

Policy Document 2

Gender EWL

Policy brief on health in late career



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1 Key messages

Employment loss and precarious employment impact people's health and therefore can act as barriers to extending working lives.

Policies promoting work-life extension should have a life-course approach, as the young workers of today are the older workers of tomorrow.

Work sustainability at older ages should be promoted by exploiting the synergies between different policy areas, including public employment agencies, public health, education and transportation.

Policies improving working conditions are as important as raising the official retirement age or restricting access to early retirement and disability claims to promote work-life extension.

2 Context

EU countries are simultaneously experiencing below-replacement fertility and a continuous increase in life expectancy, leading to an ageing of the workforce. The Europe 2020 strategy responded to this societal challenge by proposing the increase the employment participation of individuals aged between 55 and 64 (European Commission 2010). Indeed, most EU governments implemented pension reforms during the past decade to prolong working life, even beyond age 65, and thereby increase the financing of state pensions (OECD 2015).

International organizations such as ILO (1979) have recognized the disadvantaged position of older workers in economic downturns and the worsening of labour market conditions in the context of globalization. Late career workers increasingly face long-term unemployment and difficulties remaining in the workforce. In OECD countries, over 40% of those 55-64 year-olds who were unemployed were so for over a year in 2014 rising to over 75% in countries such as Greece, Ireland, Portugal and the Slovak Republic (OECD 2017). Besides structural factors such as high unemployment rates or mismatch between supply and demand in the economy, individual and organizational factors including inadequate skills, outdated knowledge, seniority wages, age discrimination during job seeking and access to financial incentives to early retirement are considered as the main causes of long-term unemployment and early exit among older workers. Older, more expensive workers, despite their greater work experience, are replaced by younger, cheaper workers, especially in large companies (Gómez-Léon and Miret-Gamundi 2015). As a result, many older workers left the labour market through pre-retirement plans, including negotiated layoffs sometimes concealed through unemployment. However, several countries have now severely restricted early retirement pathways through unemployment and disability benefits (JPI UEP).

At the same time, unemployment and precarious employment are known social determinants of health, and ill-health further reduces the labour force participation of older people. The **unemployed** or **precariously employed** are at a higher risk of suffering physical or mental ill-health than people in (stable) employment (Benach et al 2014; Virtanen et al 2005). In mid- and later life, job loss can also enhance the risk of disability (Chu et al., 2016; Gallo et al 2009).

Remaining employed at older ages is also influenced by working and employment conditions during the life course. Employees exposed to physical and psychosocial risks, high quantitative demands (working at high speed and to tight deadlines) and those who have a low level of autonomy are more likely to experience poor health, irrespective of age. They are also more likely to state that they will not be able to continue work until age 60 (EU-OSHA et al. 2017). Moreover, while health and work ability tend to decline with age (e.g. more than one third of the general employed population at 50+ suffer from a physical limitation or chronic morbidity; Thomas et al. 2014, Miranda et al. 2010), exposure to harmful working conditions does not vary significantly across the life course. Nevertheless, more than a third of workers aged 55 and above report that their work involves repetitive hand and arm movements, carrying or moving heavy loads as well as less participation in training, and more limited career prospects than their younger colleagues (Eurofound 2018).

However, age does not inevitably bring about illness and even having an illness does not necessarily mean that an employee's work ability will be affected. **Adjustments to work can enable an employee with a health problem to continue working.** It is important to look at the potential discrepancy between a worker's physical work capacity and the demands and barriers they face (EU-OSHA et al. 2017). Forcing individuals to work in lowly qualified jobs with poor working conditions beyond current retirement age might further negatively affect the health of workers with existing health conditions and reduce work ability, with increasing risk of dropping out of the labour market via alternative exit routes to retirement, such as disability or long-term unemployment benefits. As a result, public spending can rise (OECD, 2006). Moreover, social exclusion and poverty can also increase if workers withdraw because of health problems and there is no possibility for early retirement or similar income supportive measures (European Commission and Warwick Institute, 2006).

The health effects of unemployment differ according to gender, social class and the generosity of unemployment benefits. Regarding gender, research points to job loss being particularly deleterious for men, as they traditionally take on a breadwinner role. Job loss can lead to declines in psychological and physical health and implies an important drop in earnings for single-income households (Wanberg, 2012). However, in more gender equal countries, women have the same psychosocial and economic reliance on paid work as men and they also experience similar levels of unemployment-related distress (Strandh et al. 2012). Some of the adverse effects of unemployment on health can be mitigated by the generosity of the welfare state. Research has also shown that national spending on unemployment benefits buffers unemployment effects on health (Tøge 2016) and other social inequalities as well as protective labour market regulations, progressive income taxation and universal health care.

