1 Introduction

The EU-OSHA workshop, *Gender and age: impact on working life*, was organised as part of the ETUI conference *Women’s health and work, sharing knowledge and experiences to enhance women’s working conditions and gender equality*, held in Brussels on 4 March 2015.

The objective of the workshop was to discuss how gender and age interact in relation to OSH in order to inform policy, debate and future research on sustainable work. Despite a growing body of work on the separate domains of gender and age issues in the workplace, there has been limited research to date on the intersection of gender and age in the workplace in relation to safety and health issues and sustainable workplaces.

The workshop drew on the perspectives and expertise of participants from trade unions, European advocacy organisations, OSH organisations, research organisations, as well as experts on gender equality, gender mainstreaming, and age management.

EU-OSHA has recently carried out research on gender mainstreaming and the new and emerging OSH risks for women at work.¹ A new study on gender and ageing is currently being completed by EU-OSHA on the basis of a delegation agreement with the European Commission, under the framework of a European Parliament’s pilot project *Safer and healthier work at any age – OSH in the context of an ageing workforce*.² The objective of the project is to share knowledge and provide evidence to inform policy developments for future strategies, programmes, instruments and practice. The project has a role in exchanging experiences, views and examples of successful and innovative practices amongst relevant stakeholders.

This is important in the context of defining the impact of the increasing integration of older women in the labour market, and more specifically the occupational safety and health (OSH) implications. Age management to handle demographic change is crucial for the implementation of the objectives on increasing women’s employment rates, in the context of the Europe 2020 strategy, which aims to increase the employment rate of the population aged 20-64 to 75%. For this to happen, European citizens will have to work longer. However, different measures may need to be taken to maintain and improve the OSH of older women workers.

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2 Objectives of the workshop

The workshop examined future OSH strategies and priorities for research, monitoring and actions that can point to a concrete way forward in policy and in relation to the work of the EU-OSHA, covering a range of themes, including:

- How to effectively integrate gender and age considerations into future OSH initiatives in national and European policy and practice?
- How knowledge about gender sensitive workplaces and of gender mainstreaming, as well as the implications of women’s workplace vertical and horizontal occupation segregation, can focus more effectively on age management and retention issues, and visa-versa?
- How the separate domains of gender and age can be integrated and the implications of addressing both gender discrimination and age discrimination in the workplace,3 and also taking into account the gender related needs of young and old workers?
- What needs to be done at strategic, policy and practical implementation levels, including the implications for workplace strategies of the social partners and collective bargaining?
- The research implications and research agendas for the future, including how the existing knowledge base can be further progressed in relation to the safety and health of older women workers, and the implications for younger women and men.
- How the role, expertise and perspectives of multiple stakeholders (policy makers, employers, trade unions, advocacy organisations and associations, researchers etc.) can be taken into account, so that everyone has a responsibility for ensuring effective ways to promote gender and age in sustainable workplaces in the future?

In addition, the workshop also encouraged discussion about and recommendations for the implementation of the EU OSH at Work Strategic Framework, 2014-2020.

3 Workshop presentations

The workshop presentations covered:

- Safer and healthier work at any age: OSH in the context of an ageing workforce, gender aspects by Elke Schneider (EU-OSHA)
- Eurofound activities, data and findings on OSH by Agnès Parent-Thirion (Eurofound)
- A sectoral approach to gender and age sensitive management. Experiences of the NHS Working Longer Group by Nicola Lee (Royal College of Nursing)
- Job retention and return-to-work of people with chronic illnesses: a woman’s perspective from both sides by Nettie van der Auwera (Prevent Foundation)
- Gender, age and care duties by Agnès Uhereczky (Confederation of Family Organisations in the European Union, COFACE)

3 The Eurobarometer 2012 results show that workplace age discrimination is the most frequently reported form of age discrimination. Around one in 20 people have personally experienced age discrimination in the workplace (6%) and a further one in seven (15%) have witnessed it. Around seven out of ten citizens consider the fact that older employees are not viewed positively by employers as an important reason for leaving the labour market.
3.1 Presentation 1: Safer and healthier work at any age: OSH in the context of an ageing workforce, gender aspects

Elke Schneider (EU-OSHA)\(^4\) presented the preliminary findings from EU-OSHA’s study *Safer and healthier work at any age, with a focus on the gender aspects of an ageing workforce*. The study assessed the prerequisites for OSH prevention throughout working life and drew on examples of successful and innovative practices, as a basis for informing future policy developments.

