial-Relations/Countries/Germany/Health-and-Safety> (accessed December 2014).

⁹⁰ More information on the website of BIH integration offices: <http://www.integrationsaemter.de/Fachlexikon/SGB-IX--Rehabilitation-und-Teilhabe-behinderter-Menschen-/77c376i1p/index.html> (accessed December 2014).

⁹¹ EU-OSHA, *Work-related musculoskeletal disorders: Back to work report*, 2007.

⁹² ETUI, Worker-participation.eu: <http://www.worker-participation.eu/National-Industrial-Relations/Countries/Germany/Health-and-Safety> (Accessed December 2014)

Anti-discrimination legislation

General Act on Equal Treatment (*Allgemeines Gleichbehandlungsgesetz, AGG*), 2006: The purpose of this Act is to prevent or to stop discrimination on the grounds of race or ethnic origin, gender, religion or belief, disability, age or sexual orientation (Section 1 of this Act). The General Act on Equal Treatment governs the claims and legal consequences in the case of discrimination, both in the field of work and also for the sphere of civil law⁹³. The church, as an employer, is excluded from this act.

1.4 Pension system

The German old-age pension system consists of three elements:

1. **Mandatory State Pension Insurance** (*gesetzliche Rentenversicherung*): This is the dominant element in the German old-age pension system. All employees and employers pay a percentage of their salaries into this system.
2. **Voluntary Occupational Pension Insurance** (*Betriebliche Altersvorsorge*): This was created under the Company Pensions Law (*Betriebsrentengesetz*) in 1974. It is a benefit granted by a company to its employees. Tax advantages and subsidies encourage companies and employees to invest in these plans.
3. **Private Insurance**: Private insurances have not been very significant up to now, but they are becoming more important as a supplement to State Pension Insurance. Under specific conditions, employees get tax advantages and benefits from government subsidies for private insurance plans.

Retirement age (pensionable and actual)

Up to 2014, the official retirement age was at 65. It is however gradually increasing to 67. According to the German statutory pension insurance scheme (DRV), in 2012, the actual retirement age for men was 64 and for women 63.9.⁹⁴

Early retirement / Partial retirement

It is possible to retire before a person reaches the pensionable retirement age⁹⁵:

- For persons born before 1952 who have been unemployed for at least 52 weeks after the age of 58 years and 6 months;
- For women born before 1952;
- For severely handicapped persons;
- For persons over 63 who have paid into mandatory state pension insurance for at least 45 years (reform of June 2014).

Persons who could retire before pensionable retirement age for one of the above reasons can obtain partial retirement when they decide to keep working and have a low income.

Cumulating pensions with work revenues⁹⁶

It is possible for people to cumulate pension revenues and work revenues under the following conditions:

- Persons drawing a standard old-age pension may receive unrestricted additional income.
- Persons in receipt of earnings alongside drawing on a pension for reduced earning capacity or an early retirement pension before the standard pensionable age (currently 65 years old), may not exceed certain additional earnings' ceilings. For pensions paid due to a reduction in earning capacity, certain social benefits will also be taken into consideration. Exceeding the additional earnings' ceilings means either receiving a partial pension or pension payments may even be stopped entirely.

⁹³ Text of the General Act on Equal Treatment available in English at: http://www.antidiskriminierungsstelle.de/EN/TheAct/theAct_node.html (accessed December 2014).

⁹⁴ More information on the website of the German statutory pension insurance scheme (DRV): [http://www.deutsche-rentenversicherung.de/Allgemein/de/Navigation/6_Wir ueber uns/02 Fakten und Zahlen/04 Jahresbericht/jahresbericht in dex_node.html](http://www.deutsche-rentenversicherung.de/Allgemein/de/Navigation/6_Wir_ueber_uns/02_Fakten_und_Zahlen/04_Jahresbericht/jahresbericht_in dex_node.html) (accessed December 2014). OECD figures for average effective retirement age slightly differ (see table 1)

⁹⁵ *Ibid.*

⁹⁶ *Ibid.*

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 Germany to address the issue of work sustainability and healthier working lives.

2.1 Initiatives from government / government-affiliated organisations

2.1.1 National level

Demographic changes

Demography strategy of the Federal Government (*Demografiestrategie der Bundesregierung*): Germany has been facing major demographic changes in its population for the past decades. In particular, the general population, and consequently the workforce, is ageing, which requires a number of societal adaptations, including for the world of work. The government's cross-policy demography strategy "Every Age Counts" (Jedes Alter Zählt), launched in April 2012, focuses on six areas for the development of measures to take full advantage of the future opportunities and potential of demographic changes:

- Family strengthening as a community
- Motivated, qualified and healthy working
- Independent living in old age
- Quality of life in rural areas and integrated urban policy
- Sustainable growth and prosperity
- Governance and public finance

The second priority relates to workers' health, safety and well-being and has the following goals:

- Maintain and promote health at the workplace, avoid or minimise risks
- Develop qualification and training throughout the whole life course
- Create framework conditions for longer working lives
- Raise awareness for a culture of longer working lives and strengthen stakeholder cooperation
- Reward lifetime achievements during retirement and honour provisions for old age.

With these objectives, the Federal Government aims to foster occupational health protection and promotion and encourages enterprises to enhance their workers' health. Together with employer associations and trade unions, the federal government supports the creation of age-appropriate workplaces and a culture for a better, longer, working life.⁹⁷

The Strategy is enforced at all levels and actions and measures are implemented, through specific working groups, not only by the federal government but also by the länder, the local authorities, the social partners, the social insurance institutions, and other relevant stakeholders.

Occupational Health and Safety

Joint German Occupational Safety and Health Strategy (*Gemeinsame Deutsche Arbeitsschutzstrategie, GDA*): The objective of this strategy is to preserve, improve and promote the

⁹⁷ More information on the website of the Federal government:
[http://www.bundesregierung.de/Webs/Breg/DE/Themen/Demografiestrategie/ node.html](http://www.bundesregierung.de/Webs/Breg/DE/Themen/Demografiestrategie/node.html) (accessed December 2014).

safety and health of workers at any age – supplemented by measures of workplace health promotion – and to develop user-friendly, transparent and harmonised sets of rules and regulations. The strategy was agreed by the Federal Government, the Federal States and the Public Accident Insurance Institutions in 2007 during the 84th Labour and Social Affairs Ministers' Conference of the Federal States (ASMK). The GDA obliges the three parties to agree on joint objectives in the area of OSH, priority fields of action, cornerstones for work programmes, and uniform principles for the implementation of activities. For the years 2013 – 2018 the GDA focuses its activities on three specified objectives: (1) Improvement in the organisation of company occupational safety and health, (2) reduction in work-related health hazards and musculoskeletal disorders and (3) protection and strengthening of health in the case of work-related mental load. Most of the activities have a focus on demographic change and an ageing workforce. All activities and outcomes of the GDA are evaluated⁹⁸.

