

Safer and healthier work at any age

Final overall analysis report

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Abbreviations

AUVA	Austrian Social Insurance for Occupational Risks
EC	European Commission
EFTA	European Free Trade Association
ENWHP	European Network for Workplace Health Promotion
EP	European Parliament
EU	European Union
EU-28	28 Member States of the European Union
EU-SILC	EU Statistics on Income and Living Conditions
ESF	European Social Fund
EU-OSHA	European Agency for Safety and Health at Work
Eurofound	European Foundation for the Improvement of Living and Working Conditions
EWCS	European Working Conditions Survey
FINPAW	Finnish National Programme on Ageing Workers
FIOH	Finnish Institute of Occupational Health
GDP	gross domestic product
ICF	International Classification of Functioning, Health and Disability
ILO	International Labour Organization
ISSA	International Social Security Association
MSD	musculoskeletal disorder
MYBL JPI	Joint Programming Initiative 'More Years, Better Lives'
NGO	non-governmental organisation
OADR	old-age dependency ratio
OECD	Organisation for Economic Co-operation and Development
OHS	occupational health services
OSH	occupational safety and health
p.p.	percentage points
SHARE	Survey on Health, Ageing and Retirement in Europe
TAEN	The Age and Employment Network
UK	United Kingdom
UN	United Nations
WAI	Work Ability Index
WHO	World Health Organization
WHP	workplace health promotion

Executive summary

This report provides a summary of the main findings of a three-year pilot project initiated by the European Parliament and directed by the European Agency for Safety and Health at Work (EU-OSHA) — based on a delegation agreement with the European Commission — on the occupational safety and health (OSH) challenges posed by an ageing workforce¹. As mentioned in a decision of the European Parliament, the original aims of the pilot project were to enhance the implementation of existing recommendations, facilitate the exchange of best practice and further investigation of possible ways of improving the safety and health of older people at work². The project also aimed to assess the prerequisites for OSH systems in different European countries to take account of an ageing workforce and ensure better prevention for all throughout working life.

The European population has aged³ significantly in recent decades as a result of increasing life expectancy and declining birth rates. This trend is predicted to continue and intensify: by 2040, the proportion of the EU population over 65 years of age is expected to account for nearly 27 % of the total population (Eurostat, 2014). At the same time, the working-age population (those aged 15-64 years) is shrinking, meaning that the ratio of the working-age population to those aged 65 and over will continue to decrease (Fotakis and Peschner, 2015).

Although life expectancy has continually increased in Europe over recent decades, these extra years of life are not necessarily spent in good health. Since 2005, healthy life expectancy has remained stable for men and has actually decreased for women (EC, 2009). In addition, the incidence of chronic diseases is rising as a result of population ageing.

An ageing population has important implications for society and for our socio-economic systems, including social challenges linked to the raising of retirement ages. Ageing will put pressure on the stability of pension systems, as they will have to cope with contributions from fewer workers while supporting greater numbers of pensioners. The growing problem of ill-health in later years will cause a rise in age-related public expenditure, including expenditure linked to health care and long-term care, imposing significant pressures on the stability of pension systems and social security schemes (EC, 2012).

Ageing also has significant implications for OSH systems. Although the OSH legal framework is generally considered sufficient to protect the older workforce, the increase in the official retirement age in many Member States has given rise to challenges in terms of prolonging working life, keeping workers healthy and maintaining their employability and work ability until retirement. Management of an ageing workforce, new problems linked to longer and cumulative exposure to occupational hazards and the prevalence of chronic health conditions will need to be taken into consideration by national OSH systems.

At the workplace level, an ageing workforce is both an opportunity and a challenge. With chronic health problems becoming more prevalent, and workers being exposed to workplace hazards for longer, OSH management in the workplace has to evolve, and workplaces need to adapt working conditions and develop return-to-work procedures to avoid long-term sickness absence and early exit from work for health reasons. In addition, workplaces will face increasing challenges regarding avoiding discrimination in relation to career progression and improving access to vocational training. At the same time, older workers cannot be treated as one homogeneous group, as health changes or reductions in work capacity are not inevitable for all. In addition, older workers often have greater experience and know-how, bringing many opportunities for cross-generational exchange. These challenges underline the importance of having an effective OSH system.

¹ The findings are based on reviews on ageing and OSH, rehabilitation and return to work; on an examination of current policies, programmes and initiatives for sustainable work, including those related to rehabilitation and return to work, in the 28 EU Member States and the four European Free Trade Association countries; and on an analysis of the drivers for implementing health protection and promotion practices for an ageing workforce at the workplace level, based on case studies and group interviews in large and small European companies.

² Official Journal 29.02.2012 — 04 04 16 — Pilot project — Health and safety at work of older workers.

³ The expression 'the ageing of the population' is used throughout this report to describe the demographic change that has been occurring since the 1950s, namely a rapid increase in the median age of the population in almost all of the countries in the world.

A number of prerequisites for OSH systems to create and maintain the conditions for sustainable work have emerged from both desk and field research, including

- improved risk prevention for all;
- specific measures for a diverse workforce;
- a holistic approach to risk prevention and the promotion of well-being at the workplace;
- support for companies, in particular small and micro-enterprises;
- social dialogue at all levels;
- integrated policies cutting across different policy areas.

This report explores the extent to which these elements are reflected in national policies and workplace practices related to the ageing of the workforce, the extension of working life, and rehabilitation and return-to-work systems and programmes in Europe.

Concepts and factors influencing policy development⁴

Conceptual frameworks

A number of countries have implemented integrated policy frameworks to support sustainable working lives. Such frameworks are often based on one or several concepts that have emerged over the past 50 years through the development of innovative approaches to the challenges of population ageing and its impacts at micro- (individual/worker), meso- (organisation/workplace) and macro- (society) levels.

Relevant concepts include:

- healthy ageing;
- active ageing;
- rehabilitation;
- workplace health promotion/health-promoting workplaces;
- wellbeing at work;
- return to work;
- age management;
- diversity management;
- employability;
- work ability;
- sustainable work.

All of these concepts advocate an *integrated approach*, i.e. taking a broader view across different societal and policy areas. They also all take a *life-course perspective* to healthy ageing, recognising that older people's socio-economic status, mental health and physical health are a consequence of their cumulative experiences and their past (health-related) behaviour. The life-course perspective acknowledges that each age group faces particular challenges at work and in other areas of life, making them vulnerable to the development of health problems. During the fieldwork carried out for this project, stakeholders highlighted the possible drawbacks of putting too much focus on older workers, in particular in terms of stigmatisation of these workers and in terms of a lack of action in relation to other age groups that are similarly in need of protection and support. Thus, when actions are taken that target a specific age group, their impacts on other age groups need to be considered and, if necessary, mitigated.

Supranational and national factors influencing policy development

The comparative analysis of national systems highlighted a number of factors common to all European countries that play a role in the development of policy frameworks for the extension of working life. Past demographic developments prompted the Nordic countries and Germany, in particular, to take action

⁴ The following sections are based on the reports 'Safer and healthier work at any age — Analysis report on EU and Member States policies, strategies and programmes' and 'Rehabilitation and return to work: an analysis of EU and Member States systems and programmes', produced in the context of the present project. These analyse information from 31 country reports examining national policies on the OSH of older workers and rehabilitation and return to work.

as early as 1990, following the dramatic increase of the median age of their populations. In other countries, such as Belgium, Austria and the United Kingdom, a continuous increase in the old-age dependency ratio⁵ highlighted potential issues with the sustainability of their pension systems and motivated governments to take action.

- *EU legislation and policies* have had an important influence on the development of national policies related to the ageing workforce. The EU legal frameworks on OSH and anti-discrimination played a major role in the implementation of minimum requirements regarding age discrimination in employment and adaptations of the workplace to individual abilities and needs. *International policy developments* have contributed to shaping EU policy in relation to the demographic change that is occurring and to raising awareness, globally and more specifically among European countries, on issues related to population ageing.
- Individual countries' policy approaches to sustainable working lives owe much to their *legal and institutional frameworks*, determined by national traditions and historical developments in relation to OSH and social welfare. Rehabilitation and return-to-work systems, for instance, are strongly determined by the degree of involvement of social security institutions and by the legal framework regulating sickness absence.
- *Social dialogue* can significantly influence the development of OSH, employment and social security policies. In a number of countries, in particular the Nordic countries, but also Belgium, Germany, France and Austria, tripartite or collective agreements support the improvement of working conditions in the context of extending working life, as well as the development of mechanisms for rehabilitation and return to work.
- Finally, because of the *economic crisis*, reducing the level of unemployment among young people has become a political priority in many countries, sometimes to the detriment of other employment considerations, such as the improvement of working conditions to keep older people at work.

National frameworks to address the challenges of an ageing workforce and the extension of working life

Key elements of a policy framework dealing with an ageing workforce

Over the past 20 years, European countries have established a variety of policies, programmes and initiatives in the fields of employment, public health, social justice, social policy and vocational education to address the challenges of an ageing workforce. In a number of cases, national policies have been influenced by EU-level policy and legal developments.

- *Socio-economic measures*: most governments throughout Europe have introduced reforms to their pension systems, including raising the official retirement age — up to 67 years old in some countries — and limiting access to early retirement benefits, e.g. to certain occupational groups or people with a medical condition. For example, in Spain, early retirement is possible for those employed in particularly dangerous, toxic or unhealthy work and for workers with a degree of disability greater or equal to 65 %.
- *Employment measures*: policies related to the older workforce generally aim to maintain or increase employability, in particular through the development of skills and competences. In some cases, they also maintain or enhance a person's work ability, taking into account health, work environment and/or work organisation, and work–life balance considerations. For instance, the French law promoting the employment of older workers includes provisions on the improvement of working conditions.
- *OSH measures*: national OSH legislation and policies show two broad trends. In a number of countries, older workers are considered a sensitive or vulnerable category of workers, requiring specific health protection measures (e.g. additional medical examinations above a certain age).

⁵ The old-age dependency ratio is the ratio of people aged 65 and over (who are not employed) to the working-age population (those aged 15-64 years).

In other countries, a life-course perspective is taken to health protection at work, with OSH policies designed to enhance the work ability of all workers, through early intervention. This is the case in Sweden, where the Work Environment Act requires that working conditions are adapted to workers' individual physical and mental capabilities. Some Member States have broadened their risk prevention approach to OSH; for example, Finland includes wellbeing at work within its OSH legislation.

- *Public health measures:* the most relevant developments of the past two decades in relation to the ageing of the workforce are the implementation, in many countries, of ageing policies, such as healthy and active ageing, and the development of workplace health promotion, defined as 'the combined efforts of employers, employees and society to improve the health and wellbeing of people at work'. For example, Slovakia has adopted the National Programme for Active Ageing 2014-2020, which aims to increase the safety of working environments and protect the health of workers over the age of 50 years.
- *Social justice and equality measures:* fighting discrimination on the grounds of age and disability has been high on the agenda of EU and national policy-makers for a number of years. In addition to Member States' obligation to transpose into national law Directive 2000/78/EC on equal treatment in employment, a number of countries are putting in place measures to support the development of workplaces that are 'fit for all'. For instance, the Austrian Labour Inspectorate started a programme to ensure that the work of the labour inspectorate took into account gender and all dimensions of diversity. Some Member States provide support to help employers introduce adaptations to facilitate the continued employment of workers with disabilities.
- *Education measures:* upgrading the skills of workers that are particularly vulnerable to economic restructuring, including older workers, is at the forefront of the EU 2020 Strategy. Lifelong learning strategies enable and encourage workers of all ages to take part in education and training. Those targeting older workers are often part of Member States' active ageing strategies.

A few countries have put in place multidisciplinary and integrated policy frameworks in relation to demographic change and the extension of working life. Specific policies to foster the employability of older workers are incorporated into a broader framework that deals with the extension of working life from an integrated perspective. Information related to the impact of these policies is scarce, owing to a lack of proper evaluation of these frameworks. However, national stakeholders have identified a number of areas for improvements related to⁶:

- the implementation of the OSH legal framework, in particular in small and micro-companies;
- the stigmatisation that comes with focusing on older workers as a 'vulnerable category of workers' and the risk of ignoring early signs of chronic health problems in middle-aged workers;
- the lack of coordination across activities and policy areas and the lack of awareness of employers and workers about existing initiatives to encourage sustainable working lives;
- cultural perceptions at the societal level and attitudes and behaviours in the workplace.

National systems for rehabilitation and return to work

Rehabilitation and return-to-work systems are an integral part of any strategy to maintain people's work ability and employability throughout working life and extend working life in a sustainable manner. Effective return-to-work systems also aim to prevent the exclusion of people from the labour market because of a reduction in work capacities due to their health.

The development of national rehabilitation and return-to-work systems is built on two main pillars: the rehabilitation of people with disabilities and the management of sickness absence. All of the European countries investigated in this project provide some form of rehabilitation support to people with a recognised degree of disability or permanent work incapacity. Some go significantly further and are moving towards a more positive and work-oriented approach to disability, focusing on an individual's

⁶ Information collected during the national expert workshops, which took place between March and July 2014 (more details provided in the introduction of the full report).

remaining capacities and the adaptation of the workplace. For example, in Hungary, a recent reform of social security systems in 2012 introduced a shift from looking solely at a person's health impairments to considering their remaining capacities and capabilities relevant to their employability.

In addition, all European countries have rules regarding the management of sickness absence and many have general provisions on workplace adaptations. A smaller number of countries have increased employers' responsibilities in the successful reintegration of workers following a sickness absence, or are providing financial incentives to workers to, for instance, return to work early on a part-time basis. This is the case in the Netherlands, where, pursuant to the 2002 Gatekeeper Act, the period of employer-paid sick leave was extended to two years, and to three years if the employer fails to fulfil certain obligations.

Finally, a handful of countries have developed comprehensive policy and legal frameworks with the primary objective of retaining people at work or in the labour market. They are based on a number of common principles, including a tailored approach, early and interdisciplinary interventions, inclusive systems, and the development of case management. The recently developed 'fit2work' network in Austria and 'Fit for Work' services in the United Kingdom put these principles into practice. Interdisciplinarity has been promoted in Sweden through the establishment of joined-up budgeting at the local level for all institutions (the social insurance agency, municipalities, employment agencies) involved in the rehabilitation process.

There have been few nationwide evaluations of return-to-work systems. The few that have been carried out have, overall, shown positive results (NFA, 2012). However, national stakeholders have identified a number of areas for improvements related to⁷:

- the complexity of the legal and institutional frameworks governing the rehabilitation and return-to-work process;
- the lack of support for workers who no longer have access to disability or early retirement benefit schemes;
- the lack of appropriate tools for many health problems and in particular mental health; issues related to medical confidentiality;
- the lack of awareness of those directly targeted by the programmes, i.e. workers, employers and doctors.

Mapping European countries' policy profiles

By conducting an analysis of the existing national policies, programmes and initiatives in Member States, country clusters could be identified that had similar policy development in this field, based on criteria such as the scope and overall orientation of the relevant policies, the level of coordination across policy areas and across stakeholders, and the number and quality of the initiatives undertaken in implementing the policy framework. However, the categorisation of clusters cannot fully reflect the considerable diversity of contexts and situations across countries.

Pension reforms have been carried out throughout Europe, with retirement age being increased and access to early retirement being restricted. Measures promoting the employment of older people through various economic incentives and providing subsidies to companies have been complementing these pension reforms.

A smaller number of countries have begun to tackle the policy challenges of the extension of working life and the diversification of the workforce in an integrated and more comprehensive manner by addressing these challenges through a broader range of economic, employment, OSH, public health, social welfare, anti-discrimination and education policies, and with a life-course approach to risk prevention. In some cases, the various policy initiatives are combined in integrated frameworks based on concepts such as 'well-being at work' or 'sustainable employability'. The concept of 'work sustainability' (i.e. ensuring that people are willing and able — physically, mentally and socially — to work throughout an extended working life and that they remain healthy and autonomous for as long as possible) is increasingly used at the policy level. In these countries, cross-policy and multidisciplinary initiatives and activities are carried out by a wide range of institutional and non-institutional actors. In

⁷ Information collected during the national expert workshops, which took place between March and July 2014 (more details provided in the introduction of the full report).

Finland, for instance, the National Working Life Development Strategy to 2020 was prepared through a broad tripartite collaboration and involves stakeholders at all stages of its implementation.

In general, studies looking at the effectiveness of integrated policy frameworks have focused on two different indicators: the employment rate of older workers and effective retirement age. However, there is a lack of evaluation of the effectiveness of these policies in relation to workers' wellbeing. An important shortcoming relates to transfer opportunities between different social benefit schemes. Restricting access to early retirement benefits — an increasingly common measure in EU countries — could lead to people transferring to unemployment or sickness and disability benefit schemes, thus reducing the effectiveness of such measures in terms of increasing employment rates. A number of European countries have reformed these benefit schemes, or parts of them, to prevent transfers. Such reforms, however, need to be accompanied by development of adequate support mechanisms addressing the different factors that contribute to sustainable working lives. Without such support mechanisms, workers are at risk of exclusion from the labour market if they cannot find a job that is adapted to their capacities or may continue in jobs that are not adapted to their capacities, thus further risking their health.

As in many other policy areas in the EU, there is no 'one size fits all' model for a policy response in relation to the ageing of the workforce. European countries are at different levels in relation to changes in demography and in the policy development process and their actual needs differ. While it is likely to be difficult to transfer broad policy initiatives related to the ageing of the workforce and the extension of working life from one country to another — given the complexity and specificity of these policies — many of the policies identified in this report share a number of useful core characteristics to build on. In addition, a number of specific measures that have proven successful in certain countries could be transferred and adjusted to the national context.

Successful workplace practices to address the challenges of an ageing workforce

Within the context of evolving policy and legal frameworks, different types of measures and programmes have been put in place to address the challenges of an ageing workforce at the workplace level. Although the limited number of case studies investigated during this project does not allow a generalisation of findings, some patterns emerge in relation to the drivers prompting companies to take action and the factors that support the successful implementation of a practice or a policy.

Internal drivers

Internal drivers for the initiation of programmes or measures to address the challenges of an ageing workforce include:

- avoiding the loss of skills and expertise of older workers;
- offsetting labour shortages arising from the difficulty in recruiting young skilled workers;
- maintaining employees' productivity and avoiding costs linked to sickness absence and early retirement;
- maintaining the health and wellbeing of employees and promoting health at work; and
- improving corporate image.

External drivers

National policies and legislation and the provision of financial and technical support by governmental and intermediary organisations can be important drivers to initiate action, and can influence the approach taken by companies. Examples include the national campaign on 'sustainable employability' in the Netherlands, the development of 'senior policies' in Denmark and Norway and the 2009 law on the funding of social security in France, which requires companies with more than 50 employees to negotiate a company agreement for the promotion of employment of older workers.

Success factors

Success factors for the development and implementation of programmes or measures include:

- *Involvement of employees in the development and implementation of measures:* the involvement of employees via surveys, focus groups or other consultation tools improves the focus of the measures and increases employees' motivation to participate.
- *Management's involvement and commitment to measures:* a strong commitment from top management ensures that measures are rooted in the company culture and processes are implemented in the long term.
- *Inclusion in a broader programme or strategy:* a company-wide programme or strategy can guide and structure measures and initiatives.
- *Strategic approach and diversity of measures:* combining the complementary perspectives of and measures from the OSH and the human resources contexts is considered crucial in setting up workplace interventions that are capable of addressing the challenges of an ageing workforce.
- *Adopting a life-course approach:* a life-course approach at the workplace means adopting measures that focus on all employees, independent of age, with the aim of preventing physical and mental ill-health from the early stages of workers' careers.
- *Flexible approach:* different measures should be offered based on employees' individual needs, including needs linked to age. Adopting a flexible approach, tailored to the individual, is particularly important in relation to the return to work of workers after a medium- or long-term sickness absence, as each returning worker will have different capacities and needs.
- *Systematic planning, monitoring and evaluation:* a realistic number of measures that correspond to the needs of the workers and that are in line with available resources should be focused on, and lessons learnt during implementation should be incorporated in this process.

Specific needs of small and micro-enterprises

The analysis of workplace practices reveals a number of differences between small and large companies, reflecting the specific features and needs of micro- and small companies:

- A lack of financial and human resources is more commonly an issue in small companies than in larger companies. Certain types of measure can be difficult to implement in small companies owing to the limited number of employees, the dependence on one person to act as an ambassador and the lack of motivation among employees.
- Measures in micro- and small companies are often ad hoc, reactive and informal rather than deriving from an explicit OSH or senior policy. Research has shown that such practices can be more effective than formal strategies put in place in large companies (Hilsen and Midstundstad, 2015).

Policy measures should take into account and address the specific needs of micro- and small companies, considering the particular difficulties these companies face in the design and implementation of measures to ensure sustainable working conditions.

Conclusions

Over the past decade, European countries and EU policies have acknowledged and begun to address — notably by increasing retirement age — the links between economic prosperity, employment and health. While policy developments at EU and national levels are promising, the gradual shrinking of the European workforce and the growing burden of chronic health conditions and the associated costs for social security systems will remain a challenge for the EU in the future.

Legal and policy frameworks for sustainable work

Extending working lives has been a high priority on the agenda of most Member States' employment and socio-economic policies and, over the past 20 years, all European governments have reformed their pension and disability benefits systems. Many Member States have been raising the official retirement age, however prolonging working life poses challenges for workplaces and implications for people's health:

- An age-diverse workforce, the proportion of older people in the workforce is growing
- longer; cumulative exposure to workplace hazards and risks

- increased prevalence of chronic conditions among workers

In the majority of national OSH systems, the issue of the working conditions of an ageing workforce does not feature prominently, mostly because the OSH legal framework of the EU is considered sufficient to protect the older workforce. Anti-discrimination legislation, through EU Directive 2000/78/EC on equal treatment in employment, plays an important role in prohibiting age and gender discrimination and in supporting the reintegration of workers with reduced work capacity. However prolonging working life presents opportunities to change working conditions for the better for everyone through application of the **following measures**:

- good OSH management that includes risk prevention and workplace adaptations can prevent chronic illness and disability
- human resource management that places special focus on age management
- adopting age-sensitive risk assessment
- integrating OSH and workplace health promotion
- working conditions adapted to the workers' needs
- development and implementation of rehabilitation and return-to-work systems to avoid long-term sickness absence and prevent early exit from work
- providing structures for vocational training and lifelong learning

The majority of European countries have introduced some measures related to health, rehabilitation, vocational training and lifelong learning in their policies targeted at the older workforce. The extent to which these measures have been implemented, their scope and their target group vary greatly across countries.

A few countries have developed multidisciplinary and integrated policy frameworks that bring together measures from different policy areas, with the objective of creating healthy working environments for all and maintaining work ability and employability throughout the life course.

Population and workforce ageing is a cross-policy issue and the challenges can be addressed in an efficient way by **integrating the concept of active ageing into all relevant policy areas**. This includes:

- flexible retirement policies allowing gradual retirement and the combining of work and pension, and including financial incentives to carry on working;
- promoting equal treatment in employment, removing age barriers and eliminating age discrimination;
- removing disincentives for employers to hire older workers;
- improving structures for adult education, vocational training and skills development, and promoting lifelong learning;
- creating systems for vocational rehabilitation and reintegration into the labour market;
- promoting work–life balance and consolidation of work and family by developing child care and elderly care, as well as by supporting carers;
- strengthening occupational health care and introducing periodic health examinations for workers over 45 to detect problems at an early stage and allow for the development of early interventions;
- improving data collection on health, disability and absenteeism according to age, gender and occupation to support policy development and in order to develop solutions;
- focusing efforts to reduce health inequalities on the most problematic sectors and occupations and the most disadvantaged groups in the labour market;
- training occupational healthcare personnel, labour inspectors and OSH experts in issues relating to ageing and work;
- strengthening health education and health promotion as part of efforts to shift the focus from cure to preventive actions;
- promoting the concept of solidarity between generations and making efforts to change attitudes towards older people.

Supporting actions

The implementation of the policies described above can be promoted at national level through technical and financial support and through awareness-raising activities.

All relevant stakeholders should be involved in the development and implementation of integrated policy frameworks. Critical partners include social partners, labour inspectors, and other intermediaries, such as local governments, occupational insurance organisations, OSH external advisory services, non-governmental organisations, etc. The creation of formal structures for stakeholder coordination (e.g. stakeholder networks) facilitates collaboration and the efficient implementation of policies.

▪ Policy options

The findings from the present project suggest that a number of **prerequisites are necessary for OSH systems to create and maintain the conditions for sustainable work**. These include:

- *Improved prevention for all* to ensure that workers do not leave the labour market prematurely for health reasons, can maintain and enhance their work ability throughout their professional life and reach retirement healthy.
- *Specific measures for a diverse workforce*, through diversity-sensitive risk assessments, taking into account age, gender and different abilities, as well as the type of work task, occupation and sector, professional history and cumulative exposure to hazards.
- *A holistic approach* to prevention and the promotion of wellbeing at the workplace, linking traditional OSH components to other aspects not traditionally considered OSH, such as training and skills development, career development, flexible working time arrangements and gradual retirement, through cooperation between occupational health services, prevention services, human resources management, labour inspectorates and other relevant stakeholders.
- *Support for companies*, in particular small and micro-enterprises, to ensure that businesses can take a proactive role in the creation of sustainable working conditions beyond mere compliance with regulatory requirements.
- *Integrated policies* cutting across different policy areas, in particular OSH, employment, public health, socio-economic affairs, social justice and equal opportunities, and education.
- *Promoting social dialogue at all levels*.

Development and implementation of **rehabilitation and return to work systems and support** are not only essential after accidents and illnesses but area also an integral part of any strategy to maintain work ability and employability for an extended working life.

Successful return to work systems have a number of elements in common, i.e. the legal or policy framework covers all aspects of the return to work process, there is effective coordination across all relevant policy areas and between actors involved in the return to work system, the scope of the system targets all workers, there is early intervention and the interventions are tailored to the workers' needs. Furthermore, in these systems multidisciplinary interventions are applied, there is a case management approach, the employers responsibility in the process is increased, economic drivers for the employer and worker are involved and finally, financial and technical support is provided to the employer to facilitate the process.

Policy relevant findings in the area of rehabilitation and return to work are the following;

- The scope of the system should be broad, covering all workers
- Rehabilitation and return to work systems should be part of an integrated policy framework for sustainable working life which requires coordination across policy areas
- Coordinated systems require combined action of different actors, at system and workplace level
- Joined-up budgeting can increase resource efficiency at system level

- Financial and technical support for micro and small enterprises to develop individual reintegration plans and workplace adaptations are needed to foster action

Supporting the above, the following recommendations have also been identified for national policy level:

- Public health policies should recognise the workplace as an important potential contributor to the promotion of healthy lifestyles and the prevention of ill-health.
- Healthcare policies should emphasise the key role played by primary care professionals in health surveillance, the return-to-work process and the need for cooperation with non-medical professionals.
- Reforms of sickness, disability and pension benefit schemes should be complemented with the development of supporting programmes to foster people's employability and work ability.
- Return-to-work systems and supporting activities should be part of the integrated policy framework to address the challenges of an ageing workforce and the extension of working life.
- Health issues experienced by men and women are influenced by gender differences, the types of jobs they do, their conditions of work and the occupational risks they face throughout their working lives. Therefore, policies on sustainable working life should adopt a gender-neutral approach.

At EU level

The review of policies developed at national level to address demographic change shows that the EU legal and policy framework is a driver for action in Member States.

OSH legislation

The current OSH legal framework is based on the principle of adapting the working environment to the needs and abilities of each individual worker, which provides a basis for taking into account diversity in risk assessment and OSH management in general.

The EU Strategic Framework

Tackling demographic change is identified in the Strategic Framework on Health and Safety at Work 2014-2020 as one of the challenges for OSH. The Framework refers to the importance of sustainable working life and, as a prerequisite for it, the need to promote safety and health at work and create a culture of prevention. It also emphasises the importance of lifelong employability. The review of the Framework, offers an opportunity to propose more specific EU-level actions to address OSH in the context of an ageing workforce.

Mainstreaming age considerations into different policy areas

The ageing of the population and workforce affects many different policy areas. Cross-policy coordination at EU level is critical for the implementation of successful policies.

- Employment and economic policy recommendations on the reform of social security and pension systems should better acknowledge the potential consequences of pension reforms and raised retirement ages for workers and their health.
- Public health policies related to the ageing population should better acknowledge the impact of work on health and work as a social determinant of health.
- The large number of court cases on the application of Article 6(1) of the Employment Equality Directive suggests that there is a need for more guidance on what can be considered equal treatment.

Supporting actions

- Guidance and tools should be developed and disseminated to support the development and implementation of national policies on sustainable working lives and return-to-work systems.
- The establishment of a specific platform to foster exchange of knowledge and good practice should be considered.

- EU-wide statistical data collection on health at work and sickness absence caused by occupational and non-occupational health problems should be improved.
 - The issue of rehabilitation and return to work should be mainstreamed into different policy areas, in particular social justice and public health policies.
- EU funding mechanisms such as the European Social Fund, the European Structural and Investment Funds and the EU Programme for Employment and Social Innovation, as well as lifelong learning programmes funded by the EU, should further promote age management and active ageing.

Workplace level

At the workplace level, the main drivers for taking action of both small and large companies are related to maintaining employee productivity while avoiding sickness absence and early retirement. The fear of losing skills and expertise is another important reason for taking action, particularly when the recruitment of competent young workers proves difficult or costly.

The following **measures at workplace level** have been identified as key to promoting sustainable working lives:

- Taking a life course approach to prevent ill health from the early stages of a career
- Using a holistic approach, taking into account factors beyond OSH that have an impact on OSH
- Implementation of workplace health promotion measures
- Using age/diversity sensitive risk assessment: measures should be adapted to the employee's individual needs, including needs linked to age, gender and functional ability.
- Adopting HR policies that support OSH management (flexible working time, training, skills development)
- Ensuring return to work support, workplace adaptations: return-to-work considerations should be integrated in company policies
- Providing management and leadership: senior management should be fully involved and committed
- Promoting social dialogue and worker participation: employees should be involved in the development and implementation of measures through various participatory approaches communication and dissemination tools.
- Programmes and policies should be built on a systematic approach, including a needs assessment with mapping of skills and human resources, and regular evaluations.

National policy frameworks have an important impact on the policies and practices enterprises develop in relation to an ageing workforce and they can support effective age management at company level, comprising:

- training and skills development;
- career development;
- flexible working time and work–life balance;
- OSH and working conditions;
- knowledge transfer;
- health promotion.

Needs of micro and small enterprises

Particular attention should be paid to the situation of micro and small enterprises. In line with the objective of the EU Strategic Framework on Health and Safety at Work 2014-2020, support should be provided specifically to micro and small enterprises. This support might include specific funding schemes, guidance, e-tools and awareness-raising activities.

Intermediaries:

Intermediaries are essential in assisting businesses, especially small and micro-companies, in the implementation of their legal obligations and the development of company policies on OSH, age and diversity management, and return to work.

Labour inspectorates should be equipped to support the management of diversity in the workplace and help build discrimination-free sustainable workplaces.

Social partners should play an important role in the development and implementation of policies and programmes on work, age and health.

Other intermediaries should get involved in the development and implementation of initiatives or measures related to sustainable work and return to work. They have a key role to play in raising awareness and disseminating information at the company level on issues related to health, work, age and diversity, and in providing technical support and guidance.

For effective policies to ensure sustainable working life, higher employment rates and better health for all, development of cross-policy and multidisciplinary systems and structures, coordination between actors and establishment of support schemes remains a challenge for many European countries.

1 Introduction

1.1 The project ‘Safer and Healthier Work at Any Age’

The three-year pilot project was initiated by the European Parliament (EP) (Official Journal of the European Union (EU), 2012). The project started in June 2013 after the European Commission (EC) and the European Agency for Safety and Health at Work (EU-OSHA) concluded a delegation agreement. Project activities were coordinated by EU-OSHA and implemented by a consortium led by Milieu Ltd. The consortium partners included COWI A/S, the Institute of Occupational Medicine (IOM), IDEWE, Forschungs- und Beratungsstelle Arbeitswelt (FORBA), GfK and the Nofer Institute of Occupational Medicine (NIOM).

As stated in a decision of the EP⁸, the original aims of the pilot project were to enhance the implementation of existing recommendations, facilitate the exchange of best practice and further investigation of possible ways of improving the safety and health of older people at work. The project also aimed to assess the prerequisites for occupational safety and health (OSH) systems in different European countries to take account of an ageing workforce and ensure better prevention for all throughout working life. The results of the project will assist policy development and provide examples of successful and innovative practices. In doing so, the work aimed to highlight what works well and what still needs to be done or prioritised, and to identify the main drivers of and obstacles to the effective implementation of policy initiatives in this area. More specifically, the project aimed to:

- review current knowledge in relation to OSH and older workers;
- investigate EU and national policies and strategies addressing the challenges of an ageing workforce, in particular in relation to OSH;
- investigate EU and national policies and systems in relation to rehabilitation and return to work;
- gain knowledge of successful and innovative practices in workplaces for safer and healthier work at any age; and
- raise awareness of the topic and receive feedback from stakeholders.

The project supports the objectives of the EU Strategic Framework on Health and Safety at Work 2014-2020 to address the ageing of the workforce, emerging new risks and the prevention of work-related diseases (EC, 2014a). The Framework states that risks affecting specific categories of workers, such as those in particular age groups (older workers, inexperienced younger workers), workers with disabilities and women, warrant particular attention and require targeted action. It includes a specific action to promote the identification and exchange of good practice to improve OSH for workers in these groups. It also emphasises that OSH policy can contribute to promoting equal opportunities, and includes an action to promote rehabilitation and reintegration measures, as well as considering the gender dimension in relation to OSH and age.

1.2 Methodology

This report aims to present a consolidated overview of the findings of the different activities that were carried out in the context of the project ‘Safer and Healthier Work at Any Age’, analyse the factors, drivers and obstacles that influence national policy development and practices at workplace level and propose policy options to reinforce or improve existing policies. To do this, the report builds on:

- Three state-of-the-art reviews: a general examination of the current literature related to ageing and OSH; a further review of literature related to gender, older women and OSH; and a final review of literature related to rehabilitation and return-to-work systems and interventions.
- A review of policies in Europe for sustainable work, identifying and analysing different policy approaches taken in European countries to address the challenges of an ageing workforce. Particular attention was paid to the key national determinants that have either facilitated or hindered the development of national approaches.

⁸ Official Journal 29.02.2012 — 04 04 16 — Pilot project — Health and safety at work of older workers.

- A review of policies and systems in Europe for rehabilitation and return to work, identifying different approaches taken in European countries and analysing these in relation to the key factors that play a role in the development and implementation of rehabilitation and return-to-work systems.
- A review of practices at company level, presenting successful and innovative workplace initiatives in the context of an ageing workforce.

Systems and policies introduced to ensure sustainable work, including rehabilitation and return to work, were reviewed on the basis of:

- National reports produced for the 28 EU Member States and four European Free Trade Association (EFTA) countries. The reader can consult these reports for more details on the countries' policies and initiatives, including those used as examples in this report⁹.
- Nine case studies on the development and implementation of rehabilitation and return-to-work programmes and practices, at both intermediary and workplace level.
- The results from qualitative research collecting the views of relevant stakeholders (from governments, social partners, universities, non-governmental organisations (NGOs) and businesses) on the topic of sustainable work in the form of workshops conducted in 10 Member States between March and June 2014 (Belgium, Denmark, Germany, Greece, France, the Netherlands, Austria, Poland, Finland and the United Kingdom (UK)) and follow-up interviews with key stakeholders. 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 OSH, employment, public health, education, social security, etc., to collect additional information and examples of good practices; and
 - exchange views and ideas on what works well, what could be improved and what the drivers, needs and obstacles are in relation to the promotion of sustainable work in the context of an ageing workforce.
- The results from the qualitative research are integrated into the report, where they confirm and complement the findings of the desk research, or highlight the different views held by stakeholders on certain issues.

The review of workplace practices draws on:

- 24 case studies describing good practices related to the ageing workforce and sustainable work in more than 15 European countries and covering a wide range of business sectors and different sizes of companies.
- 20 group interviews with workers, employers and other relevant workplace actors in large, medium-sized, small and micro-companies. The objectives of the group interviews were to gain insight into the experiences of companies that have implemented activities related to the ageing of their workforce and to discuss drivers, obstacles and support needs.

The analysis is based on a process of triangulation, whereby specific findings are compared and judged in relation to other sources of information to establish the extent to which they can be considered a common finding in the field. Here, the triangulation comes from the integration of information gathered from the EU and national desk research and the qualitative research. This process took place over four steps:

- identifying trends across the collected information and creating hypotheses for these observations;
- checking these hypotheses for consistency between different sources of information and looking for contradictions;
- if necessary, looking for additional data to analyse and explain eventual contradictions and/or differences in the findings from the various sources of information;

⁹ Please refer to the country reports for more details on the policies and initiatives presented in this report (e.g. references and web links)

- confirming the hypotheses and formulating answers.

Owing to the nature and limitations of each source, not all information could be triangulated. In particular, some information was available only through the workshops, and this is specified where relevant.

Examples of policies, strategies, programmes and initiatives are provided in the report to support the analysis. As far as possible, these examples have been selected to represent a diversity of countries, topics, initiators, stakeholders and target groups.

1.3 Definition of an older worker

Although the report examines the whole workforce in the context of demographic change (especially ageing), reference is regularly made to 'older workers' or the 'older workforce'. However, there is no single accepted definition of these terms.

At the European and international levels, a number of organisations use the age group of 55-64 years to define 'older workers'. In the EU context, this is referred to as the 'Stockholm indicator', reflecting the 2001 adoption by the Stockholm European Council of the target of raising the average EU employment rate for older men and women (defined as those aged 55-64 years) to 50 % by 2010.

Other organisations using the same breakdown include:

- EC: the Europe 2020 Strategy's employment-rate targets for older workers focus on people aged 55-64 years.
- Eurostat: the employment rate of older workers is calculated by dividing the number of persons in employment aged 55-64 years by the total population in the same age group. The indicator is based on the EU Labour Force Survey.
- Organisation for Economic Co-operation and Development (OECD): OECD statistics define 'older workers' as the working population aged between 55 and 64 years.
- International Labour Organization (ILO): the ILO's Key Indicators of the Labour Market defines 'older workers' as workers aged 55-64 years or 65 years and older.
- The US Bureau of Labor Statistics: the Bureau defines 'older workers' as workers aged 55 and older.

Most EU Member States have no legal definition of an older worker, with only Hungary and Slovenia adopting a definition in their legislation. In **Hungary**, an older worker is considered a worker who has exceeded pension age¹⁰. The **Slovenian** Employment Relationships Act defines an older worker as a worker older than 55 years. In other Member States, informal definitions of an older worker are provided, such as the eligible age for government or employment-agency support, categorisation of workers by statistical institutes, or common practice in research and publications are often taken as providing informal definitions of an older worker. Across EU Member States, different age limits are used in these definitions, from 45 and over in Belgium and Hungary, to 50 and over in France, the United Kingdom, Bulgaria, the Czech Republic, Latvia, Italy, Slovakia and Switzerland and 55 and over in Finland, Portugal and Greece.

Throughout this report, the term 'older workers' applies to workers of both genders aged 55 years and over, in line with the definitions set out above. However, data collection was not restricted to policies applying only to these workers, as the general scope of this project is policies addressing the challenges of an ageing workforce.

Finally, throughout the report the term 'demographic change' has been used to refer to changes in the age structure of the population¹¹.

¹⁰ In Hungary, the retirement age for those who were born in 1951 or earlier is 62 years, and for those who were born in 1952 or later the retirement age has been increased to 65 years.

¹¹ Demographic change refers to shifts in the size, composition and structure of human populations, principally as a result of evolving trends in birth rates, death rates, life expectancy and migration. Broad changes, such as the rate at which we are ageing, influence all aspects of human activity and organisation, including economic, political, social and cultural aspects.

1.4 Structure of the report

In addition to its introduction (section 1), this report has four main sections:

- Section 2 describes the context of an ageing population and workforce and provides an overview of the factors that contribute to extending working lives in a sustainable manner.
- Section 3 explores how European countries are responding to the challenges of an ageing workforce and adapting their policy frameworks to support safe and healthy working environments in the context of the extension of the working life. It first examines the general policy framework for sustainable work, and then focuses on the question of rehabilitation and return to work for workers with health problems.
- Section 4 investigates practices that companies have adopted to address the challenges of an ageing workforce. It gives particular attention to companies' reasons for taking action and the internal and external drivers of the implementation of these practices, taking into account differences in company size.
- Finally, section 5 gives conclusions on the policies, programmes and practices in place in Europe to address the issue of an ageing workforce and on the prerequisites of OSH systems for promoting sustainable work and health throughout working life.

2 Setting the scene: why population ageing matters for the workplace

2.1 Population ageing and its implications for European societies

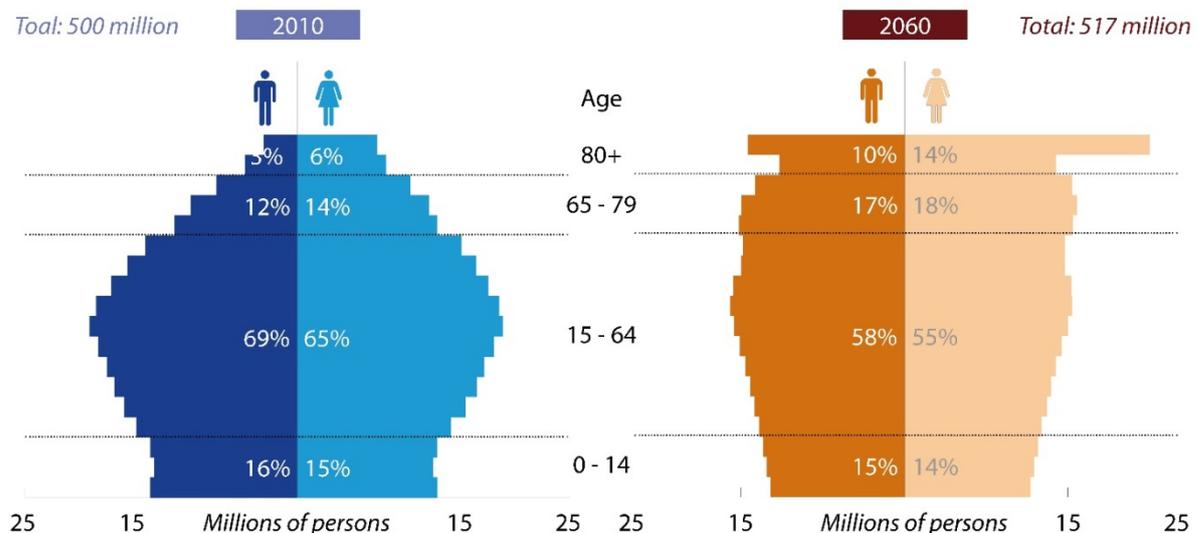
Increasing life expectancy and reducing birth rates have resulted in **an ageing world population**: the proportion of people over 60 years of age is expected to double from 11 % in 2000 to 22 % in 2050 (World Health Organization (WHO), 2015). A similar trend can be observed in **Europe**: it is projected that, by 2040, people aged 65 years and over will account for nearly 27 % of the total EU-28 (28 Member States of the European Union) population (compared with 18 % in 2013) (Eurostat, 2014a). This rapid increase in the older population of Europe is due, to a significant extent, to the ageing of post-war 'baby boomers'¹².

Life expectancy, especially for women, has increased since 1960 in all EU Member States because of improved health care and standards of living, combined with healthier lifestyles. By 2040, the average life expectancy at the age of 65 years will have increased by around three years for both men and women (Eurostat, 2014b). At the same time, persistently low birth rates have resulted in a significant transformation in the overall age composition of Europe's population.