The presentation set out the challenge of providing sustainable work to enable older workers to work longer, and to promote work ability and wellbeing throughout working life. In the future older workers will represent the largest proportion of workers in the workforce. However, many older workers leave the workforce early for health reasons, which results in huge costs to society. Men and women in elementary jobs are more likely to report not being able to carry out their current jobs until they are 60 years of age. A gender dimension is important, for example, in addressing measures to balance work and care responsibilities for older workers, and in addressing impact of physical work on women, such as musculoskeletal disorders (MSDs), and the impact of stress and burnout resulting from emotionally demanding work carried out by women. Other health issues faced by women, for example, related to the menopause remain a taboo in society and in the workplace. Simple measures can be addressed in the workplace, for example, in providing access to drinking water, layered clothing for uniforms and flexible working to facilitate doctor’s appointments. Similarly, there is a need for more tailored approaches to addressing men’s workplace health.

The presentation highlighted the importance of designing workplace safety and health policies that are age and gender sensitive through strategies that start with the young. This is necessary in preventing disability and chronic work-related ill-health. A life-long approach to sustainable work should encompass risk education and prevention in schools, ensure that OSH education addresses the risks in women’s jobs and that occupational health and safety is included in vocational training in typical women’s jobs. For example, this is important in the context of increased exposure to MSDs from desk-based work, especially lower graded administrative workers, who have less control and variety in their work.

The EU-OSHA study has drawn on a range of examples of good practice on building age and gender into sustainable workplaces through mainstreaming diversity into the strategies and activities of labour inspectorates. Examples include a range of gender mainstreaming tools and diversity checklists for companies implemented in the Austrian labour inspectorate, and research and advice for employers on diversity carried out by the UK Health and Safety Executive. In relation to rehabilitation policies, good practice shows the importance of early intervention to enable workers to stay in work. This can be progressed through multidisciplinary programmes that are coordinated and tailored to support companies and employees. Instruments include return-to-work as a clinical outcome for physicians, a public health focus on chronic diseases such as MSDs, joined up policy interventions, and prevention through occupational health surveillance and workplace health promotion. A specific gender focus also needs to be given to rehabilitation from work-related illnesses and to ensure that programmes are accessible for women with childcare responsibilities. As an example of good practice for rehabilitation, the French ANACT work injury insurance organisation has promoted a guide for rehabilitation of female workers following breast cancer,\(^5\) which was developed by associations of occupational physicians.

Breast cancer is one of the most frequent female cancers and affects mainly older women.

Success factors are evident in workplaces that see older workers as a resource, underpinned by a focus on prevention for all and the involvement of male and female workers. Furthermore, and close cooperation between human resources and OSH can be promoted in areas such as equal opportunities, retirement prevention plans, recruitment and retention, career planning, ergonomic interventions and work-life balance. Good practices include a French printing company that has promoted women’s career path development and skills recognition for women working in ‘finishing’ to address an exceptionally

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\(^4\) Dr. Elke Schneider is a project manager at EU-OSHA and has been involved in setting up the Agency’s European risk observatory; she is responsible for the “OSH in figures” project combining occupational health and safety statistics at the European and national level, and has worked on various projects on women’s OSH. EU-OSHA has a tripartite structure and contributes to policy discussions with the European Commission.

high MSD rate, because job rotation provided no improvements and more needed to be done to avoid exposure to long periods of repetitive tasks. A kindergarten in Denmark has introduced a range of sustainable work adjustments to retain staff affected by repetitive movements and lifting, targeting specifically the fact that workers had to bend frequently and available furniture was only apt for children and not height-adjustable. Working time adjustments, help with lifting and advice on working methods and prevention of MSD, were facilitated through trade union and worker involvement and access to a municipal health promotion programme.

A key objective of EU-OSHA's work has been to integrate age and diversity into risk assessment so that OSH promotes diversity through prevention and tackling risks at source. This should be underpinned by key principles based on the importance of collective measures, consultations with employees and valuing diversity as a resource. The OiRA EU-OSHA online risk assessment tool development platform includes a module on ageing workforce, which includes gender.

In conclusion, it is important to bring age equality, gender equality and OSH into one policy and practice framework. The European occupation safety and health framework directive should focus on promotion of wellbeing at work. Pre-requisites for sustainable work should include prevention for all, wellbeing and sustainable work embedded in policy and practice, specific measures to meet a diverse workforce and a holistic approach to OSH.