Initiative New Quality of Work (*Initiative Neue Qualität der Arbeit, INQA*)⁹⁹ was launched in 2002 as a joint undertaking by the German federal government, the federal states, social insurance institutions, social partners and other partners. The aim of the project was to promote a better quality of work as a key factor for sustaining competitiveness and innovative capacity of businesses in Germany in the long term. Nowadays, the initiative coordinates the activities of the involved institutions in Germany and provides an independent platform for a constructive exchange of information and ideas on business practice. Under the auspices of the initiative and supported by the Federal Ministry of Labour and Social Affairs, political, economic, scientific and social representatives focus on the question of how to create working conditions that are both attractive to employees and foster their well-being and are economically viable for the companies. INQA initiates and fosters a broad range of initiatives:

- Several networks on specific topics and target groups to share and transfer expertise and knowledge (e.g. networks for SMEs or the Demographic Network, ddn – see below).
- Publications, guidelines and checklists:
 - o e.g. eLearning-Tool “Psychological health promotion as a leadership task”¹⁰⁰,
 - o online assessment-tool “INQA-Demografie-Check” for enterprises¹⁰¹,
 - o report “Securing the Future with Prevention – Strategies for a World of Work aligned to Demographic Change”
- A database with examples of good practices from companies. INQA is focusing on four areas of HR and OSH policy: personnel management, equal opportunity and diversity, knowledge and skills, and health at work.

Examples of initiatives funded by INQA are presented below:

- **WAI-Network** (*WAI-Netzwerk*): The WAI-Network is an association of enterprises and users of the Work-Ability-Index (WAI). In 2003 the Federal Institute for Occupational Safety and Health (Bundesanstalt für Arbeitsschutz und Arbeitsmedizin, BAuA) initiated the network. Today it is funded by INQA. The overall objective of the network is to promote the application of the WAI in Germany. This will be achieved through the exchange of expertise between interested experts and users, as well as the establishment of a national WAI database. In addition, the instrument and its use are practically and scientifically studied. The main idea of the activities of the network is the focus on practical application. The network provides materials, guides and practical support for implementing the WAI in enterprises¹⁰².
- **The Demographic Network** (*Das Demografie-Netzwerk e.V., ddn*): ddn is a non-profit network of more than 350 companies and institutions with HR responsibility for around two million employees. The members of the ddn want to make ideal preparations for demographic change and ageing workforces. ddn aims to make demographic change a priority. In ten “Golden Rules”, the ddn member companies commit, among other things, to a non-discriminatory, age-neutral HR policy, a balanced age structure of their workforce, holistic health promotion and the transfer of knowledge between generations. ddn was set up in March 2006 on the initiative of the

⁹⁸ Website of the Joint German Occupational Safety and Health Strategy: <http://www.gda-portal.de/en/> and <http://www.gda-portal.de> (accessed December 2014).

⁹⁹ <http://www.inqa.de/EN> and <http://www.inqa.de> (accessed on 06 January 2014).

¹⁰⁰ E-Learning tool available at: <http://psyga.info/elearningtool/en/> (accessed December 2014).

¹⁰¹ INQA-Demografie-Check tool available at: <http://www.inqa-demographie-check.de> (accessed December 2014).

¹⁰² INQA website: <http://www.arbeitsfaehigkeit.net> (accessed December 2014).

German Federal Ministry for Labour and Social Affairs (BMAS) and the “New Quality of Work” initiative (INQA). In total, 11 specialist working/issue groups are established. In the groups, new knowledge is gained and existing expertise exchanged in the spirit of partnership. The focus is on issues such as health, work organisation, qualifications and further training, as well as leadership and corporate culture. Furthermore, 17 regional ddn networks have been set up to make the results of the working group available to small and medium-sized local companies as well¹⁰³.

- **Demography Knowledge Compact** (*Demografie Wissen Kompakt*) is a series of conferences organized by the Federal Institute for Occupational Safety and Health (Bundesanstalt für Arbeitsschutz und Arbeitsmedizin, BAuA) that aims at sharing knowledge and practices with consultants, HR managers, works councils and other OSH stakeholders regarding the management of demographic change in companies. The conferences give the opportunity to communicate and disseminate tools that were largely developed in the framework of INQA.¹⁰⁴
- **Campaign for the Middleclass** (*Offensive Mittelstand*) is an independent SME Network of the INQA. Under the Campaign for the Middleclass a new form of support has been developed, which represents the combination of a quality standard and a practical instrument. These instruments have been developed by all partners by consensus and may be directly implemented by the companies. One of these instruments is the ‘NQWI-Check Personnel Management – using demographic change as an opportunity’ (*INQA-Check „Personalführung – den demografischen Wandel als Chance nutzen*).

Work Programme of the Federal Institute for Occupational Safety and Health (*Bundesanstalt für Arbeitsschutz und Arbeitsmedizin, BAuA*): BAuA promotes the transfer of research and knowledge on safety and health at work into practice with a broad range of activities. With a view specifically to the changing world of work, long-term focal research topics in the BAuA work programme 2014-2017 are: 1. Ensuring the safe use of chemicals and products; 2. Adapting working conditions to the needs of humans; 3. Avoiding work-related diseases – promotion of health and workability; 4. Understanding the impacts of a changing working world and further developing occupational-safety instruments; 5. Communicating information on the working world and occupational safety. Under theme 3, the BAuA will research the conditions for the development of MSDs as well as the links between working conditions, mental health and workability. Under theme 4, the BAuA will focus its research on external socio-economic factors that impact the world of work, in particular demographic changes.¹⁰⁵

Several events and publications have been prepared by the BAuA on the topics of an ageing workforce (e.g. “Everything grey on grey? Ageing workforces and office work”¹⁰⁶), diversity, work ability (e.g. “The Work Ability Index – A Guide / Der Work Ability Index - ein Leitfaden”¹⁰⁷), prevention, workplace health promotion, musculoskeletal disorders (e.g. “Back Protective Work in the daily routine of nursing”¹⁰⁸), and medical and occupational rehabilitation. Some of the BAuA activities are operated together with INQA (see details below).

Employment

The Professional Offensive (*Fachkräfte-Offensive*): An important concern in Germany, in the context of the ageing of the workforce, relates to the shortage of skilled labour as it is foreseen that, by 2025, there will be 6 million workers fewer on the labour market if nothing changes. To address this challenge, the German government launched end of 2014 the “professional offensive” (*Fachkräfte-Offensive*), which aims to support workplaces with the difficulties of keeping or recruiting skilled labour. One of the

¹⁰³ Website of the Demographic Network: <http://demographic-network.com/> (in English) and <http://demographie-netzwerk.de/> (in German) (accessed December 2014).

¹⁰⁴ More information on INQA website: <http://www.inqa.de/DE/Service/Termine/2014/2014-11-17-demografie-wissen-kompakt.html> (accessed December 2014)

¹⁰⁵ BAuA, *Research on health and safety at work, Working programme 2014-2017*, April 2014. Available at: <http://www.baua.de/en/Publications/Brochures/I31.pdf?blob=publicationFile&v=2> (Accessed May 2015)

¹⁰⁶ BAuA, *Everything grey on grey? Ageing workforces and office work*, 2008. Available at: <http://www.baua.de/en/Publications/Brochures/A48.html> (Accessed December 2014).

¹⁰⁷ BAuA, *The Work Ability Index – A guide*, 2007. Available at: <http://www.baua.de/de/Publikationen/Sonderschriften/2000-/S87.html> (Accessed December 2014).