Rising average life expectancy and low birth rates are predicted to be accompanied by a continued, although decelerating, net migration rate to the EU from third countries¹³, which affects countries' demographic profiles. Population projection scenarios show that the median age in a number of EU Member States, including Belgium, Italy, Luxembourg and Austria, would be higher without migration (neither immigration nor emigration) (Eurostat, 2014c). For other countries, such as Bulgaria, Latvia and Lithuania, the opposite is true¹⁴.

The conjunction of these phenomena will result in Europe 'ageing at the top'; the age 'pyramid' will increasingly resemble a column, with smaller proportions of younger age groups and larger proportions of older age groups (Figure 1).

Figure 1: Population pyramid of the EU-27 by age and sex, in 2010 and 2060 (EP, 2014)



¹² Those born during the post-Second World War 'baby boom', approximately between 1946 and 1964.

¹³ Although some EU countries are currently experiencing a net migration outflow, this is predicted to recede or even reverse in the coming decades.

¹⁴ A variety of drivers affect international migration and the intra-EU free movement of persons, such as official EU or national migration policy and, more importantly, worldwide political, socio-economic and environmental instability. As most of these factors cannot be accurately foreseen, and with long-term projections of demographic change generally based on reasoned assumptions, future demographic developments are uncertain.

Although life expectancy has continually increased in Europe over recent decades, these extra years of life are not necessarily spent in good health. Since 2005, 'healthy life years' expectancy¹⁵ has remained stable for men and has actually decreased for women (EC, 2009). In 2013, people aged 65 years could expect to spend less than half (44 %) of their remaining life in good health¹⁶.

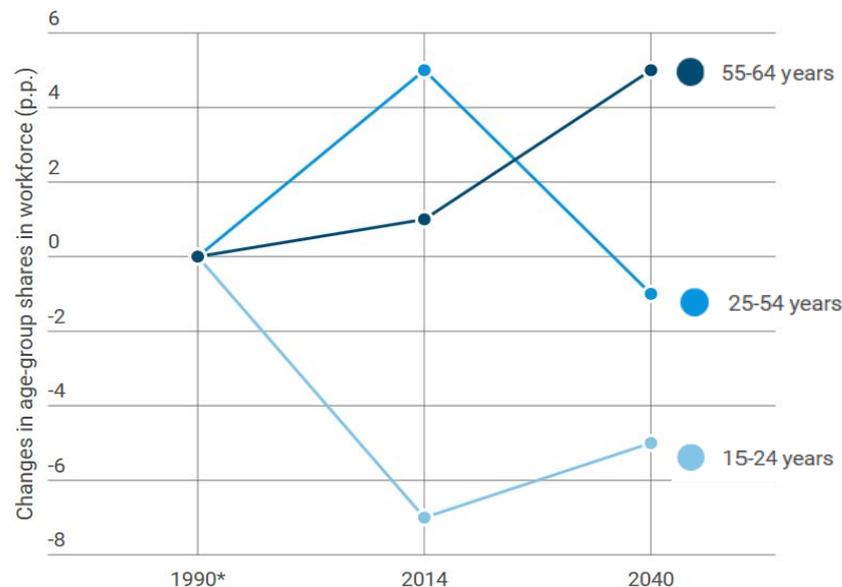
The incidence of a range of **chronic diseases**, such as cardiovascular diseases, cancers, chronic obstructive pulmonary disease (COPD), diabetes and depression, is increasing as a result of population ageing (Varekamp and van Dijk, 2010). For example, incidence increases with age for all types of cancer: around 42 % of cancers are diagnosed in individuals between the ages of 50 and 70 years (IARC, 2016). Moreover, more people aged 55 years and older report a long-standing illness than do those in other age groups (Eurostat, 2015a).

One of the resulting implications of population ageing, as identified by the Europe 2020 Strategy¹⁷, is that pressure on healthcare systems is likely to increase.

- Healthcare expenditures are projected to rise from 7.1 % of gross domestic product (GDP) in 2010 to 8.3 % of GDP in 2060 for the EU-27, with disparities across Member States (from an increase of 0.4 percentage points (p.p.) in Belgium and Cyprus to an increase of 2.9 p.p. in Malta).
- Increases in long-term care expenditures will have the greatest impact on public spending; they are projected to nearly double in the EU, from 1.8 % of GDP in 2010 to 3.4 % of GDP in 2060, with the highest increases expected in Belgium, Denmark, the Netherlands, Finland and Sweden.

Like the general population, the **European workforce is ageing**, as illustrated by the projected changes in the composition of the working-age population (Figure 2). By 2040, the proportion of the younger age group (15-24 years) in the total working-age population will have decreased by 5 p.p., compared with 1990, while the proportion of those aged 55-64 years will have increased by almost 6 p.p.

Figure 2: Changes in the proportion of age groups in the total working-age population between 1990 (baseline) and 2040, EU-28 (Eurostat, 2015b)



* Relates to the EU-27.

¹⁵ The EU indicator 'healthy life years' is a disability-free life expectancy, which indicates the number of remaining years that a person is expected to live without any severe or moderate health problems.

¹⁶ These figures vary across countries and within countries across social and occupational groups.

¹⁷ The expression 'the ageing of the population' is used throughout this report to describe the demographic change, which has seen a rapid increase in the median age of almost all countries in the world since the 1950s.

The employment rate among people aged 55-64 years in the EU grew by almost 15 p.p. between 2000 and 2014, a faster pace than in other age groups. Projections suggest that the employment rate for older people, in particular for older women, will continue to rise across Europe during the next 50 years, reaching 67 % by 2060 (Eurostat, 2011).

As noted in the Europe 2020 Strategy (EC, 2010a), the ageing of the population results in a parallel **contraction of the 'working-age' population** (those aged 15-64 years) (Figure 3) (EC, 2010a). By 2040, the working-age population is expected to have decreased by almost 9 p.p., as a significant number of people will have retired and fewer young people will be entering the labour market (Eurostat, 2015c, 2014a). A decrease in the European labour force by 2040 is, thus, very likely (Fotakis and Peschner, 2015). Consequently, the ratio of people aged 65 years and older (who are likely to no longer be in employment) to those aged 15-64 years (who are likely to be in employment) — also called the old-age dependency ratio (OADR) — will decrease (Figure 4).

Figure 3: Changes in population age structure, 1990-2040 (Eurostat, 2015c, 2014a; Milieu Ltd, own calculations)

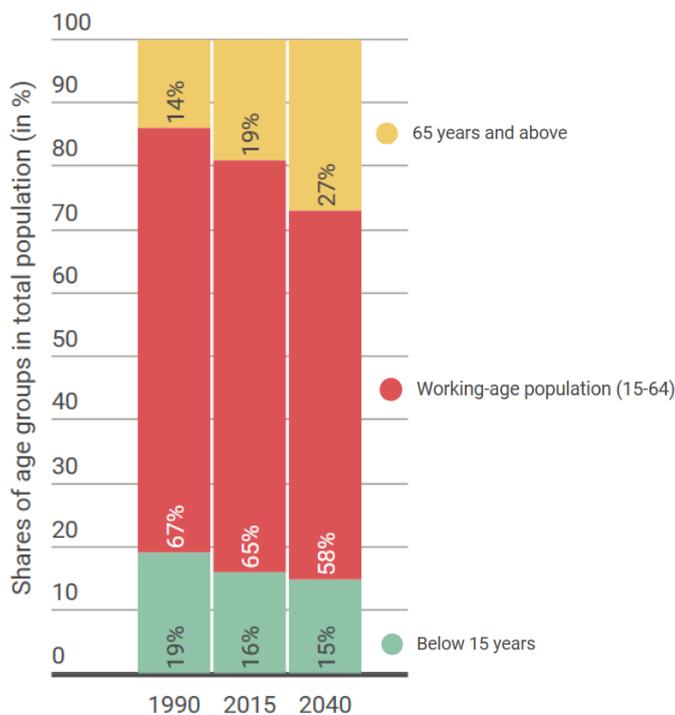
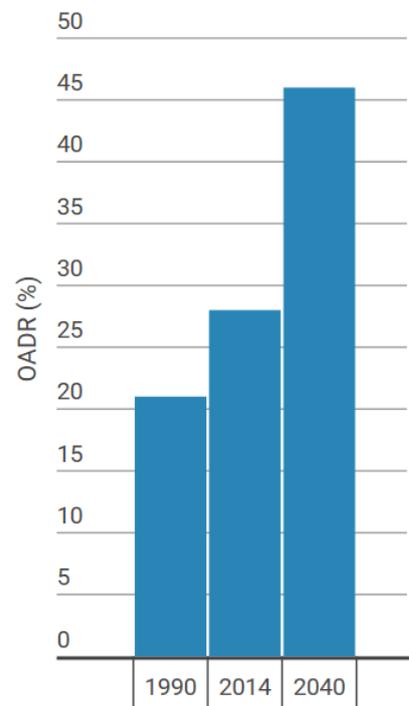


Figure 4: Changes in OADR, 1990-2040 (Eurostat, 2015c, 2014a; Milieu Ltd, own calculations)



Note: Figures from 1990 to 2000 are for the EU-27; figures from 2020 onwards are for the EU-28.

The European labour force is, thus, both shrinking and ageing. This may trigger an increase in pension expenditures, as pension systems will have to cope with contributions from fewer workers while supporting more pensioners.

Pension expenditures are projected to increase over the period 2010-2060 by an average of 1.5 p.p. to a level of 12.9 % of GDP. These figures hide large disparities across Member States: a number of countries (Belgium, Cyprus, Luxembourg, Malta, Slovenia and Slovakia) will experience a rise of more than 5 p.p., while in others (Denmark, Estonia, Italy, Latvia and Poland) the proportion of GDP dedicated to pensions is predicted to decrease between 2010 and 2060.

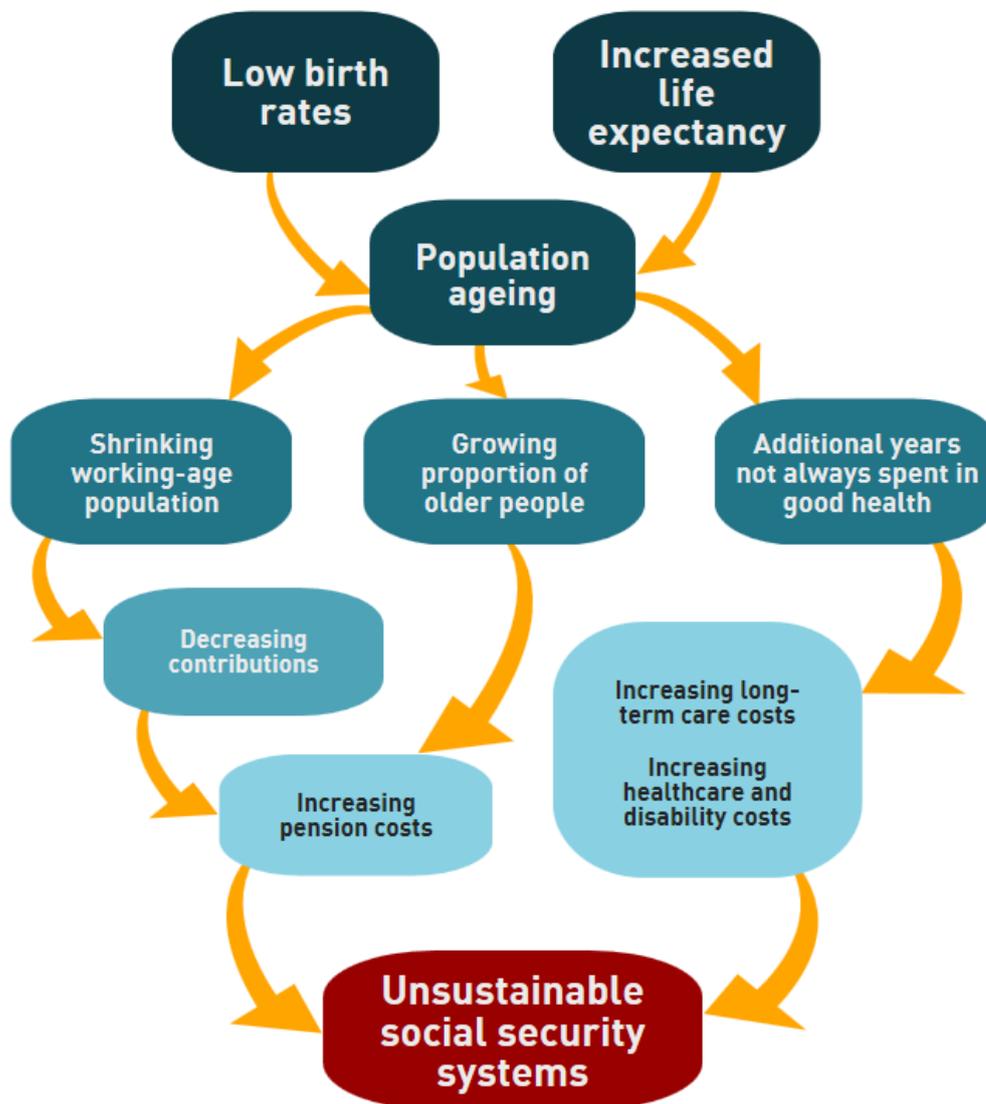
By 2060, age-related public expenditure in the EU (combining pension, healthcare and long-term care expenditures) is projected to increase by 4.1 % of GDP, on average (EC, 2012a).

In response, governments have been promoting the labour participation of people facing retirement by raising retirement ages and putting restrictions on early retirement. Moreover, in most European

countries, economic incentives for employers have been introduced, such as subsidies, and tax and social security contributions reductions, encouraging employers to retain or hire older workers (see section 3.2.1 for more details). However, besides these changes in socio-economic systems, other reforms and measures are required to extend working lives and to ensure that workers will be able to reach retirement age in good health, as explained further in the next section.

Because of the above-described trends and forecasts, population ageing is often associated with the term 'challenge' (including in the present report). However, the ageing of the population is neither 'bad' nor 'good', but simply a state of affairs to which our society has to adapt, like any other social, economic and technical evolution. Figure 5 provides a simple summary of the potential impacts of population ageing on European societies, as examined in this section.

Figure 5: Potential impacts of population ageing on European social security systems (Milieu Ltd)



2.2 An ageing workforce: challenges and opportunities

While the proportion of those aged 55-64 years in the overall European workforce is increasing, and is projected to keep rising until 2040, a gap exists between the statutory or legal age at which people should retire (also called 'official retirement age') and the actual age at which people retire (also called 'effective retirement age')¹⁸. The effective retirement age has risen in the EU but to only a limited extent: from 61.5 years in 2000 to 62.3 years in 2012 for men and from 59.8 years in 2000 to 60.9 years in 2011 for women (OECD, 2015). This is still a long way from the 1970 effective retirement ages of 68 years for men and 66 years for women.

The reasons for early exit from the labour market are diverse and can be related to labour market conditions, the workplace or the individual. When designing national policies addressing the extension of the working life, policy-makers should take into account the multiplicity and interlinkages between these different factors, particularly as addressing these challenges can result in a range of opportunities and benefits for companies and societies.

The labour market

In terms of the labour market, critical measures that have an influence on the 'supply' of older workers include raising the retirement age and putting restrictions on early retirement (see section 3.2 for more details).

In addition, one of the main barriers to employment faced by people over the age of 50 years is that of age discrimination in both recruitment and lay-off procedures. Research carried out at national level shows that, in general, employers are less likely to hire older people than younger people. Although a lot of limitations are attached to this broad finding (e.g. differences between countries, sectors and company profiles), it shows that employers' attitudes and behaviours have a strong influence on older workers' ability to remain active (Oude Mulders and Wadensjö, 2015).

Finally, a number of social measures, such as access to child care and elderly care, also play an important role in increasing the labour participation of older workers, particularly older women.

The workplace: OSH management

Workforce ageing creates new challenges for OSH management. As explained in the previous section, the incidence of chronic diseases rises with age and, with people having to work longer, chronic health problems will become more prevalent in the workforce. According to the EU Statistics on Income and Living Conditions (EU-SILC) data, in the EU-28 in 2013, 33 % of the employed population aged 55-64 years reported suffering from a long-standing illness or health problem, compared with only 14.6 % of those aged 16-44 years (Eurostat, 2015a).

Moreover, longer working lives may result in longer and cumulative exposure to workplace hazards, which is a risk factor for work-related health problems, such as musculoskeletal disorders (MSDs) and occupational injuries. The risk of developing health problems while still at work will thus increase, as will the average time spent on sickness absence, which is a predictor for disability, early exit from the labour market and unemployment. These challenges can be acted on through OSH management, by addressing age-related changes in the functional capacities of workers through adaptations to the working conditions and work organisation and by the efficient management of sickness absence and return-to-work programmes. At the same time, specific measures for older workers that have a negative impact on younger workers are counter-productive. Thus, any prevention policy needs to address all age groups and ensure that there are no negative spillovers from one group of workers to another. The management of an increasingly diverse workforce is a promising area of work for OSH professionals and enforcement bodies.

Working conditions: Working conditions can affect workers' health and influence their decision to retire early for health reasons. Empirical evidence shows that the accumulation of physical and psychosocial constraints at work has a negative influence on health and is associated with early retirement due to ill-health¹⁹. From a psychosocial perspective, the lack of control over one's job or work task has been

¹⁸ The effective age of retirement is the average age at which older workers withdraw from the labour force.

¹⁹ Many of the studies analysing the links between working conditions, health and early retirement are based on the Survey of Health, Ageing and Retirement in Europe (SHARE), a multidisciplinary and cross-national database on health, socio-economic

found to have an effect on early retirement, while from a physical perspective the risk of disability retirement appears to significantly increase for people who undertake heavy physical work (Pohrt and Hasselhorn, 2015). On the other hand, national studies suggest that, when appropriate adjustments are made to their working conditions, many workers with chronic diseases do not report any restrictions in their ability to work (Pohrt and Hasselhorn, 2015). In this respect, managers and supervisors play a critical role in a worker's decision to leave or stay at work, as it is often they who decide on workplace adjustments or changes to the working environment.

Work organisation: Work organisation and working time also have an influence on whether people stay or leave the labour market. Poor work–life balance might be one reason that the proportion of self-employed and part-time workers increase with age: in 2013, 20.4 % of workers aged 55-64 years were self-employed, in comparison with 14.3 % of those aged 25-54 years (Eurostat, 2016a). People's dissatisfaction with working time is a driver of their decision to enter self-employment, which they believe will give them more control over their working hours (Bell and Rutherford, 2013). Regarding part-time work, a study by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) established that 60 % of women and 30 % of men over the age of 60 years work part-time (compared with 40 % of women and 10 % of men between 55 and 59 years) (Eurofound, 2012a). Evidence shows that workers are more likely to stay in the labour market if they have access to flexible working arrangements, such as working from home or working part-time. As explained by the Work Foundation, '[f]lexible working policies are found to bring several benefits for workers; including a positive perception of work, home life and personal finances, enhanced self-reported goodwill and an increased commitment in the workplace' (Taskila *et al.*, 2015).

Management of sickness absence, chronic ill-health and return to work: Inappropriate or non-existent return-to-work policies in companies can increase the incidence of long-term sickness absence, work disability and even early retirement, all of which are major burdens for society and the individual, but also for the workplace. In addition, the lack of procedures for managing chronic ill-health at work also leads to presenteeism, which occurs when 'workers go to work when ill and are unable to perform effectively due to their ill health' (Gervais, 2013).

Studies have estimated that presenteeism can be more costly to organisations than short-term sickness absence and that it actually increases the likelihood of workers going on long-term sickness absence. Studies considering the factors associated with presenteeism have shown that older employees are more likely to attend work while sick (Hansen and Andersen, 2003). Finally, there is growing evidence that work can help people recovering from sickness or dealing with physical or mental impairment. There is a broad consensus across disciplines that returning to work after, or even while, recovering from illness generally has a positive effect on health and well-being (Waddell and Burton, 2006).

The workplace: overall management

Adapting to the needs of an ageing workforce is part of a broader question for businesses, which have to continually adapt to changes in their operational environment and to new trends in the world of work (EP, 2008). Globalisation and the economic crisis have led to both more restructuring and downsizing and an intensification of work so that companies can remain competitive. The shift from a manufacturing- to a service-based society, as well as technological developments such as the rapid digitisation of working environments (smart working), have transformed the way we work, from the reduction of heavy physical labour and an increase in sedentary work to the creation of blurred boundaries between private and working lives and the necessity to continually update our technical and technological skills. However, as shown by the following examples, these developments can put additional pressure on older workers, resulting in age discrimination and access to fewer training and career development opportunities.

Recruitment and career development: Various prejudices and misconceptions exist regarding age and a person's ability to work. These create negative stereotypes in the workplace and can lead to both direct and indirect discrimination against older people.

status and social and family networks of more than 85,000 individuals aged 50 or over from 20 European countries (SHARE, 2007).

Age discrimination can also be an important barrier to a worker's career progression²⁰. A common example is when an employer does not undertake annual appraisals with workers over the age of 65 to discuss their career aspirations (Lewis Silkin LLP, 2013)

Training and lifelong learning: Studies show that older workers are more likely than younger workers to suffer from skill mismatch or obsolescence and have to access to fewer training and development opportunities (Cedefop, 2012). According to Eurofound, the proportion of individuals who do not receive employer-paid training starts to increase at the age of 40 years, (Eurofound, 2012b). The lack of access to training can be a source of stress for all workers. However, it is particularly difficult for older workers if they are viewed as having outdated skills.

Once again, age stereotypes are the main barriers to vocational training among older workers: in particular, beliefs that older workers are reluctant to take part in training and have difficulties learning new skills, or that investing in vocational training for older workers brings poor returns (City & Guilds Centre for Skills Development, 2011). Another common barrier is that training is not always adapted to the learning needs of older workers, who may lack familiarity with formal classroom education and testing (Morschhäuser and Sochert, 2006).

Sector- and occupation-specific issues

Around 40 % of EU workers aged 55-64 years work in manufacturing, health and social work and wholesale and retail. According to Eurostat, older workers are also over-represented in agriculture (around 23 % of workers in agriculture are over 55 years), in households (around 20 %), in real estate (around 20 %) and in education (19 %) (Eurostat, 2015e).

Job sectors and types have a major influence on a number of work and health indicators, such as the incidence of work-related health problems, job sustainability and the perception that work has a negative effect on health. The highest proportions of workers who believe that work affects their health negatively are in manual building trades (over 50 %), among operators and assembly workers, and vehicle and mobile-plant drivers (over 40 %), other manual-industry and craft-trade workers (around 35 %) and health-associated professionals (just over 30 %). Both male and female manual workers report more problems with work sustainability than do professional workers (Fifth European Working Conditions Survey). On the other hand, psychosocial factors seem to be of greater importance in clerical occupations or among 'service workers' (Vendramin and Valenduc, 2012). Table 1 presents a summary of specific OSH challenges for achieving sustainable work in a few selected sectors²¹. The challenges may relate to the need to reduce cumulative exposure over the life course to reduce the risk of work-related illness and/or specific measures, or changes to working conditions needed to accommodate any reduced work capacity in an individual older worker.

Table 1: Specific OSH challenges in selected sectors

Sector	Hazards and risks
Construction	<ul style="list-style-type: none"> - Heavy physical workload (prolonged standing, repetitive movements, use of ladders/stairways, carrying and lifting of heavy loads) - Long working hours - Stressful environmental conditions, such as harsh weather - Noise - Exposure to dangerous substances - Falls from height, slips and trips - Unsuitable protective clothing and footwear - Limited access to occupational health services and health surveillance

²⁰ See the report *The ageing workforce: implications for occupational safety and health – a research review*, produced as part of the project 'Safer and Healthier Work at Any Age'.

²¹ The report *The ageing workforce: implications for occupational safety and health – a research review*, provides an overview of OSH interventions in selected sectors in relation to an ageing workforce. Table 1 is based on the findings of this report.

Sector	Hazards and risks
Road transport	<ul style="list-style-type: none"> - Heavy physical work (loading and unloading) - Long working hours - Fixed postures - Shift and night work - Poor lighting conditions and driving at night - Limited access to occupational health services and health surveillance for self-employed drivers
Mining	<ul style="list-style-type: none"> - Heavy physical workload (prolonged standing, repetitive movements, carrying and lifting of heavy loads) - Noise - Poor lighting conditions - Air temperature and quality (extreme hot or cold, sudden temperature variations, exposure to steam, toxic substances and gases, poor air quality, etc.)
Hospitals and health care	<ul style="list-style-type: none"> - Heavy lifting and awkward postures - Exposure to chemicals and frequent contact with water, food, cleaning products, etc. - Shift and night work - Emotionally demanding work - Fatigue
Agriculture	<ul style="list-style-type: none"> - Heavy physical workload (prolonged standing, constant movements, use of ladders/stairways, carrying and lifting of heavy loads) - Long working hours - Exposure to pesticides and cleaning chemicals
Office work	<ul style="list-style-type: none"> - Sedentary work - Fixed postures - Repetitive movements
Manufacturing	<ul style="list-style-type: none"> - Prolonged standing - Highly repetitive work - Noise - Shift and night work - Night work and breast cancer
Education	<ul style="list-style-type: none"> - Standing work - Stress and emotionally demanding work - Voice problems
Hotel and retail	<ul style="list-style-type: none"> - Heavy physical workload (prolonged standing, constant movements, carrying and lifting of heavy loads) - Awkward postures - Fast-paced work
Cleaning	<ul style="list-style-type: none"> - Heavy physical work (handling loads, awkward postures, repetitive work, prolonged standing, poor equipment) - Slips, trips and falls - Unsocial working hours - Limited access to occupational health services and health surveillance, depending on type of employment contract

Faced with changing demographics in their sectors, over the past 15 years a number of European sectoral social partners have been developing guidance documents and online tools to help employers deal with a diverse or ageing workforce (Table 2).

Table 2: Tools produced by European sectoral associations

Sector	Organisations	Name of the document	Summary of content
Commerce	Euro Commerce and Uni-Europa	Voluntary guidelines supporting age diversity in Commerce (EuroCommerce and Uni-Europa Commerce, 2002)	The guidelines discuss age aspects of human resources management, e.g. retention in employment by the establishment of more flexible retirement schemes, increased use of modern technology and ergonomics, and finding new forms of work and training suitable for older workers
Electricity	EURELECTRIC, EPSU and EMCEF	Demographic change in the electricity industry in Europe. Toolkit on promoting age diversity and age management strategies (Pillinger, 2008)	This is a practical guide intended for managers and trade union officials who are responsible for drawing up policies and procedures. It contains age management tools related to: (i) recruiting and retaining old workers, (ii) health and well-being of older workers and (iii) exit and retirement policies. It also discusses the main challenges of demographic ageing in the electricity industry and contains examples of good practices from Member States
Gas	EUROGAS, EPSU and EMCEF	Toolkit on demographic change, age management and competencies (Pillinger, 2009)	The main objectives of the toolkit are to raise awareness of the implications of demographic change on skills, competencies and employment and enhance the management of demographic change in the gas sector. The document contains detailed considerations concerning ageing workers, including mechanisms aimed at the retention of workers in employment
Insurance	AMICE, BIPAR, CEA and UNI-Europa	Joint statement on demographical challenges of the insurance sector (AMICE <i>et al.</i> , 2010)	The document acknowledges the need to adapt employment schemes in the insurance sector to demographic changes occurring in Europe. It focuses on three activities: (i) work–life balance, (ii) maintaining employability and lifelong learning and (iii) safety and health at work

Individual factors

A number of factors influence whether a person stays in or leaves the labour market, most of which are of a financial nature. European statistics show that eligibility for a pension remains the main factor influencing an individual's decision to stop working, while providing sufficient income is the main factor for people to keep working past pension age.

Health: Ageing can affect a number of physical functions (muscle power, lung function, eyesight, hearing, etc.) in a way that is likely to limit a person's abilities at work, especially when it comes to performing physically demanding tasks. Although not all early retirement²² is for health reasons, there is ample evidence to suggest that health issues make a significant contribution. In 2012, 21 % of people aged 50-69 years reported leaving employment because of their 'own health or disability', which was the second most common answer in the EU after 'reaching eligibility for a pension' (Eurostat, 2014d). Factors such as occupation, social position and education are important determinants of both general health and occupational exposure to hazards and risk in the workplace.

²² In this context, 'early retirement' refers to people retiring before they reach the legal/official retirement age as established in the reference scheme.

In all European countries, manual or low-skilled workers are more likely to report having poor health than those in less manual/more skilled occupations (Eurofound, 2012c). Low-skilled workers are also more likely than high-skilled workers to enter a disability benefit scheme (OECD, 2010). These findings illustrate the inequalities faced by different socio-economic categories of the population, including those in older age groups, with regard to health and well-being.

Nevertheless, it is erroneous and problematic to view older workers as a homogeneous group. In particular, older workers do not inevitably suffer a decline in health or a reduction in their work ability. Even when a worker's health or functional ability changes, this will not necessarily affect their work performance. This is because most jobs do not require people to work at their maximum capacity. In addition, measures can often be taken in the workplace to accommodate any decline in performance. The experience, better judgement and job knowledge of older workers may also allow them to compensate for any changes in their functional ability. Such attributes make older workers a valuable asset to employers (Yeomans, 2011).

Gender: Gender differences in working conditions persist across the life course, and a number of gender-specific physiological and cognitive changes exist relating to ageing individuals in the workforce and associated health outcomes. Although many of these changes occur for both men and women, there are some notable exceptions, such as the menopause (which occurs specifically in women aged around 50 and older), increased susceptibility to chronic conditions such as COPD and higher prevalence of osteoarthritis and osteoporosis. Despite a growing body of work looking at the domains of gender and age issues in the workplace separately, there has been limited research to date on the interaction between gender and age in the workplace in relation to safety and health issues and sustainable workplaces (EU-OSHA, 2014a).

Horizontal and vertical segregation in terms of women's participation in the workforce is an important factor to examine for a gender-sensitive approach (EU-OSHA, 2014a, 2015). Vertical gender segregation leads to a concentration of women in jobs lower down the hierarchy because of a lack of promotion opportunities and career mobility, which in turn can lead to a prolonged exposure to certain workplace hazards, such as repetitive work or work in awkward postures. Horizontal segregation refers to the fact that men and women tend to work in different economic sectors, which affects the risks that they are exposed to. Sectors and jobs in which women are concentrated include health and social care work, education, cleaning, and unskilled repetitive assembly and packing work. The prevalence of MSDs and stress in women's work has particular implications for the sustainability of their work.

Stereotyped views of what constitutes women's work mean that the extent of exposure to hazards and the demanding nature of some forms of such work are not always fully appreciated. However, both men and women in elementary and manual work are more likely to report thinking that they would be unable to do their current work until the age of 60 than those in skilled and professional positions (Eurofound, 2012c). Due attention needs to be given to the sustainability of work in the sectors in which women are concentrated.

Another important issue regarding the working conditions of older working women is the role played by women's caring responsibilities in extending their paid and unpaid working day, and, in some cases, their double exposure to occupational and non-occupational risk factors, and the resulting health outcomes. Women spend approximately 26 hours per week caring for others, compared with men's 8.8 hours per week (Eurofound, 2013). A specific gender focus also needs to be given to rehabilitation from work-related illnesses to ensure that programmes are accessible to women with caring responsibilities. Non-recognition of the work relatedness of women's ill-health can be a barrier to women accessing rehabilitation if such access is dependent on having a recognised occupational health problem.

Other factors: Other individual factors influencing people's decision to stop or continue working include their domestic and household situation and whether they have caring responsibilities. As people live longer, individuals may be caring for older parents as well as for children and grandchildren. According to the association Eurocarers, there are over 100 million unpaid carers in Europe (Age Platform Europe, 2011). This double workload results in exposure to multiple risks, such as work-life balance issues, high levels of stress and a lack of time to recover, either physically or psychologically, between work and domestic roles. Therefore, control over one's working time can be an important added value for

older workers with caring responsibilities. In this context it is important to note that the work-related needs of carers of older relatives are not the same as those with childcare responsibilities.

Finally, motivation to keep working is also influenced by social norms (e.g. the 'early exit culture' in countries such as Belgium and Luxembourg), a close social and family network, and values. The Joint Programming Initiative 'More Years, Better Lives' (MYBL JPI) explains that 'older workers appear to be more motivated by intrinsically rewarding job features than by extrinsic ones like financial rewards' (Hasselhorn and Apt, 2015).

Creating opportunities

An older workforce is often associated with more experience and greater skills. Preserving knowledge and know-how and avoiding a skills shortage is, therefore, a necessity for many businesses in a highly competitive economic environment. As the Commission notes, 'retaining ageing workers within an otherwise shrinking European labour force is essential for maintaining the capacity of the European economy to grow and hence to create new jobs' (EC, 2012b). This need varies by sector and occupation. In 2013, labour shortages were very high in the construction sectors in the Baltic States, Finland and France and in the service sectors in Belgium, Germany and Finland. The occupations most affected by labour shortages are health care, information and communications technology (ICT), engineering, teaching and finance (EP, 2015a).

Although the factors influencing why an individual stays in or leaves the labour market are complex and interlinked, they can be combined to create new opportunities for businesses wishing to retain their older workforce. For instance, part-time employment contracts can provide a way to give pre-retirement workers more control over their working hours, thus increasing the chance that they will stay at work up to or even after retirement age. In addition, lifelong learning initiatives and training ensure that the whole workforce keeps up to date with technological changes; investing in equipment adapted to people with different working abilities widens the pool of potential recruits; and taking care of employees' safety and health (e.g. through workplace health promotion programmes or other health-related initiatives) reduces sickness absence costs, increases employee satisfaction and productivity, and helps to improve corporate image.

These opportunities arise from the interactions of a number of areas, one being OSH. In the context of population ageing and the extension of the working life, OSH systems need to be robust and progressive, and they have to evolve and adapt to an increasingly diverse workforce. A number of prerequisites necessary for OSH systems to create and maintain the conditions for sustainable work have emerged from both desk and field research. These include:

- **Improved prevention for all** to ensure that workers do not leave the labour market prematurely for health reasons, that they maintain and enhance their work ability throughout their professional life and that they reach retirement healthy. Health surveillance, universal access to occupational health services linked to public health, work-focused rehabilitation and workplace health promotion (WHP) all contribute to this objective.
- **Specific measures for a diverse workforce** achieved through diversity-sensitive risk assessments, taking into account age, gender and different abilities, as well as type of work task, occupation and sector, professional history and cumulative exposure.
- **A holistic approach** to the promotion of well-being at the workplace, linking traditional OSH components to other aspects not traditionally considered OSH, such as training and skills development, career development, flexible working time arrangements and gradual retirement, through cooperation between occupational health services, revention services, health care, human resource management, labour inspections and other relevant stakeholders.
- **Support for companies**, in particular small and micro-enterprises, to ensure that businesses can take a proactive role in the creation of sustainable working conditions beyond compliance with regulatory requirements.
- **Integrated policies** cutting across different policy areas, in particular OSH, employment, public health, socio-economic affairs, social justice and equal opportunities and education.
- **Social dialogue at all levels.**

Sections 3 and 4 explore the extent to which these elements are reflected in scientific concepts, national policies and workplace practices related to the ageing of the workforce, the extension of the working life and rehabilitation/return-to-work programmes in Europe.

Key messages

- The world's population, including the population in Europe, has been ageing significantly over recent decades as a result of increasing life expectancy and reducing birth rates; however, the extra years of life are not necessarily spent in good health. The incidence of chronic diseases is rising as a result of population ageing, putting pressure on healthcare systems and increasing long-term care expenditures.
- The ageing of the general population goes hand-in-hand with the ageing of the European workforce. The proportion of workers aged 55-64 years is rising, while the size of the overall working-age population is declining. Thus, pension systems have to cope with contributions from fewer workers while supporting higher numbers of pensioners. One response to this in many Member States has been to increase the official retirement age, with the implications that the length of time spent in employment increases and that workers will have to work until an older age.
- Workforce ageing creates new challenges for OSH management in the workplace. Chronic health problems are becoming more prevalent within the workforce and longer working lives result in longer and cumulative exposure to workplace hazards, which is a risk factor for work-related health problems and occupational injuries.
- In times of labour shortage, retaining experienced workers is a question of survival for many businesses in a highly competitive economic environment. Factors explaining why an individual stays in or leaves work are complex and interlinked; they can be related to labour market conditions, workplace management and individual circumstances. In the workplace, working conditions, work organisation, the management of sickness absence, career development and training opportunities can all play a role in worker retention. At the individual level, health, gender, values and motivations can all be critical factors in a worker's decision to stay in or leave the labour market.
- Thus, a number of prerequisites are necessary for robust and progressive OSH systems to create and maintain the conditions for sustainable work, including:
 - improved prevention for all;
 - specific measures for a diverse workforce;
 - a holistic approach to prevention and the promotion of well-being in the workplace;
 - support for companies, in particular small and micro-enterprises; and
 - integrated policies.

3 National frameworks to address the challenges of an ageing workforce and the extension of the working life

European countries have responded in a variety of ways to the demographic challenge of population ageing. Diverse policies, programmes and initiatives have been put in place in the areas of employment, OSH, public health, social affairs and social justice (more specifically anti-discrimination). An analysis of these policies allowed for the grouping of countries into four categories describing, broadly, their policy frameworks and approaches to OSH and return-to-work programmes. In each case, the supranational and national contexts play a significant role in determining the level of development of national policies on the ageing workforce and the extension of the working life²³.

3.1 Concepts and factors influencing policy development

The following section describes the main concepts that constitute a framework for the development of policies related to the extension of the working life and the ageing of the workforce. It also identifies some of the supranational and national factors which have had an impact on the development and implementation of the national policy frameworks in Europe related to work, age and health in Europe.

3.1.1 Concepts and models for sustainable working lives

Over the past 50 years, a number of concepts and models have emerged through research into the issue of population ageing and efforts to find solutions to the challenges it poses to the society. Table 3 summarises a selection of such concepts or models (a fuller description of each concept is provided in Annex 1).

Table 3: Key concepts for sustainable working life

Concept name	Definition ²⁴
Healthy ageing	Healthy and active ageing allows people to realise their potential for physical, social and mental well-being throughout the life course and to participate in society, while providing them with adequate protection, security and care when they require assistance (WHO, 2002)
Active ageing	Active ageing is the process of optimising opportunities for health, participation and security to enhance quality of life as people age (WHO, 2002)
Lifelong learning	Lifelong learning is all learning activity undertaken throughout life, with the aim of improving knowledge, skills and competences within a personal, civic, social and/or employment-related perspective. Lifelong Learning encompasses the whole spectrum of formal, non-formal and informal learning. (EC, Making a European Area of Lifelong Learning a Reality, 2001)
Rehabilitation	Measures to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life (United Nations (UN) Convention on the Rights of Persons with Disabilities, 2006)

²³ The following sections are a summary of the detailed comparative analysis report *Safer and healthier work at any age — Analysis report on EU and Member States' policies, strategies and programmes*, produced as part of the present project. This report is based on 31 country reports examining national policies, strategies and actions on the OSH of older workers.

²⁴ The definitions of these concepts given in the table are not universally accepted, as universal definitions does not exist for most of them. Definitions presented in the table are, in most cases, extracted from the main, or most recent, policy document on the topic/concept prepared by a relevant international organisation. In a few cases, such as for 'work ability', 'wellbeing at work' and 'employability', other sources have been used.

Concept name	Definition ²⁴
WHP/health-promoting workplaces	WHP is the combined efforts of employers, employees and society to improve the health and well-being of people at work. This can be achieved through improving work organisation and the working environment, promoting active participation and encouraging personal development (European Network for Workplace Health Promotion (ENWHP), 2007)
Well-being at work	Workplace Wellbeing relates to all aspects of working life, from the quality and safety of the physical environment, to how workers feel about their work, their working environment, the climate at work and work organization. The aim of measures for workplace well-being is to complement OSH measures to make sure workers are safe, healthy, satisfied and engaged at work. (Chartered Institute of Personnel and Development (CIPD), 2007)
Return-to-work programmes	Return-to-work is a concept encompassing all procedures and initiatives aiming at facilitating the workplace reintegration of people who have experienced a reduction in work capacity or capability, whether due to invalidity, illness or ageing (International Social Security Association (ISSA), 2013)
Age management	The various dimensions by which human resources are managed within organisations with an explicit focus on ageing and, also, more generally, the overall management of the workforce ageing via public policy or collective bargaining (Walker, 1997)
Diversity management	Diversity Management is the active and conscious development of a future oriented, value driven strategic, communicative and managerial process of accepting and using certain differences and similarities as a potential in an organisation, a process which creates added value to the company (International Society for Diversity Management, 2007)
Employability	There is no commonly accepted definition of employability. In simple terms, employability can be defined as 'the quality of being employable' or the 'combination of factors permitting access to work, to maintain it and to progress in one's career' (European Commission, 2011)
Work ability	Work ability can be described as the balance between the resources of the individual and work-related factors. Personal resources include the following elements: health and functional capacities, competences and skills, values, attitudes and motivation. Work-related factors include work content, work environment, work organisation and leadership. Work ability is also influenced by the environment outside of work (Finnish Institute of Occupational Health (FIOH), based on Ilmarinen and Tuomi (2004) and Ilmarinen (2006))
Sustainable work	Sustainable work over the life-course means working conditions and career paths that help workers to retain their physical and mental health – as well as motivation and productivity – throughout an extended working life. Fit between work and the characteristics or circumstances of the individual throughout their changing life course.

Concept name	Definition ²⁴
	These conditions enable a fit between work and the characteristics or circumstances of the individual throughout their changing life, and must be developed through policies and practices at work and outside work (Eurofound, 2015)

Many concepts, such as ‘workplace health promotion’ and ‘work ability’, were developed in the 1980s, and the concept of employability can be traced back more than one hundred years. Other, more recent concepts, such as ‘active ageing’ and ‘sustainable work’, were developed towards the end of the 20th century. Initially launched by major international organisations such as the OECD, WHO active ageing is a concept also referred to as a comprehensive strategy to maximize participation and well-being as people age. WHO provided a definition of active ageing in 2002, broadening the concept based on their definition of health

Although originally developed in the academic and research world, these concepts have been adapted by international organisations to shape policy and practice. The ILO, for instance, has been addressing the vocational rehabilitation of people with disabilities and the management of an older workforce since the 1980s (ILO, 1980, 1983). In the 1990s the WHO introduced ‘active and healthy ageing’ into the international policy discourse, which today is one of the most commonly used concepts at EU and Member State level to address population ageing.(WHO, 2002). The WHO also developed the International Classification of Functioning, Health and Disability (ICF) at the beginning of the 21st century, which is changing how disability is perceived, along with work incapacity, rehabilitation and return-to-work programmes (WHO, 2001).

On the basis of these international concepts, a number of European countries have developed specific conceptual frameworks. The Netherlands, for instance, has developed the concept of ‘sustainable employability’ (*Duurzame Inzetbaarheid*); adapted from the concept of ‘employability’, it focuses on the individual at her or his workplace rather than on general labour market participation alone.

The analysis of these concepts presented in this report indicates that there are strong links between and overlaps in the different concepts, with the two main common elements being ‘the integrated approach’ and ‘the life-course perspective’.

▪ **Integrated approach**

In the context of this analysis, an **integrated approach** is one which cuts across different societal and policy areas²⁵. For example, the concept of ‘healthy ageing’, which has a very clear public health remit, is defined through nine key determinants, including issues of discrimination in employment and education and lifelong learning (EuroHealthNet, 2016). The integrated approach also considers the micro-level (individual/worker), the meso-level (organisation/workplace) and the macro-level (society). For instance, ‘employability’ originally focused on the ability of socially, physically and mentally disadvantaged people to work. However, this concept has evolved over time to encompass both the resources of individuals (including health and well-being) and the characteristics of the labour market (including equal treatment in employment and accessibility) that allow people to work (McQuaid and Lindsay, 2005).