3.2 Presentation 2: Eurofound activities, data and findings on OSH

Agnès Parent-Thirion (Eurofound) presented evidence from Eurofound data and research on gender and ageing. Eurofound has carried out a number of studies on active ageing and more recently on sustainability of working life across the lifecourse. The presentation highlighted the challenge of making work sustainable and inclusive in the framework of policy on gender equality, active ageing and job quality, and highlighted the need for wellbeing to be a policy tool.

The gender division of labour results in women’s working lives being eight years shorter than men’s (37.5 years for men and 29.4 years for women in 2011). This is explained by different labour market processes and outcomes resulting in persistent gender segregation and gender gaps, which vary across EU Member States according to the welfare and family system, labour market structure and associated gendered lifecourse factors. The long-term consequences of today’s workplace strategies are crucial in mediating work and health over the lifecourse.

The European Working Conditions Survey provides data on older workers, sustainable work, and variations in working conditions and working time by gender and age. The survey data shows evidence of job segregation by gender and differences in intrinsic job quality of women and men over the lifecourse. Gender segregation in employment exists at multiple levels and is affected by labour market structures leading to occupational segregation and gender norms and stereotypes. For example, this results in only one-third of women having supervisory positions in the labour market. However, women experience higher levels of intrinsic job quality at all stages of the lifecourse, despite the existence of a gender pay gap and the fact that women spend a disproportionate amount of time, compared to men, carrying out unpaid work (care and household activities). This gap widens when parenting commences, where employed women spend twice as many hours on these activities as men. During this time women on average reduce paid work by 4 hours but increase unpaid work by 25 hours, compared to men’s unpaid work increasing by 12 hours. Overall, women with family obligations therefore work more hours than men, despite the fact that they are often only employed part-time.

Regarding the work characteristics of older workers there is evidence of a reduction in work intensity by age and a slow reduction in night and shift work by age; however, exposure to physical risks by age are stable and in some countries have increased. The regularity of work tasks increases with age, and workers over 50 years experience better work-life balance in general, for example, having opportunities to take time off for personal or family reasons increases slightly with age. However, access to training and to gaining new knowledge in the workplace decreases with age. Older workers also experience low

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6 Agnès Parent-Thirion is Senior Programme Manager with responsibility for the European Working Conditions Survey, which is based in the Working Conditions and Industrial Relations Unit of the Dublin-based EU agency, Eurofound (European Foundation for the Improvement of Living and Working Conditions).
social support in the workplace and prospects for career development decrease with age, with only 25% of older workers (over the age of 50 years) gaining seniority in the last five years. Older workers are less likely than younger workers to hold fixed term contracts and in the 55-59 years of age group 40% of women and 10% of men work part-time. However, older workers report that they experience job insecurity as they age (starting at 45 years for women and 50 years for men). Issues of wellbeing across the life course are also affected by gender inequalities. Generally, the gender gap in wellbeing is lower for women, which widens after children enter the household and remains wide for the rest of the life course.

In conclusion, gender differences exist across the life course, and differences are evident across the Member States. Having a gender dimension to analyse work sustainability is important, particularly when observing the trend towards leveling down of men’s job quality. There are also challenges in implementing integrated policies on gender and age at company level.

Achieving gender equality, improving working conditions and making progress in wellbeing and economic growth in the context of Europe 2020 requires some important social justice choices to be made. This includes:

- promoting policies on desegregation and gender equality in the labour market,
- implementing policies on time and reconciliation of work and family life for both genders, and
- policies on job quality;
- making wellbeing become as an important government policy objective as economic growth.

Making working life longer means rethinking the place of work in our societies, the organisation of welfare and employment systems and the collective resources (including public policy and collective bargaining), and providing tailored policy responses to enable women and men to control their working lives.