¹⁰⁸ BAuA, *Back Protective Work in the daily routine of nursing*, 2012. Available at: <http://www.baua.de/en/Publications/Expert-Papers/Gd66.html> (Accessed December 2014).

target groups is older workers and the government wants to put in place measures to keep people at work longer. Under the umbrella of this strategy, the German government is promoting a number of instruments directly related to workers' well-being and work sustainability, such as the Initiative New Quality of Work or the German Network for Workplace Health Promotion (Deutsches Netzwerk für Betriebliche Gesundheitsförderung – DNBGF).¹⁰⁹

Perspective 50Plus (*Perspektive 50Plus*), 10-2005-12/2015: This programme, organised by the Federal Ministry of Labour and Social Affairs (BMAS) and various regional partners (companies, chambers and federations, educational institutions, bodies of economic development etc.), aims to improve the opportunities of older and permanently unemployed persons to fully participate in and benefit from a social and working life. It serves as a forum for developing, discussing and testing new and advancing established methods and instruments of employment policy: The BMAS funds innovative regional projects that are selected by an independent jury. In addition, it supports the exchange of experiences between projects by organising periodical events¹¹⁰.

Further training of low-skilled workers and older employees in employment (*Weiterbildung Geringqualifizierter und beschäftigter älterer Arbeitnehmer in Unternehmen, WeGebAU*): This is a lifelong learning programme by the Federal Employment Agency to further train low-skilled workers and older employees. The programme aims to improve knowledge and skills, which can be applied and used in future jobs. Participants of the programme receive a financial reimbursement.¹¹¹

2.1.2 Regional/local level

Occupational Health and Safety

Health at work (*Gesundheit am Arbeitsplatz – gesa*): The Ministry of Social Affairs, Health, Family and Equality of Land Schleswig-Holstein initiated the formation of a regional network for health at work in 2002. A wide range of (regional) actors are involved (e.g. Ministry of Social Affairs, Health, Family and Equality of Land Schleswig-Holstein, Employer's Liability Insurance Associations, health insurance funds, scientific institutions, and social partners). The main aim of Health at Work is to foster workplace health promotion and healthy working conditions. It focuses on healthy corporate culture and additionally, leadership. Health at Work offers counselling for regional companies and presents good practices on their homepage¹¹².

Occupational Health- and Risk-Management-System (OHRIS): OHRIS was developed by the Government of the Land Bavaria, the regional trade association, and companies. The Bavarian labour inspection supports the introduction of the Risk-Management-System. Small and medium-sized enterprises can receive financial support from the Bavarian state¹¹³.

Employment

Demography active (*Demografie Aktiv*): This initiative, set up by the State Government of North Rhine-Westphalia, the Federation of Employers' Associations NRW and the German Trade Union Federation NRW, aims to support companies with an ageing workforce. They provide companies with a management tool to analyse needs for action and to develop adapted activities for their employees. The tool analyses, amongst other areas, the knowledge about demographic topics in the companies, e.g. age structure of the workforce, available data about employees' health, and health promoting and health imperilling working conditions. Companies that have completed the process are awarded a specific label. A service centre provides information about tool and the label, complementary training offers, the

¹⁰⁹ Web portal of the "Professional Offensive": <http://www.fachkraefte-offensive.de/DE/Startseite/start.html> (Accessed May 2015)

¹¹⁰ Perspective 50Plus website: <http://www.perspektive50plus.de/> (accessed December 2014).

¹¹¹ More information on the website of the Federal Employment Agency: <http://www.arbeitsagentur.de/web/content/DE/dienststellen/rdn/badoldesloe/Agentur/Unternehmen/Geldleistungen/Detail/index.htm?dfContentId=L6019022DSTBAJ508980> (accessed December 2014).

¹¹² More information on the website of the Schleswig-holstein portal: <http://www.gesa.schleswig-holstein.de> (accessed December 2014).

¹¹³ More information on the website of the Government of the Land Bavaria: <http://www.stmas.bayern.de/arbeitsschutz/managementsysteme/ohris.php> (accessed December 2014).

company network 'Demografie Aktiv', and counselling and funding offered by the state and the social partners¹¹⁴.

2.2 Initiatives from social partners

The initiatives listed below include those specific to an ageing workforce and some general ones which are particularly relevant to ageing workers.

DGB Good Work Index (*DGB-Index Gute Arbeit*): Since 2007, the German Trade Union Confederation (DGB) has been conducting an annual representative survey of employees with the questionnaire "DGB Good Work Index". The questionnaire includes, among others, items to measure work motivation, commitment, job satisfaction, work ability, and the development of working conditions. The findings are frequently published and are used for political argumentation. Since 2008, the questionnaire is also being used in companies, organisations and institutions for internal surveys. This offers the opportunity to discuss the findings inside the organisations and derive measures for a better work environment. It is possible to fill in an individual questionnaire on the homepage of the "DGB Good Work Index"¹¹⁵.

Collective Agreement "Working lifetime and demography" (*Tarifvertrag "Lebensarbeitszeit und Demografie"*): This collective agreement between the Industrial Mining, Chemistry and Energy Union (Industriegewerkschaft Bergbau, Chemie, Energie, IG BCE) and the Chemical Employers' Association (Bundesarbeitgeberverband Chemie, BAVC), focuses on four elements: (1) compiling an analysis of demographic aspects for each company, (2) developing a health and ageing appropriate work design and organisation, (3) lifelong learning, and (4) providing instruments to facilitate the transition between phases of training, working and retirement. In the context of OSH the first and the second points are especially relevant. The analysis of demographic aspects aims at giving indications for risks of demographic change and an ageing workforce in the respective company that might affect e.g. personnel recruitment, productivity, work ability, and innovative ability. On the basis of the findings of the analysis, the employer and the works' council deliberate on company-specific measures. Examples for possible measures are the implementation of a health and ageing appropriate work design for any age and older employees, fostering work place health promotion and enabling work-life balance¹¹⁶.

Collective Agreement (*Demografietarifvertrag von EVG und DB*): This collective agreement between the Deutsche Bahn corporate group, the Employers' Association MoVe e.V. (AgV MoVe) and the Railway and Transport Union (Eisenbahn- und Verkehrsgewerkschaft (EVG) aims at changing working times and organising training for their employees that are adapted to their actual stage of life and career – e.g. employees over 60 who work night shift, rotating shift or on-call duty can reduce their working-time by 20% and receive 85,7% of their previous remuneration. Additionally it offers workplace health promotion activities and it focuses on more age appropriate workplace designs¹¹⁷.

Campaign for an act to reduce work related stress (*Anti-Stress-Verordnung*): The industrial union for the metal sector (IG Metall) demands a federal state act for reducing work-related stress. The campaign fosters the political debate in Germany¹¹⁸.

Joint declaration on mental health in the workplace (*Gemeinsame Erklärung Psychische Gesundheit in der Arbeitswelt*): In a joint declaration, the Federal Ministry of Labour and Social Affairs (BMAS), the Federal Association of German Employers' Associations (BDA) and the German Trade Union Confederation (DGB) define their common understanding of mental health, work characteristics that affect mental health, and explain their activities to reduce stress and strain like the New Quality of Work Initiative (see 2.1.1)¹¹⁹.