In the OSH area specifically, there has been a shift from focusing solely on health protection to also looking at health promotion, with the recognition that individual, work-related and societal factors contribute to the health, safety and wellbeing of the workforce. Early health promotion activities in the workplace had a relatively narrow focus and addressed particular risks, lifestyles or behaviours (such as diet or smoking). A more interdisciplinary approach was developed in the 1990s. Workplace Health Promotion programmes now extend to broader organisational and environmental issues instead of focusing exclusively on individual risk factors.(Chu et al., 2000) This shift comes from a new understanding of health as ‘the ability to adapt and self-manage in the face of social, physical and

²⁵ Policy integration concerns the management of cross-cutting issues in policy-making that transcend the boundaries of established policy fields. A variety of related, and sometimes synonymous, terms are used, such as policy coherence, policy consistency, joined-up government and policy coordination. The term ‘integrated’ is used throughout the report.

emotional challenges' where health is not an end in itself but a means to fully participate in society and includes not only individual abilities but also the broader social environment in which these abilities can develop. (Huber et al., 2011)

▪ **Life-course perspective**

The **life-course perspective** to health 'views health as the product of risk behaviours, protective factors, and environmental agents that we encounter throughout our entire lives and that have cumulative, additive, and even multiplicative impacts on specific outcomes. It thus provides a construct for interpreting how peoples' experiences in their early years influence their later health and functioning' (Yu, 2006). A life-course perspective to healthy ageing considers older people's socioeconomic, mental and physical status to be a consequence of their cumulative experiences and their past (health-related) behaviour. This approach recognises that older people are not a homogeneous group and that individual diversity tends to increase with age. (WHO, 2002)

Applying the life-course approach in policies for an ageing workforce does not preclude taking group-specific measures, but recognises that each age group faces particular challenges in their life, including at work, making them vulnerable to the development of specific mental or physical health problems. Life-course perspective in OSH policies acknowledges that work-related health problems and chronic diseases develop over a long period of time and as a consequence of long-term exposure to occupational hazard, physical or psychosocial. Therefore, risk prevention throughout the working life and early interventions can have a long-term preventative goal to ensure that workers stay healthy throughout the working life and enter their post-retirement lives in good health.

3.1.2 Influence of demographic developments

All European countries are, or have been, experiencing the ageing of their populations; however, the pace and scale of this ageing differs greatly between countries. A number of indicators can be used to illustrate population ageing, such as the population's median age and the OADR.

A dramatic increase in the ageing of a country's population brings an important focus to the breadth and depth of action that the country takes on the matter. This is particularly true for a number of northern and western European countries which have either had a higher-than-average median age for a long time, or experienced a sharp increase in their population's median ages between 1970 and 1990.

Sweden, for example, was Europe's 'oldest country' throughout the 1970s and 1980s. Germany, on the other hand, went from sixth place in 1970 to second in 1990 and first in 2013. Other countries, such as Denmark, Finland, Italy and Switzerland, experienced a dramatic increase in their population's median ages between 1970 and 1990, and were among Europe's oldest countries in the 1990s and 2000s.

The OADR is another useful indicator, not only to show how populations are ageing, but also to highlight potential issues with the sustainability of pension systems. Simply put, fewer people of working age for each person above the age of 65 years means, potentially, less tax contribution to pay for old-age pensions.

Sweden, again, had the highest OADR from the 1980s to the 2000s, with the largest increase occurring between 1970 and 1990. Other countries, such as Austria, Belgium, Denmark, France, Germany, Italy, Norway and the United Kingdom, also had higher-than-average OADRs during these decades, while countries such as, Bulgaria, Greece, Spain, Portugal and Finland experienced a large increase in their OADR over a longer period, between 1970 and 2000. At the other end of the spectrum, countries such as Cyprus, Iceland, Ireland, Poland and Slovakia have experienced both a relatively 'young' population (lower-than-average median age) and low OADRs over the past decades. In 2013, these European countries were still the five 'youngest' and among the six with the lowest OADR.

To a certain extent, these trends can explain the level, or lack, of action of European countries when it comes to addressing the ageing of the general and working populations. For instance, the workshop in Poland highlighted differences in the consideration of population ageing between stakeholders in comparison to those in 'older' countries such as Finland or Germany and Finland. Polish stakeholders, for example referred to their 'favourable demographics' as a reason for their lack of action to date on these issues.

As mentioned, the ageing of the population has placed increased pressure on the sustainability of pension and social security systems. This has been a major factor driving Member States to take measures to increase retirement age and reduce social security costs, in particular costs related to health care, pensions, and work-related sickness and disability. In the early 2000s, countries such as Austria, Denmark, Finland, the Netherlands, Norway and Sweden faced high rates of sickness absence and high numbers of recipients of disability benefit (also, in part, due to the functioning of their social security systems). They were prompted to take action with regard to prevention and promotion of health at work, the improvement of sickness absence management and the development of effective return-to-work systems. During the workshops stakeholders highlighted the importance of the implementation of adequate support mechanisms to limit the negative impacts of the pension system reforms on the population, in particular the most vulnerable categories of people.

3.1.3 Supranational developments

▪ International developments

A number of international organisations have worked on the issue of the demographic change and the extension of the working life. From the UN's 1983 'International Plan of Action on Ageing' (UN, 1983) to the recent work of ISSA on the consequences of demographic change for social-security systems (ISSA, 2010), international policy developments have helped to shape our understanding of the interlinkages between age, health and work.

The degree of influence of these various international changes on the development of national policy on age and the demographic change is difficult to assess. The impact of the recommendations from the ILO, the OECD, the WHO and ISSA on successful return-to-work systems in Europe is highly visible. In relation to policies for an ageing workforce, recommendations from the OECD on pension reforms and employment policies for older workers (OECD, 2016) are sometimes referred to in national strategies, and the concept of 'active ageing' defined by the WHO forms the basis for numerous national strategies related to the demographic change. However, the influence of European mechanisms on these two aspects is also substantial, as explained in the next section.

In general, international policy developments have contributed to shaping EU policy in relation to the demographic change and have contributed to raising awareness, globally and more specifically among European countries, of issues related to population ageing.

▪ Influence of EU policies

A number of EU legislation and policies have had an important influence on the development of national policies related to the ageing workforce.

- The EU 2020 Strategy 'for smart, sustainable and inclusive growth' (EC, 2010a), adopted by the EU in 2010 following the 2008 financial crisis and ensuing economic crisis, has been a major driver of countries' reforms of the pension systems. It identifies population ageing as one of the major challenges facing the EU and states that Europe needs to make full use of its labour potential to face the associated challenges and rising global competition.
- The EU legal frameworks for OSH and anti-discrimination in employment adopted between 1989 and 2000 played a major role in the implementation throughout Europe of minimum requirements regarding age and disability discrimination in employment and adaptations of workplaces to individual abilities and needs.
- The influence of the EU OSH strategies on how Member States have addressed the challenges of demographic change in their national OSH strategies has varied, from a simple reference to specific actions addressing the OSH of older workers (see section 3.2.1).
- A number of policies and strategies in the areas of employment and public health have also been addressing the links between work, health and age, although each has done so from their own perspective and with limited cross-policy work on these issues.
- Two supporting activities at EU level have had an important impact at national level on raising awareness of the challenges of an ageing workforce and promoting age management practices:

- the European Year for Active Ageing and Solidarity between Generations, which was evaluated as having raised awareness on active ageing, stimulated public debate and fostered mutual learning (EC, 2014b);
- the European Social Fund (ESF), which has provided funding for a number of national initiatives related to the employment of older workers and the extension of the working life (see examples in section 3.2).

Since the economic crisis, the EU's approach to the challenges of population ageing and the extension of the working life has been inconsistent. The EU 2020 Strategy recommends the promotion of employment of older workers, and EU public health and OSH policies emphasise the importance of safe and healthy working conditions throughout working life. On the other hand, with record high youth-unemployment rates across the EU, particularly in countries most affected by the economic crisis, the focus has shifted strongly towards promoting the employment of those in younger age groups. The apparently contradictory demands of these two positions could be resolved by an integrated policy framework addressing the question of the extension of the working life from all relevant angles.

3.1.4 National OSH legal and institutional frameworks

The different levels of maturity of OSH legal and institutional frameworks in place in European countries are another important determining factor of national policy developments in relation to the extension of the working life.

Out of a long tradition of social welfare, a number of European countries have developed solid legal and policy frameworks to address OSH and rehabilitation/return to work. Scandinavian countries have been strengthening regulations and establishing the broader concept of work environment since the 1970s. On the other hand, countries with occupational insurance systems (such as Finland, Germany, Austria and Belgium) or traditionally focused on occupational medicine (such as eastern European countries) have put in place stringent regulatory systems focused on the protection of occupational health and, for some, more recently, the promotion of health at work. Other countries, such as the United Kingdom and Ireland, have put more emphasis on individual responsibility, with rights and duties for both employers and workers in the prevention of OSH risks (Frick, 2004; Hämäläinen, 2008).

A country's rehabilitation and return-to-work systems are strongly determined by the degree of involvement of social security institutions and by the legal framework regulating sickness absence²⁶. The institutional framework in which a rehabilitation/return-to-work system is implemented plays a very important role in determining the type of services that will be provided in a country and how coordinated and effective the system is. Which institution leads or is involved in the process depends on the country's history and tradition with regard to questions of social security, employment, health and OSH.

Mature legal and institutional frameworks for OSH seem to be more resilient to new forms of physical and psychosocial work-related risks, including those related to demographic change (EP, 2008). Such mature frameworks are characterised by:

- Long-standing laws regulating employers' obligations regarding OSH and anti-discrimination, predating the adoption of relevant European legislation.
- Coherent legal framework for the management of sickness absence, adequately covering the different steps of the return-to-work process.
- Well-developed institutional frameworks for OSH and social security, including: cooperation between different levels of governance (e.g. national and regional) on the development and implementation of policies; growing work of labour inspectorate related to risk prevention activities in parallel with enforcement; and the participation by occupational and health insurance systems in OSH risk prevention and research activities.
- Well-established multidisciplinary platforms of cooperation to develop and implement policies, strategies, programmes, and activities related to demographic changes, OSH and returning to work.

²⁶ See the report 'Rehabilitation and return to work: an analysis of EU and Member States systems and programmes', produced as part of the project 'Safer and Healthier Work at Any Age'.

3.1.5 Stakeholder involvement and cooperation

Cooperation among stakeholders, and in particular between social partners and the government, is an essential element of any national policy on employment and labour relations.

The level of influence of social partners in the development of socio-economic policies differs across Europe, from a highly influential social dialogue in the Nordic countries to the much more limited role of social partners in the United Kingdom, Ireland and central and eastern European countries. The influence of social dialogue can be illustrated by two indicators: trade union density (i.e. the total number of workers who belong to a trade union as a proportion of the eligible workforce), and collective-bargaining coverage (i.e. the percentage of the workforce covered by collective agreements) (ILO, 2011). In 2012, trade-union density was particularly high (above 60 %) in the Nordic countries (Denmark, Finland, Iceland and Sweden), while collective bargaining coverage was highest (above 90 %) in Belgium, France, Portugal, Slovenia and Austria.

Social dialogue in European countries has influenced the development of innovative policies in relation to the extension of the working life and the ageing of the workforce. In a number of Nordic and Continental countries, collective agreements have been adopted that support the improvement of working conditions for older workers, as well as the development of mechanisms for rehabilitation and returning to work. During the workshops, certain stakeholders confirmed that social dialogue has helped to circumvent businesses' misconceptions about the potential 'burden' of an older workforce (e.g. in terms of loss of productivity and support needs) and overcome trade unions' reluctance about the extension of the working life.

This tradition of social dialogue is often complemented by diverse forms of stakeholder cooperation. In a number of countries, multidisciplinary platforms of cooperation or networks have been created to exchange knowledge and foster innovation on questions related to age, work and health (see section 3.2.7). One important factor in effective cooperation is having one institution or policy area leading the process to provide overall direction and guidance. Discussions at the workshops showed that the multiplication of initiatives combined with a lack of an overarching guiding framework can lead to unnecessary duplication of effort or inequalities (e.g. between different regions in countries with a high degree of regionalisation, such as Belgium or Germany).

In many European states, occupational insurance organisations have been key drivers in promoting innovative practices to maintain and enhance work ability (OSHWiki, 2013). For instance, the Austrian Social Insurance for Occupational Risks (AUVA) developed the Fit for the Future programme (2008-2012), which supported companies in implementing prevention programmes to maintain workers' employability, preserve and foster their work ability, and ultimately reduce the number of invalidity and early retirement pensions by keeping people at work longer. Interestingly, in many countries with a more limited or one-dimensional policy framework for the extension of the working life, an important driver in the implementation of innovative practices on the ground has been the work of non-institutional actors, including companies themselves.

3.1.6 The economic crisis

Since the mid-2000s, the economic crisis has had a significant impact on economies and societies in Europe. The mainstream response from most European countries was to introduce drastic cuts in public spending with an overarching target of fiscal consolidation. Countries particularly hit by the crisis were Ireland, Greece, Cyprus and Portugal, which entered into Economic Adjustment Programmes and required financial assistance (EP, 2015b). As a result of the crisis, Greece and Spain have seen their unemployment rates hit 24 % and 26 %, respectively, with particularly high rates among younger workers (Eurostat, 2015d).

The crisis saw employment policies increasingly focused on reducing unemployment — especially for the most affected population groups, such as young workers — as well as reducing labour costs. These aims were pursued primarily through salary subsidies, tax and social security contribution reductions for employers, and the reinforcement of more flexible forms of work (e.g. fixed-term, temporary and part-time). In certain countries, and for a number of stakeholders (including trade unions), increasing the employment rate of younger people takes priority over other employment considerations, such as promoting safe and healthy working conditions for an ageing workforce. The fieldwork carried out over

the course of the project confirmed the strength of this negative driver on Greek policies. Trade union representatives considered the legal provision in the Greek social security legislation, which allows the possibility of ‘voluntary termination of service’, to be a short-sighted policy, although this is used quite frequently in sectors undergoing restructuring (e.g. banking and telecommunications). The representatives highlighted the lack of policies promoting the added value of a more mature workforce.

Key messages
<ul style="list-style-type: none"> • National policy frameworks for sustainable work are often based on concepts such as work ability, sustainable work, employability, active ageing and WHP. • These concepts advocate an integrated approach, that is taking a broader view across different societal and policy areas, and take a life-course perspective to healthy ageing, recognising that older people’s socio-economic, mental and physical status is a consequence of their cumulative experiences and their past (health-related) behaviour. • Demographic developments are a key driver in the establishment of policies to deal with an ageing population and workforce. A number of northern and western European countries have been driven to take action by the dramatic increase of their population’s median age or of their OADR in the 1980s and 1990s. • EU legislation and policies, in particular the EU OSH and anti-discrimination legislation and Europe 2020 Strategy, have had an important influence on the development of national policies. International recommendations (from the UN, ILO, WHO, OECD, etc.) have contributed to raising awareness on issues related to population ageing. • Each country’s approach owes much to its legal and institutional frameworks, determined by national traditions and historical developments in relation to OSH and social welfare. Social dialogue can also significantly influence the development of OSH, employment and social security policies. • The economic crisis has shifted political priorities in many countries towards reducing youth unemployment, sometimes to the detriment of other employment considerations, such as the improvement of working conditions to keep older people at work.

3.2 Key policy measures to address the challenges of an ageing workforce

European countries are currently addressing the challenges of an ageing workforce in very different ways, in part because of some of the contextual elements described in the previous section.

All European countries recognise that the age profile of their workforces is changing. Most have responded by developing economic and employment-related measures, such as increasing the retirement age. However, most countries have no systematic framework for examining the impact of the working environment on the ageing workforce and, more specifically, on workers’ safety and health. Although ad hoc initiatives are emerging, guided by European and international trends, their scope is limited to either a small target group or one specific policy area.

Countries with a more coherent, integrated and holistic response to workforce ageing have been addressing these issues in the broader societal context of population ageing and demographic change. Although their initial responses focused on the economy and employment, they are now developing more integrated policy frameworks, covering issues related to social affairs, health, social security, education, employment and justice, to protect the health, safety and well-being of an ageing workforce (Figure 6).

Figure 6: Elements of an integrated policy framework to address the challenges of an ageing workforce (Millieu Ltd)



The following section first presents examples from European countries illustrating the six categories of measures, and then shows how a handful of countries have brought these different aspects together in a single integrated policy framework. Annex 2 presents an overview of measures by country and category.

3.2.1 Socio-economic measures

The reform of social-protection systems to ensure the sustainability of public finances has traditionally been the cornerstone of policies addressing the socio-economic impact of an ageing population. Structural reforms of the national pension system have been more pressing for countries such as Greece and Ireland, where the economic crisis has put pressure on governments to reduce public spending on pensions as a percentage of GDP.

- **Raising the official retirement age**

Across Europe, the most common policy response to demographic change has been to adopt measures restricting pension entitlement, primarily through increasing the general statutory age limit and the required contribution years for both full and reduced pensions.

Raising the official retirement age is generally the first measure taken to increase the labour participation of, and adapt pension systems to, the older working population. Table 4 shows how official retirement ages are predicted to evolve in the next 15 years. In some countries, the statutory age shown is the one already in place; in others the official retirement age will gradually increase to that shown.

Table 4: Official retirement ages in EU/European Economic Area (EEA) Member States²⁷

Member State	Official retirement age (years)
Iceland	67
Greece	67 (male)/62 (female)
Ireland ²⁸	66 (increasing to 68 by 2028)
Italy	66 (male)/62 (female) (increasing to 66 for women by 2018 and to 67 for both genders (by 2021)
Denmark	65.5 (increasing to 67 by 2022)
Poland ²⁹	65 (male)/60 (female) (increasing to 67 by 2020 (male)/2040 (female))
Croatia	65 (male)/60 (female) (increasing to 67)
Spain	65 (increasing to 67 by 2027)
Germany	65 (gradually increasing to 67)
Netherlands	65 (increasing to 67 by 2021)
Sweden	65 (66 in 2019) ³⁰
United Kingdom	65 (male)/62 (female) ³¹ (increasing to 66 by 2020)
Belgium	65
Cyprus	65
Luxembourg	65
Portugal	65
Switzerland	65
Romania	65 (male)/63 (female)
Austria	65 (male)/60 (female) (increasing to 65 for women by 2033)
Finland ³²	63-68
Bulgaria	63 (male)/60 (female) (increasing to 65 for men and 63 for women by 2021)
Estonia	63 (increasing to 65 by 2026)
Lithuania	63 (M)/61 (F) (increasing to 65 for both genders by 2026)

²⁷ This information comes from the national reports produced as part of the project 'Safer and Healthier Work at Any Age'.

²⁸ There is no official retirement age in Ireland; retirement age is usually fixed in employment contracts. Here the age is given at which workers are able to draw their state pension.

²⁹ Pension reform of 2012 will see the retirement age rise to 67. This increase will take place gradually: every four calendar months the pension age will go up by one month. The pension age of 67 will, therefore, take effect in 2020 for men and in 2040 for women.

³⁰ This is the age at which a pension is guaranteed in Sweden; however, people meeting certain conditions can retire between 62 and 67 years.

³¹ There is no official retirement age in the UK; this is the age at which workers are able to draw their state pension, although for women this will increase to 65 by 2018. The retirement age for both men and women will increase to 66 by 2020, 67 by 2036 and 68 by 2046, although the government has made proposals for this timetable to be accelerated.

³² Workers have the right to retire between 63 and 68 years of age.

Member State	Official retirement age (years)
Slovenia	63 (M)/61 (F) (increasing to 65 for both genders by 2018)
Norway ³³	62-75
Czech Republic	62-67 ³⁴
France	62-67 ³⁵
Malta	62-65 ³⁶
Latvia	62 (increasing to 65 by 2025)
Hungary	62 (increasing to 65 by 2022)
Slovakia	62

Pension reforms have been in place for more than 15 years. The first wave of reforms happened in countries such as Hungary and Sweden at the end of the 1990s. Since then, new rules have been continually adopted throughout Europe, with further reforms expected in the years to come. Countries such as Cyprus, Denmark, Norway, Portugal and Sweden have also explicitly provided for automatic adjustments of the pension age made to reflect the increasing average life expectancy. In **Norway**, for instance, the statutory retirement age of 67 years was abolished in 2011 and the take-up of pension benefits is now possible between 62 and 75 years, with the level of benefits based on life expectancy at the age of retirement.

Phasing out default retirement age in the United Kingdom

The UK has phased out default retirement age and introduced a flexible system whereby people can work for as long as they want to. Businesses can set their own compulsory retirement age but must provide clear justification so that they are not seen to discriminate on the basis of age. They therefore need to understand the risks from specific job requirements, and how and where those can be reduced.

▪ Limiting access to early retirement

Other measures introduced to reform social security systems are linked to limitations on early retirement. Some countries have introduced stricter criteria or additional conditions, such as raising the eligible age limit or the number of years of contributions required, or limiting benefits for workers exposed to strenuous working conditions or those with a medical condition. Other countries have reduced early pensions to make them less financially attractive, or have adopted positive incentives for workers to stay at work, such as increasing the pension amount for people working beyond retirement age.

Some of these changes have taken place in the broader context of welfare policy reforms. Disability benefit schemes are of particular importance in the context of an ageing workforce. Evidence shows that transfers between early retirement and disability pension schemes occur when access to the former is restricted (OECD, 2010). Thus, over the past 20 years, a number of countries have restricted access to disability pensions by modifying the eligibility criteria (mostly medical). Only a few countries have

³³ The 2011 pension reform abolished the official retirement age and introduced a new method for calculating pension benefits using life-expectancy adjustment. The take-up of pensions is now possible at any point between the ages of 62 and 75.

³⁴ Depending on the year of birth of the worker.

³⁵ Workers can retire at the age of 62 but get full pension benefits only if they have accumulated 41.5 years of contribution. The compulsory retirement age is 67, at which point workers retire on a full pension, regardless of their number of years of contribution.

³⁶ Depending on the worker's year of birth.

introduced rehabilitation and return-to-work programmes to support those with limited work ability (see section 3.3)³⁷.

▪ Economic incentives for employers and workers

Although increasing the official retirement age increases the likelihood that the effective retirement age will increase in turn, and it is not sufficient to increase the labour participation of older workers. Therefore, in most European countries, economic incentives for employers and workers have been introduced. These incentives encourage employers to retain or hire older workers and can include subsidies, tax and social security contributions reductions.

Examples of economic incentives for employers

- In Croatia, since January 2013, an employment subsidy has been awarded to employers who hire workers over 50 who have been unemployed for the previous 12 months.
- Similar schemes exist in Romania for unemployed workers over 45 years, or for workers within three years of the retirement age.
- In Greece and Italy, the employment of older workers is subsidised through tax reductions (Italy) or financially supporting employers' social insurance contributions (Greece).
- Some countries also support the reintegration of older workers via subsidised job programmes (Italy) or job-search programmes (Lithuania).

As mentioned previously, the main influence on an individual's decision to retire or to stay at work is their finances (Hasselhorn and Apt, 2015). In 2012, the main reason that people continued to work after reaching pensionable age was to earn sufficient personal or household income (Eurostat, 2014e), suggesting that economic incentives for workers would be beneficial. Such incentives currently in place include the opportunity to combine work and old-age pensions; increasing the pension value for people working beyond retirement age (e.g. in Denmark, Estonia, Portugal and the United Kingdom); and giving pension bonuses to retired people who return to work (unretirement) (e.g. in Cyprus, Norway and Romania).

3.2.2 Employment measures

In parallel to the adoption of 'negative' measures, such as raising the retirement age and limiting eligibility for early retirement, most European governments are adopting 'positive' measures aimed at **maintaining employability** to extend working lives. In this context, employability often centres on developing the skills of the individual so that they become more 'employable'.

▪ Skills development, career management and transfer of knowledge

Many international organisations working in the fields of OSH and employment have highlighted the necessity of maintaining the skills and fostering employability of all workers over the course of their careers and of adapting training or teaching methods to the needs of specific workers' groups (Eurofound, 2015; ILO, 2012; IOSH, 2009; OECD, 2006). These topics are some of the most discussed at international level, and, as such, it is not surprising that many initiatives focus on them, as e.g. there cent legal and policy measures developed in Belgium, France and Luxembourg promoting labour participation of older workers also focus on the development of skills and the management of careers.

Instruments put in place to improve the management of careers for older workers include routine discussions of career goals, such as the 'interview to prepare the second part of the career' in France, 'mid-life career reviews' in the United Kingdom, and 'senior interview' in Denmark and Norway. These

³⁷ See the report 'Rehabilitation and return to work: an analysis of EU and Member States systems and programmes', as above.

discussions, which take place when a worker reaches a particular age, cover career expectations, evolutions, training opportunities, etc. A number of instruments and measures exist to improve older workers' skills, one of which is ensuring that there is sufficient access to training and lifelong learning opportunities (see also 'Education').

Upgrading skills throughout the life course: an EU objective

At EU level, workers over the age of 50 report having less access to skills training than their younger counterparts³⁸. The Europe 2020 Strategy³⁹ has as a key target a 75 % employment rate for the population aged 20-64, and aims to boost the participation of older workers in particular. Its flagship initiative 'An Agenda for new skills and jobs' focuses on empowering people by developing their skills throughout the life course. It highlights the importance of policies to support labour market transitions of older people, particularly from unemployment back to work. It also emphasises the importance of upgrading the skills of ageing workers, who are particularly vulnerable to economic restructuring.

Some countries have initiated programmes that focus on increasing the skill levels of specific groups of older workers, such as the unemployed and those with impaired work ability.

Increasing skill levels of 50+ workers in Poland

'50+ Solidarity across generations' is a programme that has been run by the Polish Ministry of Labour and Social Affairs since 2008, which aims to increase the economic activity of people over 50 through a variety of measures, including the improvement of qualifications and skills of older workers. The programme takes a holistic approach, as it also includes the transfer of knowledge between younger and older workers. According to the government, the programme has produced good results, such as increasing the average effective age of retirement (from 57 to 59 between 2008 and 2011) and the employment rate for people between 55 and 64 (from 31.6 % in 2008 and 34 % in 2011) (Central Europe — Ageing Platform, 2011).

In accordance with the life-course principle, a number of countries have adopted programmes that focus on knowledge transfer across generations. Some of these programmes are also a way to promote the labour participation of both older and younger workers. Belgium, France and Italy have created a mechanism to link the recruitment of young workers with the employment of older workers (called 'Generation Pact' in Belgium, 'Generation Contract' in France and 'Generation Handover' in Italy). However, the Court of Auditors' recent evaluation of the French law on the 'Generation Contract' revealed the limits of such a measure, which has been used in France mostly as a statistical pairing tool rather than as an instrument to foster intergenerational solidarity (Cour des comptes, 2016).

Increasingly, countries are realising that focusing solely on skill development and career management may not be enough to ensure that people are willing and able to stay at work. **Maintaining and enhancing a person's work ability** requires taking into account a number of other elements, including that person's physical and mental health, functional capacity, social position, domestic life and obligations (for instance caring responsibilities) and working environment (including work content, conditions and organisation). National employment policies dealing with an ageing workforce are increasingly focusing on issues related to the balance between private and working life, the flexibility of working arrangements and the adaptation of working conditions.

³⁸ According to the 2010 European Working Conditions Survey, the proportion of workers who have undergone any type of training to improve their skills over the past 12 months has decreased from 39.6 % among those under 30 to 26 % among those aged 50 and older.

³⁹ Which differs from the current employment rate of 69 %, (see EC, 2010a).

▪ Work–life balance and working time

Strategies that address work–life balance and working time are being introduced in many Member States. According to Eurofound (2015), work–life balance is an important facet of sustainable work, which will change over a person’s life according to their personal needs and family situation. Older workers often require greater flexibility in their work schedules, justified by care obligations, health issues or the desire to slowly make the transition to retirement. A number of countries have adopted employment policies introducing opportunities for gradual retirement, reduced working hours or additional leave for older workers.

- *Working time flexibility* can reduce the burden of work on older workers and help them to strike the right balance between life and work. It also allows for a softer transition to retirement. In some countries there are part-time work options for older workers; for instance, Austria has implemented *Altersteilzeit*, and in Slovenia the Employment Relationships Act grants special rights to older workers to allow them to work part-time. In the United Kingdom, since 2014, flexible work is not limited to parents and carers but can be requested by all workers.
- More formal *gradual retirement schemes* have been introduced in some countries. Progressive retirement in France enables a worker who has reached the legal retirement age to work part-time until he or she retires, while earning a partial income and a portion of his or her pension. Similarly, in Belgium, the time credit offers workers over 55 years of age, who have worked for at least 25 years, the chance to work half-time or reduce their working hours by one-fifth until retirement, earning partly from their normal wage and partly from their pension.
- The opportunity to *take extra days off* is a feature specific to Denmark and Norway, as part of their senior policies. In Norway, workers over 60 years are entitled to extra leave days that are paid for by the State. In Belgium, the government compensates healthcare providers who offer extra days off to employees over 45 years.

▪ Working conditions

People’s willingness and ability to stay at work are also strongly influenced by their working conditions. According to the ILO (2012), the political objective of extending working lives cannot be applied to all workers, especially in the case of older people in ill-health and workers who spend their careers working in difficult conditions. Improving the working environment should, therefore, be an objective of all policies aimed at extending working lives and ‘measures [...] to enable older workers to continue in employment under satisfactory conditions should be devised’ (ILO, 1980). In several European countries, measures have indeed been taken to adapt the working conditions of older workers in the context of policies promoting the employment of older people.

Conditions in employment policies for older workers

- In Belgium, the Generation Pact (initiated by social partners) allows older people who work at night to transfer to a less stressful work environment for an extended period of time.
- Spain’s Strategy for the Employment of Older Workers (Strategy 55+) includes a section on improving working conditions and OSH.
- The government of Luxembourg is currently discussing a new bill on the employment of older workers addressing the issues of working time, work–life balance and working conditions.

3.2.3 OSH measures

Within national OSH legal and policy frameworks, the recognition of the challenges of an ageing workforce is growing.

In the EU and EEA countries, the minimum **legal requirements for safety and health at work** are coordinated, as they transpose the 1989 OSH Framework Directive. The Framework Directive covers older workers as part of the whole workforce. It also refers to ‘particularly sensitive groups’ of workers,

a term which, as indicated in a 1996 EU guidance document, covers ageing workers and workers with disabilities. In addition, the Directive requires the employer to ‘adapt the work to the individual’ and to ‘take into consideration the worker’s capabilities as regards health and safety’.

In national OSH legal frameworks, four trends emerge:

- In line with the EU approach, most countries have not adopted any particular provision for the older working population. At most, they refer to older workers as a particularly sensitive group.
- A number of countries have adopted specific measures for older workers, but these often focus on increasing the frequency of medical examinations after a certain age (Belgium, Hungary, Italy, Latvia, Luxembourg, Portugal and Switzerland) or excluding workers above a certain age from carrying out certain types of more hazardous or arduous work tasks (Hungary, the Netherlands, Portugal and Slovenia).
- Some countries require employers to adapt work and the working environment to the abilities of the individual worker. In Sweden, for instance, the Work Environment Act requires conditions to be adapted to workers’ physical and mental capabilities; these include involving the worker in the design of his or her work. In Slovakia, the Act on OSH obliges employers to offer employees work that is in line with their health status, taking their age, among other factors, into account.
- In a few cases, the national OSH legislation goes further, requiring that the work ability of workers is maintained and even enhanced. In Austria, the 2011 Work and Health Law aims to maintain and improve the work ability of workers and avoid (permanent) illness through primary and secondary risk prevention. Similarly, in Finland, the 2002 Act on Occupational Health and Safety has the overall objective of retaining the work ability of all employees.

Since the end of the 1990s, as a result of European strategies for safety and health at work, most EU Member States have put national **OSH strategies/policies** in place to guide relevant activities of the government and stakeholders.

The question of the safety, health and working conditions of older workers often arises from the notion that older workers should be considered a sensitive or vulnerable category.

National OSH strategies: considering older workers as a sensitive group

- The former Belgian National Strategy for Wellbeing at Work 2008-2012 mentioned older workers as a new risk group that requires particular attention.
- In Portugal, the National Strategy for Health and Safety at Work for the period 2008-2012 and the National Plan of Occupational Health 2013-2017 perceive older workers as a very vulnerable group. The latter considers age-related risk factors and health problems at work (in particular mental health and MSDs) as a priority area for research.
- In Malta, the National Strategy for Health and Safety at Work 2008-2012 identified old age as a cause of vulnerability and an emerging risk.
- In France, the National Plan for Health at Work for the period 2010-2014 included an objective related to the safety and health of older workers, acknowledging that action is needed on work organisation and working time, the adaptation of workplaces and professional reorientation.
- In Norway’s OSH strategy, older workers are mentioned in relation to flexible working schemes that would enable people to work until they reach retirement age.

The EU’s ‘Strategic Framework on Health and Safety at Work 2014-2020’ (EC, 2014a) promotes a holistic approach towards OSH and the ageing workforce, recognising demographic change as one of the three main challenges requiring additional policy action, along with supporting small and micro-enterprises to implement effective and efficient risk-prevention strategies and improving the prevention of work-related diseases. The framework emphasises the need for safe and healthy working conditions

throughout working life to ensure active and healthy ageing. It also highlights the need for reintegration and rehabilitation measures to allow workers to return to work early after an accident or disease and avoid the permanent exclusion of workers from the labour market.

In line with this, several European countries have OSH strategies which allow for the adaptation of working conditions to keep people at work longer in good physical and mental health and to avoid workers retiring early for health reasons. In this context, the 'work ability' concept is increasingly referred to and promoted.

References to population ageing in national OSH strategies: supporting longer healthy working lives

- In Bulgaria, the National Strategy for Health and Safety at Work 2008-2012 considered the challenge of population ageing and recognised that specific measures for improving safety and health at work, both for young people and for people aged 55-64 years, are very important for extending working lives.
- In Estonia, the Occupational Health and Safety Strategy 2010-2013 introduced the goal of sustaining and promoting workers' health and enhancing their work ability.
- The National Health and Safety Strategy (2008-2013) in Latvia promoted an early-intervention and risk prevention culture that enabled a longer working life and included maintaining work ability as a general and overarching objective.
- In Poland, one of the strategic aims of the Long-term Programme for the Improvement of Work Safety and Work Conditions is to identify and improve measures which enable the development and maintenance of work ability and prevent the exclusion of workers from the labour market.

In parallel, Member States are taking steps to improve the sustainability of work for all, for example through an increased focus on preventing occupational diseases such as MSDs. In Finland, OSH legislation goes beyond risk prevention to include the promotion of well-being at work.

▪ Return to work

Some national OSH strategies recognise that longer working lives also depend on the management of sickness absence and disability. In this context, the support provided to workers to reintegrate into the workplace following a sickness absence, is a crucial component. Specific **return-to-work policies** promote effective rehabilitation and increase the likelihood of successful reintegration and worker retention after illness.

3.2.4 Health measures

Public health policies and healthcare systems have also been responding to the challenges of longer working lives.

In the public health field, the ageing of the population has been addressed from various perspectives. The development of policies on healthy and active ageing since the end of the 1990s illustrates the commitment of public authorities to improve the lives of the elderly population. On the other hand, an increasing focus has been put in recent years on the links between work and health, based on the WHO's framework of social determinants of health. The third EU public health programme, Health for Growth (2014-2020) (Regulation (EU) No 282/2014⁴⁰), acknowledges the link between healthy ageing and increased participation of older workers in employment. It notes that 'keeping people healthy and active for longer has a positive impact on productivity and competitiveness'. It also recognises the workplace as an important contributor to the promotion of healthy lifestyles and the prevention of ill-

⁴⁰ Regulation (EU) No 282/2014 on the establishment of a third Programme for the Union's action in the field of health (2014-2020). OJ L 86, 21.3.2014, p. 1–13.

health. Appropriately directed investments to promote health and prevent diseases can prolong healthy lives, enabling people to continue working as they age.

▪ **Workplace health promotion**

The concept of **WHP** (or, more recently, health-promoting workplaces; see section 3.1) forms part of both public health policies and OSH policies:

- In 2012, Estonia incorporated targets for health promotion at work into their National Health Development Plan 2009-2020, while in Hungary WHP was one of the aims of the 2003 National Programme of the Decade of Health.
- In Romania, WHP is referred to in a general manner in the National Strategy for Occupational Health and Safety 2008-2013, and, in Greece, the National Strategy for Safety and Health at Work 2010-2013 includes the enhancement of WHP in small and medium-enterprises as a broad objective.

The implementation of WHP initiatives throughout Europe has been supported by the active role played by ENWHP and its affiliated national members. For instance, the Estonian Network for Workplace Health Promotion, a member of the ENWHP, has carried out a number of activities related to workplace adaptations and working conditions.

▪ **Work-oriented health care**

In 2009, the Fit for Work Europe coalition noted that, in most European countries, there is a lack of **consideration for work outcomes during medical treatment** (McGee *et al.*, 2010; Zheltoukhova *et al.*, 2012). This means that healthcare professionals might be reluctant to encourage a person to return to work with a limiting health condition. This is particularly critical in the context of population ageing, as older workers have an increased likelihood of developing health issues while at work. A greater public health focus on the treatment of chronic but non-life threatening disease such as MSDs, coupled with early intervention, would benefit keeping people in work.

At the policy level, national healthcare policies have begun to address the support needed by people with health issues to reintegrate into the workplace or labour market. Models such as the Estonian Care and Rehabilitation Plan 2013-2020 may be restricted to medical rehabilitation, but others, such as the Portuguese National Health Plan 2012-2016, take a more global approach and also consider vocational and social rehabilitation. In a few countries, rehabilitation is also addressed in health policies focusing on specific diseases or health problems. In France, for instance, since 2009, the various Cancer Plans have strongly focused on the professional reintegration of cancer patients after treatment. As part of the new Cancer Plan 2014-2019, recommendations for return to work are addressed to everyone at risk of professional exclusion because of a health problem, and not solely to cancer patients. In Spain and Portugal, specific strategies targeting rheumatic and MSDs raise the question of professional reintegration.

Only in a few countries, however, have healthcare practitioners been actively involved in policies aimed at increasing the labour participation of people with limited work ability. For instance, the introduction of the 'fit note' in the United Kingdom (instead of the 'sick note') aimed to encourage general practitioners to think about a person's capacities rather than their incapacities. More details about countries' approaches to the return to work of people with health problems are presented in section 3.3.

▪ **Active and healthy ageing**

The EU-wide development of national and local **healthy- and active-ageing policies** over the past decade further reflects the increasingly holistic approach taken to public health, employment and social security in the context of population ageing. According to the WHO, achieving the objectives of active-ageing policies requires intersectoral action in a variety of areas, including public-health, social-welfare, education and employment (WHO, 2002) (see section 3.1).

The development of national and local active-ageing initiatives in Europe has been particularly influenced by the 2012 European Year of Active Ageing. In some countries, these policies have made clear reference to the workplace and the working conditions of older people.

References to work in active ageing policies

- In Ireland, the New Agenda on Ageing includes a section on older workers and elaborates on the idea of an age-friendly workplace.
- In Slovakia, the National Programme for Active Ageing 2014-2020 has an objective of increasing the safety of working environments for employees above the age of 50 and the protection of their health through thorough inspections conducted once every two years.
- In the Czech Republic, the National Programme for Support to Active Ageing for the years 2013-2017 is based on a holistic approach to ageing and highlights the need to further develop the idea of 'age-management strategies' in Czech companies.

In other countries, however, active-ageing strategies and programmes have focused mainly on post-retirement lives and have not included considerations related to the working environment. The evaluation of the European Year for Active Ageing and Solidarity between Generations shows that the two themes that were least covered in Member States were 'healthy working conditions' and 'reconciling work and care', while the themes most covered were 'bridging generations', 'support for social engagement' and 'health promotion and preventative health care' (EC, 2014b, 2014c).

3.2.5 Social justice and equality measures

▪ Prohibition of discrimination

In keeping with recommendations by international organisations, such as ILO (ILO, 1999; ILO, 2012) and the UN (2002), fighting **discrimination on the grounds of age or disability** has been high on the agenda of EU and national policy-makers for a number of years. In line with a broader concept of employability, discrimination in recruitment practices and unsuitable work environments is recognised as a major barrier to the participation of older people, and people with reduced work capacity, in the labour market.

The adoption in 2000 of the EU Directive on Equal treatment in employment (Council Directive 2000/78/EC⁴¹), transposed in all EU Member States, has enshrined the principle of 'reasonable accommodation' for workers with disabilities. This principle is complemented in the OSH legislation by the principle of adapting work to the abilities of the worker (see previous section). This paves the way for more sustainable working conditions for everyone, not only those with a formally recognised degree of disability.

In addition, the implementation, in a number of countries, of national strategies supporting the implementation of return-to-work policies in companies (see section 3.3) also contributes to the development of inclusive, fit-for-all workplaces.

Raising awareness against age discrimination in Belgium

Belgians are among the youngest retirees in Europe and the Belgian labour market is considered particularly unfavourable to older workers, mainly because of prejudices and misconceptions of employers, workers and the public opinion regarding the capacities of older workers. In 2012, the Belgian Federal Public Service Employment, Labour and Social Dialogue launched an awareness-raising campaign called 'Still young, already old at work'. The campaign aimed to change

⁴¹ <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32000L0078&from=en>

mentalities regarding the employment of older workers (50+) and to counter prejudices by providing business arguments for investing in an older workforce and tips for both workers and employers to retain older workers.

▪ Diversity management in workplaces

The EU OSH Framework Directive underlines the importance of adapting the work to the individual and protecting vulnerable group of workers against occupational hazards. EU-OSHA has in particular emphasised the need to cover all workers in risk assessment, including those who are considered at increased risk (EU-OSHA, 2007).

A number of countries are taking action to promote diversity-sensitive risk assessments as part of their OSH and human resource management practices, with age and gender, and their interrelations, considered important aspects of workplace diversity. Additional diversity management programmes have been initiated by different Member States.

Managing diversity in the workplace

- In 2003, the Labour Inspectorate in Austria embarked on a programme to ensure that the work of the Inspectorate, including on-site inspections, took gender issues more into account. In 2007, the scheme was expanded to cover all the areas of diversity in relation to employee protection, including the protection of older workers. As a result, gender and diversity aspects are incorporated in the daily activities of the Inspectorate. In particular, labour inspectorates look at how diversity is taken into account at the workplace in OSH management, for example during risk assessments or when risk prevention measures are implemented.
- The work of the Health and Safety Executive (HSE) in the United Kingdom has focused on managing diversity at the workplace for a number of years. The HSE's general approach is to ensure that consideration of diversity issues, including age and disability, is embedded in working practice and that employers assess such impacts during decision-making.
- The tripartite Working Longer Group (WLG) of the National Health Service (NHS) in the United Kingdom developed an internal strategy to address the impact of a raised retirement age from 65 years to 68 years in a predominantly female workforce. Subsequently, specific recommendations were made to develop and implement a risk assessment framework to assist organisations in addressing the cumulative impact of working longer, taking gender issues into account.
- In Belgium, the Brussels Employment Office Actiris provides support to companies who wish to establish a 'diversity plan' to promote the employment of more vulnerable categories of workers, including older workers and workers with disabilities.

3.2.6 Vocational education measures

As discussed earlier, the EU 2020 Strategy highlights the importance of upgrading the skills of workers who are particularly vulnerable to economic restructuring, including older workers. In this context, lifelong-learning policies (in cooperation with Member States, social partners and experts) become highly relevant (EC, 2010b).

