

# Safer and Healthier Work at Any Age

Conference at the European Parliament

2 December 2013

- Preliminary results from the project -

# The context: the ageing of a workforce

## Changes in employment rates of different age groups since 2000

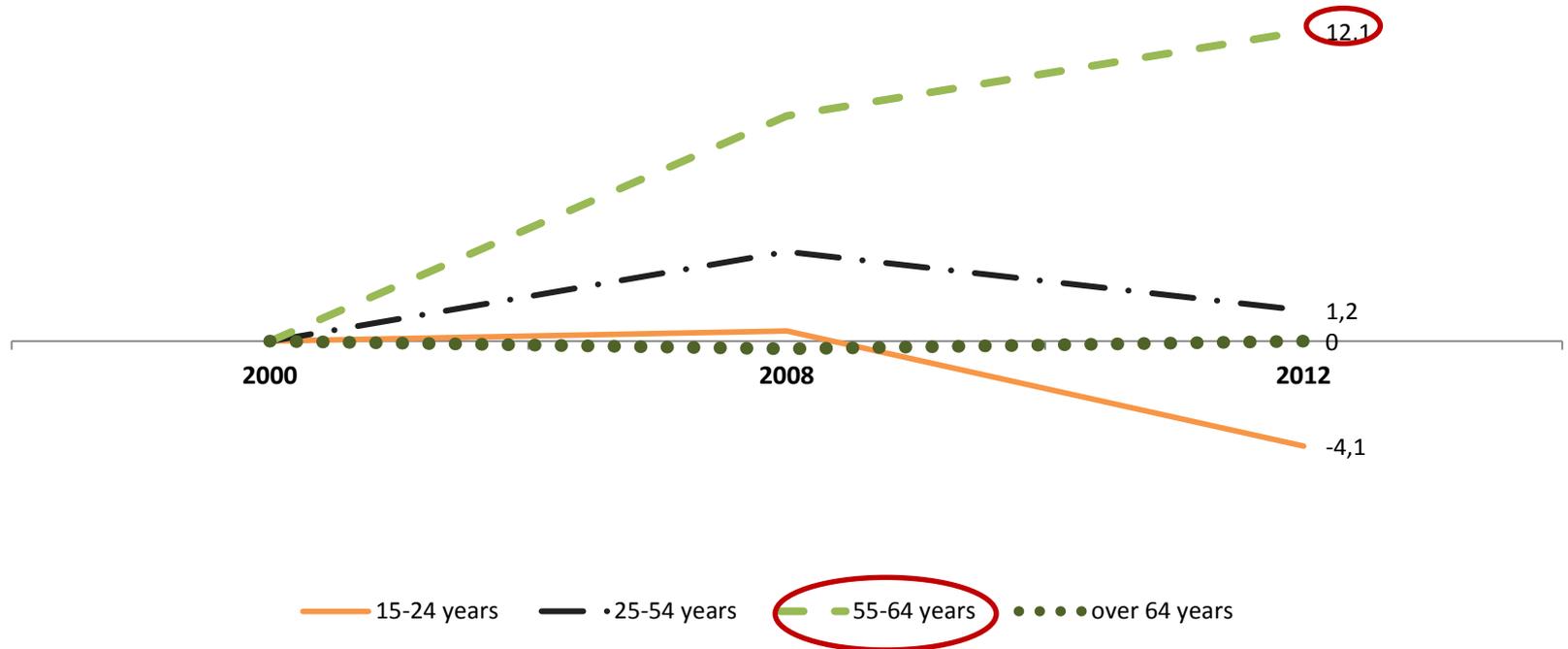
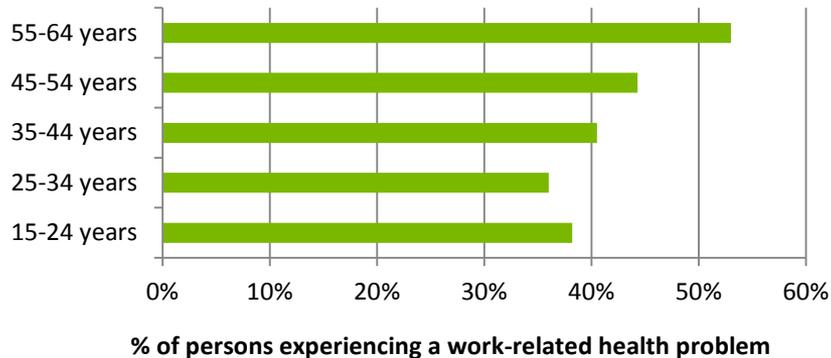


Figure: change of employment rates broad age groups, EU-27, 2000-2012; figures standardised with 2000 figures set as 0; y-axis presents changes in percentage points.  
Source: EU-LFS 2013, annual survey results, Eurostat website, Employment rates by sex, age and nationality (%)

# The context: the ageing of a workforce

Persons reporting that their most serious work-related health problem resulted in sick leave in the last 12 months