TBS NRW (Technology Advisory Board NRW) (*Technologieberatungsstelle Nordrhein-Westfalen*): is a registered association supported by the North Rhine-Westphalian trade unions and the North Rhine-Westphalian Ministry of Labour, Integration and Social Affairs. The principal goal of the TBS NRW is the

¹¹⁴ Demografie Aktiv webpage: <http://www.arbeit-demografie.nrw.de> (accessed December 2014).

¹¹⁵ DGB Good Work Index website: <http://www.dgb-index-gute-arbeit.de> (accessed December 2014).

¹¹⁶ More information on the website of the IG BCE: <https://www.igbce.de/tarife/5326/lebensarbeitszeit-demografie> (accessed December 2014).

¹¹⁷ More information on the website of the EVG: http://www.evg-online.org/Tarifpolitik/archivmeldungen/12_12_06_Zukunft_TV/ (accessed December 2014).

¹¹⁸ IG Metall Vorstand, *Anti-Stress-Verordnung – Eine Initiative der IG Metall*, 2012. Available at: <http://www.igmetall.de> (accessed December 2014).

¹¹⁹ Declaration available at: <http://www.bmas.de/DE/Service/Publikationen/a-449-gemeinsame-erklaerung-psychische-gesundheit-arbeitswelt.html?nn=5664> (accessed December 2014).

design and promotion of workers-oriented and socially acceptable structural change in North Rhine-Westphalia. Special consideration is given to problems of small and medium-sized enterprises. Regarding demographic change, the TBS organises a range of activities. These include on one hand workshops on relevant topics, such as age-appropriate organisation of shift work and demographic changes in companies, and on the other hand the publication of guidance documents providing information on demographic change related issues.

2.3 Initiatives from other organisations

Initiative for Health and Work (*Initiative Gesundheit und Arbeit, iga*):¹²⁰ This initiative by the Federal Association of Company Health Insurance Funds (BKK-Bundesverband), the Federal Association of Local Health Insurance Funds (AOK-Bundesverband), the Association of Substitute Health Funds (Verband der Ersatzkassen, vdek) and the German Statutory Accident Insurance (Deutsche Gesetzliche Unfallversicherung, DGUV), was established in 2002. It provides stimuli for an exchange between statutory health insurance funds, institutions for statutory accident insurance and prevention, and other bodies working on prevention at the workplace. While iga combines the financial capacity and expertise of its members, it does not offer financial support directly. It provides technical support with the development of methodologies, guidance, tools and the implementation of projects, it provides exchange and networking opportunities for the institutions involved and it runs a contact point to help companies that want to start prevention activities find the right support. The contact point helps put companies in contact with the appropriate health insurance funds and/or statutory accident insurances, which are then able to provide financial support and expertise. In practice, the health insurance funds and statutory accident insurances work together on projects with companies.

The initiative aims to promote health at the workplace by developing solutions and activities in the following five areas, four of which are general and one relates specifically to older workers:

- (1) Prevention aims and objectives – iga has developed a procedure for devising work-related prevention goals which help the institutions involved to identify prevention topics based on indicators important to them.
- (2) Changes in the world of work – because of structural and demographic changes in the world of work, iga focuses on the ageing workforce. For example, it does so through the development of scenarios for individual companies for the year 2020, taking into account, among other factors, the regional economic situation, training requirements and the age structure of the employees.
- (3) Healthy work – employees should be given access to measures promoting health, and their supervisors should take account of cultural differences. iga has developed the concept of intercultural in-company health management. It aims to ensure that all employees are aware of their rights and obligations concerning health and safety at work.
- (4) Effectiveness of prevention – iga published literature reviews about the effectiveness of measures for safety at work and for occupational health promotion.
- (5) Network and exchange of information – iga supports the German Network for Occupational Health Promotion (“Deutsches Netzwerk für betriebliche Gesundheitsförderung”, DNBGF). By now the DNBGF has developed into the largest platform for occupational health promotion in Germany.

Healthy in medium-sized businesses (*Gesund im Mittelstand – GiM*): This initiative, organised by the Employer's Liability Insurance Association Wood and Metal (Berufsgenossenschaft Holz und Metall – BGHM), offers companies from the wood and metal sector with 50-500 employees an employee survey to assess the health conditions of their employees. Key aspects addressed in this survey are psychosocial factors and ageing appropriate working conditions. Workshops are organised to discuss how results and factors identified can be positively influenced and changed, particularly by acting on leadership, organisation and communication issues¹²¹.

Healthy in crafts and trades (*Gesund im Handwerk*): The initiative „Gesund im Handwerk“ offers to conduct an employee survey for crafts and trades companies from the wood and metal sector with up

¹²⁰ iga website: <http://www.iga-info.de/english-introduction.html> (accessed December 2014).

¹²¹ More information on BGHM website:

<http://www.bghm.de/arbeitschueter/angebote-und-aktionen/beratungsangebote/gesund-im-mittelstand-gim.html> (accessed December 2014).

to 50 employees. The results of this survey, including information on employee's health status and commitment to the company, are presented in a company profile. Strengths and weaknesses of the company are presented and compared to the branch of trade. In this way, company owners can easily identify and tackle individual key aspects.

German Network for Workplace Health Promotion (*Deutsches Netzwerk für Betriebliche Gesundheitsförderung, DNBGF*): DNBGF is a platform for the national exchange of experience and information by stakeholders in the field of workplace health promotion¹²²

Predemo (prevention and demographics) (*Prädemo (Prävention und Demografie)*)¹²³ is a project, running from January 2012 to April 2015, which aims to promote the innovative capacity of SMEs through preventive, demographics-oriented, work design, through inter-company alliances and regional cooperation. The project was funded by the Federal Ministry of Education and Research and the European Social Fund. The project partners were: BC GmbH research and consulting company Wiesbaden, the Trade association of raw materials and chemical industry (BG RCI), the Institute for Workplace Health Promotion (BGF), the Institute for Technique of Business Management in the German Skilled Crafts Institute (ITB), Mercer Germany and the Association for safety, health and environmental protection at work (VDSI). The project aims to develop tools, concepts and models that SMEs can make use of in order to enhance their innovative capacity, taking into account their changing demographic situation.

¹²² DNBGF website: <http://www.dnbgf.de/international.html> (accessed December 2014).

¹²³ Prädemo website: <http://www.praedemo.de/index.htm> (Accessed May 2015)

3 Overview of policies, strategies 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 Germany, the main actors in the rehabilitation of workers who suffer from a disease or were victims of an accident are the insurance organisations. Different organisations are responsible depending on the origin of the health problem (work-related or not). At the workplace level, the employer is responsible for adapting the work station to the abilities of the worker in view to maintain his/her employability.

The following chapter first describes the institutional system in Germany 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

Legal and policy framework

The basis for all rehabilitation law is the Social Security Code (SGB) (see section 1.3). **SGB Book IX 'Integration and Rehabilitation of Disabled People'** was introduced in 2001 and aims to reduce the dissimilarities and the complexity of rehabilitation law by setting up a joint platform for establishing a consistent rehabilitation practice¹²⁴. It also aims to encourage companies to take responsibility for early recognition and avoidance of long-term incapacity to work. SGB Book IX defines disability as follows: "Are considered as disabled, people whose physical functions, mental capacities or mental health differ from the typical condition for their age for a period exceeding six months." (SGB Book IX, §2). The SGB also introduces the notion of "person threatened with disability", which brings the potential for early intervention. SGB IX aims to:

- avert, remove or reduce the disability, or prevent or restrict its deterioration or the consequences thereof, prevent, overcome, lessen or attenuate either reductions in employment or the need for care,
- maintain workers with a disability or reduced capacity to work in employment by providing them with a number of supporting measures from giving advice on job placement to providing vocational training.¹²⁵

SGB Book X stipulates that employers have to provide Workplace Integration Management for employees who become unfit for work for more than six weeks. This means that employers must assess how an employee's inability to work can best be overcome and must identify the type of assistance or support needed to prevent a recurrence so that the position can be retained.