The principle behind **lifelong learning**, strongly supported by many international organisations (Eurofound, 2015; OECD, 2006; UN, 2002), is to enable and encourage workers of all ages to take part in education and training. Many European countries have implemented programmes to promote lifelong-learning opportunities as well as vocational education more generally. Activities targeting the older population, including older workers, are often part of broader Active Ageing strategies. In a number of countries, an additional objective of vocational education activities is the transfer of knowledge between generations.

Slovenia's Annual Programme for Adult Education

In April 2015, Slovenia adopted its Annual Programme for Adult Education, which sets out a number of state-financed educational programmes and activities for adults. One focus is education and training to improve workers' competitiveness and employability in the labour market, and training for vulnerable target groups to raise their employability. Two of the target groups of the programme are people over the age of 45 without vocational or professional education, and people who are unable to work in certain occupations because of their psychophysical demands. The activities also foster inter-generational knowledge transfer to improve the employability of both young and older workers.

To implement such measures, Member States have received support from EU funding programmes such as the Grundtvig Programme and the Leonardo da Vinci Programme. Among other objectives, the Grundtvig Programme aims to enhance older people's vocational experience in order to boost their job prospects by involving them in a number of activities, such as workshops, networks and training courses. The Leonardo da Vinci Programme focuses on both recipients and providers of vocational education and training (VET).

3.2.7 Integrated policy frameworks for sustainable working lives

In a number of European countries, concepts and models such as 'work ability', 'employability' and 'sustainable work' are part of the policy discourse, encouraging people to think about working lives in a more holistic manner and taking into account factors such as health, education and the social environment.

Germany, the Netherlands and Finland — countries that have been considering these issues for several decades — have developed multidisciplinary and integrated policy frameworks in relation to demographic change and the extension of the working life. While specific policies have been implemented to foster the employability of older workers — e.g. through the promotion of adapted working conditions, training and raising awareness on age discrimination — these are incorporated into a broader framework that deals with the extension of the working life from an integrated perspective, i.e. addressing the opportunities and challenges of a diverse workforce through economic, employment, OSH, public-health, social-welfare, anti-discrimination and education perspectives.

Integrated policy frameworks to address the challenges of an ageing population and workforce

- Finland has been at the forefront of this movement with the adoption in 2010 of an overarching strategy, A Socially Sustainable Finland for 2020. The strategy is structured around three main objectives: 'a strong foundation for welfare', 'access to welfare to all' and 'a healthy and safe living environment'. Although all objectives are relevant to the question of demographic change, the first is particularly relevant to the extension of the working life in a sustainable way, as it requires the inclusion of health and well-being in all decision-making; lengthening working careers through increased workplace wellbeing; creating a better balance between different aspects of life; and making social security funding more sustainable.
- In 2012, the Netherlands launched a campaign promoting the integrated and multidisciplinary concept of 'sustainable employability'. This is a widely used concept across sectors, which can be characterised as the capability of employees to work in a healthy and productive way until retirement age and beyond. It is thus a dynamic concept, based on the life-course approach, which emphasises the need both to address short-term health concerns and to ensure that workers remain healthy and motivated in the long term. The health and well-being of workers are encapsulated within a broader concept that also focuses on other important aspects, such as skills, work-life balance, working relationships and knowledge transfer.
- Germany, concerned for many years about the impact of the demographic shift on its labour force, and on society more generally, has implemented a comprehensive national demography strategy called 'Every Age Counts'. This includes socio-economic measures to address the impact of the ageing of the general population. One of the priorities of the strategy relates to the potential shortage of skilled labour, and the resulting need to retain older, experienced workers and to facilitate knowledge transfer across generations.

Integrated policy frameworks to address the challenges of an ageing population and workforce

- To achieve this, the strategy focuses on maintaining and promoting health at the workplace, developing qualifications and training throughout the whole life course as well as, more generally, creating the conditions to support longer working lives.

A number of additional countries have also adopted innovative instruments, legal or political, to address issues related to work and health in the context of an ageing workforce. These instruments are more limited in their scope than the frameworks described above — which have a broader societal remit — but they still adopt an integrated approach and a life-course perspective to the question of health at work.

Innovative policy instruments to address the extension of the working life

- In Norway, the 2001 Cooperation Agreements on a More Inclusive Working Life (IA Agreements) are regularly renegotiated; these aim to promote measures in the workplace to reduce sickness absence, increase the integration of people with disabilities and increase the effective retirement age.
- In Austria, the national fit2work programme, inscribed in the 'Work and Health' law, provides support to companies and workers for the maintenance of work ability. It focuses on both prevention against decreases in work ability and rehabilitation and return to work following a health problem.
- Sweden and Denmark, concerned with high rates of sickness absence and health-related beneficiaries over the past decade, have been focusing their attention on the inclusiveness of the labour market and avoiding the premature exclusion of workers as a result of health problems or other reasons. Measures adopted in the context of these policies cover working conditions but also lifelong learning, transition into retirement, active ageing and economic concerns.
- In 2014, France adopted a new tripartite agreement on Quality of Life at Work, a term defined using a number of elements, from the general working environment and company culture to working conditions, gender equality, autonomy, empowerment and validation of the work accomplished. The agreement promotes a holistic approach to well-being at work, rather than focusing on specific risks or specific groups of workers.
- The United Kingdom's 2014 'Fuller Working Lives — a Framework for Action' highlights the negative effects of early exits from the labour market on individuals, businesses, society and the economy. It proposes to strengthen existing measures and adopt new ones to address the factors leading to early exit, including health conditions and disability, workplace factors, skills, redundancy, caring responsibilities and financial security.

The most advanced approaches are built on the concept of 'sustainability'. Although the term 'sustainability' is most commonly used in relation to ecology and environmental protection, it has also been applied to the working environment. Based on the World Commission on Environment and Development's definition of sustainable development, Eurofound has defined sustainable work as 'the conditions that enable the individual to meet their needs through work in the present without compromising their ability to meet their needs through work in the future' (see section 3.1).

At a national level, sustainability is often mentioned when discussing the future of social security and welfare systems. With a contracting working-age population and a growing old-age population, the length of working lives must increase for national socio-economic systems to be sustained. Promoting sustainable working lives in this context means ensuring that people are willing and able — physically, mentally and socially — to continue to work until retirement age, and that they reach retirement age in good health and that they remain healthy and independent for as long as possible.

Sustainable working also means taking a life-course perspective to health protection at work and guaranteeing good working conditions from the earliest stages of professional life.

Introducing work–life expectancy in Denmark

In Denmark, the concept of 'work–life expectancy' has been gaining ground among stakeholders over the past few years, as demonstrated during the Danish workshop. It is used to express the idea that the number of years a worker can stay at work will depend on the type of job they do (and have been doing) and how exposed they have been to strenuous working conditions. The prevention of early exit from the labour market should, therefore, be seen in the light of people's individual work trajectories rather than just as a function of age.

The general policies described above are implemented through a variety of cross-policy and multidisciplinary activities, driven and supported by stakeholders from multiple policy areas (employment, health, OSH, social security, justice, etc.), sectors (public and private) and levels of governance. At the same time, the implementation of these activities would typically require a single institutional lead to provide direction and guidance.

Types of activities within integrated policy frameworks for sustainable working lives

- *National funding programmes*, such as the Liideri programme in Finland, which allocates funds to businesses to implement innovative methods of working and new models of management; or the Professional Experience Fund in Belgium, which finances company projects that involve adapting the working conditions of workers over the age of 45 years.
- *Development of networks for exchange of practices and information*, such as the WAI-Network, which promotes the use of the Work Ability Index™ (WAI), or the Demographic Network (ddn), which prepares companies and institutions to the ageing of their workforce in Germany; or the Centre for Senior Policies in Norway, which raises awareness of older workers' resources among employers and employees; advocates what is needed to motivate workers to stay longer at work; and stimulates age diversity at the workplace.
- *Awareness-raising campaigns*, such as the Dutch government's campaign on 'sustainable employability' which aimed to raise awareness among employers and workers on the importance of health and well-being at work; or the Age Positive initiative in the United Kingdom, which aims to increase awareness among employers of safety and health issues related to age and provide them with guidance and support regarding the type of measures and actions that can be put in place to retain older workers.
- *Research activities*, such as the various research projects by the Swedish Working Environment Authority on the relationship between the work environment and a worker's decision to leave the labour force.
- *Publication of guidance, websites, e-learning tools, etc.*, such as the Socialengagement.dk (Social Commitment) toolbox in Denmark, which helps companies to be socially engaged, i.e. to work on the recruitment, well-being and retention of vulnerable workers, including older workers.

Overarching policy frameworks specify cooperation across relevant ministries, e.g. economy, employment, public health, education and social affairs, as well as integrating external partners based on social dialogue systems. Other actors, such as research organisations, universities, NGOs and charities, OSH providers and occupational health care, also play an important role, as reflected by the diversity of activities taking place outside of the institutional arena.

▪ Effectiveness of integrated policy frameworks

There has been little evaluation of integrated policy frameworks, as most are relatively recent, and so information is scarce on their impact in terms of the employment rate of older workers, the effective retirement age and the health status of the older population.

In the Netherlands, a progress report in July 2015 on the implementation of the 'Sustainable employability' campaign indicated that employers and workers were becoming more aware of what should be done to increase employability, in particular in terms of skills development. However, studies

have shown that the employability of vulnerable groups of workers (e.g. low-skilled, self-employed and part-time workers) is increasing at a much lower rate than that of other groups (Ministerie van Sociale Zaken en Werkgelegenheid, 2015). No mid-term evaluations of impacts have been identified for the Finnish Social Sustainability Strategy and the German Demography Strategy.

To find information on the effectiveness of integrated policy frameworks based on indicators such as retirement age and employment rates, it is necessary to look at older policies, such as the 1998-2002 Finnish National Programme on Ageing Workers (FINPAW). The aim of FINPAW was to keep people in active working life for longer by enhancing their work ability and employability. It addressed issues of employment, OSH, social security, health and education. One of the clear positive results revealed by the evaluation of FINPAW was increases in the employment rate of older workers and effective retirement age. Other outcomes included greater awareness and positive changes in attitude towards older workers, as well as better opportunities for older people to engage in lifelong learning and vocational education (Social Development Company Ltd, 2003).

Some of the more targeted policy instruments described above have also been assessed, results of which provide indications of success factors and areas for improvement. In Norway, evaluations of the combined impacts of the IA Agreements, the activities of the Centre for Senior Policies and other relevant policies for an ageing workforce are positive in terms of increasing employment rates and average effective retirement age, although it is not possible to attribute these successes to a single policy or initiative (EC, 2012c). In France, recent assessments of company agreements for older workers indicate that, although companies have set very prudent objectives and the impacts of the agreements have varied a lot across companies, the law has had a positive effect in encouraging enterprises to look into the issue of older people's working conditions (DARES, 2011; Poilpot-Rocaboy *et al.*, 2013; Volkoff *et al.*, 2012).

The evaluation of the Austrian Fit for the Future initiative concluded that there is a significant relationship between work ability and values; health; cooperation with co-workers; capacity to take an active role; and work burdens (dependent on the sector) (Kloimüller and Czeskleba, 2013). It also showed that, when measures were implemented to raise work ability across all age groups, their effect was greatest among apprentices. Without such interventions, young members of the workforce lost three or four points of their work ability within 2 years⁴².

■ Barriers and challenges

A number of areas for improvement in relation to legal and policy frameworks for an ageing workforce were identified in the analysis and during the fieldwork⁴³:

- Although the existing OSH legal framework is comprehensive and seems sufficient to address the needs of all workers in the context of extended working lives, its implementation on the ground remains a challenge, particularly in small and micro-companies.
- Focusing on older workers as a 'vulnerable category' of workers can increase the stigma on the older working population and the risk of ignoring the early signs of potential chronic health problems in middle-aged workers. A focus on career management or generation management ensures that the needs of all workers are taken into account and equates age with experience rather than vulnerability.
- Two factors can undermine the effectiveness of any policy framework for healthier extended working lives: the lack of coordination across activities and policy areas and the lack of awareness of employers and workers about existing mechanisms and initiatives to encourage sustainable working lives.
- Finally, cultural perceptions at societal level and attitudes and behaviours in the workplace are a major influencing factor in work retention. In the workplace, elements include the attitude of employers, managers and colleagues, the company culture with regard to well-being at work and social dialogue, and the financial and human resources allocated to address these

⁴² For more information about Fit for the Future and its achievements, see the case study 'Fit for the Future — Austria' prepared as part of 'Safer and Healthier Work at Any Age' project.

⁴³ Information collected during the national expert workshops, which took place between March and July 2014 (see Section 1).

questions. At societal level, cultural perceptions also have a strong influence, in particular when it comes to retirement age. In a number of countries, encouraging people to stay at work at least until retirement age, and possibly even later, goes against deep-rooted perceptions that retirement is a right earned by workers after a certain number of years.

Key messages

- All countries have implemented socio-economic measures to address the ageing of their population, in particular raising the retirement age, limiting access to early retirement and providing economic incentives to employers and workers to keep working.
- Most countries in Europe have adopted measures to:
 - improve the employability of older workers, focusing on skills development and career management, including through vocational education and training and lifelong-learning programmes;
 - fight discrimination on the grounds of age, gender or disability.
- The OSH law and/or policies in most countries focus on the prevention of OSH risks and related health issues rather than adopting a holistic approach to the promotion of health and well-being.
- Current national OSH legal frameworks, based on the minimum requirements set at the EU level, are considered sufficient to cover the OSH risks to the whole workforce, regardless of age. However, older workers are often mentioned in national OSH strategies as a specific category of vulnerable workers.
- Some countries have adopted employment policies that also address the question of the working conditions and working time of older workers. Common measures include flexible working arrangements, transfers to less arduous work tasks, additional days off, etc.
- Many countries have adopted public health programmes which aim to promote health in the workplace and public health programmes which support the concept of 'healthy ageing'. Some countries have reformed their national healthcare systems to promote a better integration of work-related issues in the medical treatment phase.
- Recommendations from EU and international organisations have had an important influence on the development of national policies, in particular in relation to anti-discrimination, lifelong learning, vocational training, WHP, active and healthy ageing.

Prerequisites for OSH systems to ensure sustainable work:

- The focus of OSH policies and legislation should be broadened to target health and well-being promotion in addition to risk and accident prevention. Setting a broader objective in the OSH legislation, e.g. improving work ability or creating sustainable working conditions, allows consideration of aspects not traditionally considered as 'OSH', (e.g. those related to non-discrimination or skill and career development).
- OSH policies related to sustainable work should take a life-course approach, acknowledging the cumulative exposure to risks experienced by older workers and ensuring that prevention starts at an early age.
- OSH policies for an ageing workforce should be integrated into a broader policy framework that covers aspects related to employment, public health, social affairs, anti-discrimination, education, etc. This broader framework should be implemented through a variety of legal, political, technical and financial measures related to age and career management, OSH, work organisation, anti-discrimination, skills development, vocational training, health care and health promotion.
- Stakeholders from various policy fields and from all levels of governance should cooperate towards an overarching objective. Social partners should play a prominent role, including in the adoption of collective agreements.

Key messages

Other intermediary actors, such as labour inspectorates, OSH and occupational healthcare providers, and occupational insurance organisations, also have an important contribution, in particular by providing practical support to companies in their implementation of legal and policy frameworks.

- Cross-policy and multidisciplinary activities should be put in place, including national funding programmes, a network for the exchange of practices and information, awareness-raising campaigns, research activities, guidance and e-tools.

3.3 National systems for rehabilitation and return-to-work

This section provides an overview of Member States' rehabilitation and return-to-work systems. It starts by addressing the question of the relevance of investigating rehabilitation and return-to-work systems in the context of a project on the demographic change and the ageing of the workforce.

It then examines the systems in place in European countries for the rehabilitation and reintegration at work of people with permanently reduced work capacity or after long-term sick-leave, and the systems in place for the management of sickness absence. Finally, it gives an overview of the successful components of current integrated systems for return to work in Europe.

3.3.1 An introduction to rehabilitation and return to work

To guarantee the sustainability of social security systems, European countries have been implementing policies to extend the duration of the working life. As described in the previous section, they have done so primarily by raising the statutory retirement age and limiting access to early retirement benefits but also through policies aiming at maintaining people's work ability and employability throughout working life⁴⁴.

Rehabilitation and return-to-work systems are part of this process, as they aim to maintain or restore people's work ability; support workers' reintegration at the workplace or into employment after long-term absence from work; and, more generally, prevent the exclusion of people from the labour market who have reduced work capacity due to their health⁴⁵. The growing burden of chronic diseases and their impact on workers' functional capacities means that the role of primary care professionals in the early diagnosis of chronic illness is critical to prevent or reduce the duration of sickness absence. In this context, ensuring that workers with chronic health conditions can stay in employment requires coordination at all levels, which is the aim of a return-to-work system.

The perspective on return to work has changed over the years, from the more traditional biomedical model, which focuses treatment on the restoration of lost work ability by attempting to overcome, adapt or compensate for this loss, to the recent bio-psychosocial model, which views the return-to-work process as the interplay between the macro-system (societal context, culture and politics), the meso-system (workplace, health care, legislative and insurance system) and the micro-system (the worker).

More recent operational models⁴⁶ have helped put in place programmes or practices aiming at an early return to work through the incorporation of the workplace into the treatment programme. The vision of adapted work as an asset in the treatment of a disease is a relatively new concept, which is only starting to permeate the current national systems for sickness absence and disability management, as illustrated in the following sections.

⁴⁴ For more information on this, see the report *Safer and healthier work at any age — Analysis report on EU and Member States policies, strategies and programmes*, as above.

⁴⁵ Definitions of rehabilitation and return to work are provided in section 3.1.1.

⁴⁶ Such as the Sherbrooke model, which is an early intervention model for patients suffering from lower-back pain, or the model based on the recommendations from Black and Frost (2011).

3.3.2 Rehabilitation and reintegration at work of people with a disability or permanent reduction in work capacity

Comprehensive return-to-work systems target a much larger population than those with a recognised degree of disability or a permanent reduction of work capacity. However, in many countries measures targeting people with a disability constitute the only form of support for rehabilitation and reintegration in the workplace.

All Member States have established obligations and incentives to foster the labour participation of people with a disability, although to varying degrees. These obligations and incentives are usually targeted at people with a certified degree of disability, whether congenital or not, or a certified permanent reduction of work capacity. Who this actually targets depends on the definition of ‘disability’ in the country, as well as societal attitudes towards disability, which may determine whether or not a person will get formal recognition.

The Court of Justice’s interpretation of disability

The most recent interpretation of the concept of disability (as defined in the Employment Equality Directive (2000/78/EC; see below) by the Court of Justice of the EU⁴⁷, is in line with a broad approach. According to the court, the concept is understood as ‘including a condition caused by an illness medically diagnosed as curable or incurable where that illness entails a limitation which results in particular from physical, mental or psychological impairments which in interaction with various barriers may hinder the full and effective participation of the person concerned in professional life on an equal basis with other workers, and the limitation is a long-term one’. This definition of disability covers all chronic conditions, which would therefore fall under the obligation of ‘reasonable accommodation’ of workers with disability and discriminatory dismissal. This has the potential to significantly extend the protection of workers with long-term ill-health conditions in EU Member States.

All European countries have **legal requirements** to encourage the employment of people with a disability, such as protection against dismissal, quotas for the employment of workers with disabilities and obligations to make suitable adaptations to the workplace. There is a minimum requirement for employers to provide ‘reasonable accommodation’ for workers with a disability, stemming from the EU anti-discrimination legal framework (Council Directive 2000/78/EC).

The EU anti-discrimination framework

The development of a general EU framework for equal treatment in employment and occupation (the Employment Equality Directive 2000/78/EC) has greatly contributed to the harmonisation of national anti-discrimination legislation. The Directive covers disability and requires employers to ‘make reasonable adjustments to accommodate people with disabilities’. To date, this EU requirement is the only basis in a number of EU Member States for adapting the workplace to a worker’s health condition.

In most countries, this obligation is complemented by **financial incentives** for employers to hire or accommodate workers with disabilities or reduced work capacity.

Institutional financial supports for workplace accommodations for people with disabilities

- In Croatia, the Fund for the Professional Rehabilitation and Employment of Disabled Persons provides financial incentives, such as tax incentives and reduced contributions, to encourage employers to hire people with disabilities.

⁴⁷ Joined Cases C-335/11 and C-337/11, Ring and Skouboe Werge.

Institutional financial supports for workplace accommodations for people with disabilities

- In Latvia, employers who hire or rehire individuals with a recognised degree of disability can benefit from tax incentives.
- In Poland, the National Fund for the Rehabilitation of the Disabled provides funding to employers who hire people with disabilities, to pay for wages and adaptations of their workstations.
- In Spain, employers can receive financial support from the National Institute of Social Security (INSS) to comply with their obligation to make adaptations to meet the needs of workers with disabilities.
- In France, the Agefiph — the association managing the fund for the professional integration of disabled workers — provides funding for ergonomic studies (performed by an external specialist) prior to an employee's return to work. This can include adaptation of the equipment, work station and wider adaptation of the workplace to their particular needs, as well as personal skill assessments and vocational training, as required.

Many countries have **support mechanisms** in place to help workers with disabilities or reduced work capacity to find a job or access training. Vocational support generally comes from employment agencies or non-institutional organisations whose specific responsibility is to ensure the reintegration of people with disabilities into the labour market. For example, the Labour Office of the Czech Republic coordinates the provision of vocational rehabilitation services to people with disabilities, through the development of an individual plan assessing the person's situation and his or her needs. In Slovenia, the University Rehabilitation Institute is the main provider of vocational rehabilitation services; these are provided after an assessment of the person's capacities and are fully individualised to fit the person's needs.

Member States have also used the reform of the **disability benefits system** to promote the participation of people with disabilities in the labour market. Such reform consists mainly of restricting the allocation criteria. A number of countries in Europe, including Cyprus, Denmark, Finland, France, Germany, Ireland, Lithuania, Portugal, Slovenia and the United Kingdom, have introduced the option for people who receive disability benefits to earn an income at the same time. There usually is a limit on how much per week a person can earn, or how many hours per week a person can work, while receiving disability benefits. These measures help to shift the perception of disability benefits towards temporary income-support measures for the worker in rehabilitation.

Several countries have moved towards a positive and **work-oriented approach to disability**, focusing on an individual's capabilities and the adaptation of the workplace.

From incapacity to remaining capacity

- In Denmark, the reform of the disability benefit system in 2003 changed the assessment criteria to focus on the remaining work ability of people with disabilities rather than on work incapacity. As a result, the assessment determines whether a person is able to perform a normal job or needs a subsidised 'flexible' job (*fleksjob*) with reduced working hours and/or reduced work speed.
- In the Netherlands, the Occupational Disability Act of 2005 shifted the focus from an assessment of workers' disabilities to an assessment of their remaining capabilities. The assessment can help to determine if work adaptations or vocational rehabilitation services are needed in order to reintegrate the worker quickly.
- In Hungary, a recent reform in 2012 introduced a shift from looking solely at health impairments to considering remaining capacities and capabilities relevant to someone's employability. In Estonia, such a reform is upcoming and will include a performance evaluation, which will take into account a person's work and professional competences, as a basis for options on rehabilitation.

Similarly, some countries have made rehabilitation a condition of the allocation of disability benefits. This principle, known as '**rehabilitation before compensation**', makes rehabilitation an integral part of statutory compensation. Socio-vocational rehabilitation is both a right and an obligation, i.e. no

compensation for earnings is awarded until rehabilitation possibilities have first been assessed. To date, this principle has been applied in Austria, Denmark, Finland, Germany, the Netherlands, Norway, Sweden and Switzerland, and is supported by a well-resourced system for vocational rehabilitation.

Some countries have gone a step further by ending the allocation of disability benefits altogether and instead providing financial support for rehabilitation and employment-promotion measures. This is the case in Austria, which since 2012 has provided financial support for rehabilitation to all workers under the age of 50 with reduced work capability. Disability benefits are given only to workers older than 50 years who have not returned to work even after rehabilitation programmes. In Sweden, no disability benefits are provided; workers with a permanently-reduced capacity to work, and for whom all return-to-work possibilities have been explored, receive sickness compensation, which is re-evaluated every three years.

A number of countries offer rehabilitation to people who have suffered from an **officially recognised occupational accident or disease**, as well as those with certified disabilities. Although such systems are broader, they nevertheless make access to vocational rehabilitation services dependent on the formal recognition of certain health conditions, which excludes other injured or sick workers.

3.3.3 The management of sickness absence and reintegration into the workplace

Sickness absence does not benefit from a similar European framework to disability; instead, it is governed by national legislation. Most Member States have adopted minimum rules for the protection of workers against dismissal during sickness absence. Although it is usually possible to dismiss of an employee on long-term sickness absence or with a permanent partial incapacity to perform a number of tasks, this is done often a last resort, after the employer has exhausted re-employment possibilities.

Conditions for dismissal of an employee on long-term sick leave: some examples

- In France, Italy and Sweden, dismissal of an employee is possible only if the employer can prove that they have done everything possible to reintegrate the employee in the same or another position in the company.
- In the United Kingdom, dismissal of an employee with a long-term illness on the grounds of incapacity can be considered fair. Prior to dismissing the employee, the employer should have left enough time for recovery, and sought possible accommodation on the basis of medical report and occupational health assessment.
- In the Czech Republic, the employer must reassign the worker to a different position after a long-term sickness absence, if it is considered necessary based on the assessment of their abilities. However, this obligation is limited to workers who have suffered from an occupational accident or disease.

Reinstatement procedures following sickness absence are very diverse across Europe. The reinstatement procedure generally entails the provision of recommendations on workplace adaptations — prescriptive or optional, depending on the country — provided by the person or organisation in charge of establishing the degree of work incapacity. In several countries (for instance France and Romania) the employer is bound by the recommendations of the occupational physician. In Luxembourg, the Joint Commission, taking the final decision on the employee's capacity, can prescribe rehabilitation measures or vocational training with a view to the worker's reemployment. In the United Kingdom, where a national system of occupational health does not exist, the general practitioner (GP) provides the employer with non-binding recommendations regarding the reintegration of a worker. In France and Italy, the reintegration of the worker into the workplace is supported by a reinstatement visit; this includes a meeting at the workstation between the employer and the worker, led by the occupational physician.

In the absence of rules related to reinstatement, the OSH legislation can require the employer to **adapt work stations and workplaces** to the needs and abilities of their workers, without them being recognised as having a disability. This is the case in Portugal, where the OSH legal framework requires employers to adapt the working conditions of workers with chronic illnesses. It is also the case in Estonia,

where the Social Insurance Board also provides services to workers with long-term sickness or permanent health conditions.

In a number of countries, additional labour market and employment provisions exist to encourage workers to return to work and/or employers to establish return-to-work procedures. This can include **flexible working arrangements** (e.g. part-time work, flexible working hours to accommodate treatment, and resting breaks) for people on sickness absence who wish to come back to work but do not feel ready to work full-time. For instance, in France, Belgium and Luxembourg, the measure ‘part-time employment period for medical purposes’ is inscribed in law; this allows people to work part-time temporarily, to facilitate their return to work after a long sickness absence.

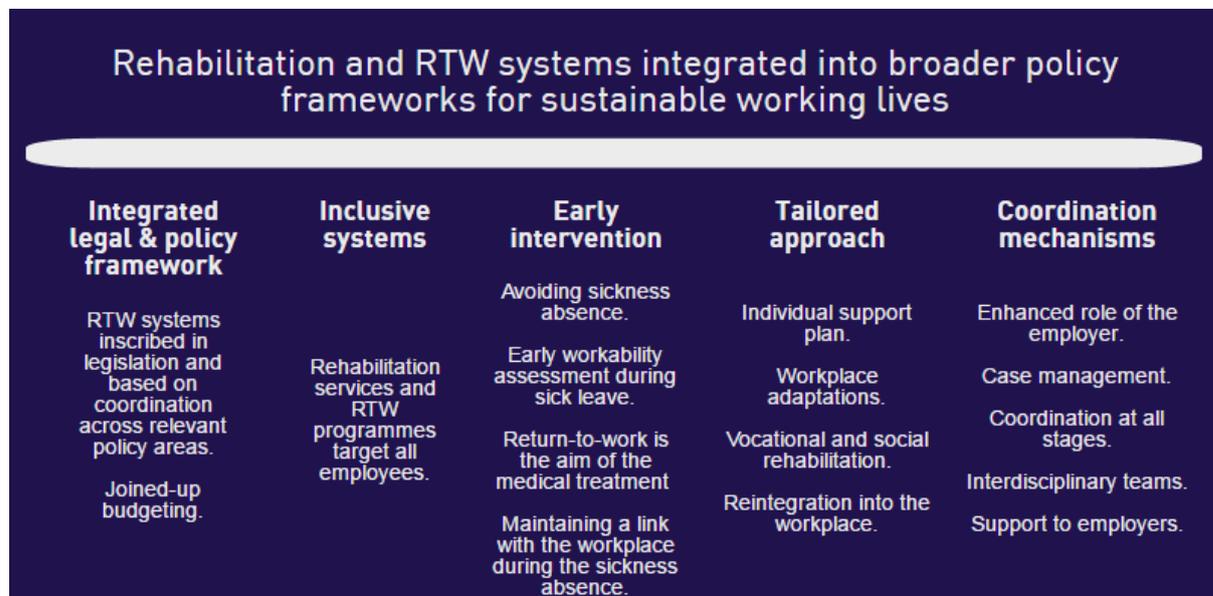
In addition to the provision of technical support, **financial incentives for employers** can be found in some legislation. In Denmark, §56 of the Act on Benefits in the Event of Illness or Childbirth stipulates that employers hiring a worker with an increased risk of absence from work, because of a long-term or chronic health problem, can be reimbursed for the first 21 days of sickness absence every time the worker is out of work as a result of their condition.

In a number of Member States, the **sickness benefit system** has been reformed to provide incentives for people to return to work, in particular by transferring certain responsibilities to employers. Employers who have to pay the full salary for several weeks or months of someone on sickness absence are likely to have a stronger and more immediate incentive to implement effective return-to-work procedures than employers who only pay directly for a few days. In the Netherlands, following the Gatekeeper Act in 2002, the period of employer-paid sick leave was extended to two years, or three if the employer fails to fulfil their obligations.

3.3.4 Integrated rehabilitation and return-to-work systems

Only a handful of countries in Europe can be considered to have a comprehensive framework for rehabilitation and return to work, targeting all workers and valuing early intervention and individualised approaches. Figure 7 illustrates the main elements of integrated systems for rehabilitation and return to work.

Figure 7: Elements of integrated systems for rehabilitation and return to work systems (Milieu Ltd)



Integration of the return-to work system into a broader policy framework

Countries that have in place an integrated system for rehabilitation and return to work have generally implemented it as part of a broader policy framework to tackle the sustainability of work and the need to retain workers for longer and in good health. As mentioned previously, the governments of Austria, Denmark, Germany and Sweden have been concerned with the changes in the demographic profile of

their populations for several decades. Since the early 2000s, the policy discourse in these countries has focused on the need to maintain employability and ensure the sustainability of the social security systems, through an integrated and cross-policy approach to the ageing of the population and workforce. This has led to the creation of integrated systems or programmes for rehabilitation and return to work, such as *fit2work* in Austria and the large return-to-work programme in Denmark. Summaries of these two programmes, in addition to those of seven others, are presented in Annex 4.

▪ **Coordination across policy areas**

The establishment of an effective return-to-work system is based on the coordination of policies across the sectors of employment, public health, OSH and social security.

Such coordination can also be done for a specific health problem. For example, the French Cancer Plan 2014-2019, from the Ministry of Social Affairs and Health, proposes to set up pilot regional coordination platforms to coordinate the actions of those involved in the return to work of cancer patients. It also means coordinating stakeholders, as many can be involved in return-to-work systems. The Belgian National Institute for Sickness and Invalidity Insurance, for instance, is developing consultation platforms to allow all relevant stakeholders to participate in discussions related to return to work. Finally, joined-up budgeting across different organisations can improve the efficiency of resource use. In Sweden, the Act on Financial Coordination of Rehabilitation Measures prescribes the creation of independent local coordination associations, representing the Social Insurance Agency, the Public Employment Service, municipalities and the counties. The associations function on the basis of a joined-up budget to which all administrations contribute, and all are responsible for coordinating the overall rehabilitation process (Susam, 2016).

▪ **Inclusive systems**

In many countries, people suffering from non-work-related accidents and diseases (i.e. not officially recognised as being caused by work) and who do not have an official recognition of degree of work incapacity are excluded from vocational rehabilitation programmes and workplace reintegration interventions. Effective return-to-work systems in Europe are those that cover all workers on medium- or long-term sickness absence, whatever the origin of their health problem. In very advanced systems based on early intervention, these can also cover workers with a health issue before they go on sickness absence.

▪ **Early intervention**

In countries with integrated systems, the return-to-work procedure starts between four weeks and three months after the beginning of the sickness absence. In Denmark, the employer must arrange a discussion with the worker on their return to work within four weeks of the worker's first sick day, while rehabilitation starts after eight weeks of sickness absence. In Norway and Sweden, a follow-up plan is drawn up by the employer after four weeks of sickness absence; in Germany after six weeks; in the Netherlands after a maximum of eight weeks; and in Finland after 90 days. An interesting feature of the Finnish system is that these 90 days can be either continuous or over a period of 2 years, which covers workers suffering from 'lighter' but chronic health problems. In the United Kingdom, the new Fit for Work services created in 2015 is open to workers who have been off sick for four weeks or more. In Austria, the worker and/or the employer may request the services of *fit2work* even before a problem leads to sickness absence. The objective here is the retention of the worker in the workplace, through providing the worker and the employer/human resources department/OSH services with the necessary tools to manage the health issue at work. Such systems are particularly relevant to those with non-life-threatening chronic diseases.

In such early interventions, medical and vocational rehabilitation are usually arranged together, and return to work is considered by medical professionals as an important outcome of the medical treatment. According to Fit for Work Europe, viewing return to work as a health outcome helps employers and healthcare professionals to work towards a common objective (Bevan, 2013).

▪ Tailored and interdisciplinary approaches

Many countries offer interdisciplinary support tailored to the needs and abilities of the individual.

Individual support plan

A tailored approach allows the worker's occupational and personal history to be taken into account, so that an individual plan can be created which includes adapted measures for rehabilitation/return to work. Most countries with integrated return-to-work systems require employers to draw up individual action plans (known variously as 'reintegration action plans', 'retention plans' or 'follow-up plans'). This process requires the active participation of the worker and helps to build trust with the other actors involved.

In Denmark, Norway and Sweden, the coordinating body in charge of rehabilitation/return to work (i.e. the municipality in Denmark, the Norwegian Labour and Welfare Administration (NAV) or the Social Insurance Agency in Sweden (see below)) will request the worker's reintegration plan before any vocational rehabilitation is started. This has three main benefits: (1) it ensures that any external vocational rehabilitation support provided will be adapted to the worker's tasks; (2) it ensures that the worker will have the necessary support and adaptations on their return to work; and (3) it is a way of engaging the employer in the worker's return-to-work process before the worker actually comes back.

Tailored workplace interventions

Tailored interventions support a stepped-care approach, which provides services to each worker based on the seriousness of their condition and the duration of their sickness absence. The longer the sickness absence, the more complex and structured the intervention should be.

The measures that can be implemented at the workplace to support the reintegration of sick/injured workers vary widely. They can relate to:

- the working environment, for instance adapting workstations or providing new technical equipment to help the worker carry out their tasks;
- the working time, for instance allowing the worker to come back part-time temporarily, or adapting working hours to accommodate their treatment needs;
- the worker's career, for instance providing training so that they can change jobs within the company and avoid tasks that are no longer suitable for their abilities.

In countries with advanced approaches, adaptation measures are defined early in the process, sometimes while medical treatment is still taking place, and the link with the workplace is maintained during the sickness absence. Workplace adaptations are often combined with healthcare measures (e.g. physiotherapy) and can also be combined with educational measures (e.g. vocational training) and socio-economic measures (e.g. financial compensation to undergo rehabilitation).

Examples of tailored interventions in return-to-work programmes

- In the Netherlands, the Centre for Chronic Illness and Work (CCZW) runs a programme entitled 'Certification of experts-by-experience: Work and Participation', which provides targeted and personalised reintegration and return-to-work services for people with chronic conditions. The coaches working for this programme are 'experts by experience', in the sense that they too suffer from a chronic condition. This approach allows the workers to receive tailored and personalised support from the coaches.
- The Danish Return to Work programme and the Austrian fit2work programme also provide individual support to sick workers, whereby a consultant (Austria) or a return-to-work coordinator (Denmark) sets up an individual follow-up plan tailored to the capacities and needs of the sick worker.

Reintegration into the workplace or labour market

Reintegration into the workplace can be progressive. In Denmark, the municipality can grant part-time sickness benefits⁴⁸ if the worker is able to work some days per week during their recovery period. Similar schemes exist in Finland, Norway and Sweden, where sickness benefit insurers — KELA, NAV and the Social Insurance Agency, respectively — provide part-time sickness benefits over a specific period to help the worker get back to work. When reintegration in the previous position is not possible, other forms of employment can be considered. Danish municipalities provide adapted '*fleksjobs*', or 'flexible jobs', to workers whose capacities have been significantly reduced by accident or disease. Workers in these jobs benefit from reduced working hours and/or reduced work speed.

- **Coordinating mechanisms**

Enhanced role of the employer

In countries with well-developed return-to-work systems, there has been a shift in recent years towards increasing the employer's level of responsibility in the return-to-work process, although the Netherlands is the only country in which the employer is fully responsible for coordinating the process. Here, they are full participants in the return-to-work process from the start and are also part of the decision-making system. This helps to ensure that employers do not regard the reintegration process as a burden, for which they would need compensation and incentives, but as an opportunity to regain their worker and his or her particular skills, competences and experience. The guidance and technical support they need — in particular in small and micro-enterprises with limited experience in rehabilitation measures or with no occupational health services or human resources departments — can be provided by the relevant coordination body. In Sweden, for instance, the drawing up of the reintegration plan is done by the employer in coordination with the Social Insurance Agency.

Employers can also receive technical support to define adaptation measures, beyond the support they receive from their internal occupational health services or human resources department. Such technical support can include guidance documents for the reintegration of a person with a specific health problem; consultant support for carrying out an ergonomic assessment prior to a person with reduced capacity returning to work; and a personal helper to support the person at work with a disability. In the Netherlands, private enterprises or 'reintegration bureaus', who specialise in assisting reintegration, can provide advice and coaching to employers on how to develop and implement a reintegration plan. In Finland, KELA administers a 'work ability helpdesk', which can be used by workers or companies' occupational health services to receive advice on a range of issues to ensure an individual's the rapid return to work. In the United Kingdom, the Fit for Work services play a similar role, supporting employers with the design of a return-to-work plan for their employee on sickness absence.

Case management

In most countries, a case manager can help coordinate the rehabilitation and reintegration process. He or she usually works within the coordinating body (or bodies) supporting the rehabilitation/return-to-work process.

At the start of the return-to-work process, the worker is allocated a coordinator or case manager who is responsible for directing the worker to the different services available to support their successful return to work and ensuring that the services offered to the worker correspond to their needs. The coordinator typically starts by assessing the worker's capacity, taking into account his or her social and professional history and environment as well as their functional abilities.

Based on the principles of the bio-psychosocial theoretical model, this assessment is carried out with the help of a multidisciplinary team, which includes medical, physical and mental health doctors and therapists but also social officers, vocational rehabilitation and employment specialists. Following this assessment, the coordinator is responsible for developing an action plan containing all the measures and steps to be taken for the successful reintegration of the worker, along with a clear timeline. The

⁴⁸ Sickness benefits (or sickness allowance) are daily/weekly/monthly cash or in-kind benefits provided to a person who is absent from work because of health-related issues for a certain period of time (usually decided in national legislation).

plan can also include recommendations for the workplace and action points for the employer and/or occupational physician.

Examples of case-management coordination

- In Denmark, return-to-work coordinators, or 'social insurance officers' (SIOs), are social workers from the municipal job centres.
- In Austria, workers supported by the programme *fit2work* are allocated a *fit2work* case manager who assists the worker personally in implementing their return-to-work plan.
- In the United Kingdom, the Fit for Work services are based on a case-management approach: one advisor, who is an occupational health professional, is dedicated to a specific case and helps with the design of the return-to-work plan.
- In Finland, social partners have launched discussions about appointing a 'work ability coordinator' to those returning to work who have a partial disability. The coordinator's task would be to tailor an individual solution to the needs of the worker.
- In Germany, the regional branches of the statutory pension insurance scheme (DRV) are increasingly taking a case-management approach to rehabilitation, as demonstrated by the project 'Integrationsprojekt RehaFuturReal®', launched in 2011 by the Westphalian branch of the DRV.

Coordination at all stages

The case manager, or coordinating body, intervenes at all stages of the process. First, coordination may be needed during the *medical rehabilitation* process. Medical rehabilitation may range from consultations with a GP and a few specialists (e.g. physiotherapists and psychiatrists) to more complex medical rehabilitation requiring the worker to enter a (public or private) specialised rehabilitation centre. In some cases, the coordinating institution provides occupationally oriented medical rehabilitation, or at least ensures that work is considered as a treatment outcome in the medical rehabilitation process. In Germany, the DRV has set up a programme called 'medical-occupational oriented rehabilitation' which tailors the medical rehabilitation to the individual's work-related needs. Therapy in this case focuses not only on the physical or mental illness, but also considers the worker's occupation and provides advice on how to deal with the illness in the workplace.

Second, coordination is important for supporting the *vocational rehabilitation* of the sick or injured worker. The type of vocational rehabilitation provided depends on the health problem, the degree of work incapacity and the occupational profile of the worker involved. Before providing vocational rehabilitation, and following the worker's medical treatment, the coordinating body will most likely assess the worker's remaining work capacities to identify the most appropriate rehabilitation and return-to-work options. Vocational rehabilitation may consist only of providing advice on possible workplace adaptation, but it can also involve courses on adaptation to new levels of workability, such as learning to do the same job with different physical or mental abilities, or training to acquire new skills and start a new occupation. The coordinating institution can offer the services, or it can coordinate with external service providers for vocational rehabilitation.

Coordinating the provision of vocational rehabilitation

- KELA in Finland provides a number of occupational rehabilitation courses adapted to people with different illnesses and impairments.
- The AUVA in Austria coordinates with the Public Employment Service (AMS) to provide retraining and advice for workplace reintegration.
- In Denmark, municipalities coordinate with external private providers of vocational training.

Another vocational rehabilitation measure quite common in the countries mentioned above is 'work training', which is offered by the Swedish Social Insurance Agency and KELA in Finland. Work training consists of testing the sick or injured worker's capability in an actual working environment to determine what they can and cannot do, and what they might be able to do with additional rehabilitation measures or workplace adaptations. It can be carried out at the worker's previous workplace, if the employer agrees, in a different work setting, or, in some cases, in specialised work clinics and rehabilitation units.

Third, the coordinating body can also support the actual *return-to-work process* and coordinate with the workplace. The municipality in Denmark and the Social Insurance Agency in Sweden coordinate with the employer for the work ability assessment and the implementation of rehabilitation and/or workplace adaptation measures to facilitate the worker's return to work. In Norway, the NAV requires the employer to report on the activities undertaken at the workplace, including the follow-up plan. The NAV will start rehabilitation measures only after receiving the follow-up plan containing evidence that measures taken to enable the worker to return to work have failed, and that they need to be complemented with other measures to help the worker's transition to another job. In Austria, the *fit2work* case manager coordinates the implementation of individualised rehabilitation measures — for instance, flexible working hours — with the employer.