Source: EU-LFS ad-hoc module 2007, Eurostat website, "Persons reporting that their most serious work-related health problem resulted in sick leave in the past 12 months, by sex, age and education - % (hsw\_pb2)"

## OECD Report "Sickness, Disability and Work", 2010:

- Disability prevalence increases with age
- Correlation between sickness absence and disability benefits: *"sickness absence plays a major role as a precursor to permanent labour market detachment in the form of disability benefits in the Nordic countries, the Benelux countries, the UK, France and Spain. These findings highlight the importance of prevention measures at the workplace and on the identification and monitoring of potentially long-lasting health problems at an early stage."* ("Sickness, Disability and Work", OECD, 2010, p. 63)

→ Healthier and safer workplaces and more flexible working time arrangements would make workers stay longer at work

### Working conditions that would make people stay at work longer

Healthier and safer workplace	More flexible working time arrangements	Skills training
6.2 million	9.4 million	5.2 million

Target group: EU-27 employed population aged 50-69

Source: EU-LFS ad-hoc module 2006 "Transition from work into retirement"

# How much do we know on the OSH of older workers?

- Looking at evidence on the following topics:
  - Physiological and psychological change
  - The impact of ill health on work
  - Factors affecting Work Ability
  - Physical and psychosocial hazards and their impact
  - Work Organisation
  - The impact of gender and age on health and wellbeing
  - Exposure to hazards by gender
- Gaps (life-course approach and age vs. capabilities)

# What are Member States doing?

- Retirement age is rising in all (or most) Member States
- Policies targeting the older population focusing on increasing the employment of older people or on active ageing
- Improving working conditions and maintaining work ability can constitute an element of these policies but very few policies dedicated solely to improving the health and safety or working conditions of older workers
- A few innovative legal measures identified:
  - Align working conditions with ability of older employee (HU)
  - Draft legislation on age management with OSH component (LU)
  - No discrimination against people returning to the labour market after an illness (CZ)
- Scarcity of tools focused on the OSH of older workers and lack of overall framework for their implementation
- Diversity of actors involved

# Focus on six selected Member States

- Different approaches:
  - Finland: notion of *work ability* and sustainable working life embedded not only in policy and practice but also in legislation
  - Netherlands: shift from “old age” policies early 2000 to *sustainable employability* and work ability now; shift in responsibility from government to employers and employees
  - Denmark: notion of workplace health promotion in the law, global policy framework for the implementation of “*senior policies*” in companies
  - France, Belgium: focus on older workers, delaying the *transition between employment and retirement* through the improvement of working conditions and financial incentives
  - UK: focus on *wellbeing at work*, limited focus on the OSH of older workers but rather on younger workers
- Different national cultures: regulatory/voluntary approach
- Involvement of the social partners is prominent in almost all countries, especially when governments are less involved
- Notion of *work ability* implemented in several countries (DK, FI, NL) and recently introduced in others (FR, UK)
- Wide range of different tools and measures directed at employers and employees and aiming at improving working conditions and keeping them at work
- Possible gap: lack of evaluation on the effectiveness/efficiency of policies/initiatives

# Practice at company level

Pre-selection of 26 (+/-4) case studies out of 137 based on:

- Country (AT, BG, CZ, DE, DK, ES, FI, FR, NL, NO, LV, PL, SI, SK), sector & size
- Focus on innovative practices
  - Holistic approach
  - Incorporation into general OSH activities
  - External assistance
  - Ergonomic/work ability
  - Improving health
  - Focus: Musculoskeletal
  - Focus: work-related stress
  - Small-scale action or support to individual employee in a small or micro enterprise
  - Other

# Example: Kindergarden DK

- 19 employees of which 5 are entitled to senior benefits (55)
- Main issues: many lifts a day and repetitive movements
- Aim: retain older workers (female pedagogues) by preventing musculoskeletal disorders
- Lead: Management, Health and Safety representative and the Trade-union, independent of existing policies/programmes
- Implemented by an external occupational therapist
- On-going activity, funded by the kindergarden
- Acquisition of hydraulic changing tables and chairs, which can be adjusted in height, working time adjustment, exercise and physical therapy at a low price
- Barrier: workers' unwillingness to change ways to work

# Rehabilitation/Return-to-work

- How much do we know?
  - Link between sickness absence and disability benefits
  - Research mostly on back pain and MSDs
  - Gaps regarding mental health and older workers
- What are Member States doing?
  - Different approaches: state vs. company responsibility; ad hoc vs. permanent programmes; public health vs. occupational health services.
  - Most programmes implemented by the government or intermediary organisations (e.g. insurance/pension organisations)
  - No particular focus on older workers
  - Innovative features include: coordination of stakeholders, multidisciplinary approach, early intervention, targeting chronic illnesses, patient-coaches, etc.

Environment

Cohesion Policy

Public Health

Energy & Climate Change

**Thank you!**

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Health & Safety at Work