Rehabilitation is also mentioned in several other SGB Books, especially in **SGB Book V** (Health Insurance), **SGB Book VI** (Pension Insurance) and **SGB VII** (Accident Insurance).

National Action Plan to Implement the UN Convention on the Rights of Persons with Disabilities (*Nationaler Aktionsplan zur Umsetzung der UN-Behindertenrechtskonvention*¹²⁶: With the National

¹²⁴ More information on the website of BIH integration offices: <http://www.integrationsaemter.de/Fachlexikon/SGB-IX--Rehabilitation-und-Teilhabe-behinderter-Menschen-/77c3761p/index.html> (accessed December 2014).

¹²⁵ EU-OSHA, *Work-related musculoskeletal disorders: Back to work report*, 2007.

¹²⁶ Short version of the National Action Plan (in English) available at: http://www.bmas.de/SharedDocs/Downloads/DE/PDF-Publikationen/a740-short-en.pdf?__blob=publicationFile (accessed December 2014).

Action Plan to Implement the UN Convention on the Rights of Persons with Disabilities, the Federal Government is setting a process in motion which will be a major influence in the next ten years not only on the lives of persons with disabilities, but on those of everyone in Germany. The idea of inclusion, which is the central guiding concept of the UN Convention on the Rights of Persons with Disabilities, will change everyday culture. Germany intends to become inclusive.

Main actors and steps in the rehabilitation process

As regulated in the Social Security Code (SGB), rehabilitation in Germany comprises¹²⁷:

- **Medical rehabilitation** (measures aiming at preserving or improving the health status according to SGB V, VI, VII und IX): encompassing, amongst others, medical treatment, physiotherapy, physical therapy, occupational therapy, logopaedics, psychological and psychotherapeutic treatment and dietetics.
- **Occupational rehabilitation** (measures aiming at equal participation in working life according to SGB IX): encompassing financial benefits for employee and employer like reimbursement of travel expenses, removal and reconstruction allowances aiming at adapting the workplace to the worker, as well as technical aids and training.
- **Social rehabilitation** (measures aiming at equal participation in society according to SGB IX): encompassing financial aids e.g. for the purchase and maintenance of a car as well as pedagogical assistance measures.

Rehabilitation, and more importantly return to work, actually takes place at two levels in Germany:

- Within the company itself, the employers are increasingly encouraged to react when workers show signs of chronic or long-term absence.
- Outside the company, the insurance companies have a major role in the provision of rehabilitative services and the coordination of the rehabilitation process in Germany.

At the workplace

To empower **employers** in the rehabilitation process and foster an “early-warning” culture, the SGB foresees that if a worker is absent from work for health reasons repeatedly or continuously for more than six weeks in a year, the employer should organise a meeting with the worker and the works’ council to try and find a solution to be implemented with the support of the insurance companies. Employers can get help from internationally-recognised disability managers, which guide the different actors in the rehabilitation process.

Since 2004, the SGB (Section 84 (2) of Book IX of the Social Code (SGB IX)) requires employers to provide **workplace integration management** (*Betriebliches Eingliederungsmanagement, BEM*) for all employees who become unfit for work for more than six consecutive weeks or on a recurrent basis in a given year, whether the reason is work-related or not. This means that employers must assess how an employee's inability to work can best be overcome and must identify the type of assistance or support needed to prevent a recurrence so that the position can be retained and employability maintained. Section 84 (2) of SGB IX intentionally does not prescribe in detail how this is to be done. An appropriate solution must be found at each workplace to meet individual needs¹²⁸.

With regard to **support**, employers who employ handicapped or permanently ill persons can receive support e.g. in the form of reconstruction allowances and technical aids. In addition to that, the employer can receive wage subsidies for the employment of severely handicapped persons, and grants or loans for the creation of new work stations or apprenticeship training positions that are handicapped accessible.

¹²⁷ Text available (in German) at:

http://www.gbe-bund.de/gbe10/abrechnung.prc_abr_test_logon?p_uid=gasts&p_aid=&p_knoten=FID&p_sprache=D&p_suchstring=1178::Schlaganfall (accessed December 2014).

¹²⁸ More information on BEM on the website of the BMAS: <http://www.bmas.de/EN/Our-Topics/Participation-of-Persons-with-Disabilities/workplace-integration-management.html> (accessed December 2014).

Employers can also receive advice and assistance from the statutory accident insurance and the integration offices (see below). In particular, the German statutory accident insurance (DGUV) grants financial support to employers for the return to work of employees, even when they are not formally recognised as disabled. Commonly, the insurance covers the cost of a three-month employment trial which allows the employer to assess the work ability and capacity of the worker and the adaptation needs. It can also provide financial support for technical adaptations to the working station¹²⁹.

Outside the workplace

Outside the company, the most important rehabilitation agencies are the **social accident insurance** (Gesetzliche Unfallversicherung, DGUV), the **statutory pension insurance scheme** (Deutsche Rentenversicherung, DRV), the **health insurance funds** (Gesetzliche Krankenversicherung, GKV), the **federal employment agency** (Bundesagentur für Arbeit, BA) and the regional integration offices (**Integrationsämter**). They have responsibilities in different areas¹³⁰:

- The **DGUV** is responsible for medical, occupational and social rehabilitation in case of an occupational or way-to-work accident, an occupational disease or in the case of an impending occupational disease. The DGUV grants financial support to employers for the return to work of employees, including a three-month employment trial which allows the employer to assess the work ability and capacity of the worker and their adaptation needs. If the sick or injured worker does not return to work after two years of rehabilitation, he/she will be retired under the statutory accident insurance scheme.
- The **DRV** is responsible for restoring earning capacity and avoiding early retirement / invalidity for those suffering from non-work-related ill health. It therefore competent for medical rehabilitation services and services to encourage participation in working life according to the principle “rehabilitation rather than pension”. The objective is, where possible, to permanently overcome ill health or disabilities that have caused a reduction in earning capacity. Medical rehabilitation services include specialised in-patient or out-patient courses of therapy, conducted in suitable rehabilitation clinics. There are also services for participating in working life, such as occupational retraining which is largely carried out in occupational rehabilitation centres and similar facilities, technical aids or personal assistants¹³¹. The **Medical-occupational oriented rehabilitation** (*Medizinisch-beruflich orientierte Rehabilitation, MBOR*) is a form of rehabilitation offered by the DRV. Its main idea is to orientate medical rehabilitation for the requirements of the working world. Therapy focuses, not only on the respective illness, but also on the occupational situation of the ill person. Elements of MBOR are e.g. special workplace trainings or group programmes on occupational behaviour and experience (e.g. coping with stress or conflict resolution at the workplace). MBOR programmes aim at pointing out strategies that help coping with workplace requirements and are provided only by selected, specialised rehabilitation hospitals¹³². Some of the regional branches of the DRV are increasingly taking up a case-management approach to rehabilitation, as demonstrated by the project “Integrationsprojekt RehaFuturReal®” launched in 2011 by the Westphalian branch of the DRV.¹³³
- The **GKV** is also responsible for the non-working population. The GKV rehabilitation aims at preventing, reducing or eliminating disabilities or nursing care dependency.
- One of the tasks of the **BA** is to foster occupational integration of handicapped persons, e.g. with the support of (re-)training. The BA is the competent authority for services for participation in working life in case no other provider of rehabilitation has priority.