3.3 Presentation 3: A sectoral approach to gender and age sensitive age management. Experiences of the NHS Working Longer Group

Nicola Lee (Royal College of Nursing, UK) presented the main findings and activities of the Working Longer Group (WLG) of the National Health Service (NHS) in the UK. The WLG is a tripartite body (with representation from NHS trade unions, employers and the Department of Health). It was established to address the impact of a raised retirement age from 65 years to 68 years on NHS staff, employers and on the provision of health services. The new retirement age will come into effect on 1 April 2015 and will affect 70% of NHS Pension Scheme members. This is an important issue as the NHS workforce is ageing. Currently the average age of 43.7 years is projected to rise to 47 years by 2023. The health service is a highly feminised workforce and larger numbers of women enter the workforce at a later age and more will be expected to work longer. Currently 77% of the NHS workforce is female, whereas only 47% of CEOs are female. The average age of a newly qualified nurse is 29 years and nearly two-thirds of nurses are over the age of 40 years. Women predominate in the lowest pay bands in health and social care, which has specific implications for the pensions pay gap.

Evidence collected by the WLG (from a national call for evidence, stakeholder groups and consultations, and an audit of existing research) has been compiled into a report of preliminary findings and recommendations that has been submitted to the Department of Health. Issues raised in the national call for evidence on age and gender highlighted caring responsibilities, the impact of chronic ill health, the menopause, and the cumulative impact of shift work, physical tasks associated with lifting and manual handling of patients, and of emotional burden, such as exposure to trauma. WLG responses to these issues included the need for flexible working, retirement/pension information and support to support decisions about retirement, the need for job redesign and redeployment, occupational health

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7 Nicola Lee is an Adviser in the Employment Relations Department in the Royal College of Nursing, responsible for national pay and employment terms and conditions, pensions, equality and diversity. She represents the RCN on the National Health Service Working Longer Group.
support, age appropriate risk management and promotion of wellbeing at work. The recommendations cover four main areas: data, pension options and retirement decisions, working arrangements and the work environment, and good practice occupational health, safety and wellbeing.

In relation to occupation health, safety and wellbeing the findings from the WLG’s call for evidence from NHS staff found that staff were concerned about their physical and psychological capability to undertake their duties for a longer period of time. Employers gave similar evidence of these concerns. The audit of existing evidence found that when older workers are in good health and their ‘job fit’ is right, that they can work as productively as their younger counterparts. This led the WLG to recommend that employers should ensure that the recommendations of the NHS Health and Wellbeing Review and evidence-based workplace guidance provided by the National Institute for Health and Care Excellence (NICE) be fully implemented to ensure that a longer working life does not adversely impact on an employees health or ability to work effectively and safely. Specific recommendations were made to develop and implement a risk assessment framework to assist organisations in addressing the cumulative impact of working longer. For employers, this means supporting staff with health, safety and wellbeing throughout their working lives to enable them to work longer.

WLG is currently carrying out, with other stakeholders, further work on each of the recommendations, and guidance and tools are being drawn up for staff and employers to ensure that steps are taken to ensure motivation, engagement and productivity of the whole workforce. Trade unions have also been active in ensuring that the issues addressed by the WLG, including flexible working, are included in the collective bargaining framework. Specific issues are also raised about how organisations can monitor their practices and policies by race and age, and by gender and age.

For further information see: http://www.nhsemployers.org/wlr

3.4 Presentation 4: Job retention and return-to-work of people with chronic illnesses: a woman’s perspective from both sides

Nettie van der Auwera (Prevent Foundation) gave a presentation about the role of public health work in promoting healthy work for people with chronic illnesses and the gender aspects on rehabilitation and work retention strategies. The presentation provided an insight into how chronic illnesses and diseases have a substantial impact on the labour market and on an individual's working life. There is a need for effective job retention and workplace-based return-to-work strategies and interventions in order to prevent people affected by a chronic illness from leaving the labour market and moving into long-term unemployment, disability or early retirement. When a worker has a chronic illness, workplace actors need to engage in activities to promote their physical and psychological wellbeing. For rehabilitation or retention to be successful, it is important to take into account job requirements and resources as well as private/family requirements (for example child care) and resources.

Promoting healthy work for employees with chronic illness (PH Work) was the ninth initiative of the European Network for Workplace Health Promotion (2011-2013). The project selected 34 good practices (from 16 countries) of organisations and projects that promote strategies and interventions with regard to job retention, early intervention, return-to-work and healthy work for employees with chronic illness. The project also provided cross-border knowledge exchange and transfer between experts and stakeholders. Despite the highly individualised nature of chronic illness, the project partners identified a number of critical success factors, practical solutions, a six-step-plan and guidelines for employers. Recommendations were also made for national and European policy, with a focus on employees, society and employers.