▪ Effectiveness of integrated return-to-work systems

So far, there have been few nationwide evaluations of return-to-work systems. In Sweden, the evaluation of the implementation of the 2003 Act on the Financial Coordination of Rehabilitation Measures showed that for each person who returned to work after a return-to-work intervention, society earned back the funds invested in that person. Out of the 8,600 participants who concluded their intervention in 2013, 31 % had a job or went back to school immediately after the intervention ended. This compares with only 11 % who did so before the intervention. Another positive result of the coordination of rehabilitation measures is that fewer participants are in need of public benefits (e.g. sickness benefits, unemployment benefits) (Susam, 2016).

The evaluation of the Danish national return-to-work programme, which ran between April 2010 and April 2012, showed wide variations among municipalities in the effects of the programme on sickness absence, but the effects at the individual level (i.e. on the workers themselves) were positive. The case-management approach allowed workers to feel fully supported and to build a trusting relationship with their case manager (NFA, 2012).

In the Netherlands, an evaluation of one of the main elements of the 2002 Gatekeeper Act, i.e. the obligation for employers to put in place a reintegration plan for workers on long-term sickness absence, showed significant positive impacts on long-term sickness absence rates (de Jong *et al.*, 2006). The financial incentive or penalty that results from the employer's involvement, or lack thereof, is in most part responsible for these positive trends (OECD, 2010).

▪ Barriers and challenges

Even if figures show that return-to-work programmes are a positive development, the analysis and fieldwork identified a number of areas for improvement⁴⁹:

- The complexity of the legal and institutional frameworks governing the rehabilitation and return-to-work process (covering a range of issues from insurance and compensation schemes to the role of general practitioners and employers) can create uncertainties for workers and employers.
- For reasons of medical confidentiality, in many countries it is not acceptable (or indeed legal) for an employer and a doctor to share information about a worker's health status or for an employer to make contact with an ill worker during his or her absence. This can prevent early interventions and make it more difficult for employers to implement tailored measures when the worker returns. One solution to this is the creation of a specific coordinating body to form the

⁴⁹ Information collected during the national expert workshops, which took place between March and July 2014 (more details are provided in the introduction to this report).

link between the medical world and the workplace.

- The diversity of health problems is an additional obstacle to effective implementation. In particular, mental health issues are still not taken into account in many rehabilitation and return-to-work programmes⁵⁰. According to the OECD, many people with mental health issues are excluded from the labour market because of unsuitable or late assessments of their working capacities and support needs (OECD, 2010).
- The lack of awareness of those directly targeted by the programmes (i.e. workers, employers and doctors) remains a major challenge to the effectiveness of the systems in place. In particular, smaller businesses can be particularly helpless when confronted with complex situations involving the health of their workers — for instance those with chronic or long-term diseases — because they lack the appropriate resources, expertise and/or support.
- At the same time, smaller companies are usually more motivated than larger ones to ensure that their workers return to work as early as possible.

Key messages

- Few Member States have a legal or policy framework laying the foundations of a holistic and inclusive rehabilitation/return-to-work system, where vocational rehabilitation services are accessible to all workers and individualised support is provided early in the process.
- Countries that have implemented an integrated system for rehabilitation and return to work have generally done so as part of a broader policy framework which tackles the sustainability of work and the need to retain people longer at work in good and healthy conditions.
- In a majority of European countries, vocational rehabilitation services are mostly targeted at people with a recognised degree of disability or victims of occupational accidents or diseases.
- All countries have transposed in national legislation the obligations stemming from the EU legal framework to:
 - provide ‘reasonable accommodation’ for workers with a disability
 - protect the health and safety of workers
 - adapt the workplace to the needs and abilities of individuals.
- Most countries have introduced flexible working schemes, have a vocational training system in place and provide support to employers. However, these measures are not always integrated in a comprehensive return-to-work system contributing to the objective of increasing return-to-work after long-term absence from work and improving access to rehabilitation services.
- All countries have also reformed their disability benefits system, restricting its access or setting extra conditions for the allocation of benefits. Several countries have moved towards a positive and work-oriented approach to disability, focusing on an individual’s remaining capacities rather than disability. This approach has been key in the implementation of an integrated return-to-work system.

Prerequisites for OSH systems to support return to work:

- Well-developed rehabilitation systems should target all workers on medium- or long-term sickness absence, regardless of the origin of their health problem; they should value early intervention, with the primary aim to retain people at work or in the labour market; and they should promote interdisciplinary interventions tailored to the specific needs of the individual with the support of a multidisciplinary team of actors.

⁵⁰ See the report ‘Rehabilitation and return to work: an analysis of EU and Member State systems and programmes’, as above. .

Key messages

- This should be implemented through a case management programme, where a case manager assigned to the worker will assess the individual situation, set up an individual plan and involve all the relevant stakeholders for the implementation of the plan.
- The employer should be endowed with broad responsibilities in the return-to-work process, including depending on the national context, with the responsibility to draft an individual return-to-work plan.
- Coordination of actors is essential to ensure that all aspects of rehabilitation are dealt with together, that return-to-work is effectively considered as the outcome of the medical and vocational rehabilitation and that the worker's specific needs are taken into account. In addition to the worker and case manager, important players include (depending on the country) the medical teams, health and occupational insurance services, employment agencies, vocational education providers, occupational health services, employers and human resources.
- The coordination of budgets (or joint budgeting) of different organisations can facilitate the return-to-work process and ensure a better return on investment for all actors involved.

3.4 Mapping European countries' policy profiles to address the challenges of an ageing workforce

Conducting an analysis of existing national policies, strategies, programmes and initiatives implemented in the areas described in the previous sections resulted in grouping European countries into four groups based on the level of development of the national policy responses to address demographic change and the extension of the working life.

The groups are described in the first part of this section. The second part examines, at a high level, the impacts of the national policies and measures related to work, health and age. The third part discusses the issue of the transferability of policies across countries.

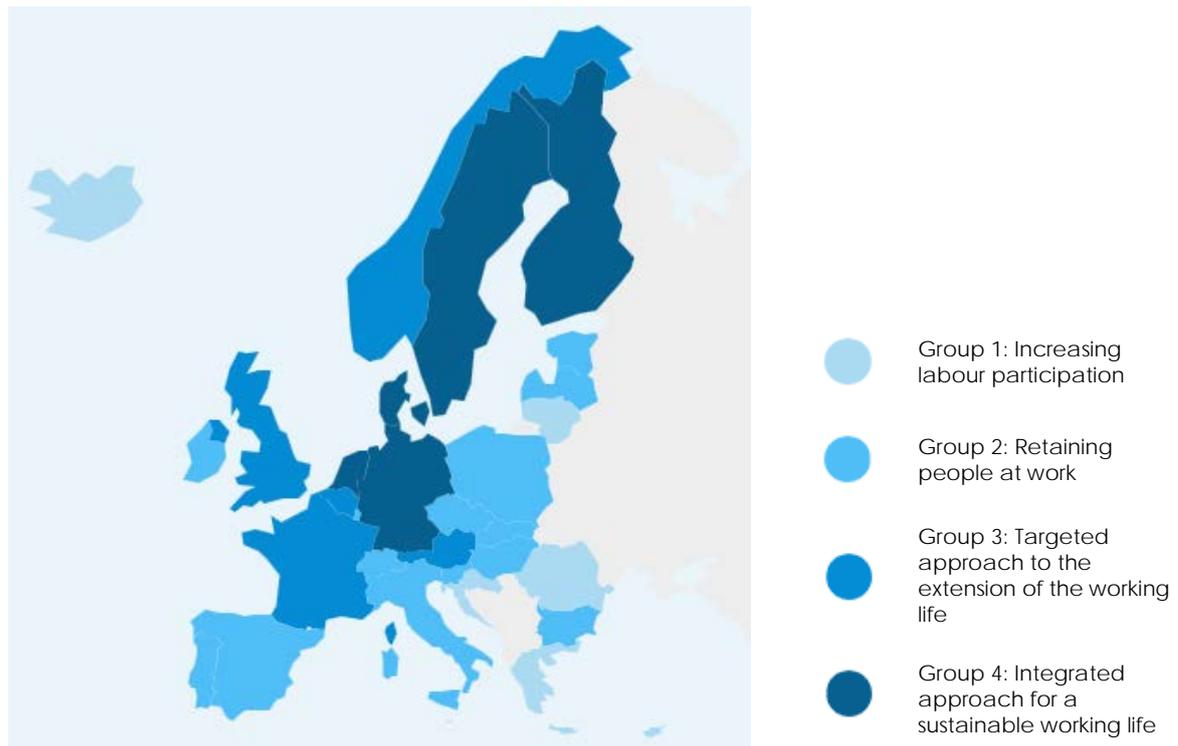
3.4.1 Grouping of European countries

The clusters reflect countries' similarities and differences in policy development and implementation, as well as contextual influences such as magnitude and timing of population ageing, economic situation, social dialogue, and EU and international influences, as discussed in section 3.1.

The clusters are based on the analysis of selected qualitative indicators related to the scope and overall orientation of the policies implemented to address the challenges of an ageing workforce; the level of integration and coordination across policy areas and stakeholders; and the implementation of policies. The detailed matrix of indicators used to group the countries is presented in Annex 3 of the report.

The clusters comprise the 28 EU Member States and three EEA countries (Iceland, Norway and Switzerland). The information provided on Lichtenstein was too limited to allow its inclusion in any of the groups. The clusters are presented in Figure 8.

Figure 8: Four types of national profiles based on policy approaches to the challenges of an ageing workforce (Millieu Ltd)



Group 1: Croatia, Cyprus, Greece, Iceland, Lithuania and Romania

This group is diverse in terms of population ageing and economic situations, the common feature being that population / workforce ageing and the related challenges for workplaces have not been the main priority for policy development for various reasons. Some countries in this group were hit hard by the economic crisis, and some still suffer the consequences, such as high levels of unemployment and poverty, which explains why they might be focusing on different issues for policy development, that is tackling the challenge of workforce ageing mainly by focusing on increasing the labour participation of older people and people with disabilities. The populations of Iceland and Cyprus are young; in addition, in Iceland the effective retirement age is higher than the official retirement age and the employment rate of older age groups is very high. There have been pension reforms and in those countries with an older population the focus is on increasing labour participation of older people by increasing the retirement age and restricting access to early retirement, as well as economic incentives for employing older people. In some countries, OSH policies and strategies refer to the challenge of the demographic change but do not propose concrete measures to address it. Active ageing policies, when they exist, focus mainly on life after retirement.

Group 2: Bulgaria, Czech Republic, Estonia, Hungary, Ireland, Italy, Latvia, Luxembourg, Malta, Poland, Portugal, Slovakia, Slovenia, Spain and Switzerland,

This group is large and very diverse with regard to demographic development and economic situation; it includes Ireland, with one of the youngest populations in Europe, and Italy, which has one of the oldest. Some countries in this group had relatively young populations until recently but will be facing rapid ageing in the upcoming decades, with their OADR more or less doubling by 2060.

Policies related to workforce ageing mainly focused on increasing older workers' labour participation through pension reforms and employment measures, but they also include elements addressing working conditions and OSH, training and lifelong learning, or the employability of older workers. Rehabilitation systems mostly focus on people with disabilities, or, in certain cases, people who have suffered from an occupational accident or disease, and their scope is limited to general medical rehabilitation. Some cross-policy work takes place, although this too remains limited. For instance, both active ageing and, in public health, policies on population ageing are addressing work-related aspects. Certain concepts, such as 'work ability' or 'well-being at work', are starting to emerge in the policy

discourse. Relatively young populations and other priorities related to tackling the consequences of the economic crisis are some of the reasons that policies addressing the ageing of the workforce are still in an early stage of development in these countries.

Group 3: Austria, Belgium, France, Norway and the United Kingdom

Countries in this group have relatively old populations, so population/workforce ageing and the related challenges are a policy priority. There are initiatives in several policy areas, covering employment, public health, education and OSH. The role of working conditions and OSH in prolonging working life has been recognised and these countries have developed comprehensive measures to promote the employability of older workers as well as to holistically address working conditions and safety and health at work. Concepts such as 'age management' and 'work ability' are frequently referred to in these countries' policy documents, and are well known and implemented in practice. With regard to rehabilitation and return to work, although these countries have well-developed legal and/or institutional frameworks, coordination across the different steps of the return-to-work process, from medical rehabilitation to reintegration into the workplace, remains limited. Cross-policy work is frequent, and employment and social policies on the ageing workforce often integrate aspects related to public health, social justice and education. A broad range of stakeholders is involved in policy development and implementation, and social dialogue plays a central role.

Group 4: Denmark, Germany, the Netherlands, Finland and Sweden

Population ageing in these countries started relatively early, and so tackling the related challenges has been a policy priority for longer. These countries have developed an integrated policy framework to address the consequences of an ageing and shrinking workforce, covering all relevant policy areas, establishing formal coordination structures, and aiming at concerted implementation. The aim is to promote the sustainable extension of the working life and employability using a life-course perspective, including through well-developed return-to-work systems. These countries are characterised by an early recognition of the potential socio-economic challenges caused by population ageing, in particular with regard to the sustainability of public finances and the need to foster longer working lives. The policies are based on concepts such as 'sustainable work', 'sustainable employability', 'well-being at work' or 'new quality of work', which imply a holistic approach. They cover such aspects as health and functional capacities, skills and career development, physical and psychosocial work environment, leadership and motivation and policy framework; they are complemented by concrete programmes to act on the diversity of factors that play a role in creating a sustainable working life. The policies are implemented through coordinated actions across policy areas involving a wide range of stakeholders. Social dialogue and collective agreements play an important role in policy development and implementation.

3.4.2 Impact of policy measures related to work, health and age

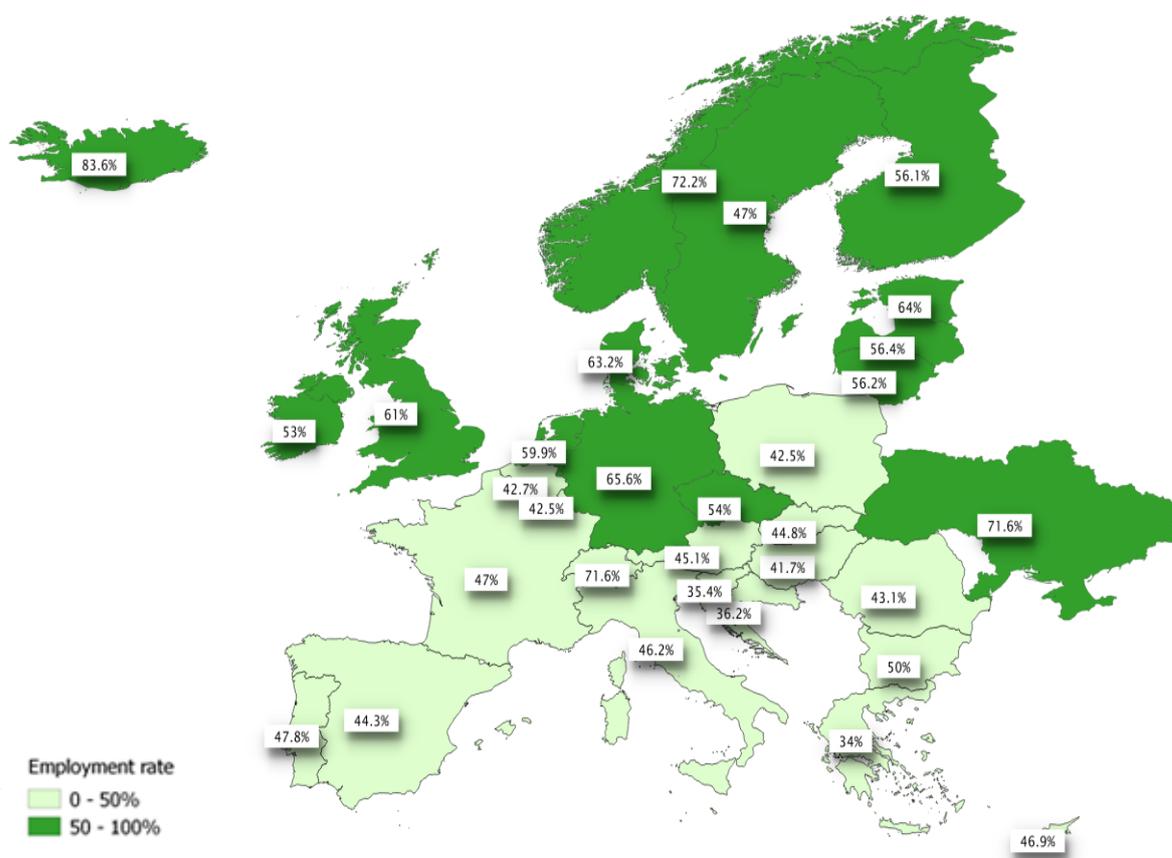
In general, studies looking at the effectiveness of policies related to the ageing of the workforce⁵¹ focus on two different indicators: the employment rate of older workers and effective retirement age. However, there is a lack of evaluation of the effectiveness of these policies in relation to workers' well-being.

Employment rates and effective retirement age

As mentioned in Chapter 2, the **employment rates among older people in Europe** grew over the past decade. In 2014, the employment rate of workers aged 55-64 years reached an average of 51.8 % in the EU-28, 1.8 p.p. higher than the 'Stockholm target' of 50 %. However, this positive result masks a number of between-country differences. As shown in Figure 9, only 12 EU Member States achieved the 'Stockholm target' in 2014.

⁵¹ See the country reports prepared as part of the Joint Programming Initiative 'More Years, Better Lives' (Hasselhorn and Apt, 2015).

Figure 9: Employment rates of the age group 55-64 years in 2014 (in %), EU-28 and EFTA countries (Eurostat, 2016b)



Countries that experienced a particularly rapid increase (between 2004 and 2014) of the employment rates of people aged 55-64 years included Italy, Austria, Poland and Slovakia, although they were still below the 2014 European average. In contrast, Greece, Cyprus and Portugal experienced declining employment rates in the same age group over the same period, as a result of the economic crisis and subsequent high unemployment for all. In these countries, however, the employment rates of older people did not follow the same steep drop as those of younger workers.

Although at the EU level there are generally positive results in terms of increasing the employment rates of older people, a number of gender and social inequalities remain. First of all, in 2014 a notable difference remained between the employment rates of older women (45.2 %) and older men (58.9 %). The barriers to older women's employment range from different statutory retirement ages (still in place in nine countries) to a lack of institutional support for child and elderly care, as well as poor gender management in companies⁵². In 2011, the gender gap in the duration of working lives was still significant, with women in the EU-27 working, on average, 5.5 years less than men (31.9 years compared with 37.4 years, respectively) (EC, 2015a). In addition, although older age groups have fared better than any others during the economic crisis, employment rates have fallen for certain subgroups of older workers, such as men without higher education (Eurofound, 2014a).

The **average effective retirement age** in Europe is back on an upwards trend. According to OECD estimates⁵³, the average effective retirement age in 2011 increased to 62.3 for men and 60.9 for women⁵⁴, compared with the 2000 figures of 61 and 59, respectively. On average, however, a notable

⁵² A more detailed analysis of age, gender and OSH issues is provided in 'Women and the ageing workforce: implications for occupational safety and health – a research review, produced as part of the present project.

⁵³ OECD estimates are based on the results of national labour force surveys, the EU Labour Force Survey and, for earlier years in some countries, national censuses. Only estimates for 2011 are available. Note: The average effective age of retirement is calculated as a weighted average of (net) withdrawals from the labour market at different ages over a five-year period for workers initially aged 40 years and over.

⁵⁴ Figures are for EU-27 only.

gap remains between official and effective retirement ages in Europe. The target set in Barcelona in 2002, to postpone exit from the labour market by five years by 2010 (from a baseline of 60 years old in 2002), was not achieved by 2011.

In this regard, there are major differences between countries. In Belgium, Czech Republic, Luxembourg, Hungary, Austria and Slovakia, the effective retirement age for men in 2012 was below 60 years, whereas in Iceland, Norway, Portugal and Sweden it was above 64. A cross-national study by the Swiss National Bank found that the combination of social-security variables (age of eligibility, age of early-retirement allowances, and replacement benefits) and a country's occupational composition may explain up to 75 % of the variation in effective retirement ages among OECD countries (Sauré and Zoabi, 2011).

Other indicators

In general, there is a lack of systematic assessment of policies and measures related to the demographic change and the ageing workforce in terms of their impact on workers' health and well-being.

Evidence of success of specific measures related to increasing the employability of older workers (for example encouraging them to use flexible working or increasing their training opportunities) is found in national or local surveys of workplace practices. However, this evidence often relates to the capacity of these measures to increase people's motivation to stay at work; it rarely addresses the question of people's mental and physical well-being⁵⁵.

One issue is the lack of indicators for measuring how 'sustainable' work is in terms of its impact on physical and mental health and overall well-being. The Finnish strategy 'A socially sustainable Finland by 2020' has defined approximately 50 indicators to measure 'social sustainability' (which includes the sustainable extension of the working life). Some indicators, such as 'share of population having experienced threats or physical violence within past year', relate to the working environment and working conditions, but only a few directly relate to physical and mental well-being at work (Alila *et al.*, 2011). The Dutch government has acknowledged that there is not yet one agreed methodology or standard for measuring 'sustainable employability'. Currently, the indicators they use are sickness absence rates, WAI, productivity loss at work, work participation and employee turnover. Other indicators are based on self-reporting, with a focus on health (lifestyle and physical and mental health), work-related factors (physical and psychosocial factors) or the overall organisation (management and culture in the organisation) (Arbokennisnet, 2011).

Countries tend to use indicators relating to sickness-related absence and work disability to assess the working population's health. For instance, evaluations of both the Danish national Return-to-Work programme and the Swedish Rehabilitation Chain initiative concluded that the programmes had positively affected sickness-related absence levels, workers' health and levels of public expenditure (see section 5.5).

Other health-related indicators, such as those used by Eurofound, rely on workers' self-assessment of their health. There is, therefore, a lack of objective indicators to measure the impact of policies aiming to extend working life on the mental and physical health and well-being of the working population.

Negative impacts of pension reforms

A number of shortcomings have been identified in relation to the effectiveness of pension and social security reforms, primarily related to transfer opportunities between different social benefit schemes. Research has shown that restricting access to early retirement benefits (an increasingly common measure in EU countries) could lead to people transferring to unemployment or sickness and disability benefit schemes, making it less likely that such a measure would lead to increased employment rates. Thus, a number of European countries have reformed these benefit schemes, or part of these, simultaneously to prevent these transfers (OECD, 2010).

The review of systems for rehabilitation and return to work in Europe has shown that, in a few countries, social security reforms have been accompanied by the implementation of a support system to enhance

⁵⁵ Many such examples are found in the national reports prepared in 2015 by the Joint Programme Initiative 'More Years Better Lives' (Hasselhorn and Apt, 2015) or in the national reports prepared in 2014-15 by the OECD for its initiative on ageing and employment policies (OECD, 2016).

the employability of people with reduced capacities, e.g. through vocational rehabilitation, and to prevent people on long-term sickness absence from permanently leaving the labour market by encouraging their return to work⁵⁶.

Conversely, a number of countries present a combination of factors that have a major influence on workers with health problems:

- They have reformed their early retirement benefit schemes by tightening the allocation criteria or, in some cases removing, the possibility of early retirement altogether.
- They have, similarly, reformed their disability benefit schemes by tightening the allocation criteria and/or reducing the amounts allocated.
- They make limited investments in vocational rehabilitation and have not, to date, put in place a system to support the return to work of workers on sickness absence.
- They have not put in place support mechanisms to maintain the work ability and employability of an ageing workforce.

In these countries, people with (chronic) health problems stay at work, become registered unemployed or become inactive with no financial support. Only a minority receives disability benefits or, for those close to retirement age, take early retirement. Without proper support mechanisms addressing the different factors that constitute work sustainability, these people are at risk of exclusion from the labour market if they cannot find a job that is adapted to their capacities. Alternatively, they may continue to work in jobs that are not adapted to their capacities and run the risk of further damaging their health.

3.4.3 Transferability of policies

The comparative analysis of policies in European countries has identified a number of innovative elements (policies, concepts, practices) to better manage an ageing workforce and retain older workers in the labour market in a sustainable way. As in many other EU policy areas, there is no 'one size fits all' model for a policy response to workforce ageing. Governments might seek to transfer policy measures or good practice from one country to another but they often lack a framework for selecting and appraising the feasibility and transferability of such measures. Similarly, although identifying 'best' or 'good' practices is desirable to develop better actions, this is often unsuccessful as the political, social and cultural context is not sufficiently considered when transferring to another country or setting.

The common objective of the EU is to increase employment rates and population well-being, and it works towards a strategy for healthy and active ageing, including through increasing the employment rate of older workers. As highlighted in the previous sections, European countries are in different situations with regard to both changes in demography and the policy development process. Therefore, countries' actual needs differ and this should be addressed in examining the transferability of practices and policies.

Transferability of a policy is highly dependent on political and economic conditions, as well as institutional characteristics. As explained by Williams and Dzhekova (2014) in their review of cross-national transferability of policies, 'patterns of policy borrowing tend to follow (prior) ideological alignments'.

This can be observed when examining policy development in Belgium, France and, to a certain extent, Luxembourg in relation to older workers. In all three countries, a number of similarities in terms of institutional and legal settings exist and laws were adopted to increase the employment rate of older workers through a number of measures for workplaces and workers. France adopted the legislation on the employment of older workers first, in 2009, followed by Belgium in 2012 and by Luxembourg in 2014. Even though the laws were very similar, implementation was dependent on the level of commitment of the social partners to the goal.

Other examples of successful transfer of policy suggest that such transfers depend on shared characteristics such as social welfare model, culture and traditions between countries. For example,

⁵⁶ For more information, see the report 'Rehabilitation and return to work: an analysis of EU and Member State systems and programmes', as above. <https://osha.europa.eu/en/tools-and-publications/publications/rehabilitation-and-return-work-analysis-eu-and-member-state/view>

‘Senior policies’ developed in Denmark and Norway have built on each other’s successes. Norway launched the idea with the creation of the Centre for Senior Policies in 2001 and Denmark followed with a number of initiatives from the Danish Agency for Labour Market and Recruitment on ‘senior packages’ and ‘senior measures’.

The complexity of the policy or programmes is a major obstacle to transferability. In the present case, the subject matter is highly complex, and the policies assessed as more innovative, such as the Demography Strategy of Germany or the Sustainable Employability campaign of the Netherlands, are multigoal oriented (i.e. they not only aim to extend the working life and increase employment rate, they also aim to increase older people’s health and well-being, in a context of productivity gains and competitiveness). However, a number of similar types of measures have been adopted in different countries to support the policy frameworks for the extension of the working life. During the workshop in the United Kingdom, the representative of The Age and Employment Network (TAEN) praised the ‘mid-life career review’, adopted in France, the United Kingdom and Belgium, as an example of a good practice that can be implemented in different national contexts.

Another potential criterion for the successful transfer of a policy is its perceived side effects. One of the most frequent arguments heard during the workshops in countries with limited policies on an ageing workforce (i.e. Greece and Poland), was the idea that keeping older people at work hinders the employability of younger workers. While many studies aim to demonstrate that this is a false assumption, these perceptions are held not only in companies but also at higher levels of policy-making (among national social partners, for instance). So one common factor in and pre-condition to the development of adequate ‘older age’ employment policy is the understanding by all actors of the benefits of such policy for all workers and for the labour market in general.

In conclusion, the transfer from one country to another of broad policy initiatives related to the ageing of the workforce and the extension of the working life in a sustainable way is likely to be difficult, given the complexity and specificity of these policies. However, many of the policies identified share a number of core characteristics, on which other countries could build their own approach. In addition, a number of specific measures that have proven successful in certain countries (such as the mid-life career review done in France and the United Kingdom) could be transferred and adjusted to the national context.

Key messages

- The analysis of national policies, programmes and initiatives allowed for the categorisation of the countries based on criteria such as the scope and overall orientation of the relevant policies, the level of coordination across policy areas and across stakeholders, and the number and quality of the initiatives undertaken in implementing the policy framework. According to this mapping:
 - The majority of countries address the challenges of an ageing workforce by focusing on increasing the labour participation of older workers through pension reforms and employment measures. Policies addressing work sustainability or return to work are less common. There is limited cross-policy cooperation. The number and diversity of actors involved in policy development and implementation are also limited, and in many countries there is a lack of involvement by social partners on the question of the OSH challenges of an ageing workforce.
 - A small number of countries are tackling the challenges of an ageing workforce in an integrated manner, by addressing the question through policies addressing the economy, employment, OSH, public health, social welfare and education, and by adopting a life-course perspective to ageing and to health protection at work. In these countries, cross-policy and multidisciplinary initiatives are carried out by a wide range of institutional and non-institutional actors.
- Studies looking at the effectiveness of integrated policy frameworks have focused mainly on two indicators: the employment rate of older workers and the effective retirement age. There is a lack of evaluation of the effectiveness of these policies in relation to workers’ well-being.

In addition, an important shortcoming is in transfer opportunities between different social benefit schemes.

- There is no 'one size fits all' model for a policy response in relation to the ageing of the workforce. European countries are at different stages of change in demography and in the policy development process, meaning that their needs differ. The transfer of broad policy initiatives from one country to another is likely to be difficult, given the complexity and specificity of these initiatives.
- However, many of the policies identified share a number of useful core characteristics that can be built on. In addition, a number of specific measures that have proven successful in certain countries could be transferred and adjusted to other countries' situations.
- The sharing of good practices and the exchange of knowledge among European countries would facilitate the uptake of the necessary prerequisites at the national level. The establishment of Europe-wide platforms, bringing together relevant stakeholders to discuss current and future workplace challenges in the context of an ageing workforce, could support this process.
- Similarly, gaps in knowledge and data at EU and national levels should be addressed through the following actions:
 - better harmonisation across countries of definitions for 'long-standing health problems' and 'work-related health problems';
 - considering the financial and social burden of sickness absence on societies, companies and individuals, and gathering harmonised data at the EU level on sickness absence for both occupational and non-occupational reasons;
 - studying gender differences among older workers and considering the direct links between older workers' poor health status and their level of education, income and overall socio-economic status.

4 Workplace practices to address the challenges of an ageing workforce

In the context of the evolving policy and legal frameworks described in the previous sections, different types of measures and programmes have been put in place at the workplace level to address the challenges related to the ageing of the workforce. This section is based on a series of case studies and interviews, which are briefly introduced in Table 5.

The cases include 36 selected examples of good workplace practices. The project collected data through 24 case studies, which were complemented by 20 group interviews within the same or other companies, resulting in 36 cases overall (a short description of each case is provided in Annex 5).

The case study search strategy involved the preparation of a 'long list' of 137 possible companies. These companies were identified using a variety of information sources, based on selection criteria designed to capture the diversity of workplaces and measures (e.g. geographical, company sizes, sectors and good practices diversity). In addition, the long list was to cover at least 10 countries and to present a mix of cases using and not using intermediaries. A second selection round resulted in a short list of 24 case studies from 15 European countries, using the same criteria, in cooperation with EU-OSHA. The respondents from the selected case companies were asked to complete a questionnaire about the different activities they implemented and, later, to validate the results.

Group interviews, complementing the case studies, were carried out in one large/medium-sized company and one small/micro-company in nine countries (Belgium, Germany, Greece, France, the Netherlands, Austria, Poland, Finland and the United Kingdom), as well as one large/medium-sized company in Norway and one small/micro-company in Denmark. In each company, several group interviews, using a thematic semi-structured interview guide, were conducted with representatives from the selected case companies (employers, OSH and human resources staff, older employees, trade unions and worker-safety representatives where such roles existed in the company) and with external intermediaries where relevant. The outcomes of the group interviews have been fully integrated into the analysis presented here. In addition, relevant information was provided during the workshops organised with national stakeholders in 10 countries (see section 1.2). This has been used to confirm or complement the analysis of workplace practices.

Although the case studies were diverse, their limited number meant that generalised findings or quantitative results were not possible; rather they were used to highlight some patterns and examples of good practice. The analysis focuses on examining those factors and drivers which explain a given company's adoption and successful implementation of a particular practice or OSH policy⁵⁷.

Workplaces acted to address potential labour or skill shortages and to avoid sickness absence and its associated costs. Other drivers of action included the desire to improve the corporate image and, more generally, to maintain the health and well-being of all employees (section 4.1). A number of external drivers, largely related to the legal and policy framework in place in the country, were also factors in companies' decisions to implement activities (section 4.2). Finally, a number of factors explain the success of certain practices in the companies studied, as well as the differences between small and large companies (section 4.3).

Table 5: Case studies on company practices for an ageing workforce and sustainable work

Case number	Company name	Country	NACE sector	Number of employees	Research format
1	Haus Tamariske-Sonnenhof	Austria	Care	80	Group interviews
2	Sonnenor	Austria	Food	190-220	Case study

⁵⁷ For the detailed analysis of these case studies, please refer to the report *Safer and healthier work at any age — an analysis of workplace good practice and needs for support*, produced as part of the project 'Safer and Healthier Work at Any Age'.

Case number	Company name	Country	NACE sector	Number of employees	Research format
					Group interviews
3	DVC Heilig Hart	Belgium	Care	537	Group interviews
4	Service d'aide aux familles bruxelloises asbl	Belgium	Care	50	Case study Group interviews
5	Zlatna Panega Cement	Bulgaria	Cement manufacturing	226	Case study
6	GE Money Bank a.s.	Czech Republic	Bank	3,200	Case study
7	Kindergarten Kernehuset	Denmark	Kindergarten	19	Case study Group interviews
8	Roskilde Cemetery	Denmark	Cemetery	32	Case study
9	Berner Ltd.	Finland	Manufacturer of hygiene products, detergents, and plant-protection products	380	Case study Group interviews
10	City of Naantali	Finland	Local government	1,241	Case study
11	Kuopion Monirakennus OY	Finland	Construction	40	Group interviews
12	Saarioinen Ltd.	Finland	Manufacturer of food products and beverages	1,700	Case study
13	Marphil International	France	Metal business	8	Group interviews
14	PSA Peugeot Citroën	France	Car manufacturer	118,080	Case study
15	Solystic	France	Design, manufacture, and installation of automatic postal sorting	450	Case study Group interviews
16	Anton Plenkens	Germany	Roofing	4	Case study
17	AUDI	Germany	Car manufacturer	73,000	Case study
18	Tegos GmbH Dortmund	Germany	Software development	56	Group interviews
19	Thyssen Krupp Steel	Germany	Steel manufacturing	27,000	Group interviews
20	Melilotos	Greece	Restaurant	24	Group interviews
21	S & B	Greece	Mining	612	Group interviews
22	MOL Plc. Hungarian Oil and Gas Company	Hungary	Oil and gas	8,500 (in Hungary)	Case study
23	JRC Latvijas Balzams	Latvia	Alcohol production	613	Case study

Case number	Company name	Country	NACE sector	Number of employees	Research format
24	Bilderberg Hotel	Netherlands	Hotel	1,300	Group interviews
25	DeZwart facilitaire diensten	Netherlands	Facility service	70	Group interviews
26	Van der Geest Schilderspecialisten	Netherlands	Painting and glazing	85	Case study
27	Oslo Airport	Norway	Air transport	500	Case study
28	St. Olav's Hospital, Trondheim University Hospital	Norway	Health care	9,726	Case study Group interviews
29	CEMEX Polska	Poland	Cement and concrete	1,200	Group interviews
30	P.P.H.U. DARTEX Dariusz Kozłowski	Poland	Manufacturer of textiles	14	Case study Group interviews
31	DOMEL Holding, d.d.	Slovenia	Manufacturer of electric motors, generators, transformers, control apparatus	952	Case study
32	Premegovnik Velenjo	Slovenia	Coal mining	1,333	Case study
33	ISS Facility Services S.A.	Spain	Other services	29,835	Case study
34	BT	UK	Telecommunication	70,000	Group interviews
35	Glostia Engineering	United Kingdom	Skip manufacturing	20	Group interviews
36	Northumbrian Water Group	UK	Supply of water and management of water waste	2,790	Case study

4.1 Initiation of programmes: main drivers

The main reasons companies take measures to address an ageing workforce can be grouped into the following categories:

- avoiding the loss of skills and expertise of older workers;
- offsetting labour shortages arising from the difficulty in recruiting young skilled workers;
- maintaining employees' productivity and avoiding sickness absence;
- avoiding costs linked to sickness absence and early retirement;
- maintaining the health and well-being of employees;
- improving corporate image;
- adhering to company policy.

Potential **skill shortage** is an important determinant for companies in the development of age management programmes or measures to retain older employees. Population ageing has a significant impact on labour supply, resulting, in the longer term, in a declining pool of young workers, and potential difficulties in recruiting skilled employees. This challenge is acknowledged by many sectoral organisations and social partners. The European Federation of Public Service Unions, for instance, has highlighted staff and skills shortages as an important challenge for the future management of hospitals and healthcare organisations (EPSU, 2006) and a worrying trend in the electricity industry (Pillinger,

2008). Most companies selected for case studies or interviews recognised that the ageing of their workforce could lead to the loss of essential skills, and understood the necessity of valuing and retaining older employees' skills and experience, and maintaining their health and well-being in the long term.

This concern was also raised during the workshops organised in 10 countries, where several stakeholders highlighted that in particular in very small companies, but also in high risk industries such as the nuclear industry, the retention of older workers with experience and knowledge is critical. Workshop discussions also emphasised that older workers can provide a more stable psychosocial environment in companies thanks to their experience and seniority.

CEMEX Polska, Poland

CEMEX is a Polish company specialising in the production of building materials, focusing primarily on cement and concrete production. It employs 1,200 employees. As part of a broader initiative on sustainability, the company implemented various age management measures such as the '50+ Club' to provide older workers with a platform for discussing views, experiences and, more importantly, their own needs in relation to ageing, career prospects and personal development. Other measures include generation management training for managers.

The main reasons for developing the project were the recognition of the visible ageing of the workforce, and the desire to retain the skills and experience of current employees in the light of shortages of skilled workers in the future. To assess potential skill shortages in the company, CEMEX made a projection of the number of workers who would reach statutory retirement age between 2014 and 2020. In view of the significant projected increase in retirements over the next 6 years (4 workers in 2014, 9 in 2017, and 19 in 2020), the company saw a need to develop measures aimed at age management. The employer's objectives were to improve the well-being of the workers of all ages, while retaining skills and experience and limiting early retirement.

In sectors such as catering, cleaning, construction, health care, and food production and processing, companies highlighted the **difficulty of recruiting young employees** as a key driver of their approaches to keeping older workers in employment for as long as possible.

Sonnentor, Austria

SONNENTOR Kräuterhandels GmbH, a medium-sized organic foods distributor, currently has 250 employees. The average age of the employees is 42 years. The company's headquarters and main production and distribution site are located in a rural area of the Waldviertel region. The company has experienced difficulties attracting and retaining young workers who prefer to work in urban areas. Therefore, it has put in place a set of measures to retain its older workers, in order not to lose their experience, skills and competence.

Most of the case companies shared the two key concerns of **maintaining employee productivity** over the long term and **avoiding the direct and indirect costs associated with long-term sickness absence and early retirement**. The ill-health of workers can be very costly to businesses. Black and Frost, in their review of sickness absence in the United Kingdom, show that sickness absence costs are shared among employers, individuals and the state. In particular, employers can be responsible for: (i) sickness benefits⁵⁸; (ii) the costs of related staff turnover; (iii) the time spent managing sickness absence; and (iv) the provision of occupational health (if this is offered). The extent to which change in policy is motivated by cost depends on an employer's responsibility for that cost. For example, companies that take action to address increased costs are often located in countries where employers tend to incur significant costs resulting (namely the Netherlands and Norway).

In addition to these costs, sickness absence can put a strain on a company's in-house resources, lead to productivity losses and result in increased demands on staff providing cover. Finally, evidence shows

⁵⁸ Direct costs to employers for sickness benefits vary among countries, depending on how the payment of benefits is shared between the employer and social security.

that long-term sickness absence increases the risk of not returning to work (see section 2.2), meaning that skills and experience could be lost.

Northumbrian Water Ltd, the United Kingdom

Northumbrian Water Ltd is one of 10 regulated water and sewerage businesses in England and Wales, employing approximately 3,000 workers. Thirty per cent of the workforce is aged over 50 years old and sickness absence costs the company in the region of GBP 1 million per annum (approx. EUR 1.4 million).

In 2008, after the company introduced a robust absence recording system and analysis of sickness absence data, it established the programme RehabWorks. The programme consists of rehabilitative interventions, which aim to provide an early access to physiotherapists — as early as three days after the problem is reported — who then offer work-focused treatment and recommendations to manage the symptoms. The objective of the programme is to avoid sickness absence.

MSDs, which are the primary cause of work-related health problems in the EU, and a particular risk for older workers, have been highlighted by many case companies as a significant factor leading to sickness absence and then to early retirement. With a view to reducing costs related to sickness absence, many companies have therefore taken measures to improve the management of chronic diseases, and MSDs in particular. Such measures include modifying workloads or the kinds of tasks workers do, offering additional periods of rest and proposing regular medical screenings specifically to identify MSDs.

Premogovnik Velenje, Slovenia

Premogovnik Velenje, d.d., is a coal mine which employed approximately 1,300 people in 2013. The ageing of the mining workforce has been identified as a major challenge for this economic sector. In 2003, the median age of mining workers was already 41.8 years, and it was predicted to increase over the following decade. Miners work in a dangerous physical environment, and their job requires a high level of experience, mine working knowledge and quick decision-making. Retaining experienced workers is therefore critical but requires to anticipate the loss of work ability to avoid accidents and injuries⁵⁹.

Since 1998, the company has been running a health protection and promotion programme, 'Care for a healthy worker', whose main objective is to reduce sickness absence and, in particular, reduce the incidence of MSDs. It targets all workers, prioritising older employees. Specific benefits are available for men aged over 46 years and women aged over 45 years.

Among the activities carried out, the company proposes a medical preventative programme to identify potential MSDs and provides physiotherapy sessions and courses about working under physical pressure. The company has also introduced other ergonomic workplace interventions adapted to the needs of older workers and workers who have developed MSDs, e.g. instructions on how to arrange the workstation, use of technical aids and the prevention of repetitive work. Priority is given to older people and long-serving workers.

At the EU level, the second most common cause of reported sickness absence is **stress and mental health problems**. In the case companies, managing stress and reducing sickness absence because of psychosocial issues were mentioned several times as objectives of the programmes they had implemented. In a few cases, the management of psychosocial risks was identified as the main reason to take action, but, for most, it was mentioned as a secondary objective after the prevention of physical ill-health.

⁵⁹ See the report *The ageing workforce: implications for occupational safety and health – a research review*, as above.

Service d'Aide aux Familles bruxelloises asbl, Belgium

'Service d'Aide aux Familles bruxelloises Asbl' (service for assistance to Brussels families) is a small non-profit organisation supporting Brussels-area families during times of illness, disability or social distress. Ninety per cent of its employees are care workers, 45 % of whom are over 45 years old. A major OSH hazard in the care sector is exposure to psychosocial risks, which results in a high incidence of mental health problems in the female-dominated workforce⁶⁰.

The work of these care workers — supporting families in their homes — is stressful. In particular, the workers lack the communication and interpersonal skills required to deal effectively with difficult situations, which leads to stress-related disorders, including burn-out, and high levels of staff turnover.

The 'Life Coach' project enhances employees' skills by providing training on stress/psychosocial risks and dealing with daily work situations that can be stressful (e.g. relations with clients); it also develops workers' career progression by enabling them to qualify as a coach.

More generally, several companies have taken action to simply **maintain and enhance the health and well-being** of all their employees or to **promote health at work**.