¹²⁹ EU-OSHA, *Work-related musculoskeletal disorders: Back to work report*, 2007.

¹³⁰ Text available (in German) at: http://www.gbe-bund.de/gbe10/abrechnung.prc_abr_test_logon?p_uid=gasts&p_aid=&p_knoten=FID&p_sprache=D&p_suchstring=1178::S_chlaganfall (accessed December 2014).

¹³¹ DRV website: http://www.deutsche-rentenversicherung.de/Allgemein/en/Navigation/englisch_index_node.html (accessed December 2014).

¹³² More information on DRV website: http://www.deutsche-rentenversicherung.de/Allgemein/de/Inhalt/5_Services/rehatipp/mbor.html (accessed December 2014).

¹³³ For more information about the project “Integrationsprojekt RehaFuturReal®”, see the detailed case study carried out in the framework of the project “Safer and Healthier Work at Any Age”.

- At state and local government level, the **integration offices** support the integration of disabled persons into the workplace. The integration offices provide advice and assistance for disabled persons and their employers during the time of workplace integration¹³⁴.

According to SGB Book IX §14, the **rehabilitation agency** that first receives an application for rehabilitation services has to provide the services that are legally possible. Within two weeks, it has to decide if it is competent for the services applied for. If this is the case, it decides on the application. If it comes to the decision that it is not competent to decide, it has to immediately forward the application to the agency it regards as competent. This second agency is not allowed to forward the application again but has to come to a decision on the services applied for, considering every possible basis for a claim. If different services or services of different rehabilitation agencies are necessary, it has to coordinate all services (§ 10 (1) SGB IX)¹³⁵.

Patients have to apply for medical and vocational rehabilitation. As described above, rehabilitation agencies have their own institutions, but there are also private rehabilitation institutions. Patients can choose where they want to do their medical rehabilitation, as long as it makes sense medically (e.g. the institution has experience musculoskeletal problems). To apply, patients need a statement from their doctor (GP or specialist) stating why rehabilitation is necessary and that it will help to improve the patient's situation. Doctors can help patients decide which rehabilitation agency is competent and patients in hospitals can get support from hospital social service (Krankenhaussozialdienst) to decide on rehabilitation options. The joint service point for rehabilitation (Gemeinsame Servicestellen für Rehabilitation), run by the different rehabilitation agencies together, aims to avoid that patients have to contact multiple agencies to receive rehabilitation support.¹³⁶

Other actors

The **Federal Working Group on Rehabilitation** (*Bundesarbeitsgemeinschaft für Rehabilitation, BAR*) is a voluntary federation of the main stakeholders in rehabilitation. The members of the BAR are the statutory health insurance, the statutory accident insurance, the statutory pension insurance, the Federal Employment Agency, the Länder, the Confederation of German Employers' Associations, the German Confederation of Trade Unions, the Federal Association of the Integration Offices and main welfare agencies, the Federal Working Group on the supra-local social welfare institutions and the Health Insurance Physicians Confederation. The BAR is a platform for exchange of experience and cooperation of all parties involved in rehabilitation. Its tasks are, among others, the development of concepts for rehabilitation and stimulating, promoting and initiating administrative arrangements, agreements or policies. Its primary objective is that rehabilitation in Germany is conducted according to the same standards and principles for the welfare of the handicapped and chronically ill. The BAR deals with: exchange of experience, development of concepts for rehabilitation, guidance and information, further training¹³⁷.

The **German Association of Vocational Training Centre for People with Disabilities** (*Arbeitsgemeinschaft Deutscher Berufsförderungswerke e.V.*), founded in 1968, is an association of 28 Vocational Training Centres throughout Germany. The aim of the centres is to help disabled people and those threatened by disability to participate in working life and thus in society as a whole. The centres give advice and orientation, offering a range of specialist services such as information, diagnostics, training and providing assistance with finding a job¹³⁸.

Compensation

Employers have to continue to pay an employee's full salary when they are on sick leave for up to six weeks (as established in the Continued Remuneration Law, 1994).

After that, the respective **health insurance scheme** will pay sickness benefits amounting to 70-90 % of the net wage for up to 78 weeks in three years. Health insurance covers the majority of the costs of

¹³⁴ Website of the integration offices: <http://www.integrationsaemter.de/> (accessed December 2014).

¹³⁵ More information on the website of the integration offices: <http://www.integrationsaemter.de/Fachlexikon/Zustaendigkeitsklaerung/77c327i1p/index.html> (accessed December 2014).

¹³⁶ More information is available for patients about their rehabilitation options on the website www.reha-servicestellen.de/ (in German) (Accessed May 2015).

¹³⁷ BAR website: <http://www.bar-frankfurt.de/> (Accessed December 2014).

¹³⁸ German Association of Vocational Training Centre for People with Disabilities website: <http://www.arge-bfw.de/english/> (accessed December 2014).

examinations and treatments. The costs of medical rehabilitation programmes are covered by health insurance or by special pension funds.

In case of occupational accidents or diseases, the **social accident insurance scheme** pays the full amount of the salary from the first day of sick leave and for a period of up to two years.

The **Reduced Earning Capacity Pension** (Erwerbsminderungsrente) exists for persons who are permanently ill (after sickness benefits and rehabilitation) and who cannot work for more than six hours a day. The person concerned can receive a full pension or a partial pension (if he/she can work three to six hours a day and appropriate part-time work is available).

3.2 Specific Initiatives

While the section above looked at the institutional system in Germany for the rehabilitation/return to work of workers suffering from a health problem, the following chapter looks at specific initiatives from governmental and non-governmental organisations to promote rehabilitation and return-to-work.

3.2.1 Initiatives from governmental organisations

Initiative inclusion (*Initiative Inklusion*)¹³⁹: This initiative is one of the major measures of the National Action Plan to implement the UN Convention on the Rights of Persons with Disabilities. In order to foster participation of the severely handicapped on the labour market, the initiative provides EUR 100 million in addition to existing standard benefits. The initiative is aimed at four spheres of activity:

- Occupational orientation for severely handicapped students;
- Support for companies that create new apprenticeship training positions for severely handicapped persons;
- Support for companies that recruit severely handicapped unemployed persons older than 50;
- Support for chambers of crafts, of commerce and industry and of agriculture that develop competence on inclusion.

Jobs without barriers (*Jobs ohne Barrieren, 2004-2010*)¹⁴⁰: The Federal Ministry of Labour and Social Affairs (BMAS) and its partners (employers' associations, unions, associations of the disabled, the Federal Employment Agency, rehabilitation hospitals and other organisations) started the initiative "jobs without barriers" in 2004. It pursued three goals:

- Fostering training of disabled and severely disabled adolescents;
- Improving employment opportunities for the severely disabled, especially in small and medium enterprises;
- Strengthening prevention in order to preserve and foster employees' health and ability to perform in the long run.