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8 The NHS health and well-being review was an independent review commissioned by the Department of Health and led by Dr Steve Boorman which investigated the health and well-being of NHS staff. The final report and response from the Department of Health were published in November 2009 and updated in 2015. See http://www.nice.org.uk/guidance/settings/workplaces

9 An evidence based guidance for workplace health of older employees is in preparation

10 Nettie Van der Auwera works at Prevent Foundation in Brussels and as Assistant Coordinator of the European Network for Workplace Health Promotion, and is responsible for the European Public Health Work initiative. “Promoting Healthy Work for Employees with Chronic Illness - Public Health and Work”.
Several of the good practices were in sectors where women predominate. Two examples of good
practice were presented to the workshop. The first was of a female employer from a printing company
‘practicing what she preaches’ in developing a company policy for a diverse workforce and giving a
focus to the skills and abilities of the workforce through a team approach. The results are impressive:
the company had more committed employees, a good customer image and a competitive advantage.
The second example, of a female worker affected by multiple sclerosis in a training company, showed
the advantages of a multidisciplinary approach, coordination amongst all relevant stakeholders, a
rebalancing of job requirements, purchase of specialist equipment and technology and flexibility in
working from home for preparation of courses.

Success factors included the implementation of an integrated and coordinated approach, embedding
return-to-work strategies as part of company strategies, keeping in touch with employees on sick leave,
and focus on capabilities and activation, rather than medical diagnosis and limitation.

The six-step-plan for action covers the following steps:

- identify who needs help within your organisation;
- get in touch and maintain regular contact with the person who is off work;
- set up an initial meeting;
- carry out a case review to capture all relevant data and medical opinion;
- develop a "get back to work" programme; and
- keep the plan under review.

A guide to good practice for employers has also been published11, with information on workplace health
promotion, chronic illness and return-to-work, and a checklist for managers.


3.5 Presentation 5: Gender, age and care duties: paving the way forward for effective work-life policies

The final presentation by Agnes Uherecky (Confederation of Family Organisations in Europe, COFACE)12, examined the issue of gender, age and care duties, with a specific focus on age and gender differences and how to make work and care duties compatible. The presentation outlined the European Reconciliation Package, which had just been launched.

COFACE is a European advocacy organisation with a specific focus on families, which has campaigned for improved rights and services to support family carers. Family policy is defined by COFACE as enabling families to have the right to adequate resources for a decent life, the right to affordable and high quality care services, and work-life balance and flexibility in working time across the lifecourse. Between 2012 and 2014, COFACE campaigned for an official European year on reconciliation, during which time events were held across Europe to raise awareness of the importance of reconciliation measures, wellbeing and sustainability. This has given a focus to the unequal sharing of unpaid work, which has a direct impact on gender segregation in the workplace. Women with care responsibilities frequently have to adjust their working arrangements, resulting in larger numbers of women taking leave, working part-time or withdrawing from the labour market. In addition, inadequate resources for childcare provision means that across Europe, 23% of women whose youngest child is under three years of age, and 18% of women whose youngest child is between 3 years of age and mandatory school age, work part-time or do not work at all. Despite existing legislation on the protection of pregnant workers, women continue to be discriminated on the grounds of childbirth and it is often very difficult for women to reinteprate the labour market after a long period of care.

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12 Agnes Uhureczky is the director of COFACE - the Confederation of Family Organisations in the EU.
Reconciliation measures are increasingly recognised as being important in the context of the EU 2020 Strategy and as a driver for gender equality. An ageing population in Europe requires additional resources for care of older and disabled people, services promoting independent living and in providing reconciliation of work and care for employees. Currently 80% of the time spent caring for people with disabilities and older people is provided by informal carers, and despite a growing number of young carers, the highest share of care is provided by women of 50 years or older. Reconciliation policies and practices are essential to promoting the employment of women, which, in the EU in 2013, stood at 62.5% (against 74.2% for men). The gender pay gap remains at 16% and the pension gap has reached 39%.

COFACE-Disability has produced a European Charter for Family Carers, and in March 2015 the COFACE Reconciliation Package was launched to advocate for the recognition of carers and care work, for carers leave, services to complement care work, and to end the fear of stigmatisation in the workplace around care issues. It calls for a comprehensive leave package and addresses the issue of family care as a systemic issue across four main themes. These are: reconciliation for carers, women at work, reconciliation in the workplace, and childcare, education and parenting. Each thematic area documents the policy background, current situation and recommendations for policy and practice. The European Reconciliation Package aims to raise awareness and highlight good practice policies and practices developed at local and national level across the EU to support families in reconciling their work, family and care responsibilities. Recommendations are made for actions at national and EU levels to empower families, improve childcare and care infrastructure, and enhance the wellbeing of carers. This, in turn, will contribute to gender and pay equality, increased employment and competitive benefits for companies.