GE Money Bank a.s., Czech Republic

GE Money Bank a.s., is the financial services branch of the American corporation General Electric (GE) in the Czech Republic. Of its 3,214 employees, approximately 350 are older workers who have already reached pension age (62 for men and 60 for women) but who continue to work for the company. In March 2010, GE Money Bank joined the global GE HealthAhead programme through its 'GE Pro zdraví' ('GE for Health') programme.

'GE Pro zdraví' aims to create a culture of health promotion for employees and their families by improving employees' knowledge of healthy lifestyles and promoting healthier working conditions (e.g. by financing healthy food in the workplace; including sport and wellness activities in employee benefits; organising talks and workshops on healthy lifestyle (e.g. diets, stress management, tobacco addiction); and providing medical check-ups and screenings, as well as consultations with external advisors, e.g. nutrition specialists, psychologists, doctors and stop smoking programmes).

A final possible reason for a company's taking action is the **improvement of the corporate image** or the continuing of a tradition of proactive corporate employment policies. In the case companies concerned, this typically goes hand-in-hand with an employee-centred attitude and an active effort to improving the employees' well-being. Employees see the introduction of OSH and health promotion measures as a sign that management cares about them, which in turn makes them feel valued. One interviewed employee stated that the fact the company was paying for health-related measures meant that 'the employees are worth it'. In a few cases, the activities or measures for older workers were integrated into the company's Corporate Social Responsibility policy (e.g. [Oslo Airport, Case No 27](#)) or the company's policy for sustainable development or sustainability (e.g. [Sonnentor, Case No 2; Bilderberg Hotel, Case No 24](#)).

⁶⁰ See the report *Women and the ageing workforce: implications for occupational safety and health – a research review*, produced as part of the project 'Safer and Healthier Work at Any Age'.

Berner Ltd, Finland

Berner Ltd is a long-time manufacturer of hygiene products, detergents and plant protection products and is known for its employee-centred approach. With an average employee age of 44 years and with 21 % of employees over 55 years old, Berner implemented a 'senior programme' in 2010. The programme was developed by an in-house steering group in partnership with the Ilmarinen Mutual Pension Insurance Company to improve the working environment of older workers (as well as that of all employees), retain older employees, improve the image of the company and reduce costs (pension and sickness absence costs).

One of the declared aims was to enhance the reputation of the company. In this respect the initiative was successful, as the company received a National Working Life Award for its senior programme, which helped to improve the company's image.

4.2 External drivers

The case studies show some distinctive features of existing national policy frameworks and supporting activities. These suggest that the national policies, the funding and the provision of technical support by governmental and intermediary organisations may initiate action, as well as influencing a workplace's general approach.

4.2.1 National policy and legal frameworks

The development of a national conceptual policy framework to support the extension of the working life in a sustainable way — such as those described in section 3.2 — supported by concrete legal and technical measures and awareness-raising activities, has a strong influence on practices at workplace level.

Since 2012, the Netherlands has been promoting the concept of 'sustainable employability' (*Duurzame Inzetbaarheid*) throughout different policy areas and economic sectors. This concept emphasises the need for short-term health investment, as well as longer-term initiatives to ensure that employees remain healthy until they reach pension age. Three years after its initiation, it is widely used across sectors, and its influence is clear: workers and managers in Dutch companies were the only interviewees/respondents across all cases to talk spontaneously about 'sustainability' in the context of working conditions. An example is the following case featuring a small Dutch company.

DeZwart facilitaire diensten, the Netherlands

DeZwart facilitaire diensten is a small Dutch cleaning company that employs around 70 people. It is a family company; the grandson of the founder currently runs the company with his wife.

The Dutch Ministry of Social Affairs and Employment's campaign subsidy programme focusing on sustainable employability was a significant driver of De Zwart facilitaire diensten's decision to examine age management and the working conditions of older employees. With 75 % of its workers aged over 40, the company had significant interest in addressing this area. Another development that triggered the company's increased attention to the topic of sustainable employability was that in 2006 the Dutch government decided to stop promoting and supporting early retirement schemes.

The subsidy programme required the company to develop and implement an age-management policy, which it did by implementing a programme pairing younger and older workers to work in teams.

Two Nordic countries, Denmark and Norway, have developed national 'senior policies' aimed at increasing labour market participation of older workers, changing the perception of older workers and fighting age discrimination. This has led to labour market reforms such as the provision of subsidised extra leave days or 'senior days'. In Norway, the creation of the Centre for Senior Policy, an organisation aiming at raising awareness of population ageing and the contribution of older workers to the labour market, has also influenced the development of measures to increase older workers' participation in the labour market and retain them in employment for longer.

Both Norwegian case companies refer to their company policy as a 'senior policy' and have implemented similar types of measures — additional days off for older employees, the training of managers in age management practices, the relocation and adaptation of tasks, career management plans, etc. In Denmark, senior policies in companies have been promoted by both the government and trade unions in the negotiation of collective agreements. For example, the national collective branch agreement for the food industry sector was revised in 2010 to include age-related provisions, requiring companies to hold career-planning meetings with all employees turning 50.

Roskilde Cemeteries, Denmark

Roskilde Cemeteries is a group of three cemeteries and one crematorium, all located in the Municipality of Roskilde in Denmark. The company employs 32 people, primarily gardeners and administrative staff; 9 of them are over 45 years old and classified by the company as entitled to 'senior' benefits. The benefits are described in the general senior policy, which is part of the personnel policy. From the age of 55, the employee signs a senior agreement with management. This older-worker policy was developed in 2007 by an internal working group and facilitated by an external consultant, who was hired with financial support from the Danish Centre for Development and Quality Management (SCKK).

In Finland, the promotion of the 'work ability' concept as part of FINPAW, and the development of a number of supporting tools such as the WAI, has led to the widespread use of these concepts in workplaces throughout the country. Both in Berner Ltd and in the city of Naantali, the age management programmes include a specific focus on maintaining and enhancing work ability. The city of Naantali also organised training for management on work ability. The 'work ability' concept now has a broader geographical remit. In the Danish kindergarten Vuggestuen Kernehuset, the project on MSDs started with a work ability analysis, carried out by an occupational therapist. The core of the activities carried out in the Austrian programme 'Fit for the Future' starts with an assessment of work ability in the participating companies, using the ABI Plus™ tool, which is based on the Finnish WAI.

In France, the priorities negotiated with social partners at the national level and established by law have a direct influence on workplace interventions, at least on large companies. Two laws in particular have been significant drivers of change. In 2009, the law on the funding of social security required companies with more than 50 employees to negotiate a company agreement to promote the employment of older workers. Subsequently, in 2013, the law on 'generation contract' required companies employing more than 300 people to negotiate a company agreement to promote the employment of workers under 26 and over 57 and to develop a mentoring programme. The implementation of the 'generation contract' is optional for companies with between 50 and 300 employees.

Solystic and PSA Peugeot Citroën, France

Solystic specialises in the design, manufacturing, marketing and installation of automatic postal sorting and distribution equipment. Solystic adopted its first company agreement in 2009, and has renewed the agreement each year following an assessment of results. At the time of the first negotiation, a new human resources team, together with the trade unions, decided to act on all six dimensions of the agreement, although the law obliged them to act only on a minimum of three⁶¹. Clear objectives included a quantitative target: by 2010 15 % of the workforce had to be over 55 years of age, with a further increase to 18 % by 2012. The different components of the company agreement complemented each other and resulted in a global improvement of working conditions and job satisfaction for all employees, including younger and older workers.

In 2013, in accordance with the law on 'generation contracts', Solystic signed a company agreement implementing generation contracts for the period 2013-2016. The generation contract aims to link the recruitment of young workers (those below the age of 26) with the employment of workers aged over 57 (55 for newly hired and disabled workers). The

⁶¹ The six dimensions are recruitment of older workers; anticipation of career changes; improvement of working conditions and the prevention of arduous working conditions; skills development and access to vocational training; career management for older workers and transition between employment and retirement; transmission of knowledge and skills; and development of mentoring.

negotiation of a company agreement implementing the generation contract is compulsory for companies employing more than 300 workers.

Similarly, PSA Peugeot Citroën also signed a company agreement on the employment of older workers, based on the 2009 law. Prior to the 2009 agreement, ageing was not specifically targeted in human resources policies, and older workers benefited only from measures put in place for staff with reduced capacities. The company agreement put more emphasis on proactive age management by anticipating career changes, preventing work-related strain for all workers and maintaining the employability of workers.

Even when they are not part of a broader, integrated policy framework, legal measures to support the labour participation of older workers (e.g. part-time work, flexible working arrangements or extra annual leave days) have an influence on the measures companies take. In Belgium, government compensation encourages companies in the healthcare sector to offer extra leave days to their older employees. In Austria, Sonnentor encourages those employees close to retirement age to take advantage of the 'Altersteilzeit' scheme (partial retirement scheme), originally set up by the Austrian Public Employment Service (AMS), which allows older workers to reduce their working hours for up to five years, without losing any of their entitlement to pensions, insurance or unemployment benefits.

4.2.2 Financial support

To support the implementation of a policy or a law, governments sometimes establish funding or compensation mechanisms for workplaces developing company policies in line with the national conceptual framework. For instance, in the Netherlands, subsidies are provided for companies developing an age management policy, funding is provided for the development of senior policies in Denmark, compensation for 'senior days' in Norway and financial support for companies employing less than 300 people who voluntarily implement the 'generation contract' in France.

External funding can come from different types of public entities:

- European bodies, in particular the ESF;
- National governments or institutions — for instance, the Dutch Ministry of Social Affairs and Employment's subsidy programme or the Professional Experience Fund in Belgium;
- Regional or municipal authorities, such as the Aabenraa municipality's health promotion programme in Denmark;
- Social partner organisations — for instance, the Finnish regional health and safety project ISKE, coordinated by the Confederation of Finnish Construction Industries;
- Public institutes — for instance, the Health Insurance Institute of Slovenia or the Danish Centre for Development and Quality Management.

Although both large and small companies have resorted to external funding to finance part of their activity, external funding has proven critical in some of the small and micro-case companies. In some cases, the requirements of the funding organisations — such as the Belgian and Dutch governments in the example below — determined that the focus of the project, and therefore the target group of the measures, should be older workers. Most companies subject to these requirements mentioned that they would have chosen to extend their programmes to all workers, given the choice. In many cases, such as the Belgian or the Danish cases described below, the continuation of the programmes or measures depends on the availability of the external funding, and the activities may stop when the external financing stops.

Service d'aide aux Familles Bruxelloises asbl, Belgium; De Zwart facilitaire diensten, the Netherlands; Kindergarten Kernehuset, Denmark

In Belgium, a public fund that financed projects aimed at improving the working conditions of workers over 45 (the Professional Experience Fund), enabled implementation of the 'life coach' project at the non-profit organisation Service d'aide aux Familles Bruxelloises asbl. According to the director of the organisation, external financial support was crucial, albeit complex to obtain. The target group for the training (i.e. those aged over 45 years) was selected in line with the conditions set by the funding source, rather than because this group had specific training needs. The implementation of further training programmes will depend on the availability of funding.

In the case of the Dutch company, the Dutch Ministry of Social Affairs and Employment's subsidy programme focusing on age management was a significant driver for De Zwart facilitaire diensten to consider sustainable employability and the working conditions of older employees. The subsidy programme required the company to develop and implement an age management policy, which the company did by implementing a programme pairing younger and older workers.

Vuggestuen Kernehuset is a Danish kindergarten (for children up to the age of 3), which takes care of 51 children. It has 19 employees, five of whom are women aged over 55. The kindergarten has implemented a number of measures to reduce the incidence of MSDs among its employees and help to retain its older workers. Among other measures, the kindergarten put in place health promotion measures with the financial support of the municipality. A work-ability analysis was conducted prior to the development of these measures. An occupational therapist, employed by the Aabenraa municipality, observed the employees' work for several hours. Following the analysis, each individual employee received feedback on the necessary changes to their work habits, such as adjusting chair height when dressing a child. Collective measures included offering reduced subscription rates to a fitness centre, reduced fees for physiotherapy, healthy food distribution at the kindergarten and free health training. The municipal support was critical to the intervention's success. Since the municipality withdrew funding, the kindergarten is no longer able to afford these health promotion measures. Both the safety and health representative and the older worker interviewed indicated that employees were motivated to continue the activities and regretted the loss of financial support.

4.2.3 Technical support

Technical support is often an important driver of a company's decision to implement a measure.

External consultants from intermediary organisations, such as external occupational health services or insurance companies, can bring relevant technical expertise. Case companies have used external technical support to both develop and implement their measures. At the development stage, both large and small companies use external support to identify problems and solutions (workplace risk assessment, work ability analysis, needs assessments, etc.). As shown in previous examples, small companies in particular need external assistance to conduct workplace evaluations, as they do not have the internal resources to do so. In the case of Anton Plenkers, below, support from an external academic project was critical in enabling the company to conducting workplace assessments and identify solutions.

Anton Plenkers, Germany

Plenkers is a roofing micro-enterprise employing four workers with an average age of 40 years. The nature of the work places high demands on workers' physical health, making them particularly vulnerable to MSDs. The director of the company, therefore, sought ways to retain experienced older workers by reducing the risk of developing MSDs. The company had the opportunity to participate in the Rhine-Waal University of Applied Sciences' 10-year project on the retention of ageing workers in the handcraft sector, conducted with the Fraunhofer Institute for Work Organisation. As part of the project, researchers observed Plenkers workers for six months and proposed a series of measures to reduce the risk of MSDs, such as using mobile lifting aids, using a wheelbarrow to transport heavy items, even for short distances, and wearing kneepads for activities that need to be carried out while kneeling.

External support in conducting workplace evaluations is particularly important for small and micro-enterprises, whose resources and expertise are more limited. At the implementation stage, external support can take multiple forms. Several companies have, for instance, used external expertise from dieticians, ergonomists, occupational therapists and nicotine-dependence centres to carry out health promotion activities, such as health training and courses, or hired the services of sports centres to propose suitable physical activities.

Van der Geest Schilderspecialisten, the Netherlands

Van der Geest Schilderspecialisten is a Netherlands-based painting company that employs around 125 workers. In 2010, the company implemented the 'win-win' programme to improve the health — both physical and mental — of employees and increase their employability. As part of the project, the company requested the services of the Dutch national network Tigra, to put in place a monitoring system for employee health complaints. The Tigra network specialises in health management in the workplace and focuses on increasing the vitality and employability of workers, particularly those who are older. When a worker raises a complex problem which requires the advice of a specialist, the company can call on the Tigra network to discuss the case and, if needed, take the necessary follow-up actions, such as adapting working conditions (e.g. the employee's desk or schedule) or the providing health services (e.g. physiotherapy).

In Austria, the AUVA partnered with the Ministry for Social Affairs between 2008 and 2012 to establish the Fit for the Future programme. Its objective was to support companies in implementing prevention programmes to maintain workers' employability, preserve and foster work ability and, ultimately, reduce the number of invalidity and early retirement pensions. The success of the programme led to the adoption of the 'Work and Health' law in 2011, which inscribes the objective of maintaining and improving work ability in the Austrian legal framework. The programme raised awareness on the concept of work ability, providing strong incentives for companies to take action to promote it. Following Fit for the Future, fit2work focused on the rehabilitation and workability of people with chronic illnesses.

Fit2work, Austria

The fit2work programme is one of the outcomes of the Austrian Work and Health law (Federal Act on Providing Information, Advisory and Support Services in the Areas of Health and Work) (Arbeit-und-Gesundheit-Gesetz, AGG). This law specifically states that a prevention and information tool should be developed to foster the work ability of the Austrian workforce.

The programme, in place since 2012, focuses on secondary and tertiary prevention, taking measures to support employees with mental and physical health problems to maintain their employability and avoid losing their jobs. It also supports the reintegration of workers who have left or lost their jobs because of health problems. Fit2work is a free-of-charge service available to all workers and companies in Austria. Companies may apply for fit2work services when they have a general problem with their employees' health and wish to engage a preventative tool, or when only one worker is concerned. Individual workers may also directly access fit2work.

When fit2work is contacted by an individual or a company, a case manager is assigned to identify and implement tailored individual measures which will help workers to enhance and maintain their capability at work, to maintain their employment in their company, or to discover new types of occupation and re-enter the workforce in a different company. As of mid-2014, approximately 200 companies, covering about 30,000 workers, were involved in fit2work.

Another example is the role played by Finnish pension insurance institutions in promoting work ability and related well-being. A legal agreement means that these institutions can use a share of money paid by a client company for pensions to promote the work ability of personnel in that company. In 2006, the largest earnings-related pension insurer and private investor in Finland, the Varma Mutual Pension Insurance company, produced a guidance document on how to create and implement an age management programme in the workplace; in 2011, it developed a Good Work Ability Model to identify early work ability-related issues and implement solutions to address serious health problems before they even arose (Varma, 2011).

As part of 'Safer and Healthier Work at Any Age', a review⁶² has been carried out of international, EU and national online tools that support workplaces in the management of ageing workforces.

⁶² <https://osha.europa.eu/en/tools-and-publications/publications/resources-workplaces-safer-and-healthier-work-any-age/view>

4.3 Success factors

The successful development and implementation of measures to ensure sustainable work conditions is dependent on a number of factors, which should be taken into account when carrying out risk assessments, and in the design and implementation of preventative and corrective measures. Such factors include:

- *Involvement of employees in the development and implementation of measures:* even when management initiates a policy or strategy, employees should be involved at an early stage of development to ensure a sense of ownership and participation. Ideally, this could take place as part of the needs assessment (e.g. using surveys or interviews). Employees' involvement is greatly facilitated if the purpose of the activities is easy to understand and is relevant to their needs. Employee involvement can be encouraged through various communication and dissemination measures. Informing employees of the outcomes of the measures can also help them to feel involved. Cooperation with workers' representatives (e.g. through the signing of a company agreement with trade unions) is also critical.

Bilderberg Hotel, the Netherlands

Bilderberg is a Dutch hotel company with more than 1,300 employees. The company started a project called 'On the move', which focused on worker sustainability. Management realised that they had to implement any new policy from the bottom up, rather than from the top down, if they wanted to ensure it would be carried out effectively. As a first step, all employees had to fill in a questionnaire about health and lifestyles, and use this as a basis for defining their personal goals. All general managers were informed that the project would be implemented in their hotels, but their role was limited to following up on employees' personal goals. Special events were organised to allow employees to discuss the questionnaire results, share their experiences and set their own personal objectives for their sustainable employability. As a result of these measures, the human dimension has been strengthened and there is open and more frequent dialogue between employees, department heads and management.

- *Management involvement in and commitment to measures:* participants in the workshops emphasised the importance of management-level commitment to the implementation of any activity designed to improve working conditions. Stakeholders also highlighted that this is particularly true in relation to older workers as certain countries have singled out the lack of commitment from managers to even retain older workers, let alone improve their working conditions. The involvement of senior management in a programme's development sends a clear signal that it is a priority for management and employees alike. In large companies, this commitment can also be expressed as a company's policy or corporate mission statement, or in strategic or departmental objectives. Targeted training or awareness-raising may also secure line managers' commitment and ensure that they gain a thorough practical understanding of how to implement the measures.
- *Inclusion in a broader programme or strategy:* in addition to serving as a driver, an overall programme or strategy can guide and structure measures and initiatives. This would typically be implemented by a large parent company or by a local authority such as a municipality.
- *Strategic approach and diversity of measures:* a comprehensive approach increases the likelihood that multiple dimensions of well-being at work are addressed. Measures should, therefore, be diverse and combine primary-, secondary-, and tertiary-level interventions. Such measures range from workstation adaptation to specific WHP, and age management or transition to retirement. Collaboration between different departments, in particular OSH and human resources, to manage health in the context of an ageing workforce is critical in ensuring that human resources policies support OSH measures.

BT plc, the United Kingdom

BT plc is a large telecommunications company which employs 70,900 people in the United Kingdom. Occupations and jobs in the company vary depending on the area of business. While some jobs are highly manual (e.g. equipment maintenance), others are primarily desk-based (e.g. administration and call centres). The company has an OSH policy that integrates health, safety and well-being for all employees. The BT plc approach is a good example of intervention at three different levels to address both physical and psychological risks:

- Primary interventions: these include the Work fit campaigns which BT runs annually, focusing on one specific topic each year (e.g. cancer, mental health and summer of sport). The company has also introduced ergonomic design to manage risk for older workers in the workplace, as well as a physical demand analysis pilot programme to identify preventative adjustments and identify early capability issues.
- Secondary interventions: these include the implementation of STREAM, an online stress assessment tool, mental health training, access to physiotherapy and cognitive-behavioural therapy services.
- Tertiary interventions: return-to-work support, and a functional restoration programme to support workers with MSDs to return to work.

- *Use of external consultants:* external consultants can bring relevant technical expertise. Such consultants would typically include insurance or occupational health companies and can also include more academic institutions, management consultancies or other experts, such as sports associations. External support is particularly important for small and micro-enterprises, whose internal resources and expertise are limited.
- *Adopting a life-course approach:* the life-course approach considers that older people's socio-economic, mental and physical status is directly affected by events at earlier ages and stages of life. A life-course approach in the workplace means adopting measures that focus on all employees, regardless of age, with the aim of preventing physical and mental ill-health as early as possible. Although the importance of individualised measures should not be underestimated (see the next point), adopting a life-course perspective when addressing health, well-being and work ability of older workers is seen as key (Eurofound, 2015, McDermott *et al.*, 2010).
- *Flexible approach:* successful measures are those which are easily adapted to individual situations as part of a life-course approach. Different measures should be offered based on employees' individual requirements, including age-related needs. The development and implementation of measures specifically targeting older workers, such as flexibility in working time, mentoring or succession plans, and additional leave days, can address some of the issues specific to this group of workers. It is particularly important to adopt a flexible, tailored approach to employees returning to work after a period of medium- or long-term sickness absence, as each worker will have different abilities and requirements.
- *Systematic approach:* a systematic approach, based on a needs-assessment survey, the calculation of resources available, the prioritisation of measures and evaluation, is crucial to success. Such an approach must involve both a preliminary assessment and regular evaluations.

St. Olav's Hospital, Norway

The Work Research Institute evaluated St Olav's Hospital's senior policy scheme, introduced in 2009. Its overall conclusion was that most measures had achieved their intended results and were well received by older workers. The evaluation used a mix of indicators, such as an increase in the retirement age from 63.73 years in 2009 to 64.23 years in 2012; and the annual employee survey, which showed that job satisfaction among older workers/seniors had reached a high score. The evaluation also allowed the identification of measures that did not fulfil their objectives e.g. the intranet (digital 'network 55+') did not serve to foster experience exchange among older workers, but was mainly used as a source of information. The evaluation was also instrumental in identifying areas for improvement such as better information and training for managers, additional courses for older workers, and evaluation of selection criteria for attending the motivation course for senior workers.

4.4 Specific needs of small and micro-companies

While research on interventions in and small and micro-companies is very limited, the existing findings suggest that measures to promote longer working lives are less common in private sector small and micro-companies (Hasselhorn and Apt, 2015). At the same time, small and medium-sized enterprises, including micro-companies, accounted for 99.8 % of all enterprises in the non-financial business sector across EU, with micro-enterprises (i.e. those employing fewer than 10 people) representing 93 % (EC, 2015b). The analysis of workplace practices reveals a number of differences between small and large companies. These differences reflect the specific features and needs of small and micro-companies.

Some differences relate to lack of financial and human resources, which is a more common in small companies. During the workshop in Finland, participants underlined that only a small number of large companies were really active in the implementation of age management policies. Other difficulties include implementing certain types of measure due to the limited number of employees, dependence on one person to act as an ambassador in small companies, and a lack of motivation among employees in small companies compared with a lack of management support in large ones.

In both small and large companies, one of the main drivers in the initiation and implementation of a policy or programme is the commitment of senior management. In small and micro-companies, the role of the owner or manager is crucial, as he or she drives the process through an awareness of and interest in OSH management and his or her belief in a people-centred approach to work organisation ([De Zwart facilitaire diensten, Case No 25](#)). In small and micro-companies, the fact that employers have more direct and closer relationships and connections with their employees is an advantage compared to large companies, as underlined during the Dutch workshop.

Both large and small companies make use of support from external consultants. Whereas large companies use a greater variety of external consultants, and for a wider range of purposes, small companies show a significant trend towards using specialised knowledge for specific situations.

Measures in small and micro-companies are often ad hoc, reactive and informal ([Marphil International, Case No 13](#); [Melilotos, Case No 20](#)) rather than deriving from an explicit OSH/senior policy. Existing research has shown that informal practices in small and micro-companies can be more effective than formal strategies for age management in large companies (Hilsen and Midstundstad, 2015). However, as underlined during the France workshop, although small and micro-companies may be very active in this area, they often act in an informal and unstructured way and do not label the measures put in place (e.g. for age management). As a result, their actions lack visibility. Practices in small companies are frequently linked to support schemes ([Service d'Aide aux Familles Bruxelloises asbl, Case No 4](#)), sectoral initiatives ([Kuopion Manirakennus OY, Case No 11](#)) or programmes (Kindergarten Kernehuset, Case No 7), which emphasises the importance of such initiatives for encouraging action in small companies.

Finally, very few small and micro-companies covered by the study used a formal evaluation process. In only two cases was such a process carried out: by the students of a business school in one instance ([Service d'Aide aux Familles Bruxelloises asbl, Case No 4](#)) and internally by the health circles members in the other ([Haus Tamariske-Sonnenhof, Case No 1](#)). Other cases used only an informal assessment of the results by the employer ([Dartex, Case No 9](#)) or by the health manager ([Tegos, Case No 6](#)). In the large case companies, a formal evaluation was slightly more common, although a majority had not defined indicators that would enable them to make a link between their programme and the desired result (i.e. an increase in the effective retirement age of their workers).

In conclusion, policy measures should address the specific needs of small and micro-companies, considering the particular difficulties that such companies face in the design and implementation of measures for sustainable working life. Such targeted support is particularly important because age-related concerns may not be seen as an immediate priority when compared with more traditional safety and health issues.

Key messages

- The main internal drivers of designing and implementing policies and measures to ensure a sustainable working life and retain older workers are the need to:
 - avoid losing skills and expertise, particularly in small and micro-companies;
 - face labour shortages, notably in case of difficulty in recruiting young people;
 - maintain employee productivity and avoid sickness absence, associated with both MSDs and stress and mental health;
 - avoid costs linked to sickness absence and early retirement;
 - maintain employees' health and well-being; and
 - improve corporate image and enhance existing company policies.
- National policies, funding and the provision of technical support by governmental and intermediary organisations may also be powerful external drivers of the initiation of measures, as well as influencing the general approach taken by the company.
- The analysis of the case studies revealed a number of success factors, which combine to ensuring sustainable working conditions:
 - Employees should be involved in the development and implementation of measures through various participatory, communication and dissemination tools.
 - The involvement and commitment of senior management sends a clear signal that the objective is a priority for management and employees alike.
 - The measures could be included as part of a broader programme or strategy (e.g. developed by a parent company as a guide and structure).
 - The measures should be sufficiently diverse; they should combine primary-, secondary- and tertiary-level interventions, and range from workstation adaptation to specific WHP and age management or transition to retirement.
 - All departments, in particular OSH and human resources, should collaborate to ensure that human resources policies support OSH measures.
 - External support, e.g. from insurance companies or institutes, can greatly help through the provision of relevant and targeted expertise, in particular to small and micro-enterprises.
 - The adoption of a life-course approach in the workplace is key in preventing physical and mental ill-health from the earliest stages of an employee's career.
 - A flexible approach, whereby measures are adapted to each employee's individual needs, including those linked to age, is also necessary. This can include measures targeting older workers.
 - A systematic approach based on a preliminary assessment, including an age structure analysis and regular evaluations, allows resources to be prioritised.
- A number of differences between small and large companies were apparent in the cases investigated, reflecting the specific features and needs of small and micro-companies. In particular, the lack of financial and human resources is a more common issue in small and micro-companies, meaning that policy measures should take into account, and address, the specific needs of these companies.

Prerequisites for OSH systems to support sustainable work:

- Promoting good practices for sustainable work in the workplace requires strong and progressive OSH systems encompassing: risk prevention for all throughout working life; the promotion of age management, career management and diversity management; the promotion of health; and the promotion of an integrative and holistic approach to well-being at work.
- Practical guidance and training on age- and diversity-related issues should be promoted at the workplace level. Guidance and training should be tailored to the needs of specific sectors, occupations and sizes. In particular, the integration of diversity considerations related to both age and gender into the different elements of the OSH system, in particular risk assessment, preventive and adaptation measures, should be encouraged.

Key messages

- The adoption of specific tools such as preliminary assessment and regular evaluation should be also promoted.
- Intermediary organisations, and in particular social partners, should be actively involved in the design and implementation of policies promoting sustainable work and in the development of practical tools targeting workplaces.
- Governments should increase awareness-raising efforts against age, gender and disability discrimination, targeting primarily employers and workers but also intermediaries, relying on a robust business case for sustainable working lives, including in relation to rehabilitation and return to work.
- Any initiative taken at national level should take into account and address the specific needs of small and micro-companies, considering the particular difficulties these companies face in the design and implementation of measures to ensure sustainable working conditions.

5 Conclusions and implications for policy development

5.1 Conclusions: mapping the situation in Europe

Over the past decade, European countries and EU policies have acknowledged and begun to address — notably by increasing the retirement age — the links between economic prosperity, employment and health. Although policy developments at EU and national levels are promising, ageing, the gradual shrinking of the European workforce and the growing burden of chronic health conditions and the associated costs for social security systems will remain challenges for the EU in the future.

Legal and policy frameworks for sustainable work

Extending working lives has been a high priority on the agenda of most Member States' employment and socio-economic policies and, over the past 20 years, all European governments have reformed their pension and disability benefits systems. Many of them have introduced economic incentives to encourage employers to hire or retain older workers and/or workers with reduced working capacities (e.g. wage subsidies, tax benefits or reduction of social contributions) and financial incentives to encourage workers to stay at work longer (e.g. the possibility of combining work revenues and pension benefits).

However, in the majority of national OSH systems, the working conditions of an ageing workforce does not feature prominently. One of the main reasons for this, as identified in the literature and during the fieldwork, is that the OSH legal framework of the EU is generally considered sufficient to protect the older workforce. In addition, it is recognised that specific OSH legislation on older workers might cause a certain level of stigmatisation and lead to inequalities in the treatment of other vulnerable groups of workers. National OSH strategies often recognise population ageing as an important challenge for OSH systems, and older workers as a sensitive or vulnerable category, but without necessarily setting clear objectives or proposing concrete measures. A few European countries have integrated the broader objective of supporting sustainable work into their OSH legislation or strategy. This is often done by referring to national or international concepts, such as work ability (e.g. in Finland), diversity management (e.g. in the United Kingdom) or sustainable employability (e.g. in the Netherlands), which also touch on aspects not traditionally considered 'OSH' (e.g. those related to skills and career development).

Legislation related to anti-discrimination in employment also has an impact on the extension of the working life. The EU Directive on equal treatment in employment, applicable in all EU Member States, has played an important role in prohibiting age discrimination in recruitment and human resource management practices, as well as in supporting the reintegration of workers with reduced work capacity. In many countries, the Directive even constitutes the only legal basis for the reintegration of people with a recognised degree of disability. In particular, the Directive's requirement that employers make workplace accommodations supports the retention of workers with disabilities.

In addition to OSH and anti-discrimination, the majority of European countries have introduced measures related to health, rehabilitation, vocational training and lifelong learning in their policies targeted at the older workforce, disabled workers or, more broadly, categories of vulnerable workers at risk of unemployment. Such measures include facilitated access to vocational training (e.g. in Slovenia), flexible working schemes (e.g. in Austria), 'mid-life' career reviews (e.g. in France), vocational rehabilitation support (e.g. in the Czech Republic) and WHP (e.g. in Estonia). However, the extent to which these measures have been implemented, and their scope and target groups, vary greatly between countries. They have generally been adopted without the support of a policy framework promoting work sustainability and without coordination with other policy fields. As a result, they often focus solely on the older workforce rather than on improving work ability over the life course, and neglect to consider the cumulative effects of occupational risks on workers and the importance of career evolution.

A few countries have developed multidisciplinary and integrated policy frameworks to deal with the issue of the extension of working life and the ageing of the workforce, such as the Demography Strategy in Germany, the Sustainable Employability initiative in the Netherlands and the Strategy for a Socially Sustainable Finland for 2020. These frameworks bring together, under a single banner, a variety of measures from different policy areas with the objective of creating healthy working environments for all

and maintaining work ability and employability throughout the life course. They usually incorporate the issue of the rehabilitation and return to work of people after a period of sickness absence, as part of a broader discussion on the management of chronic ill-health at work. Rather than focusing on a specific age group, these frameworks consider in a broader way the question of the management of diversity at the workplace, thus addressing gender and disability as well as age issues.

Strong policy frameworks, investment and resources are crucial in supporting actions on the complex intersection between work, diversity and health at a strategic and practical level. During the fieldwork, representatives from companies and worker organisations acknowledged that the employment and OSH legal and policy frameworks can help to raise the issue of the working conditions of an older workforce and rehabilitation/return-to-work programmes in companies and significantly influence company policies.

The effectiveness of these frameworks, when evaluated, is demonstrated by an increase in the employment rate of older workers, an increase of the effective retirement age and/or a decrease in the level of sickness absence. However, the lack of evaluations of these policy frameworks, and of a broader pool of indicators to assess work sustainability, impedes the identification of good practice in this area. To yield concrete results, these frameworks need to be effectively implemented. The stakeholders consulted during the project highlighted the main barriers to creating sustainable working conditions as the lack of implementation of legal obligations and the limited take-up of measures promoted by the government, in particular in small and micro-companies.

Implementation

Implementation is a key aspect of effective regulatory and policy frameworks. The workshop participants frequently mentioned that translating the national legal and policy framework into effective action at the workplace level requires, in addition to enforcement mechanisms, support actions and incentives for companies. Case studies have shown that companies of all sizes — even if this is a more prominent need for small and medium-sized companies — often need support to identify risks and bad management practices in the workplace, as well as necessary adaptations.

Financial and technical support

Most European governments have, to various degrees and according to their policy and institutional frameworks, introduced financial and technical support mechanisms. The case studies have shown that financial support is critical for small and medium-sized enterprises. In many countries, however, support mechanisms are limited in scope, either because they consider only certain aspects of what makes work sustainable (only employment-focused or OSH-focused) or because of the criteria for access to funding (e.g. support for workplace adaptations for workers with disabilities). Case studies have also highlighted that access to technical and financial support could be an issue for small companies, because either applications are too burdensome or the criteria for the allocation of funding are too restrictive.

Role of stakeholders

All actors in the OSH system play an important role in supporting the implementation of national legal and policy frameworks. In particular, intermediaries assist businesses, especially small and micro-companies, in the development and implementation of measures to support sustainable working lives.

In certain countries, social partner agreements at national, sectoral and company levels are a powerful instrument for ensuring the effective take-up at workplace level of nationally defined goals, such as supporting the introduction of age management policies (e.g. in Germany and France) or promoting flexible forms of employment for older workers (e.g. in Norway). The involvement of social partners in the preparation of guidance and support actions has proven to be successful in ensuring that guidelines or tools are adapted to the needs of specific sectors, occupations and sizes of enterprises. The level of influence of social partners in the development of socio-economic and OSH policies, however, differs considerably between European countries.

In most countries, the work of labour inspectorates is increasingly focusing on activities related to the prevention of OSH risks alongside traditional enforcement activities. However, in only a few countries (e.g. Austria and the United Kingdom) has the labour inspectorate set the objective of taking the issues of the health of older workers and, more generally, diversity at the workplace into account in its activities (including on-site inspections).

Intermediaries, such as occupational physicians, occupational or pension insurance organisations, or OSH private services, are essential in assisting businesses, especially small and micro-companies, in the implementation of their legal obligations and the development of company policies on OSH and age management. Even in countries with limited governmental action on the topic of work in the context of population ageing, intermediaries have been at the forefront of the effort towards sustainable work by providing technical and/or financial assistance to companies. For instance, in Estonia and Hungary, networks for WHP carry out awareness-raising activities and promote the exchange of good practice among companies.

Social insurance organisations are key actors in the implementation of return-to-work policies. In many cases (e.g. in Norway and Sweden), they are the lead organisation implementing the case management programme, whereby a case manager assigned to the worker will assess the individual situation, set up an individual plan and involve all of the relevant stakeholders in the implementation of the individual plan. The lead organisation implementing the case management programme varies across countries; it can also be a governmental body (e.g. in France) or a private insurance body (e.g. in Finland).

Finally, non-institutional actors outside the OSH system, such as NGOs, business organisations and universities, can also encourage the uptake of good practice in the field of work, health and age at workplace level and provide guidance on age-related issues or return-to-work.

The adoption of a new legal or policy framework, strategy or action plan has generally a knock-on effect on other institutional and non-institutional stakeholders. In countries that have an integrated policy framework structured around clear key messages, there tend to be more support actions, established by a wider range of institutional and non-institutional stakeholders.

Coordination

The establishment of an effective policy framework promoting sustainable work and a successful return-to-work system is based on the coordination of policies across the areas of employment, public health, education, OSH and social security. This means coordinating both policy formulation and stakeholders, as many different organisations have an important role to play in ensuring the effective implementation of national policies at the workplace level.

At the governmental level, cooperation is frequent between the Ministries of Employment/Labour and the Ministries of Health (e.g. on the promotion of health at work or on issues related to social security and social welfare). Existing coordination mechanisms would be sufficient in many countries to establish cross-policy activities on the topic of sustainable work. In countries that have established a case management programme for the management of return to work, new coordination mechanisms have been created to bring together stakeholders who usually did not work together, in particular healthcare and employment professionals. This is the case for instance in the United Kingdom with the creation of the new *Fit for Work* services.

Effective communication of the policy objectives, the raising of awareness of the existing supporting actions and the exchanges of best practice are key elements for translating policies into concrete actions at the workplace level. The creation of formal structures for stakeholder coordination (e.g. stakeholder networks) can help to build ownership, boost innovation and exchange knowledge and experience. These structures are often supported by a combination of communication tools (e.g. websites and events), technical tools (e.g. guidance documents and web-based resources) and funding mechanisms.

Workplaces

The prospect of labour shortages in the near future means that retaining older people at work is both a necessity and a challenge for businesses. In the context of the project, case studies have been carried out on the measures and programmes put in place at the workplace level to address the challenges related to the ageing of the workforce. Although the case studies were diverse, their limited number did not allow for generalised findings or quantitative results, but rather highlighted some patterns and examples of good practice.

The analysis and fieldwork have shown that the main drivers of action in both small and large companies relate to maintaining employee productivity and avoiding sickness absence and early retirement. The fear of losing skills and expertise is another important reason for taking action, particularly when the recruitment of competent young workers proves difficult or costly. Other drivers

include broader objectives, such as maintaining the health and well-being of employees, improving the corporate image or continuing a tradition of proactive employment policies.

A number of external factors also play an important role in the development of company initiatives on the ageing workforce or sustainable work. These include:

- the existence of a national policy framework on the employment of older workers or on sustainable working lives;
- the provision of financial support for workplaces developing company policies in line with the national policy framework; and
- the provision of technical support (e.g. advice from external consultants, guidance and tools) from the government or intermediary organisations.

Although both large and small companies investigated make equal use of the technical and financial support provided, the cessation of funding is shown to be a critical factor in the stopping of an initiative in small companies.

Case studies have shown that the coordination of human resources managers and OSH representatives is an important element of successful workplace interventions, as it ensures a comprehensive approach.

Finally, employers, workers and other workplace actors need to be made more aware of the complex relationship between health, age and work and of the benefits and opportunities of investing in sustainable working conditions.

Research gaps

There is currently a lack of data and information on health at work, not only concerning work-related diseases and accidents, but also regarding 'common' health problems. Across countries, there is a need for better harmonisation of definitions for 'long-standing health problems' and 'work-related health problems'. Other research gaps relate to the intersection of age and gender in relation to OSH and sustainable work and to the links between poor health status and the level of education, income and overall socio-economic status of older workers. Finally, the impact, feasibility and cost-effectiveness of existing national return-to-work systems are not sufficiently investigated.

5.2 Policy options

Continued efforts are required at all levels, particularly in the light of the economic crisis and of growing health inequalities between genders and different socio-economic groups, to ensure that work becomes more sustainable and to keep workers healthy until retirement age.

Although dealing with an age-diverse workforce extends well beyond the OSH domain, for example into public health, economic and social affairs, social justice and education, improved OSH across the life course must be part of these efforts.

The findings from the project suggest that a **number of prerequisites are necessary for OSH systems** to create and maintain the conditions for sustainable work. These include:

- **Improved risk prevention for all** to ensure that workers do not leave the labour market prematurely for health reasons, can maintain and enhance their work ability throughout their professional life and reach retirement healthy. Health surveillance, universal access to occupational health services linked to public health, work-focused rehabilitation and WHP all contribute to this objective.
- **Specific measures for a diverse workforce**, through diversity-sensitive risk assessments, taking into account age, gender and different abilities, as well as the type of work task, occupation and sector, professional history and cumulative exposure to hazards.
- **A holistic approach** to risk prevention and the promotion of well-being in the workplace linking traditional OSH components to other aspects not traditionally considered OSH, such as training and skills development, career development, flexible working time arrangements and gradual retirement, through cooperation between occupational health services, risk prevention

services, health care, human resources management, labour inspectorates and other relevant stakeholders.

- **Support for companies**, in particular small and micro-enterprises, to ensure that businesses can take a proactive role in the creation of sustainable working conditions beyond mere compliance with regulatory requirements.
- **Integrated policies** cutting across different policy areas, in particular OSH, employment, public health, socio-economic affairs, social justice and equal opportunities and education.
- **Promoting social dialogue at all levels**

These prerequisites are in line with recommendations from scientific literature and international organisations. The OECD, for instance, highlights the importance of strategies that consider health and work in an integrated manner and the need to put in place more global strategies to address working conditions in a life-course perspective (OECD, 2006). The ILO has been fighting for decades against age and gender discrimination, calling on countries to improve the working environment at all stages of the working life, and to design practices that enable older workers to continue working under satisfactory conditions (ILO, 1980, 2009).

EU level

The review of policies developed at national level to address demographic change shows that the EU legal and policy framework is a driver for action in Member States.

OSH legislation

The current OSH legal framework is based on the principle of adapting the working environment to the needs and abilities of each individual worker, which provides a basis for taking into account diversity in risk assessment and OSH management in general.

The EU Strategic Framework

Tackling demographic change is identified in the Strategic Framework on Health and Safety at Work 2014-2020 as one of the challenges for OSH. The Framework refers to the importance of sustainable working life and, as a prerequisite for it, the need to promote safety and health at work and create a culture of prevention. It also emphasises the importance of lifelong employability. The review of the Framework, which is to take place in 2016, will offer an opportunity to propose more specific EU-level actions to address OSH in the context of an ageing workforce.

Mainstreaming age considerations into different policy areas

The ageing of the population and workforce affects many different policy areas. Cross-policy coordination at EU level is critical for the implementation of successful policies.

- Employment and economic policy recommendations on the reform of social security and pension systems should better acknowledge the potential consequences of pension reforms and raised retirement ages for workers and their health.
- Public health policies related to the ageing population should better acknowledge the impact of work on health and work as a social determinant of health.
- The large number of court cases on the application of Article 6(1) of the Employment Equality Directive suggests that there is a need for more guidance on what can be considered equal treatment.

Supporting actions

- Guidance and tools should be developed and disseminated to support the development and implementation of national policies on sustainable working lives and return-to-work systems.
- The establishment of a specific platform to foster exchange of knowledge and good practice should be considered.
- EU-wide statistical data collection on health at work and sickness absence caused by occupational and non-occupational health problems should be improved.