3.2.2 Initiatives from other organisations

RehaBau – Rehabilitation in the building sector: The Employer's Liability Insurance Association for the building sector (Berufsgenossenschaft Bau –BG BAU) has offered a measure for rehabilitation called "RehaBau" since 2000. Upon approval by company physicians, employees take part in in-patient rehabilitation for three weeks. The rehabilitation contains a job-related training, e.g. lifting and carrying weights, and ergonomic organisation of the workplace¹⁴¹.

¹³⁹ More information on the website of the BMAS: <http://www.bmas.de/DE/Themen/Teilhabe-behinderter-Menschen/Meldungen/initiative-inklusion-richtlinie.html> (accessed December 2014).

¹⁴⁰ More information on the website of the Federal government: <http://www.bundesregierung.de/Content/DE/StatischeSeiten/Breg/ThemenAZ/BehinderteMenschen/behinderte-2007-07-02-jobs-ohne-barrieren.html> (accessed December 2014).

¹⁴¹ More information on the website of BG BAU: <http://www.bgbau.de/ergonomie-bau/programme/reha-bau> (accessed December 2014).

4 Conclusions

General context

Facts and figures:

- *Population ageing:* The median age in Germany has risen by around five years in the past 10 years and is now three years higher than the EU average, due to an increase in the share of people aged 65 years and above (21% in 2013 compared to an EU average of 18%). The share of the oldest population is predicted to keep on increasing up to 31% in 2040. This means that by then there will be less than two people of working age (15 to 64 years) per old person (65 years and above).
- *Employment effective retirement age:* The employment rate of 55 to 64-year-olds in Germany has increased by 24 percentage points since 2003 and was at 63.5% in 2013, around 13 p.p. above EU-average. The effective retirement age has increased by two years for men and by three years for women since 1996.
- *Working conditions:* Most of the working conditions, as perceived by older workers, are at a similar level to EU average, apart from job sustainability, on-the-job training and emotional demand, which are all higher than the EU average.
- *Health:* Almost half of the employed 55 to 64-year-olds in Germany suffer from long-standing illnesses (not necessarily work-related) (41% compared to 33% in EU average). However, work-related health problems are much less frequent than on EU average. Musculoskeletal disorders are perceived as the most serious work-related health problem among older workers in Germany (71%), psychological diseases are the second most serious work-related health problem (11%). They are the main reasons for long-term work incapacity.
- *Early retirement:* The main reason among 50 to 69-year-olds to stop working was their own health or disability (31% and 21%, respectively), while only 13% said that it was because they had reached eligibility for a pension. The majority of workers aged 63 years and above who had retired early were forced into early retirement¹⁴² (59%), while still a large part had retired early voluntarily¹⁴³ (41%). There are indications that psychological illnesses play a major role in early retirement: around 42% of early retirements in 2012 were caused by psychological illnesses and, together with musculoskeletal disorders.
- *Working beyond retirement:* Around 47% of dependent employees aged 55 to 65 years reported that they would like to continue working after retirement. The willingness to continue to work after retirement is greater in small companies (fewer than 10 employees), among employees with a lower income (500 to 1,000 EUR) and if monotonous, physically hard, hazardous and stressful work can be avoided. The most important reason to continue paid work after retirement seems to be financial (provide for sufficient income)¹⁴⁴. Flexible working hours are very important to older employees who are or consider working beyond retirement and 72% wish to work only part-time.

The legal and institutional framework:

In Germany, there is a strong tradition and system of occupational safety. This has been gradually broadened to include occupational health so that it can be said that Germany today has a strong additional focus on workplace health promotion. A lot of different stakeholders are involved in the German occupational safety and health system. This is why many initiatives aim for better coordination between stakeholders. In general, the quality of *social dialogue* in Germany is rather high – with differences between sectors/industries. Working conditions have always been a topic of social dialogue and demographic change and expected shortage of skilled labour has lately increased interest in these issues. There are a number of examples of collective agreements on these issues.

¹⁴² Having received a financial offer for early retirement, being laid off; having reached the statutory pension age AND NOT having had the possibility to continue working.

¹⁴³ Due to bad health status of oneself, family members or friends; the wish to retire at the same time as the partner; the wish to enjoy life; having reached the statutory pension age AND having had the possibility to continue working.

¹⁴⁴ Please note that the figures on motivations to pursue unpaid or paid work beyond retirement are based on a non-representative sample and therefore can only indicate a trend.

There is a very comprehensive system of social insurance in Germany. Ever since the times of Bismarck, social security has been of a high standard and has since been further expanded. Today, it comprises insurance on health, accident, pension, unemployment and long-term care. They play a critical role in both OSH prevention and rehabilitation.

There is no special legislation on older workers, except the general requirement in the OSH legislation to take into account the needs of vulnerable groups of workers, as per the EU legislation. In addition, the General Act on Equal Treatment aims at preventing or stopping discrimination also on the grounds of age while the Social Security Code requires employers to adapt the workplace to the needs of the worker.

OSH and older workers

There is a wide range of policies, strategies, programmes and initiatives in relation to occupational health and safety of workers at different levels (i.e. national, regional and company level). Most initiatives aim for health and safety at any age and not specifically for the health and safety of older workers. This is considered to be the best way of prevention: in order to make sure that employees stay healthy, safe and sustainable at work. Prevention is considered necessary right from the beginning of a career.

However, at national level, there are three main policy initiatives that channel activities in relation to the *demographic change*: the Demography Strategy of the Federal Government, the New Quality of Work Initiative (INQA) and the Joint German Occupational Safety and Health Strategy (GDA).

- Although the Joint German Occupational Safety and Health Strategy does not contain any particular activity targeting older workers, most of the activities planned in the strategy have a focus on demographic change and an ageing workforce.
- The INQA has funded the development of several activities related to the concept of work ability and age management, supporting the development of sustainable working conditions.

Policy for *sustainable work* has in recent years been driven by the discussion on demographic change, an ageing workforce and especially on the expected shortage of skilled labour. A shortage in skilled labour would seriously affect the German model of production that focuses on the production of high-quality, high-tech goods and thus relies heavily on skilled labour. In this context, on the one hand retirement age, that used to be 65, is now gradually increasing to 67. On the other hand, a wide range of initiatives were started to foster sustainable work. One particularly active group working on the question of sustainable work is the insurance organisations, motivated by their concern for increasing costs of pensions and benefits. The social partners are also involved in the debate related to older workers, in particular from the point of view of the shortage of skilled labour and the need for increased transfer of competences and valorisation of skills. Many sectoral collective agreements have been adopted over the recent years that aim to promote better working conditions for older workers with a view to retain them at work.

Most of the initiatives identified the report involve various stakeholder groups, follow a *holistic approach* including HR issues and workplace health promotion, offer possibilities for exchanging information, combine various prevention tools and use several dissemination channels. One issue is that, with few exceptions, most initiatives are not evaluated.