In conclusion, the representation highlighted the need for measures to support women’s employment, to encourage men to take a bigger share of the family and care responsibilities, to support informal carers, especially older women carers, provide childcare (that is available, affordable, accessible, and of high quality), and improved reconciliation of work and family life for working parents. Reconciliation policies should also be a vehicle to improve the working environment, working conditions and the wellbeing of all workers, which in turn contributes to the productivity and success of the company.


### 4 Workshop discussion and debate

The presentations and the discussion stimulated a lively discussion in the workshop about the importance of a gender focused lifecourse approach, with a specific focus on prevention and targeted workplace initiatives, cooperation of multiple stakeholders and integration of policy on age, gender and OSH. The discussions also provided valuable suggestions for the future of EU-OSHA’s work and ongoing policy developments in the EU.

The following summarises the key issues raised by participants in discussion during the workshop:

**Sustainable work and workplace policies**

- It will be important in the future to create sustainable working patterns for older workers, with a specific focus on older women workers, through measures to address workloads, work tasks, flexible working hours, work-life balance, support in the workplace around specific gender-related health issues, and workforce development.
- Early rehabilitation and prevention is of key importance to a healthy workforce; however, austerity measures and cuts in services in many countries have had an impact on access to rehabilitation services. For example, in Poland there is poor access to the public health system and waiting lists for rehabilitation are very long; in the UK cuts have been made in the Health and Safety Executive.
Reducing age-related ill-health and disability amongst older workers is of key importance. Within this context, it is particularly important to highlight health promotion and older women’s safety and health risks, especially in female dominated sectors and occupations where physical workload, manual handling, shift work, risk of violence or harassment, and stress are issues affecting retention and the quality of working life.

Workplace policies on the menopause are needed, including model workplace agreements and risk assessment checklists (as drawn up by the Unite union in the UK and including a model agreement for the company level\textsuperscript{13}). Other good practice examples include a guide on shift and night work that covers gender,\textsuperscript{14} that was developed by Unite following the recent recognition of shift work as a potential contributor to breast cancer.

**Impact of the economic crisis**

In the context of the economic crisis the changing nature and patterns of work, and increased levels of job intensity, are all affecting OSH strategies. There is a need for multifaceted actions to address the complex issues of age, gender and OSH, so that there is better coordination and integration of actors involved in promoting OSH.

The economic crisis has led to a very difficult situation for women workers; in Spain women’s work is increasingly precarious, where work is predominantly part-time and temporary. Employment creation is a key issue.

Austerity measures, for example in Spain, have led to a potentially very difficult and damaging situation where there is no promotion, reduced staffing levels and a reduction in resources for OSH and risk assessments.

OSH risks are growing because of the intensity of work; however, many workers are underemployed or are in involuntary part-time. Previous EU-OSHA work has shown that part-time workers may have less access to OSH training, preventive services and consultation on OSH issues. In some countries, like Sweden, there is a legal right to work full-time, which also ensures that workers enjoy full coverage in terms of labour rights and are covered by OSH prevention.

Reductions in funding have also had an impact on research on OSH, for example, in Spain this had led to reduced research funding in the area of psychological health, which has an impact on female workplace health, as women are particularly affected by stress at work and the combination of psychosocial and ergonomic risks.

In the UK, challenges have been made to collective bargaining, as well as cuts in services and pay restraint, which have a major impact on OSH.

In some countries, high pressure is also put on female workers with limitations, incl. pregnant workers, who are protected by specific OSH legislation (unlike older workers or workers with impairments) and union representatives found it increasingly difficult to defend protective measures for them. Breastfeeding, for example, is an issue, and very dependent on the leave and workplace arrangements. A similar observation was made by a WHO representative at an EU-OSHA workshop on workplace risks to reproductivity\textsuperscript{15}.

**The importance of trade unions and the social dialogue**

The role of trade unions is crucial to the development of workplace policies on occupation safety and health, working conditions, job quality and career development, and in particular


\textsuperscript{14} Unite guide to shift work and night work--a health and safety issue for Unite members, 2013; available at: http://www.unitetheunion.org/uploaded/documents/ShiftandNightWork%2011-4950.pdf

addressing occupational health risks that increase with age. More practical action is needed at workplace level through agreements between the social partners.