- The issue of rehabilitation and return to work should be mainstreamed into different policy areas, in particular social justice and public health policies.
- EU funding mechanisms such as the European Social Fund, the European Structural and Investment Funds and the EU Programme for Employment and Social Innovation, as well as lifelong learning programmes funded by the EU, should further promote age management and active ageing.

National level

A few countries have developed multidisciplinary and integrated policy frameworks that bring together measures from different policy areas, with the objective of creating healthy working environments for all and maintaining work ability and employability throughout the life course.

Population and workforce ageing is a cross-policy issue and the challenges can be addressed in an efficient way by **integrating the concept of active ageing into all relevant policy areas**. This includes:

- flexible retirement policies allowing gradual retirement and the combining of work and pension, and including financial incentives to carry on working;
- promoting equal treatment in employment, removing age barriers and eliminating age discrimination;
- removing disincentives for employers to hire older workers;
- improving structures for adult education, vocational training and skills development, and promoting lifelong learning;
- creating systems for vocational rehabilitation and reintegration into labour market;
- promoting work–life balance and consolidation of work and family by developing child care and elderly care, as well as by supporting carers;
- strengthening occupational health care and introducing periodic health examinations for workers over 45 to detect problems at an early stage and allow for the development of early interventions;
- improving data collection on health, disability and absenteeism according to age, gender and occupation to support policy development and in order to develop solutions;
- focusing efforts to reduce health inequalities on the most problematic sectors and occupations and the most disadvantaged groups in the labour market;
- training occupational healthcare personnel, labour inspectors and OSH experts in issues relating to ageing and work;
- strengthening health education and health promotion as part of efforts to shift the focus from cure to preventive actions;
- promoting the concept of solidarity between generations and making efforts to change attitudes towards older people.

Supporting actions

The implementation of the policies described above can be promoted at national level through technical and financial support and through awareness-raising activities.

All relevant stakeholders should be involved in the development and implementation of integrated policy frameworks. Critical partners include social partners, labour inspectors, and other intermediaries, such as local governments, occupational insurance organisations, OSH external advisory services, non-governmental organisations, etc. The creation of formal structures for stakeholder coordination (e.g. stakeholder networks) facilitates collaboration and the efficient implementation of policies.

Development and implementation of **rehabilitation and return to work systems and support** are not only essential after accidents and illnesses but they are an integral part of any strategy to maintain work ability and employability for an extend working life.

Successful return to work systems have a number of elements in common, i.e. the legal or policy framework covers all aspects of the return to work process, the scope of the system targets all workers, there is effective coordination across all relevant policy areas and between actors involved in the system, there is early intervention and the interventions are tailored to the workers' needs. Furthermore, in these systems multidisciplinary interventions are applied, there is usually a case management approach, economic drivers for the employer and worker exist, at the same time the employers' responsibility in the process is increased and finally, financial and technical support is provided to them to facilitate the process.

Policy relevant findings in the area of rehabilitation and return to work are the following;

- The scope of the system should be broad, covering all workers
- Rehabilitation and return to work systems should be part of an integrated policy framework for sustainable working life which requires coordination across policy areas
- Coordinated systems require combined action of different actors, at system and workplace level
- Joined up budgeting might increase resource efficiency at system level
- Financial and technical support for micro and small enterprises to develop individual reintegration plans and workplace adaptations are needed to foster action

Supporting the above, the following recommendations have also been identified for national policy level:

- Public health policies should recognise the workplace as an important potential contributor to the promotion of health and healthy lifestyles and the prevention of ill-health.
- Healthcare and OSH policies, should emphasise the key role played by primary care professionals in health surveyance, the return-to-work process and the need for cooperation with non-medical professionals.
- Reform of sickness, disability and pension benefit schemes should be complemented with the development of supporting programmes to foster people's employability and work ability.
 - Health issues experienced by men and women are influenced by gender differences, the types of jobs they do, their conditions of work and the occupational risks they face throughout their working lives. Therefore, policies on sustainable working life should adopt a gender-neutral approach. They should include a focus on the cumulative impact of exposures women face throughout their working lives in particular sectors and jobs, including in relation to repetitive and monotonous work, prolonged standing and sitting, stress, and emotionally demanding work, and shift work.
 - A specific gender focus needs to be given to rehabilitation from work-related ill-health, as there is a lack of recognition of occupational illnesses and injuries that more commonly affecting women.

Workplace level

Many member States have been raising the official retirement age, however prolonging working life has posed challenges for workplaces and implications for people's health; there is more and more an age-diverse workforce, the proportion of older people in the workforce is growing, the exposure to workplace hazards and risks are longer and cumulative, and there is increased prevalence of chronic conditions among workers. Prolonging working life presents opportunities to change working conditions for the better for everyone through application of the **following measures**.

- good OSH management that includes risk prevention and workplace adaptations can prevent chronic illness and disability
- human resource management will need to place special focus on age management
- adopting age-sensitive risk assessment
- integrating OSH and workplace health promotion
- working conditions to be adapted to the workers' needs
- development and implementation of rehabilitation and return-to-work systems to avoid long-term sickness absence and prevent early exit from work
- providing structures for vocational training and lifelong learning

The considerable differences in health and employment systems between the various Member States make it difficult to prescribe specific requirements for OSH systems at the employer level, or to identify any as prerequisites for effective OSH management. Specific requirements at the employer level will depend on, and follow on from, provisions made at the national level, in the context of national approaches to both OSH and wider health and employment issues, and on the specificities of individual workplaces.

National policy frameworks have an important impact on the policies and practices enterprises developed in relation to an ageing workforce and they can support effective age management at company level, comprising:

- training and skills development;
- career development;
- flexible working time and work–life balance;
- OSH and working conditions;
- knowledge transfer;
- health promotion.

The following **measures at workplace level** have been identified as key to promoting sustainable working lives:

- Taking a life course approach to prevent ill health from the early stages of career
- Using a holistic approach, taking into account factors beyond OSH that have an impact on OSH
- Implementation of workplace health promotion measures
- Using age/diversity sensitive risk assessment, gender issues: measures should be adapted to the employee's individual needs, including needs linked to age, gender and functional ability.
- Adopting HR policies that support OSH management (flexible working time, training, skills development)
- Ensuring return to work support, workplace adaptations: return-to-work considerations should be integrated in company policies
- Providing management and leadership: senior management should be fully involved and committed
- Promoting social dialogue/ worker participation: employees should be involved in the development and implementation of the measures through various participatory measures and communication and dissemination tools.
- Programmes and policies should be built on a systematic approach, including a needs assessment with mapping of skills and human resources, and regular evaluations.
- The measures should be sufficiently diverse combining primary-, secondary- and tertiary-level interventions and OSH and human resources measures, ranging from workstation adaptation to specific WHP and age management or transition to retirement.

- Practical guidance and training on age-related and return-to-work issues should be promoted at the workplace level. Examples of concrete guidance or training include how to carry out an age structure profile analysis, assess workers' ability, (e.g. with using the Work Ability Index/WAI), conduct a diversity-aware risk assessment, put in place an age management policy, conduct career discussions with older workers, etc.

In line with the corresponding objective of the EU Strategic Framework to improve implementation of OSH legislation in micro and small-sized enterprises, any initiative taken at the national level should take into account and address the specific needs of micro and small and micro-companies, considering the particular difficulties these companies face in the design and implementation of measures to ensure sustainable working conditions. This support might include specific funding schemes, guidance, e-tools and awareness-raising activities.

Intermediaries:

Intermediaries are essential in assisting businesses, especially small and micro-companies, in the implementation of their legal obligations and the development of company policies on OSH, age and diversity management, and return to work.

Labour inspectorates should be equipped to support the management of diversity in the workplace and help build discrimination-free sustainable workplaces.

Social partners should play an important role in the development and implementation of policies and programmes on work, age and health.

Other intermediaries should get involved in the development and implementation of initiatives or measures related to sustainable work and return to work. They have a key role to play in raising awareness and disseminating information at the company level on issues related to health, work, age and diversity, and in providing technical support and guidance.

To conclude, the need to create and maintain sustainable working conditions for all might suggest for integrated policy frameworks that cut across all relevant areas, namely OSH, employment, public health, socio-economic affairs, social justice, equal opportunities and education. For effective policies to ensure sustainable working life, higher employment rates and better health for all, development of cross-policy and multidisciplinary systems and structures, coordination between actors and establishment of support schemes remains a challenge for many European countries.

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Annexes

Annex 1: Overview of concepts related to work, health and age

The definitions listed in Table 6 are not universally accepted; for most terms, there is no single agreed definition. Therefore, most of those given in the table have been extracted from the main, or the most recent, policy document on the topic/concept prepared by a relevant international organisation. While debates in the scientific and academic communities are ongoing (partly due to new research, partly to keep adapting these various concepts to the ever-changing political and socio-economic situation), definitions from international organisations are more likely to reflect the most commonly accepted understanding in the global and EU decision-making community.

In a few cases, such as the definitions of 'work ability', 'well-being at work' and 'employability', other sources have been used. The definition of 'work ability' comes from the Finnish research and policy communities in the 1980s. However, since the 1990s it has been widely used by international researchers and policy-makers and, therefore, can be considered as accepted at the EU level. The concept of 'well-being at work', on the other hand, has a number of definitions, none more prominent than the others (EU-OSHA, 2013). Two definitions have been proposed in Table 6: one comes from an academic source and was referred to by EU-OSHA as a useful definition at the EU level; the CIPD developed the other. Finally, the concept of 'employability' has undergone a number of evolutions and still has several definitions today. This is briefly summarised in the table.

A number of additional explanatory elements complete the definitions presented in the table.

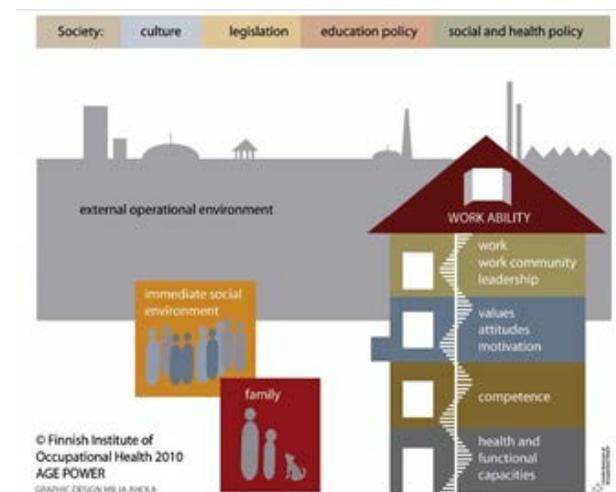
Table 6, Concepts used in the policy discourse to address the challenges of an ageing workforce

Concept	Policy areas	Definition
Healthy ageing	<p>Main: Public health</p> <p>Other: Social justice and equal treatment Social policy Employment Education</p>	<p><i>'Healthy and active ageing allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society, while providing them with adequate protection, security and care when they require assistance' (WHO, 2002)</i></p> <p><i>'Healthy ageing is the process of optimising opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life' (Swedish Institute of Public Health, 2006)</i></p> <p>According to EuroHealthNet (2016), 'healthy ageing' covers the following areas:</p> <ul style="list-style-type: none"> • long-term care; • diet and nutrition; • environment and accessibility; • employment and volunteering; • social inclusion and participation; • physical activity; • access to services; • new technologies; • education and lifelong learning
Active ageing	<p>Main: Public health Social policy</p> <p>Other: Social justice and equal treatment Employment Education</p>	<p><i>'Active ageing is the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age' (WHO, 2002)</i></p> <p>Although the definitions are similar, the concept of 'active ageing' according to the WHO is meant to convey a more inclusive message than 'healthy ageing'. It should recognise the factors in addition to health care that affect the ageing of the population.</p> <p>According to the Council of the EU, promoting active ageing requires (Council of the European Union, 2012):</p> <ul style="list-style-type: none"> • strengthening of social cohesion, inclusion and participation across a person's lifetime; • promotion of participation in the labour market (training, lifelong learning, reconciliation of private and working life); • recognition of the values of all age groups and their contribution to society (promotion of a positive image); • promotion of research and innovation to improve the lives of older people (accessible environments, ICT); • Health promotion, disease prevention and early diagnosis throughout the life cycle, as well as rehabilitation (leading to healthy ageing); • adjustment of social security systems in such a way that they are able to provide sustainable and adequate pensions
Lifelong learning	<p>Main: Education</p> <p>Other: Employment. Social justice and equal treatment</p>	<p><i>'Academically, the term 'lifelong learning' has no universally-accepted definition or any standard use in the literature. The European Commission defines it as 'all learning activity undertaken throughout life, with the aim of improving knowledge, skills and competences within a personal, civic, social and/or employment-related perspective. Lifelong Learning encompasses the whole spectrum of formal, non-formal and informal learning' (EC, Making a European Area of Lifelong Learning a Reality, 2001)</i></p> <ul style="list-style-type: none"> ▪ The objectives of lifelong learning are broad and not restricted to employment-related skills: they include personal fulfilment, active citizenship, social inclusion and employability/adaptability

Concept	Policy areas	Definition
		<ul style="list-style-type: none"> ▪ Lifelong learning includes formal as well as non-formal learning activities or lifewide learning, e.g. learning that is not provided by an education or training institution and does not lead to certification, but is, nevertheless, structured in terms of learning objectives, time and support
Rehabilitation	<p>Main: Social justice and equality</p> <p>Other: Public health Social policy Employment</p>	<p><i>'Measures to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life' (UN Convention on the Rights of Persons with Disabilities, 2006)</i></p> <p>Rehabilitation, understood in the sense of rehabilitating someone with a disability or with health problems into an active life, can be split into three different types:</p> <ul style="list-style-type: none"> • Medical rehabilitation: restoring the functional or mental ability and quality of life of those with physical or mental impairments or disabilities • Vocational rehabilitation: enabling persons with physical or mental impairments or disabilities to overcome barriers to accessing, maintaining or returning to employment or other useful occupation • Social rehabilitation: facilitating the participation of people with physical or mental impairments or disabilities in social life
WHP/health-promoting workplaces	<p>Main: Public health</p> <p>Other: Employment Social policy</p>	<p><i>'Workplace Health Promotion (WHP) is the combined efforts of employers, employees and society to improve the health and well-being of people at work' (ENWHP, 2007)</i></p> <p>This can be achieved through a combination of (EU-OSHA, 2010):</p> <ul style="list-style-type: none"> • improving the work organisation and working environment; • promoting the participation of workers in healthy activities; • enabling healthy choices; • encouraging personal development <p>Examples of WHP measures include:</p> <ul style="list-style-type: none"> • organisational measures (e.g. flexible working hours and workplaces, employee participation); • environmental measures (e.g. smoking bans, supportive psychosocial work environments); • individual measures (e.g. offering fitness courses, encouraging healthy eating, providing anti-stress training)
Well-being at work	<p>Main: Employment</p> <p>Other: Public health Education</p>	<p><i>'Well-being is a summative concept that characterises the quality of working lives, including occupational safety and health (OSH) aspects, and it may be a major determinant of productivity at the individual, enterprise and societal levels' (Schulte and Vainio, 2010)</i></p> <p><i>Creating an environment to promote a state of contentment which allows an employee to flourish and achieve their full potential for the benefit of themselves and their organisation (CIPD, 2007)</i></p> <ul style="list-style-type: none"> • Employee well-being covers: healthy body and lifestyles, self-confidence, self-respect, resilience, sense of purpose, active and curious mind, network of supportive relationships • Organisational well-being covers: values-based working environment, open communication, opportunities to achieve personal aspirations, work–life balance, flexibility, possibility to negotiate workload and work pace, etc. (CIPD, 2007)

Concept	Policy areas	Definition
Return to work	<p>Main: Social policy and employment</p> <p>Other: Social justice and equality Public health</p>	<p><i>'Return-to-work programmes facilitate the workplace reintegration of persons who experience a reduction in work capacity or capability, whether due to invalidity, illness or ageing' (ISSA, 2013)</i></p> <p>Return to work is a concept encompassing all procedures and initiatives aiming at facilitating the workplace reintegration of persons who experience a reduction in work capacity or capability, whether due to invalidity, illness or ageing. It is the interplay between:</p> <ul style="list-style-type: none"> • the societal context, culture and politics (macro-level); • the workplace, health care, legislative and insurance systems (meso-level) • the worker (micro-level)
Age management	<p>Main: Employment</p> <p>Other: Social policy Social justice and equality</p>	<p><i>'The various dimensions by which human resources are managed within organisations with an explicit focus on ageing and, also, more generally, to the overall management of the workforce ageing via public policy or collective bargaining' (Walker, 1997)</i></p> <p>It is a concept used to cover company attitudes towards older workers. The focus can be on the individual, the enterprise, or labour-market policies and frameworks. It encompasses the following eight dimensions ():</p> <ul style="list-style-type: none"> • recruitment; • learning, training and lifelong learning; • career development; • flexible working hours; • health protection and promotion, and workplace design; • redeployment; • employment exit and the transition to retirement; • comprehensive approaches covering the working life course
Diversity management	<p>Main: Employment</p> <p>Other: Social policy Social justice and equality</p>	<p><i>'Diversity Management is the active and conscious development of a future oriented, value driven strategic, communicative and managerial process of accepting and using certain differences and similarities as a potential in an organisation, a process which creates added value to the company' (International Society for Diversity Management, 2007)</i></p> <p><i>'Management philosophy of recognising and valuing heterogeneity in organisations with a view to improve organisational performance' (Ozbilgin and Tatli, 2011)</i></p> <p>Diversity management consists of integrating the idea of diversity into the management culture and daily management decisions and processes. It considers every employee as a creative resource for the organisation and uses differences as potential to create added value to the company. Companies implementing diversity management see improvements on a number of fronts:</p> <ul style="list-style-type: none"> • effecting culture change; • improving workforce diversity and cultural mix; • enhancing market opportunities; and • improving external recognition and image

Concept	Policy areas	Definition
Employability	<p>Main: Employment</p> <p>Other: Social policy Social justice and equality</p>	<p>There is no commonly accepted definition of employability. In simple terms, employability can be defined as ‘the quality of being employable’ or the ‘combination of factors permitting access to work, to maintain it and to progress in one’s career’ (MKW Wirtschaftsforschungs GmbH, 2011). In the national and EU policy-making spheres, employability is often used in the narrow sense of ‘initiative employability’, focusing on the individual aspects of employability (particularly in terms of competences and skills) and, therefore, focusing on individual-centred solutions. The policy response to this is the development of education and lifelong-learning policies⁶³</p> <p>In the research sphere, however, employability is understood to be a broader, more dynamic and more holistic concept. This ‘interactive employability’ considers three main dimensions (Gazier, 2006; McQuaid and Lindsay, 2005):</p> <ul style="list-style-type: none"> • individual factors, including skills and qualifications, demographic characteristics (such as age), health and well-being, adaptability and mobility; • personal circumstances, including household circumstances (e.g. care responsibilities) and access to resources; and • external factors, including labour market and macroeconomic factors, vacancy and recruitment factors and employment policy support (such as accessibility of job search counselling or financial incentives)
Work ability	<p>Main: Employment</p> <p>Other: Public health Social policy Social justice and equality</p>	<p><i>The holistic image of work ability consists of both the resources of the individual and factors related to work and working and the environment outside of work (FIOH, based on Ilmarinen and Tuomi 2004; Ilmarinen 2006)</i></p> <p>The dimensions of work ability can be depicted in the form of a work ability house, its floors and the surrounding environment:</p> <ul style="list-style-type: none"> • The first floor relates to the worker’s health, which constitutes the foundation for good work ability but is by no means sufficient • The second floor relates to the question of competences and skills, which are key issues when discussing, for instance, the career developments of older workers • The third floor focuses on the social and moral values of the worker, with an opening (the balcony) to the close external environment of the worker (family and social environment) • The fourth floor covers the work content (physical, psychological and social demands), environment and organization



⁶³ See definition of employability in EC, 2014d, p30

Concept	Policy areas	Definition
		<p>The work ability concept is evidence-based and measurable, notably through the use of the WAI. The WAI, developed by the FIOH in the 1980s, is a questionnaire-based tool used to measure someone's work ability through a series of questions, which take into consideration the demands of the work and the individual's health status and resources. The 2009 translation of the WAI into 28 languages and its dissemination throughout Europe means that it is now a commonly used instrument by occupational health professionals in many European countries. The work ability concept, supported by the WAI, is increasingly popular in Europe and is referred to in many policy documents related to the ageing workforce (see Chapter 4)</p>
Sustainable work	<p>Main: Employment</p> <p>Other: Public health Social policy Social justice and equality</p>	<p><i>'Sustainable work over the life course means that working and living conditions are such that they support people in engaging and remaining in work throughout an extended working life. These conditions enable a fit between work and the characteristics or circumstances of the individual throughout their changing life, and must be developed through policies and practices at work and outside work' (Eurofound, 2015)</i></p> <p>Sustainable work over the life course is addressed through two main dimensions:</p> <ul style="list-style-type: none"> ▪ Work, specifically the characteristics of the job and the work environment. This includes earnings, prospects, intrinsic job quality and working time quality ▪ The individual, specifically their characteristics and circumstances. This includes time availability and care obligations, health and well-being, employability and skills, unemployment and inactivity, and motivation <p>More broadly, sustainable work can also relate to economic, social and environmental sustainability. According to the FIOH, 'a specific work arrangement cannot be called sustainable unless the requirements of sustainability are met in all the four key dimensions — natural, economic, human and social — simultaneously' (Kasvio <i>et al.</i>, 2010)</p>

Annex 2: Overview of policy measures to address the challenges of an ageing workforce

Table 7 provides an overview of the various policies, programmes, strategies and initiatives identified in the 28 Member States and four EFTA countries in the context of the project 'Safer and Healthier Work at Any Age'.

The policies and initiatives, collected up to June 2014, relate to the employment of older workers and the extension of the working life, with a focus on OSH, rehabilitation and return to work; most were implemented after 2000. Thus, the table does not cover the whole range of policies and initiatives undertaken by European countries in relation to the ageing of population and workforce. Nor does it cover countries' legal frameworks, which govern a number of the aspects discussed in this report, such as age discrimination.

The initiatives identified have been classified according to the main policy areas they address, although many of them cut across several areas. For instance, initiatives which aim to increase the employability of older workers, listed in the column 'Employment', often include a component related to lifelong learning and vocational education.

The column 'cross-policy frameworks' is not limited to the integrated policy frameworks identified in groups 3 and 4. It also includes initiatives (policies or supporting activities) which address the question of age and work through various angles (e.g. certain 'active ageing' policies or policies on age management), even if their main focus is employment or health.

Table 7: Overview of key policies to address the challenges of an ageing workforce

Member State	Social policies/pension reforms	Employment	OSH/health	Vocational education	Age discrimination	Rehabilitation/return to work	Cross-policy frameworks and supporting initiatives	
Austria	<p>Retirement age was raised</p> <p>Early-retirement schemes for people with reduced work capacity were phased out between 2000 and 2003</p>	<p>Labour market package for older employees (government): promotes the reintegration of older workers into the labour market</p> <p>Financial assistance to employers for hiring workers aged 45 and for Kurzarbeit — the option to reduce an employee's working hours instead of dismissing the employee (Public Employment Service)</p> <p>Seal of quality NESTOR GOLD (created by the Ministry of Labour): rewards generation-sensitive labour organisation in Austrian companies and organisations</p> <p>Winning age. Getting future! (Chamber of Labour of Upper Austria): a regional platform of exchange on age management</p>	<p>Austrian Occupational Safety and Health Strategy 2007-2012 (government): includes demographic change as priority area</p> <p>AUVAFit programme (AUVA): an interdisciplinary programme providing psychological and ergonomic consulting</p> <p>A number of initiatives related to WHP:</p> <p>WHP programme (the National Fund for a Healthy Austria): targeted at older workers</p> <p>proFITNESS: healthy employees — healthy enterprises: an awareness-raising initiative on WHP for small and medium-sized enterprises</p>		<i>Covered by employment policies</i>	<i>Covered by employment policies</i>	<i>Covered by cross-policy framework</i>	<p>Fit for the Future (AUVA): workshops, counselling, and intervention at workplaces to promote sustainable employability</p> <p>Fit2work (government): a counselling and case management programme to support early return to work, which is accessible by individuals and companies, and subsidised by the Austrian government</p> <p>Development of ABI Plus™ index (AUVA): based on the workability index</p> <p>WAI Network Austria: platform on work ability (ÖPWZ — Austrian Productivity and Profitability Centre)</p>
Belgium	<p>Retirement age rising progressively; access to early retirement is restricted</p> <p>Pension bonus for workers over 62 or who have worked for 44 years who stay in employment</p>	<p>Generation Pact (government/social partners): includes 66 employment measures to prioritise youth employment and retain older workers at work for longer</p> <p>'Time credit': option for workers aged over 55 to work half-time or reduce their working hours by one-fifth until retirement, earning partly from their wage and partly from their pension</p> <p>Same measure is offered to workers aged over 50 transferring from arduous work to light duties</p>	<p>National Strategy for Well-being at Work (National Labour Council): includes thematic projects related to older workers</p>	<p>'Validation of competence' certificates recognising professional knowledge and know-how (Centre for the Validation of Skills, Wallonia)</p>		<p>Awareness-raising campaign 'Still young, already old at work': aimed at changing perceptions of older workers in companies (Federal Public Service Employment, Labour and Social Dialogue)</p> <p>Project 'Evolution of the physical and physiological capacities related to age — An answer to stereotypes concerning older workers': research about stereotypes and sensitisation of employers (Federal Public Service Employment, Labour and Social Dialogue)</p>	<p>Subsidised part-time return to work and professional retraining programme (Sickness and Invalidity Insurance)</p> <p>Programme to promote early return-to-work and to prevent chronic low-back pain (Federal Government)</p> <p>Disability Management@Work (Prevent): a programme to support companies in developing disability management policies</p>	<p>Professional Experience Fund (Federal Government): funding for companies for assessing work ability and the working environment, and adapting the workplace</p>

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Member State	Social policies/pension reforms	Employment	OSH/health	Vocational education	Age discrimination	Rehabilitation/return to work	Cross-policy frameworks and supporting initiatives
		<p>'Ageing at work' (Prevent): a training programme for human resources managers on age management</p> <p>Toolbox on retaining older workers at work (Flemish government)</p>			<p>Initiatives to help companies develop diversity plans by Brussels Employment Office and Flemish government</p>	<p>Return-to-work programme (IDEWE): an adaptation of the Sherbrooke model to the Belgian context; and implementation in companies</p>	
Bulgaria	<p>Gradual increase in the retirement age</p> <p>Access to early retirement restricted</p> <p>Option of combining income from work and pension</p>	<p>National action plan for employment (government): older employees are considered a priority target group to increase labour market participation</p> <p>Employment Promotion Act (government): financial assistance for employers hiring unemployed workers aged 50-64</p> <p>Social innovation in enterprises: project supports age management, the introduction of flexible employment and OSH in companies</p>	<p>National Strategy for Health and Safety at Work 2008-2012: considers population ageing as a challenge and acknowledges that specific OSH measures for both young people and people aged 55-64 years are very important for extending working lives</p> <p>National Fund 'Working Conditions': for projects aimed at improving working conditions in enterprises; diagnostics of occupational diseases; OSH training</p>	<p>Subsidised vocational training for unemployed people aged 50 and over (government)</p>	<p><i>Covered by cross-policy framework</i></p>	<p>Project Innovative measures in the field of occupational rehabilitation, guidance, training and employment for people with disabilities (ESF funding): an exchange of good practices on labour and social inclusion, and return to work of people with disabilities</p> <p>Financing from the Agency for People with Disabilities to increase accessibility of workplaces, for health and safety measures and adaptation of workplaces, and for special equipment</p>	<p>National Conception for Promotion of Active Ageing (2012-2030): identifies as priority areas age management policies, adaptation of the working environment to the needs of older employees, overcoming negative attitudes to hiring older individuals</p>
Croatia	<p>Pension reform: retirement age raised</p>	<p>Package of measures 'Experience is important' (government): financial assistance to employers hiring unemployed workers aged over 50 years.</p> <p>'Your initiative — your workplace' (government): self-employment subsidy for people over 50 years</p> <p>'Shared workplace subsidy': financial assistance for employers employing a part-time older worker for a period of 12 months</p>	<p>National Programme on Health Protection and Safety at Work: sets the goal to improve the protection of special categories of workers (e.g. older workers and workers with disabilities)</p>			<p>Rehabilitation programmes for people with disabilities (e.g. training, apprenticeships)</p>	

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Member State	Social policies/pension reforms	Employment	OSH/health	Vocational education	Age discrimination	Rehabilitation/return to work	Cross-policy frameworks and supporting initiatives
Cyprus	Retirement age to be adjusted to reflect changes in life expectancy	<p>Financial assistance for employers to recruit unemployed people; people over 50 years are one of the target groups</p> <p>Good Practice Guide on the employment of older workers (Hellenic Network for Corporate Social Responsibility and Opinion Action Services)</p> <p>Programmes for the promotion of flexible forms of employment (Cyprus Productivity Centre)</p>	Strategy for Safety and Health at Work 2013-2020: the strategy integrates OSH in other policy sectors, and emphasises MSDs	<p>The 10-year action plan for older people 2005-2015 (government) promotes access to education and lifelong learning</p> <p>In-company/on-the-job training programmes (Human Resource Development Authority) to help employers to retain their workers by providing training</p>	Non-discriminatory services to job-seekers (Department of Labour)	Financial incentives to hire disadvantaged individuals (including older workers and people with disabilities)	
Czech Republic	<p>Gradual increase in retirement age</p> <p>Option of combining income from work and pension</p>	<p>National Programme for Support to Active Ageing for the years 2013-2017 (government): defines the labour market participation of older workers as a priority</p> <p>'Jobs of social importance' (Government): financial assistance to employers hiring unemployed older workers in long-term positions.</p> <p>'Award to senior-friendly company' (Ministry of Labour) to promote good practices in companies.</p>			Project 'Corporate social responsibility of companies with respect to the employment of people with disabilities': developed manual and tools for employers on diversity management		<p>Age management practices to work with 50+workers: methodological guide, developed by Association of Adult Education Institutions</p> <p>Age management guide for employers, developed by the Czech trade unions</p>
Denmark	<p>Gradual increase of retirement age to 67 years</p> <p>Limited access to early retirement</p> <p>Option of combining income from work and pension</p>	<p>Tax credit for workers who keep working after the age of 64</p> <p>Free consultancy services for companies who want to motivate their employees to keep working longer</p> <p>Booklet 'Planning your future. What do you want to happen in your life when you are not going to work 37 hours a week anymore?'; aimed at facilitating the transition between employment and retirement</p>	<p>Strategy for the Improvement of the Working Environment up to 2020, with a focus on health promotion</p> <p>Strategy for occupational health and safety (Danish Confederation of Trade Unions) with a focus on WHP</p>	<i>Covered by cross-policy framework</i>	Campaign 'A few extra years make a difference' : an awareness-raising campaign to encourage senior policies in companies and promote later retirement	Return-to-Work project (government, municipalities, Danish Prevention Fund): a case management programme at municipal level in which those on sickness absence are coordinated by a return-to-work coordinator (RTW coordinator) and a team of specialists and an individual return-to-work plan is established	Senior Package (Fund for Better Working Environment and Labour Retention): support to small and medium-sized enterprises on age management and maintaining older workers in employment

Member State	Social policies/pension reforms	Employment	OSH/health	Vocational education	Age discrimination	Rehabilitation/return to work	Cross-policy frameworks and supporting initiatives
						<p>'Absent guide.dk' (Labour Unions): guidance for workers on sickness absence in navigating the Danish system and getting information on their rights and obligations</p>	<p>Information website seniorpraksis (Agency for Labour Market and Recruitment), presenting information and advice about senior policies, consulting services (Labour Market Board) to develop senior policies, and other projects/awareness-raising activities on senior policies by the agency for Labour Market and Recruitment</p> <p>Collective agreement period 2012-2014 (Chamber of Commerce): focus on seniors, the integration and inclusion of people with disabilities, ethnic minorities and other vulnerable groups, and reducing absenteeism</p> <p>Booklet to encourage union representatives to participate actively in the development of a senior policy in their workplaces (Danish Confederation of Trade Unions)</p>
Estonia	<p>Retirement age to increase progressively from 2017.</p> <p>Option of combining income from work and pension.</p>	<p>'Individual action plans' for all job-seekers (Unemployment Insurance Fund)</p> <p>Wage subsidies for employers hiring workers who have been registered as unemployed for a year (not age specific)</p> <p>Tax reductions for employers creating part-time jobs</p> <p>'Estonia 2020': promotes measures allowing a more flexible transition from work to retirement</p>	<p>National Health Development Plan 2009-2020: aims increase the average (healthy) life expectancy by 2020 by reducing health risks in the living, learning and working environment</p> <p>Estonian Network for Workplace Health Promotion: a network of companies to exchange good practices on workplace adaptations and working conditions</p>	<p>Coaching for working life programme (Unemployment Insurance Fund): a training programme designed to motivate and encourage people to either get a job for the first time or reintegrate after (long-term) absence</p>		<p>Training subsidies targeting people endangered by unemployment due to a deteriorating health condition (unemployment insurance)</p> <p>Subsidies for workplace adaptation targeted only at people entitled to disability benefits (unemployment insurance)</p>	<p>Active Ageing Development Plan 2013-2020: aims to increase older workers' participation in the labour market, including through vocational training, and their satisfaction with their professional life</p>

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		(e.g. part-time employment, retraining, change of tasks, reduced professional requirements.)						
Finland	<p>Pension bonus for workers retiring later than retirement age</p> <p>Limited early-retirement schemes</p>	<p>Liideri — Business, Productivity and Joy at Work programme: government funding to promote employee participation and new methods of working</p> <p>Leadership Development Network: a collective group of actors working together to support projects and programmes that promote good management</p> <p>Round Table for Productivity: high-level body within the labour market organisations with the specific aims of improving productivity, quality of working life and cooperation and disseminating this information nationally</p>	<p>National Development Programme for Social Welfare and Health care: a strategy reformulated every four years; implements the strategy of the Ministry of Social Affairs and Health and defines the key social and health policy targets</p> <p>The National Policy Programme for Older People's Physical Activity (Ministry for Education and Culture): a programme that increases the opportunities available for older people to exercise</p> <p>'Health brings welfare — 2020 — Welfare brings health' (National Institute for Health and Welfare): a strategy to enhance the health, capabilities and well-being of the population</p> <p>'Wellbeing from Work' (FIOH) strategy 2011-2015 to create a better working environment and more efficient occupational healthcare system</p> <p>Forum for Well-being at Work: a group of stakeholders who support projects and programmes for promoting cooperation and the sharing of good practices between companies</p> <p>Duunitalkoot (FIOH): a website offering guidance, best practice examples and self-assessment and -measurement tools related to workplace wellbeing</p>	<p>Financially Supported Occupational Training Acts: companies with 20 or more employees must prepare training plans for all staff. These plans must specifically consider the needs of older employees as well as those who are at risk of becoming unemployed as a result of incapacity or structural change within the organisation.</p>		<i>Covered by other policies</i>	<p>Action plan to promote the employment of persons who have partial incapacity/disability (Ministry for Social Affairs and Health): an operational programme to reintroduce people with partial work ability into the labour force</p> <p>PUNK programme (Rehabilitation Foundation and other organisations): aimed at improving well-being and maintaining work ability in small companies</p> <p>Regional and local rehabilitation programmes (in addition to rehabilitation services provided by KELA): set up an activation plan for people who cannot find employment owing to incapacity or age-related reasons</p> <p>Rehabilitation Foundation regularly publishes reports related to improving the rehabilitation system in Finland</p>	<p>A Socially Sustainable Finland for 2020. The strategy has four targets: health and well-being should be included in all decision-making; working careers should be lengthened by increasing workplace well-being; different aspects of life should be better balanced; and social security funding should be made more sustainable</p> <p>'National Working Life Development Strategy to 2020' (Ministry of Employment and the Economy): aims to create well-functioning, profitable workplaces that generate new employment through deepening trust and cooperation, reinforcing innovation and productivity, ensuring a skilled workforce and ensuring the health and well-being of people and communities</p> <p>'Age Power to Work' (FIOH): a training programme supporting better age management in workplaces</p> <p>Age-key (FIOH): initial assessment tool in the form of a questionnaire for developing age management at workplaces</p>

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			<p>Wellbeing at Work Card (Centre for Occupational Safety): achieved after completing an eight-hour training course and passing an exam on workplace well-being</p>				<p>Towards Longer Careers — a Guide to Preparing an Age Programme for Workplaces (labour market confederations): a guide providing a description of different elements that can be included in whole or in part in a workplace age programme</p> <p>Longer careers with the Job Life Cycle Model (Federation of Finnish Technology Industries): a guide to help organisations to prepare an age plan that takes all age groups into account</p>
France	<p>Retirement age raised to 62</p> <p>Restricted access to early retirement</p> <p>Option of combining income from work and pension</p> <p>'Progressive retirement': the option for workers who have reached retirement age to work part-time and earn both an income and a portion of their pension</p>	<p>Company agreements on the employment of older workers (2009) and implementing the Generation contract (2012): obligation for large companies to negotiate a company agreement, including measures promoting the retention of older workers in employment, as well as the adaptation of working conditions, flexible working arrangements, lifelong learning and transition to retirement</p> <p>'Working time account': the option to save holidays and use them as extra annual leave or remuneration</p> <p>'Individual interview to prepare the second part of the career': this is carried out with workers aged 45 and over to help them to set up a career plan and evaluate their training needs or assess any required adaptations of tasks/working environment/schedule</p>	<p>Third Health at Work Plan: prioritises the strengthening of individual support for workers and increasing of the early diagnosis of those workers at risk of exclusion from the labour market</p> <p>Fund for the Improvement of Working Conditions finances company projects addressing MSDs, psychosocial risks, the evaluation of occupational risks and the employment of older workers, with a focus on strenuous working conditions</p>	<p>'Personal training account': used to save up training rights that can be used while employed or unemployed</p> <p>Saving account compensating for the arduous working conditions: enables people working in dangerous or arduous conditions to collect points to shift to part-time work, retire earlier or access training</p>		<p>Case management system for victims of serious occupational accidents (Health Insurance Fund): a personalised assistance programme</p> <p>Support mechanism for preventing professional exclusion (Health Insurance Fund): a personalised assistance programme for people at risk of losing their job because of a health condition</p> <p>Part-time employment period for medical purpose: allows workers to temporarily work part-time to facilitate their return to work after a long break in employment</p>	<p>Collective Agreement on Quality of life at work (2014): allows a company the option to negotiate an agreement on 'quality of life at work', which covers various topics: workers' participation, work and social relationships, work organisation, quality of work, physical working environment, well-being at work, work-life balance and gender equality at work.</p>

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		<p>‘Counselling in professional development’: skill assessment to help employees better plan and prepare their career path, anticipate changes and secure assistance for retraining and professional reorientation</p>				<p>Professional review aiming at staying in employment: a complementary professional review performed in a diagnostic centre to assess reclassification opportunities in the same or a different company for workers who have reduced work ability</p> <p>Vocational rehabilitation contract: progressive employment combined with vocational training for employees returning to work to help them in readapting to their former tasks after a long period of sickness absence</p> <p>Financial aids for workplace adaptation for employees with disabilities and financial aid towards keeping older workers with disabilities in employment</p>	
Germany	<p>Gradual increase of retirement age to 67 years</p> <p>Option of combining income from work and pension</p>	<p>Professional Offensive (Fachkräfte-Offensive) (government): aims to support workplaces who are having difficulties keeping or recruiting skilled workers</p> <p>Perspective 50Plus (Federal Ministry of Labour and Social Affairs): funds innovative regional projects that improve the opportunities of older and permanently unemployed people</p>	<p>Joint German Occupational Safety and Health Strategy (Federal Government, the Federal States and the Public Accident Insurance Institutions): most of the activities in this strategy focus on demographic change and an ageing workforce</p> <p>Work Programme of the Federal Institute for Occupational Safety and Health: promotes the transfer of research on and knowledge of safety and health at work. Activities cover demographic change</p>	<p>Training of low-skilled and older employees in employment (Federal Employment Agency)</p>	<p><i>Covered by other policies</i></p>	<p>Initiative inclusion: funding provided to support the integration of people with severe learning disabilities into the labour market</p> <p>Jobs without barriers (Federal Ministry of Labour and Social Affairs): aims to increase training opportunities and improve employment opportunities for people with disabilities</p>	<p>The Demography Strategy ‘Every age counts’ (Federal Government): a cross-policy strategy aiming to take advantage of demographic change, including promoting health in the workplace, and creating conditions to foster longer working lives</p>

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			<p>Initiative for Health and Work (Federal associations of health insurance funds): as part of this initiative, scenarios are developed for individual companies for the year 2020, taking into account, among other factors, the regional economic situation, the training requirements and the age profile of the employees</p>			<p>RehaBau — Rehabilitation in the building sector (Employer's Liability Insurance Association for the building sector): job-related training, e.g. lifting and carrying weights, and ergonomic organisation of the workplace</p>	<p>Initiative New Quality of Work (Federal Government): an umbrella initiative which promotes a better quality of work as a key factor for sustaining the competitiveness and innovative capacity of businesses in Germany. Coordinates networks on specific topics, issues publications and guidelines, and maintains a database of good practices</p> <p>The Demographic Network: a non-profit network of more than 350 companies and institutions with human resources responsibility. Member companies commit to a non-discriminatory, age-neutral human resources policy, a balanced age profile in their workforce, holistic health promotion and the transfer of knowledge between workers from different generations</p> <p>Good Work Index (DGB): data collection using a questionnaire that measures work motivation, commitment, job satisfaction, work ability and the development of working conditions</p> <p>Age management measures included in collective agreements</p>

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Greece	Retirement age was raised in 2013	<p>Operational Programme 'Human Resources Development' (government): includes subsidies for employers hiring unemployed people who belong to vulnerable groups (including people aged over 45) and subsidies for companies in the first- and second-degree regional authorities for the recruitment of 5,000 unemployed people aged 55-64 years</p> <p>'Innovative approaches for Social Dialogue Applications. The case of active ageing management' and creation of Development Partnership Centre and the 'EXPERIENCE' Observatory (Greek Economic and Social Committee): a project to set out and test innovative practical measures to keep older workers in employment</p>				Projects on social integration and access/return to the labour market of people with disabilities, financed by ESF and EQUAL (National Confederation of Disabled People)	'Roadmap of active ageing in Greece 2012-2020' (Greek Economic and Social Committee): tool to assist active ageing management practices, targeting human resources managers and businesses
Hungary	<p>Retirement age to gradually increase to 65 years by 2022</p> <p>Reduced access to early retirement and disability pensions reduced</p>	<p>Hungarian National Reform Programmes 2012 and 2013 (government) labour market services, such as consulting, training and other benefits to support start-up business in targeting, among others, low-skilled individuals and people aged over 50</p> <p>Employer Benefit System — Job Protection Act 2013 (government): tax exemptions for keeping or hiring vulnerable workers, including those who are older</p>	<p>New OSH strategy under discussion includes the objectives of better protecting vulnerable groups of workers, including those who are older</p> <p>Hungarian Forum for Workplace Health Promotion: grants the 'Health-friendly workplace' label and 'Health-friendly NGO' award</p> <p>Awareness-raising WHP activities by the Association for Healthier Workplaces</p>	Participation of a Hungarian private educational and cultural organisation (Pandokrator Ltd) in a European project developing learning tools for strengthening 'soft skills' and increasing the number of adult learners	Great Generation: an association that aims to change the view of ageing in Hungary and encourage older people to live an active life, through a radio show and a website	Publication of guidelines on the assessment of fitness-to-job (including return to work) and the promotion of workability in workers with common health problems (Social Renewal Operational Programme, co-financed by the ESF)	