*Views of stakeholders*¹⁴⁵

Most stakeholders agree that initiatives should aim at health and safety at any age, and not specifically at the OSH of older workers, as the latter may be reluctant against special measures perceived as stigmatising. In addition, stakeholders recognise that prevention measures should be adopted for workers of all ages and not only for the older age groups as today's young workers are tomorrow's older workers. Stakeholders also agree that the size of a company has a substantial influence on its activities in prevention/health and safety. In particular, micro-companies are the most problematic group. Due to their restricted resources, they develop very little activity both in the field of prevention/health and safety and in the field of rehabilitation/return-to-work. (Regional) networks,

¹⁴⁵ These views were expressed during the national expert workshop on "Safer and Healthier Work at Any Age", which took place on 3-4 June 2014 in Berlin (more details provided in the introduction to this report).

bringing together companies and social security institutions, are seen as the most promising way of reaching and activating smaller companies. Business representatives noted that managing age is a new task for managers and there is therefore a need to build knowledge and know-how on age management and to receive external support to do this.

Rehabilitation and return to work

The German system of rehabilitation is shaped by the basic principle “rehabilitation rather than pension”. This principle clearly states the priority on the return to work. It is born not only from the overall policy objective to maintain people in employment but also from the push by insurance companies, responsible for compensation after six weeks of sickness absence, to reduce the number of people on temporary and permanent disability pensions. In order to overcome ill health or disability, rehabilitation in Germany provides a broad spectrum of measures, including medical, occupational and social rehabilitation and is mostly provided by insurance organisations. Rehabilitation aims to, not only reduce the consequences of existing illnesses, but also to prevent new ones from occurring. Certain experts have noted that the recent tightening of the conditions for the attribution of disability pensions (even partial) have led to a greater push for the reintegration in the labour market of people with serious health issues, sometimes in precarious positions when proper reintegration support is lacking.¹⁴⁶

At the company level, the Social Security Code requires employers to provide workplace integration management for all employees who become unfit for work for more than six consecutive weeks or on a recurrent basis in a given year. However, no specific support seems to be provided to employers to do this. Employers can receive some form of financial and technical support for workplace adaptation (e.g. reconstruction allowances and technical aids) in particular from the statutory accident insurance.

The most active body with regard to rehabilitation is the statutory pension insurance scheme (DRV), on the premise that it prefers paying for rehabilitation than for invalidity or old-age pensions and therefore strives to avoid early retirement. In particular, its initiative on Medical-occupational oriented rehabilitation adopts a global approach to rehabilitation, orientating medical rehabilitation towards the requirements of the world of work.

The rehabilitation/return-to-work initiatives identified in this report are by far not as manifold and comprehensive as the initiatives on occupational health and safety. Besides, the initiatives of the UN Convention on the Rights of Persons with Disabilities and the initiative “Jobs without barriers” target only a single population group (people with disabilities) and focus on the operative level. Although it should be noted that the definition of disability in Germany is quite open and therefore covers a broad range of people with health issues. Some of the initiatives focus on specific target groups (RehaBau – Rehabilitation in the building sector) or follow a holistic approach (MBOR, medical-occupational oriented rehabilitation).

Against the background that the German rehabilitation system is comprehensive and generally works well, some suggestions for future initiatives on rehabilitation/return-to-work can be deduced:

- Better information on rehabilitation (both for individuals and companies, targeted information for special groups of individuals, e.g. individuals with low education).
- Measures to foster the execution of reintegration programmes in companies (awareness-raising, incentives, sanctions).
- Better communication across the various stakeholders.
- Better collaboration of the social insurance carrier.

¹⁴⁶ Maresca, B., Dujin, A., ‘Les logiques d'action des entreprises à l'égard des salariés atteints du cancer: une comparaison France Allemagne’ (intervention logics of companies towards employees suffering from cancer: comparison between France and Germany), *Cahier de Recherche*, N° C248, CREDOC, 2008, p25-26. Available at: <http://www.credoc.fr/publications/abstract.php?ref=C248> (Accessed December 2014)

Views of the stakeholders

The experts at the national workshop mentioned the following issues:

- About 80% of individuals taking part in rehabilitation programmes return to work. On the other hand, almost 50% of persons applying for a reduced earning capacity pension did not participate in rehabilitation programmes beforehand. This offers opportunities for improvement.
- There is evidence that access to rehabilitation in Germany is heterogeneous, i.e. that it is related to social status and education. With regard to social justice, this is a problem that needs to be tackled.
- The German system of rehabilitation is rather complex, e.g. there are many different rehabilitation agencies and a broad spectrum of rehabilitation services. Concerned individuals especially, but also smaller companies, often feel confused by this.
- Furthermore there are little or no incentives for employers to implement reintegration programmes in their companies. When workers are ill for a longer period of time, their health insurance will pay their sickness benefits. Employers' costs are therefore only indirect, through their contributions to the statutory health insurance. Employers must become more aware and must be informed of the advantages of a return-to-work policy for their companies.
- Workplace Integration Management is one concrete example for this. However, experts agree that Workplace Integration Management is not satisfactorily used in German companies.

General conclusions

While the employment rate of the 55-64 year olds in Germany is considerably higher than on EU average, many workers report that they suffer from long-standing illnesses and the majority of those who retire early do so for health reasons. These observations clearly support the view that there is a continuous need for policies promoting sustainable working conditions. With a population older than EU average, Germany has been working on the issue of demographic change in society and in the world of work for many years already.

Although its approach to OSH prevention and improving working conditions is holistic, considering all workers equally, Germany has also been paying attention to the consequences of an ageing workforce by putting in place a number of programmes focusing on the concepts of demographic changes, work ability assessment, age management, workplace health promotion and the rehabilitation/return to work of workers with reduced working capacity. Alongside the government, the social partners and insurance organisations have largely contributed to the high level of activity on this issue in the past decade.

5 References and further information

Most of the information in the text is found on webpages. The addresses of these webpages are given continuously in the text in footnotes. Therefore they are not listed in this section. In this section only reports, articles and books are listed.

European and international sources:

EU-OSHA – European Agency for Safety and Health at Work, *Work-related musculoskeletal disorders: Back to work report*, 2007.

Eurofound – European Foundation for the Improvement of Living and Working Conditions, *Sustainable work and the ageing workforce, A report based on the fifth European Working Conditions Survey*, Publications Office of the European Union, Luxembourg, 2012.

Eurostat, *Active ageing and solidarity between generations, A statistical portrait of the European Union 2012*, Publications Office of the European Union, Luxembourg, 2011.

Institute for Employment Studies, Kooperationsstelle Hamburg IFE GmbH, *Qualitative Post-test of ESENER National Overview Reports*, 2013.

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

National sources:

Bäcker, G., Naegele, G., Bispinck, R., Hofemann, K. and Neubauer, J., *Sozialpolitik und soziale Lage in Deutschland; Gesundheit, Familie, Alter und Soziale Dienste (4th Edt.)*, VS Verlag, Wiesbaden, 2008

Zbinf, *Wegweiser Rehabilitationsträger*, 2011. Available at: <http://www.integrationsaemter.de/ZB-info-Wegweiser-Rehabilitationstraeger/319c3943i1p62/index.html>

The European Agency for Safety and Health at Work (EU-OSHA) contributes to making Europe a safer, healthier and more productive place to work. The Agency researches, develops, and distributes reliable, balanced, and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1994 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments, employers' and workers' organisations, as well as leading experts in each of the EU Member States and beyond.

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