- Involving workers is vital, so that they contribute to sustainable workplaces, to ensure that workers’ care and other needs, experiences and concerns are taken into account.
- In the UK campaigns for union equality representatives, covering older female workers, to be put onto a statutory basis is an objective so that unions can progress the equality agenda. In addition, unions have developed a range of tools and guidance on OSH and gender-related issues.
- The European Trade Union Confederation (ETUC) has carried out a project ‘Who Cares16’ which has researched the situation of family carers for older people. The report of the project has addressed a range of measures that need to be introduced in providing adequate care for older people, work-life balance and recognition of care work. This is an area for potential collaboration between advocacy organisations, trade unions and the European Commission.
- Of crucial importance are the capacities of managers to manage an increasingly diverse and ageing workforce.

**Flexible working time and work-life balance**

- The issue of work-life balance is also an issue of the right to work full-time (as exists for example in Sweden).
- Flexible retirement and giving older workers more flexibility in working time should become a policy goal to enable older workers to extend their working lives.
- There should be more rights to enable all workers to adjust their working hours to fit with their lifecourse needs, and in dealing with key life transitions.

**Family carers**

- With an ageing working population and the increase in pension age, more workers are likely to have care duties for sick relatives. The needs of carers should therefore be taken into account in employment policies and in OSH considerations at the workplaces. Flexible working time schemes and part-time policies as have already been implemented for young parents should also be considered, to avoid older carers, and especially older female workers, dropping out of work,
- Older people are increasingly carrying out partner/family care, which also points to the need for more funding for care services and for trade unions to play a role in negotiating flexible working time for older workers.
- Any preconceptions regarding who may be affected by care duties should be avoided, as some studies have shown that an increasing number of male workers have to care for ill spouses or impaired parents.
- The needs of carers are diverse, depending on the support they have and whether they care for children or ill relatives. A true assessment gives high priority to consultation with the workers themselves.
- There is a good linkage between different organisations and policy areas, for example Age Platform Europe, which represents older people in Europe, also addresses issues of family carers, employment and pensions, and reconciliation of work and family life. Intergenerational linkages are also important to this discussion.
- Specific OSH issues are faced by carers and domestic workers (the latter are not included in the EU framework directive on safety and health). In Austria, the labour inspectorate carried out a specific campaign on OSH for carers and domestic workers.

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16 ETUC / EPSU / Solidar / FERPA ‘Who cares?’ project on experiences and possibilities to reconcile work and care responsibilities for dependent family members, see http://www.epsu.org/a/10578
Future strategies

- It is important to continue to push for a progressive agenda for families and identify what works for families; “we need to aim high”.
- The ILO Convention on workers with family responsibilities (C.15617) has not been ratified by many countries and is an area that organisations could use to develop campaigns. The ILO Domestic Workers Convention (C.189) is also relevant to the protection of the rights and wellbeing of domestic workers.
- It is imperative to define a clear policy response to the impact of the economic crisis on employment; research shows that job quality goes hand in hand with increased employment rates. There are significant variations across Europe, and it is important to define an agenda where everyone is united.

The economic crisis has brought a wide range of policy issues on the table, “enabling us to think differently”.

5 Summary and conclusions

In wrapping up the workshop the facilitator, Jane Pillinger, gave a brief summary of the main themes and issues discussed at the workshop:

- A gender and age perspective will be important for future OSH strategies will be crucial to addressing women’s working patterns across the lifecourse and inequalities that arise because of precarious work and occupational segregation.
- Risk management strategies need to take account of multiple risks and the diversity in the workplace. Age and gender related risk considerations, including working patterns that pose physical and psychosocial risks, will become increasingly important in the future.
- At an early stage it will be important to highlight the gender and workplace issues facing younger workers, and the implications for health promotion, workplace strategies, early intervention and prevention of occupation safety and health across the lifecourse.
- Research will continue to be important in providing an evidence base and in showing the effectiveness of different gender and age interventions and the implications of applying a gender perspective to the debate about extending working life.
- Strong policy frameworks, investment and resources are crucial in supporting actions at a strategic and practical level. This requires consistent coordinated actions to address age, gender and OSH actions in risk management, adaptation of work, and the balancing of work and care responsibilities across the lifecourse.