Older women suffer particularly from health risks associated with low quality jobs, since among women the prevalence of physical and mental health conditions is higher than among older men (Eurofound 2012). At the same time women are also more likely to have temporary work contracts, which implies greater job insecurity and women are also more exposed to jobs involving high emotional pressure. Extending working life may have negative mental and physical health effects on women who combine employment with care for relatives or young grandchildren and further exacerbate physical and psychological conditions of work-family conciliation.

3 Current policies

Working conditions-related policies are important to promote work-life extension whilst minimizing health risks and supporting active and healthy ageing in the workplace. According to Boissonneault and de Beer (2017), the decline in physical health with age should not greatly limit the effectiveness of policies designed to encourage employment at older ages. Standard strategies have focused on the ageing workforce by considering older workers as a sensitive group that need special protection, permitting older workers with health conditions or employed in jobs which are considered dangerous for health to exit the labour force:

- early retirement schemes for ‘arduous jobs’
- long-term sick or disability retirement programmes
- leave schemes for caring purposes
- anti-age discriminatory laws

Innovative/Promising policies – There is no single policy that can serve as a universal tool for improving labour market perspectives for unemployed and older workers in general. Some of the more promising policies that aim at increasing good quality employment opportunities for older workers have developed integrated plans of action. Such policies take into account the economic and psychosocial risks of being unemployed and the need for policies to be tailor made (European Commission, 2017), combining **holistic life-course and integrated policy approaches** (EU-OSHA, 2016). The life-course framework encompasses the idea that health capital is cumulative. As such, in order to promote longer working lives **policies should aim for better risk prevention and health promotion in the earlier stages in the life course**. Young workers, being the older workers of tomorrow, and other vulnerable groups, need to be enabled to maintain their health and work ability until retirement age. Such a life-course approach has been identified as a key success factor for programmes aimed to increase job opportunities and maintain older workers in employment by the European Commission and Warwick Institute (2006). The **integration of policies** represents another relevant innovative aspect found in recent measures adopted by several Member States. The basic principle is that workplace well-being, health and safety should not be considered in isolation. **Work sustainability at older ages should be prompted by exploiting the synergies between different policy areas, such as employment, health, educational and public transportation in order to achieve better and more sustainable results**. These principles (life course and integration between policies) guide not only national policies but also occupational health interventions aimed at promoting work-life extension and health. They can be promising when they act both at an individual and an organizational level and can help to prevent older workers from retiring early while their work ability, mental health, and quality of life are maintained. EU-OSHA (2016) identifies three main axes concerning the implementation of integrated policies:

1. **Proper risk management (analysis of risk aimed at actions for prevention and work place adjustment)**: This measure is widely covered in the European legal framework on occupational safety and health and entails the implementation of proper risk assessment in the workplace with a special emphasis on certain risks and their impact on the whole workforce, such as ergonomics, shift work, etc. This assessment should be followed by action plans to enable the employee to remain working. There are numerous easy-to-devise and easy-to-implement instruments, which are highly transferable between sectors, companies/organisations of different sizes and countries. For example, basic health/ergonomics measures like lifting aids for blue-collar workers or height-adjustable desks for white-collar workers are easily transferable.

2. **Health promotion:** The second element goes beyond the legal requirements. It exploits the fact that most people spend a significant part of their time in their workplace. The workplace is therefore a perfect place to promote health and healthy behaviours. Examples are **free check-ups**, **psychological counselling**, **fitness programmes** (possibly in cooperation with local sports clubs) **or on-site relaxation offers** to ease work stress. It appears that the benefit of such programmes is greatest when measures are tailored to the diversity of the workforce, taking aspects such as age and gender into account.
3. **Return-to-work/rehabilitation:** Elements of a comprehensive approach to rehabilitation and return to work include intervention beginning at an early stage after a worker has gone on sick leave, with the aim of preventing short-term sick leave from becoming long-term, and providing effective coordination of multidisciplinary services to support the return-to-work process for individuals. In particular, the success of rehabilitation and return-to-work programmes seems to depend strongly on the involvement of social security institutions and the legal frameworks regulating sickness absence.

4 Recommendations

- In order to protect the well-being of workers and reduce work-related health inequalities, policies that lead to precarious employment conditions need to be withdrawn. Instead, efforts should be made to improve the security and quality of employment for all workers.
- Synergies between different policy areas, such as employment, health, educational and public transport should be explored to increase work sustainability at older ages and thus prevent older workers from retiring early but maintain their work ability, mental health, and quality of life.
- Supporting and empowering older workers' collectives in order to improve their bargaining position, involve them as key stakeholders in the decision-making process and develop tailored solutions.

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