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		Labour market programmes to promote the employment of disadvantaged persons (National Employment Service): training older unemployed people, providing wage subsidies and job opportunities	Healthy Workplace National Programme (American Chamber of Commerce in Hungary (AmCham)): awareness-raising, and dissemination of the good practice 'Healthy Workplace AmCham Award' for AmCham Members			Füzesabony rehabilitation centre: rehabilitation services for disadvantaged people (people with disabilities, Roma people and women aged over 45), including vocational training and psychosocial and rehabilitation support	
Iceland		50+ project (government) launched in 2005 to examine the status of older workers and associated trends in Iceland Studies have been carried out on issues related to work and ageing, focusing mainly on employment participation				Several vocational rehabilitation centres propose rehabilitation services in addition to the Vocational Rehabilitation Fund	
Ireland	Pension age to increase to 67 years in 2021 and to 68 years in 2028	Handbook on employing older workers (Irish Chambers of Commerce): guide for employers on phased retirement (Ibec) Age Action (charity) issued a report providing a broad view of the current issues and challenges affecting older people, including education, skills and employment	Workplace Health and Well-Being Strategy 2008 (Health and Safety Authority): aimed to promote health and well-being, prevent ill-health and support the rehabilitation of people who were out of work because of ill-health or disability. The strategy was not implemented		The New Agenda on Ageing (Ageing Well Network): a report providing a comprehensive overview of issues relating to the employment of older workers, employers' attitudes to older workers and age-friendly workplaces in Ireland	Part of the Workplace Health and Well-Being Strategy Workplace Safety Initiative (Ibec, Irish Congress of Trade Unions and the Irish Insurance Federation): guidance document 'Supporting an Injured Worker to Return to Work'	National Positive Ageing Strategy (government): promotes the participation of people in both formal and informal work and voluntary activities as they age, and the development of employment options (including options for gradual retirement)
Italy	Retirement age raised was in 2012, and will increase to 67 years by 2021 Access to early retirement has been reduced Option of combining income from work and pension	Generation Handover: subsidised recruitment of a younger worker combined with the retention of an older worker Tax incentive for companies employing workers aged over 50 who have been unemployed for over a year (government) Placement service (consultancy and training) for workers aged over 50 (employment agencies)	National strategy for the prevention of accidents at work and of occupational diseases: MSDs are considered a priority	<i>Covered by cross-policy framework</i>		Training programmes (INAIL) for people with disabilities and injured workers regardless of the degree of their disability SuperAble: online guidance and advice service on disability issues. A call centre delivers free services; there is a specialised website and a monthly online magazine	2012 national programme promoting an active, vital and dignified ageing in a solidarity-based society: encouraged lifelong learning projects, the transmission of knowledge from older to younger generations, and education programmes on active and healthy lifestyles

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		<p>Initiatives at the local level for the reintegration of unemployed workers aged over 50</p> <p>L'Incontro Cooperative: recruits older maintenance workers — those recently retired or in early retirement — from the region's local industries to work as instructors in protected job-centres</p>				Several rehabilitation centres delivering specific services such as musculoskeletal rehabilitation services	
Latvia	<p>Retirement age to gradually increase to 65 years by 2025</p> <p>Early retirement is discouraged by reducing pensions</p> <p>Option of combining incomes from work and pension</p>	<p>Direct wage subsidies for employers who recruit older workers (government)</p> <p>Training for unemployed workers: older workers are a specific target group (government/state employment agency)</p> <p>Careers consultations are an option for job-seekers or workers at high risk of unemployment (state employment agency)</p> <p>In the period 2007-2013, 'Equal opportunity regardless of age' was a horizontal priority for the use of EU structural funds</p>	<p>Strategy for the development of the labour protection field 2008-2013: encourages a risk prevention culture, including WHP</p>	<p>National action plan of the 2012 European Year for Active Ageing and Solidarity between generations: promotes education measures to encourage the exchange of experience and the transfer of skills between younger and older workers</p> <p>CONNECT Latvia: 'senior experts' network to help younger entrepreneurs (2012-13)</p>	<p><i>Covered by cross-policy framework</i></p>	<p>Fit for work Latvia projects to collect data, design a model for early diagnosis and provide recommendations for a national MSD management plan</p>	<p>Latvia: Developing a Comprehensive Active Ageing Strategy for Longer and Better Working Lives (Ministry of Welfare): aims to identify the main obstacles, incentives and disincentives for those aged 50 and over to stay in the labour market, and to identify the good practices and policy measures needed to support better health outcomes for this population</p>
Liechtenstein		<p>Information website (Office of Economic Affairs) on changes throughout working life and the need for older workers to update their skills to ensure that they stay at work up to retirement age</p>					
Lithuania	<p>Gradual increase of retirement age (to 65 years in 2026)</p>	<p>Programme on employment growth 2014-2020 (government): this is aiming to create favourable conditions to keep older people in employment and allow them to work beyond retirement age</p> <p>'Senior Bank' (Lithuanian Labour Exchange): a database of job-seekers to enable older and</p>	<p>Occupational Safety and Health Strategy for 2009-2012: emphasises preventative health care for employees and OSH education throughout working life.</p>	<p><i>Covered by employment policies</i></p>	<p>Awareness-raising and educational campaign on discrimination against older workers, well-being at work and workplace adaptation to individual abilities (Equal Opportunities Development Centre, the Lithuanian Centre of Human Rights, the Lithuanian Ergonomics Association)</p>	<p>Project 'Professional Patient History and Physical Health Problems in Interface with the Work' (Occupational Health Centre): focuses on preventing disability and maintaining work ability</p>	

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		retired people to find suitable employment Project under the EQUAL initiative to promote the reintegration of older workers in the labour market (Lithuanian Trade Union Confederation). The project includes integrating protective provisions into collective agreements, organising training of pre-retirement age persons and creating new techniques for adult learning.			'Support Network for Reintegration into the Labour Market in the Regions of Utena and Vilnius': research on inequalities facing and discrimination against older workers in the labour market and the creation of a support network and mechanisms for keeping and reintegrating older workers in the labour market	Systematic recommendations on adapting working conditions and developing work schedules for older people (Lithuanian University of Health Sciences)	
Luxembourg	Pension bonus for workers who retiring after retirement age Reduced attractiveness of early retirement Option of combining incomes from work and pension	Bill introducing a package of measures on age management making it compulsory for companies to negotiate an action plan for age management (plan de gestion des âges) covering these topics: (1) recruiting older workers; (2) anticipating career changes; (3) improving working conditions and preventing working conditions having serious health consequences; (4) employing preventative health measures; (5) developing skills and providing access to lifelong education; (6) developing measures relating to the end of the working life and the transition between employment and retirement; (7) transmitting knowledge and mentoring programmes Generation contracts: subsidised hiring of a young worker combined with the retention of an older worker		Training leave: option for all workers in the private sector to take a maximum of 80 days' leave during their career to undergo training Personalised support and vocational training for older workers (National Employment Administration)		Centre for the Prevention of Back Problems 'Prevendos': risk prevention and rehabilitation for people suffering from lower-back pain	

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		<p>Working time account: enables an employee to save up paid annual leave in return for holiday periods or time off that have not been taken, shift to part-time work, phased-in retirement or training purposes</p> <p>Financial assistance for employers hiring workers aged over 45</p>					
Malta	<p>Retirement age was raised in 2007 to between 62 and 65 years</p> <p>Option of combining incomes from work and pension</p>	<p><i>Covered by cross-policy framework</i></p>	<p>National Strategy for Health and Safety at Work (2008-2012): identifies as emerging risks groups of vulnerable workers, including older workers</p>	<p><i>Covered by cross-policy framework</i></p>	<p><i>Covered by cross-policy framework</i></p>	<p>Framework for Action to Control Stress at Work (Occupational Health and Safety Authority): guidelines for companies covering rehabilitation</p> <p>Supported Employment Programme (Richmond Foundation): training and support to help people with mental health problems to find suitable employment</p>	<p>National Strategy on Active Ageing, 2013: supports working conditions that ensure workers' lifelong employability, equal access to training, age-appropriate training systems, flexible and individual work designs, age-friendly shift rotations and occupational support from well-informed management</p> <p>Project Ensuring Sustainable Work for Healthier and Longer Working Lives (Occupational Health and Safety Authority): awareness-raising on the challenges of an ageing workforce, age-sensitive risk assessment, adaptation of working conditions, rehabilitation of older workers who have been absent from work due to illness or disability, etc.</p>
Netherlands	<p>Gradual increase of retirement age to 67years</p> <p>Early-retirement schemes are limited</p>	<p>National Employability Plan (Kroon op het werk van Nuon Foundation/TNO): development of instruments to assess employability</p>	<p>National programme 'Prevention 2014-2016: Health is everything':</p>	<p><i>Covered by cross-policy framework</i></p>	<p><i>Covered by cross-policy framework</i></p>	<p>'Health management at work: prevention of sick leave and re-integration of employees with health problems'</p>	<p>Sustainable Employability project 2012: aimed to keep employees working longer and in a better working environment (included awareness campaign, toolbox, website)</p>

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		<p>'EveryDayBetter' (Association of SMEs in the Netherlands): supports small and medium-sized enterprises in increasing the employability of their workers</p> <p>'Action Plan 55 plus works': aims to reduce unemployment among older workers. Monetary incentives are offers in the form of placement bonuses and schooling vouchers for employers and job-seekers</p>	<p>a collaboration between six ministries, municipalities, companies and social partners to stimulate sustainable employability by promoting active health management and knowledge sharing in organisations</p> <p>'Healthy Enterprise': a joint initiative between the Ministry of Social Affairs and Employment and the Ministry of Health, Welfare and Sport to support small and medium-sized enterprises in implementing good working conditions and a healthy workplace</p> <p>'System of Healthy and Safe Working' (Social and Economic Council): defines a risk prevention policy as a broad set of measures addressing working conditions, sickness absence prevention, and reintegration, but also includes human resources management and age management</p>			<p>(Employers' Forum 'Kroon op het Werk'): a collection of good practices from enterprises with respect to reducing sickness absence and (re-)integrating workers with health problems into employment</p> <p>'TraJect: Aan het werk?!' (Knowledge Centre Participation, Work and Health of the University of Applied Sciences in Rotterdam): a case management programme supporting (mainly) young individuals with chronic illnesses to find work</p>	Offered subsidies to companies for developing age-aware policy instruments over the period 2004-2010 (Ministry of Employment)
Norway	Pension reform has made retirement possible between the ages of 67 and 75 years	<i>Covered by cross-policy framework.</i>	<p>White Paper on Joint Responsibility for a Good and Decent Working Life — Working conditions, working environment and safety: OSH strategy considers the need to create flexible working time schemes that allow workers to work until retirement age</p>	<i>Covered by cross-policy framework.</i>	<i>Covered by cross-policy framework.</i>	<p>Access to part-time jobs for workers with reduced work ability/partial sickness absence certificates</p> <p>In addition to the programmes of the Norwegian Labour and Welfare Administration, regional centres or clinics provide rehabilitation services</p>	<p>Inclusive Workplace Agreement concluded by employers, employees and the government in 2001: sets quantitative objectives to increase the effective labour force exit age, increase the employment of people with reduced abilities, and reduce levels of sickness absence</p>

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Poland	Retirement age was raised to 67 years in 2012 Limited opportunities for early retirement	'50+ Solidarity across generations': aims to increase the economic activity of people aged over 50 — improving their skills, motivating employers to hire them, promoting the transfer of knowledge, etc.	<p>Programme for the Improvement of Work Safety and Work Conditions: promotes a culture of safety and risk prevention, and the protection of people who work in hazardous conditions, with the aim of preventing such people from being excluded from work</p> <p>'Strengthening Occupational Health Professionals' capacities to improve the health of the ageing workforces' (The Nofer Institute of Occupational Medicine (NIOM)): training for OSH professionals using country- and sector- specific educational materials and an e-learning platform</p>	<i>Covered by cross-policy framework</i>	<i>Covered by cross-policy framework</i>	<p>'Elaboration of comprehensive RTW programmes for workers with vocal disorders, conioses or allergic diseases' (NIOM): establishment of a Centre for Advice and Diagnostics for employees, employers and physicians, as well as dissemination activities</p> <p>'Framework guidelines for the design and adaptation of premises and work posts to the specific needs of disabled individuals' (National Fund for the Rehabilitation of the Disabled): guidelines, catalogue of good practices and other dissemination activities</p> <p>Social Cooperative 50+ from Gdynia: employs people who are older or in poor health in tasks suited to their capabilities</p>	<p>'Win-win' information website (Centre for Senior Policy): offers guidance to senior workers, union representatives and employers on developing senior policies in companies</p> <p>Awareness-raising activities (conferences, webinars) organised throughout the year for activities relating to senior policies, extending careers and adapting workplaces (Centre for Senior Policy)</p> <p>Assumptions for the long-term senior policy in Poland (2014-2020): active ageing strategy defining the extension of professional careers as a challenge to be acted on</p> <p>'With age — With advantages' (Polish Agency for Enterprise Development): awareness-raising programme on age management and the employment of older people</p> <p>'Age management methodology as an innovative solution to facilitate professional activity of workers aged 50+' (HRP Group/University of Lodz): an awareness-raising programme on age management for human resources managers</p>

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Portugal		<p>Programme of action (government): involves measures such as giving priority to unemployed people aged over 55 in employment centres</p> <p>ReMobilização Sénior (Authority for Working Conditions): career management and training programme, targeted at unemployed older workers</p> <p>Career management training programme (Institute of Employment and Professional Training)</p> <p>'Rede de Competências Cáritas': services to help unemployed or retired workers aged over 40 find a suitable job</p>	<p>National Strategy for Health and Safety at Work 2008-2012: considers older workers to be a vulnerable group of workers</p> <p>National Plan of Occupational Health 2013-2017: risk factors and health problems (in particular mental health and MSDs) related to workplace ageing are considered a research priority</p>	<p><i>Covered by cross-policy framework</i></p>	<p>Programmes to encourage both public and private companies to hire older workers (Institute of Employment and Professional Training)</p>	<p>Programme for Employment and Support for the Qualification of Persons with Disabilities and Incapacities (government): to support the access maintenance and reintegration in the labour market of people with disabilities</p> <p>The Portuguese Association of People with Chronic Obstructive Pulmonary Disease and Other Chronic Respiratory Diseases supports people with chronic respiratory diseases at personal, family and work levels</p>	<p>National Strategy for Active Ageing (government) defines as priorities the extension of working lives, lifelong learning, and the reduction of unemployment among older workers</p> <p>Guide for the promotion of Active Ageing and Solidarity between Generations in the business context (GRACE): good practices on age management</p>
Romania	<p>Retirement age was raised in 2013 to 65 years for men and 63 years for women</p>	<p>National Strategy for Employment for 2013-2020: aims to increase labour market participation of older people using a range of measures: subsidies/reduction of contributions paid by employers for a specific period, ensuring that older people have the option of flexible working, etc.</p> <p>Financial incentives to employers to hire workers who have no more than three working years left before they reach retirement age (National Agency for Workforce Employment), or people aged over 45</p> <p>Un-retirement for teachers and university professors: offering the option to come back to work after retirement</p>	<p>National Strategy for Occupational Health and Safety 2008-2013: includes references to 'WHP', particularly in small and medium-sized enterprises</p>	<p>'Improving Employability in Romania' (Bucharest Chamber of Commerce and Industry): aims to improve older workers' opportunities for lifelong learning and skilled positions</p>	<p>Media campaigns (General Assembly of the Romanian Industrialists) with the aim of changing the population's attitude towards older workers</p>	<p>Programme for Social Inclusion included projects related to vocational rehabilitation and return-to-work programmes for people with disabilities</p>	

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Member State	Social policies/pension reforms	Employment	OSH/health	Vocational education	Age discrimination	Rehabilitation/return to work	Cross-policy frameworks and supporting initiatives
Slovakia		Human resources development strategy of the Košice self-governing Region 2006-2013: aims to improve the availability and attractiveness of job opportunities for workers aged over 50	Strategy on Health and Safety at work in the Slovak Republic until 2020, and Action Plan for its implementation from 2013 to 2015 with an outlook until 2020 (government): calls for more research on the ageing workforce Financial priorities of the Ministry of Labour, Social Affairs and Family 2012-2015: priority on the coordination of research in OSH included the integration of specific groups of the population into employment (including ageing population)	Covered by cross-policy framework	Covered by cross-policy framework	The Institute for occupational rehabilitation of people with disabilities in Bratislava ensures occupational rehabilitation of people with disabilities	National Programme for Active Ageing 2014-2020 (government): aims to support the employment and employability of older people; protect the safety and health of employees over the age of 50 by conducting inspections every two years; prevent discrimination against older workers; and provide labour inspectorates with training to help them to identify discrimination
Slovenia	Retirement age is to rise to 65 years by 2020	Subsidies for the full-time employment of workers aged over 50 who have been registered as unemployed for at least six months Personal Income Tax Act: employers can claim a tax deduction if they employ older workers (i.e. those aged over 55) who have been registered as unemployed for at least six months	Resolution on the National Programme of Safety and Health at Work (government): emphasises risk prevention and health promotion in the workplace, retention of work ability, and reduction in early retirement and excessive absenteeism due to illness Research on risk assessment and the ageing workforce (Labour Inspectorate) to collect data on whether employers in Slovenia 'anticipate' the issue of an ageing workforce in their risk assessments WHP initiatives by public institutions not directly addressed to older workers	Annual Programme of Adult Education (government): a special target group includes adults aged more than 45 years without vocational or professional education and employed people who cannot do certain occupations because of their psychophysical demands Programme on training and education for employees (government): lifelong learning, particularly for workers aged over 50, is co-funded by the state 'Motivating elderly employees for training and change' (Chamber of Commerce): an awareness-raising project for older workers to enhance their involvement in different education programmes	Covered by cross-policy framework	PHWork project 'Promoting Healthy Work for Employees with Chronic Illness' (Clinical Institute of Occupational Medicine, Traffic and Sports Medicine): awareness-raising of the importance and usefulness of job retention for workers with chronic diseases Employee Assistance Programme (Innovation and Development Institute of the University of Ljubljana (IRI UL): aims to reduce stress, absenteeism and disturbances in the workplace and improve work-life balance includes rehabilitation. Complex Cognitive Rehabilitation programme (IRI UL)	Overview of measures for the promotion of active ageing upgrading the 'Strategy of care for the elderly till 2010' (government): special attention is paid to unemployed older people, with attention to their work ability, needs, health problems, rehabilitation needs and training needs. Another goal of this Strategy is to increase awareness of the safety and health of conditions of older workers. AHA.SI — Active and healthy ageing in Slovenia (National Institute of Public Health): research and awareness raising project and creation of network of stakeholders from different sectors working on this issue International project 'Ageing workforce'

Member State	Social policies/pension reforms	Employment	OSH/health	Vocational education	Age discrimination	Rehabilitation/return to work	Cross-policy frameworks and supporting initiatives
						it has the aim of responding to the problems of long-term sickness absence and the premature retirement of employees due to mental disorders	(participation of the Association of Employers of Slovenia): to identify obstacles to the employment of older workers and measures needed to manage an ageing workforce, and to strengthen social dialogue
Spain	Retirement age was raised to 67 years in 2013 Reduced access to early retirement	General Strategy for the Employment of Older Workers (government): aims to improve older workers' employment access, improve their working conditions and promote their reintegration into the labour market after unemployment Ageing Workforce towards an Active Retirement/online platform SEN+ : provides companies with opportunities to keep and manage the knowledge and experience of their workers, to bridge the gap between young and old workers and to develop strategies to ease and manage the transition to retirement	Spanish Strategy for Occupational Safety and Health 2015-2020 (government): promotes continuous improvement of working conditions among all workers equally, especially focusing on the prevention of work-related ill-health Campaign for the prevention of MSDs at the workplace (General Union of Workers) Older workers: strategies to facilitate their occupational capacity preservation and their aim to continue in active working : research on the occupational capacity and well-being of workers aged over 50, and potential solutions	<i>Covered by employment policy</i>		Research conducted on early intervention in cases of MSD (Hospital San Carlos in Madrid) Programmes focused on the training and employability of people with disabilities (ONCE Foundation)	'Age Management in the Metal-Mechanical Industry' (FEMEVAL): development of guidance for small enterprises and workers on age management, the identification of age management needs and the development of action plans 'Good practice in age management, Age management implementation in the company' (FEMEVAL): guidance document for companies
Sweden	Early-retirement schemes cancelled	'Employment programmes: Employment support, Job Development Guarantee and New Start Jobs : Financial incentives for both workers and employers to encourage the hiring of workers who have reached the official retirement age. Tax credits and housing allowance for workers aged over 65; tax credit for employers who hire workers over 65	A renewed health and safety policy — National Action Plan for Health and Safety at Work 2010-2015 (government): focuses on preventing the exclusion of older workers from the labour market by improving their work environment Research led by the Swedish Work Environment Authority on working conditions and health	Lifelong-learning opportunities and on-the-job training for all workers: participation of older workers (those aged 50-64 years) in training/learning activities remains relatively high	<i>Covered by cross-policy framework</i>	Rehabilitation Chain : during the first 90 days, the employee's working capacity is evaluated against his or her former position and adaptations made to allow him or her to return to work.	'Measures for a longer working life. Final report of the inquiry into the retirement/pension age'

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Member State	Social policies/pension reforms	Employment	OSH/health	Vocational education	Age discrimination	Rehabilitation/return to work	Cross-policy frameworks and supporting initiatives
						Between the 91st and 180th days, the worker can take 6 months' leave to try out a new job with another employer. From the 181st day, the worker's capacity and associated sickness benefits are evaluated, not only against his or her previous job, but against all potential jobs on the labour market	(Commission of Inquiry): a report proposing a package of measures to increase the length of healthy working, including opportunities for older people to preserve and develop their skills, to improve the working environment and adapt it to older workers, to raise awareness and fight discrimination and to strengthen financial incentives Projects supporting leadership in age management and supporting changes in work organisation to encourage workers to stay at work longer (2002) , funded by the Swedish government 'Sustainable Work Organisation' (Swedish Work Environment Authority): a series of conferences about gender diversity in the workplace and the promotion of sustainable working conditions for all until retirement
Switzerland	Reduced access to early retirement	'Qualified workers for Switzerland' (State Secretariat of Economics): aims to identify incentives for employment after retirement, raise organisations' awareness, create adapted working conditions, and increase the research on older people's working conditions	Inspection campaigns (State Secretariat for Economic Affairs) focused on the prevention of MSDs and psychosocial risks 'Programme santé 50+': pilot projects including several focusing on specific aspects of OSH and older workers (mental health, best practice, WHP and transition to retirement)	Validation of skills acquired from experience (VAE) 'Eulen' award" (Generation Plus Foundation) rewards innovative practices in the field of vocational reorientation of people aged 50 and older	<i>Covered by employment policy</i>	'Guide for professional rehabilitation' addressed to employers (Invalidity Insurance) 'Initiative Berufliche Reintegration'	Support for companies in age management: 'SME —

Member State	Social policies/pension reforms	Employment	OSH/health	Vocational education	Age discrimination	Rehabilitation/return to work	Cross-policy frameworks and supporting initiatives
		<p>Financial incentives: a 12-month job training grant is paid to employers for recruiting unemployed people aged over 50</p> <p>'Labour Market 45plus' (Swiss Employers Association): aims to provide incentives to employers to hire workers aged over 45 and to employees to keep working for longer</p>				<p>(Invalidity Insurance, SUVA) aims to reintegrate workers who have had an accident and are unable to return to their old workplace; the new employer trains the employee in their employment field for up to 24 months, with the help of public subsidies</p> <p>Report 'Return-to-work' (Fitforwork-Swiss): case studies on possible measures to be taken for people with MSDs</p>	<p>Demography' supports small and medium-sized enterprises in analysing demographic issues, providing a checklist for human resources managers to respond to changes in the age profile of their companies (Health Promotion Switzerland)</p> <p>Altersstrategie (Swiss Employers' Association): booklet providing guidelines on adaptations that should be made to workplaces and good practice on age management</p>
UK	Gradual increase of retirement age	<p><i>Covered by cross-policy frameworks</i></p> <p>TAEN: publishes the Survey of jobseekers aged 50+ highlighting barriers to labour market integration</p>	<p>'Health, Work and Well-being' (Department of Work and Pensions (DWP)): a cross-government initiative to improve the general health and well-being of the working-age population, support more people with health conditions to stay in work or enter employment, and reduce the number of days lost to sickness absence. Publication of case studies and good practice</p> <p>HSE research programme: publishes reports on age and work-related and/or health issues</p> <p>'Getting better: workplace health as a business issue' (Confederation of British Industry): a report flagging up the importance of demographic changes and setting out measures to support the health and well-being of an ageing workforce</p>	<p><i>Covered by cross-policy frameworks</i></p>	<p>Equality Act and related initiatives to foster implementation: Age Positive (DWP); Advisory, Conciliation and Arbitration Service initiatives</p> <p>Age Positive (DWP): awareness raising and information campaign on age-related safety and health issues; aims to provide guidance to employers on measures and actions that can be put in place to retain older workers; publication of guides and case studies</p>	<p>'Health, Work and Well-being' (DWP) (see 'OSH')</p> <p>'Healthy Working UK' (NHS): supports the role of GPs and other primary-care health professionals by providing information and decision aids to support the management of health at work</p> <p>Defence Medical Rehabilitation Centre: identifies rehabilitation needs as soon as possible, and provides intensive therapy and vocational support to military staff</p> <p>Fit for Work Europe (Work Foundation): research project promoting early-intervention practices for the treatment of MSDs</p>	<p>'Fuller Working Lives — a Framework for Action' (DWP): report makes the case for extending working lives by looking at health conditions and disability, back-to-work support, skills and workplace factors and financial security and incentives</p> <p>'Age and the workplace — Putting the Equality Act 2010 and the removal of the default retirement age (DRA) 2011 into practice' (Advisory, Conciliation and Arbitration Service): a guide identifying practical organisational changes that can be made to help older people to stay in work</p> <p>'Managing age' (Trades Union Congress (TUC)): gives guidance on good age-management practices</p>

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Member State	Social policies/ pension reforms	Employment	OSH/health	Vocational education	Age discrimination	Rehabilitation/return to work	Cross-policy frameworks and supporting initiatives
			<p>'The ageing workforce — health and safety implications' (UNISON): examines how age affects work and provides suggestions of precautions that should be taken and the adjustments that can be made to manage this</p> <p>OSH advisory services for SMEs (NHS, NHS Scotland, NHS Wales, Health and Safety Executive for Northern Ireland): advisory services on OSH and health matters</p>				<p>TAEN: a not-for-profit organisation producing tools and guidance related to age management, including Workforce Assessment Tool, to help employers to create a work environment for all ages; provides consultancy service on age management and OSH; and publishes the Survey of jobseekers aged 50+, highlighting barriers to labour market integration</p> <p>Managing the health & productivity of an ageing workforce: solutions to employer questions (Age Action Alliance): online toolkit</p> <p>'An Ageing Workforce: the Employer's Perspective' (Institute for Employment Studies)</p>

Annex 3: Analysis indicators for the grouping of national approaches to sustainable work

The following qualitative indicators were used to categorise the 31 countries as described in section 3.4. Within one group, not each country necessarily ticks all the boxes as presented below.

Table 8: Analysis indicators for country grouping

Target groups	G1	G2	G3	G4
<ul style="list-style-type: none"> all workers by default; no recognition of demographic challenge in OSH legislation or policy 	x			
<ul style="list-style-type: none"> some focus on older workers in certain OSH legislation and policy 		x		
<ul style="list-style-type: none"> older workers considered as 'vulnerable group of workers' in many policy areas and/or in OSH legislation 			x	x
<ul style="list-style-type: none"> all workers targeted but the question of age examined from a life-course perspective 				x
Policy orientation				
<ul style="list-style-type: none"> increasing labour market participation of older workers and workers with disabilities 	x	x	x	x
<ul style="list-style-type: none"> enhancing older workers' employability, e.g. by raising their skills; retention of skilled workers 	x	x	x	x
<ul style="list-style-type: none"> improving older workers' working conditions; adapting work to people with disabilities 		x	x	x
<ul style="list-style-type: none"> work ability, i.e. looking not only at workers' health and safety but also their competencies, work organisation and social context 		x	x	x
<ul style="list-style-type: none"> life-course approach, i.e. considering workers' experiences throughout their working lives and not only their current situation 			x	x
<ul style="list-style-type: none"> prevention of exclusion from labour market, improving rehabilitation and return to work 			x	x
<ul style="list-style-type: none"> a holistic approach considering topics broader than OSH (e.g. public health, anti-discrimination, employment, social security) 			x	x
<ul style="list-style-type: none"> introduction of notion of sustainability of work and of social security systems 				x
Coordination across policy areas				
<ul style="list-style-type: none"> no cross-policy work 	x			

Target groups	G1	G2	G3	G4
<ul style="list-style-type: none"> ad hoc joint OSH–employment–public health–social security initiatives 		x		
<ul style="list-style-type: none"> mainstreaming of age and OSH-related considerations into other policy areas 			x	x
<ul style="list-style-type: none"> integrated policies for a common goal 				x
<ul style="list-style-type: none"> formal coordination structures across policy areas 				x
<ul style="list-style-type: none"> one institution leading the initiatives on sustainable work 			x	x
Stakeholders				
<ul style="list-style-type: none"> limited stakeholder involvement 	x	x		
<ul style="list-style-type: none"> greater diversity of stakeholders involved 		x	x	x
<ul style="list-style-type: none"> involvement of intermediary organisations, e.g. insurance companies or OSH external services 			x	x
<ul style="list-style-type: none"> active involvement of social partners (e.g. through collective agreements) 			x	x
<ul style="list-style-type: none"> limited stakeholder coordination 		x		
<ul style="list-style-type: none"> good stakeholder cooperation 			x	x
<ul style="list-style-type: none"> formal structure/platform for stakeholder cooperation 				x
Other indicators				
<ul style="list-style-type: none"> financial incentives for employers to hire/retain older workers and/or workers with disabilities 	x	x	x	x
<ul style="list-style-type: none"> financial incentives for older workers to stay at work (e.g. combining work and pension) 		x	x	x
<ul style="list-style-type: none"> technical support to employers to adapt work to individual abilities (guidance, help desk, training) 			x	x
<ul style="list-style-type: none"> effective communication and awareness-raising of the initiatives 			x	x
<ul style="list-style-type: none"> evaluation of policies/initiatives and assessment of impacts on employment rates, retirement age and health status 				x

Annex 4: Summaries of case studies on rehabilitation and return to work

1. Austria: Fit2Work

Fit2work is an early-intervention system which supports employees to maintain their work ability following physical or mental health issues. It can be accessed by individuals or companies. It also supports workers who have left employment or lost their job because of health problems to reintegrate into their workplace or the labour market in general. Fit2work provides assistance to companies and individuals through the use of tools such as the ABI Plus™ questionnaire and the provision of a specific number of counselling sessions. The main success factors are the early-intervention method and the integrated approach taken. The challenges identified include the lack of standardisation and the limited nature of the follow-up undertaken to date. Case studies show that, other than working hours, companies reported few incurred costs as a result of the programme, which is largely funded by government institutions and insurance providers, and is believed to be highly transferable to other Member States.

2. Belgium: Pilot project in the youth welfare agency — reintegration of employees after sick leave

This project focused on improving the well-being of those employees of the Youth Welfare Agency who were over 50 years of age, and who were regularly absent or experienced long-term absenteeism. Individual, targeted reintegration pathways were developed for each participant, in a collaborate process between the individual, his or her supervisor and the human resources manager. In the pilot programme, new job descriptions were created for each of the six individuals following semi-structured conversations. The changes ranged from the removal of shift work to reduced interaction with service users, both of which had been identified as stressful elements of the job. Success factors included an increase in perceptions of respect and meaningful work (at the individual level), as well as a 48 % decrease in sickness absence (at the organisation level). Challenges were identified in the assessment of employees' work ability and the level of systematic follow-up. The clear five-step approach, and the templates developed make this an easily transferable initiative.

3. The Danish National Return-to-Work Programme, Denmark

This programme established early, multidisciplinary intervention to promote return to work. The municipal-based sickness benefit system was adapted for multidisciplinary teamworking, for which all team members received three weeks of comprehensive training in addition to standardised sickness absence management procedures. The programme's target group was those who were receiving sickness benefits and at high risk of being excluded from the labour market. Weekly multidisciplinary meetings were used to develop individuals' return-to-work plans, with follow-ups on progress also conducted. The preliminary results varied between municipalities; however, in the two municipalities which showed positive results, a cost–benefit analysis showed that the programme was economically beneficial. Satisfied participants highlighted the importance of being involved in decisions, as well as the establishment of trust with the multidisciplinary team. The challenges included confusion about team members' roles and limited help for mental health issues. Caution should be exercised if transferring a programme of this nature, as it would require significant adaptation to local sickness benefit systems.

4. The Insurance Rehabilitation Association of Finland (VKK)

Research shows that vocational rehabilitation brings a notable decrease in the costs associated with occupational illness or injury. Finnish legislation includes rehabilitation as an integral part of statutory compensation; no compensation for loss of earnings is awarded until the rehabilitation possibilities have been assessed. The VKK is an intermediary body assigned to assess an individual's prospects for rehabilitation and, when return to work is deemed feasible, to create a vocational rehabilitation plan. Post-rehabilitation options for individuals include returning to the same job with suitable adaptations made, retraining to take up a new role or obtaining funding to pursue viable entrepreneurial options.

Rehabilitees are monitored for six months following completion of the plan. In 2013, 71 % of people returned to work after the creation of their rehabilitation plan. Success factors include VKK's individualised and multidisciplinary approach. The challenges include late intervention (the development of a plan can take up to two years) and a lack of incentives for small and medium-sized enterprises to participate. Transferability of the scheme to another Member State would require a system of effective referral, coordination and funding within the relevant national context if similar efficiencies were to be achieved.

5. Assisting companies in taking better account of chronic diseases at the workplace (Aract Aquitaine), France

Approximately 15 % of the French workforce suffers from chronic diseases; however, related absenteeism is more often a result of work organisation. Aract (a regional unit of the National Agency for the Improvement of Working Conditions) partnered with 15 small and medium-sized enterprises and two larger companies to identify and implement company strategies to adapt work organisation and retain workers with chronic diseases. The strategies are based on internal communication tools and in-house training. In addition, Aract created a publicly-available website and produced best-practice guides. Success factors included the involvement of all relevant stakeholders and the identification of practical solutions based on real work situations. Although no formal evaluation has been undertaken, companies taking part in the project have commended the opportunity for focused dialogue on health at work. The project approach would be transferable to other countries, allowing for relevant adaptations to the national context and the existence of a corresponding intermediary organisation to implement it.

6. Germany: 'Integrationsprojekt RehaFuturReal®' — rehabilitation by the Westphalian Pension Insurance Scheme

As part of the national RehaFutur initiative, Westphalia implemented the 'Integrationsprojekt RehaFuturReal®', a proactive early-intervention system to reintegrate employees on sickness absence into the labour market. Following a three-part assessment by trained rehabilitation counsellors, self-assessment and the individual's doctor, an implementation plan is agreed, for which the individual must take ownership. The plan may include vocational training, technical aids or work reorganisation. Standardised evaluations found that 74 % of participants reintegrated into the labour market, 56 % with their former employer. Success factors were the individualised approach and access to expert knowledge from trained counsellors. Challenges were experienced when individuals had additional factors (e.g. age) relating to their ill-health, or when they had experienced conflict at work. The programme is transferable to organisations of any size and sector, and in any Member State where insurance companies have an interest in the reintegration of workers into the labour market and are willing to cooperate with other stakeholders.

7. Netherlands: certification of 'experts by experience' — return-to-work coaching services for people with a chronic disease by people with a chronic disease

The Centre for Chronic Illness and Work (CCZW) partners with seven national patient organisations (each focusing on a chronic condition, such as fibromyalgia, multiple sclerosis and rheumatism) on a national grant-funded programme to train 'experts by experience'. People with chronic disease, and who have pre-existing counselling/coaching qualifications, are selected for a six- to nine-month training programme. Once certified, these coaches support patients to cope with their illness and/or return to work. Since 2014, 10 coaches have been trained, with a further 14 undertaking training. The service is promoted by CCZW and the patient organisations, and the coaches are reimbursed for their time by employers, employee insurers or individuals. Previous similar initiatives resulted in 28 % of service users successfully reintegrating into the workplace, with another 10 % finding voluntary work. Success factors include the peer-support approach and partnership with patient organisations. The challenges include the uncertainty of funding and managing the demand for services. This model is transferable, particularly to Member States in which similar reintegration agencies or support services already exist.

8. Sweden: financial coordination of rehabilitation measures

The decentralisation of budgets in Sweden hampered effective coordination in vocational rehabilitation. By the end of 2013, 83 independent coordination associations were set up to coordinate the budget for all collaborating parties, including the Social Insurance Agency, Public Employment Service, municipalities and county councils. A total of 225 of the 290 municipalities chose to participate. The responsibilities include setting objectives for financial coordination, the allocation of funding and the evaluation of rehabilitation efforts. The interventions target mainly young people aged under 30, the long-term sick and those with mental illnesses. In 2013, interventions targeting return to work were successful in 53 % of cases. Large-scale external evaluation shows that, for each person who returns to work, society recoups its investment in his or her rehabilitation. Additionally, the sector-wide SUS system (sectoral system for monitoring cooperation and financial coordination within the rehabilitation sector) shows that 31 % of participants returned to work/training following their intervention, compared with only 11 % in pre-intervention data. Success factors include the integrated approach among experts. This system is transferable, allowing for adjustments for differentiated responsibilities among national agencies.

9. The United Kingdom: Sheffield Occupational Health Advisory Service and its role in improving access to psychological therapies

The Sheffield Occupational Health Advisory Service (SOHAS) provides confidential support to people with work-related ill-health, relating to job retention and rehabilitation. In 2009, SOHAS partnered with Improving Access to Psychological Therapies (IAPT) Sheffield to provide specialist employment advice to patients with mental health conditions referred for psychological therapies, to help retain them in work. Using a modified Wellness Recovery Action Plan (WRAP), action plans are developed with the client for their return to work. These are discussed with the employer to maximise return-to-work success. A total of 95 % of service users felt that the service helped to keep them at work, with 32 % reporting that they would otherwise have left their jobs. Communication was a critical success factor, both between the service and medical professionals and between individual and employer, as well as documentation of the rehabilitation process through the action plans. The WRAP tool would be suitable for other types of work-related health issues, provided that a service provider similar to IAPT is in place.

Annex 5: Summaries of case studies on workplace practices related to the ageing workforce and sustainable work

1. Austria: Haus Tamariske-Sonnenhof

Haus Tamariske-Sonnenhof is a residential care facility for older citizens, with approximately 80 employees. The home belongs to the umbrella organisation Kuratorium Wiener Pensionisten-Wohnhäuser (KWP, with approximately 3,900 employees), which is owned by the municipality of Vienna. KWP has 31 residential care facilities and the organisation has implemented several OSH measures for older employees, co-financed by a social insurance institution and other labour market bodies.

KWP recently experienced problems in maintaining the long-term health of its ageing employees. Following a detailed survey among employees, Haus Tamariske-Sonnenhof was one of the first of the facilities to introduce pilot measures, including several for fostering the health of the (older) employees:

- the introduction of 13 internal ergo-experts: volunteer employees who have been trained during working hours to identify major health-related problems in the workplace;
- the reduction of night shifts/part-time work; and
- health circles: annual strategy meetings, open to all employees, for the discussion of health promotion.

Based on the reports from the health circles, the line manager decides on the measures to implement, which are then evaluated. The health circles have supported the implementation of measures on:

- lifting heavy items and buying mechanical equipment for this type of work;
- insufficient lighting;
- reorganising the storage of work materials;
- modification of laundry work, allowing staff to work sitting down;
- buying anti-fatigue mats; and
- body warm-up exercises for employees working within care jobs.

The risk prevention measures implemented have delivered overall improvements in the work quality and job satisfaction of the employees (and the satisfaction of clients). This case is a good example of empowerment at work, i.e. employees themselves identifying measures to improve their daily situation. The measures taken at Haus Tamariske-Sonnenhof have been extended to other KWP units.

2. Austria: SONNENTOR

SONNENTOR Kräuterhandels GmbH, a medium-sized organic foods distributor, currently has 250 employees. The average age of the employees is 42 years. SONNENTOR has a business commitment to sustainability, which extends to its employees. SONNENTOR decided to take measures to retain older workers' experiences, skills and competences, attract younger workers and reduce sickness absence. The company received partial funding to implement health measures for older workers, part of a scheme launched by the Austrian Public Employment Service in 2000. In addition, SONNENTOR has initiated a number of measures, supported by the consultancy firm Trilog and the Qualification Alliance Waldviertel, including:

- workplace adaptations: offering wrist and leg supports, monitoring the height of computer screens, providing ergonomic chairs, etc.;
- generation-mentor: responsible for diffusing older workers' fears of being replaced by younger workers and no longer being of value;
- offer of work beyond pension age (part-time job for EUR 400 per month);
- promotion of professional mobility;
- provision of advice on risk prevention by an insurance company, NÖGKK (Niederösterreichische Gebietskrankenkasse);
- WHP programme with a reward scheme (including sports activities and focusing on nutrition, mental health, team work, etc.);
- training of workers for replacement in case of sickness absence.

Employees describe a high level of work satisfaction and appreciate being integrated into the team, regardless of age. Results included a decrease in sickness absence, as well as SONNENTOR's achievement of national 'Nestor Gold' certification (a standard of good practice for age- and generation-sensitive labour organisation created in 2010 by the Federal Ministry of Labour, Social Affairs and Consumer Protection and the Public Employment Service). Although the company initiatives are readily transferable, part of its success was the specific tailoring to the needs of SONNENTOR.

3. Belgium: Dienstverleningscentrum (DVC) Heilig Hart

DVC Heilig Hart offers services to more than 300 children and adults with moderate to severe learning disabilities. The company provides both residential and semi-residential care and has a partnership with a school providing special needs education. Half of its employees are aged over 45 years old and one-third are over 50. To stimulate work enthusiasm among older employees, the human resources department, together with a group of employees, developed a sustainable employment policy for the entire company, including concrete measures and actions in all areas defined in the policy. This was complemented by a survey of all employees over 45 years old. The main reasons for taking action were the need to retain the experience of older employees, concerns over the high number of MSDs among employees and the desire to improve the company's image.

The main measures taken were:

- Workplace adaptation: supported by an external fund, a number of ergonomic aids were installed.
- Supporting employees' psychological well-being: this was provided by confidential advisors, discussions with supervisors and individual counselling.
- Vocational or internal training for older workers to acquire new skills.
- Working time: extra days off for workers over 45 (a national measure, compensated by the government).

Discussions about working conditions and organisation also formed part of annual performance reviews. While the survey results for those over 45 were mainly positive (employees reported that they liked working for DVC Heilig Hart), employees indicated concerns relating to the physical challenges of their job which may lead to early retirement. The study group makes an annual evaluation of the implementation of the sustainable employment policy to identify necessary adjustments. The company's human resources department believes that there is little more that can be done to improve ergonomics in the organisation, so lightening the physical demands of the work remains a major challenge.

4. Belgium: Service d'Aide aux Familles Bruxelloises asbl — 'life coach' training for family assistants

'Service d'Aide aux Familles Bruxelloises asbl' (support services to Brussels families) is a small non-profit organisation supporting families in the Brussels area during times of illness, disability or social distress. Of all its employees, 90 % are care workers, 45 % of whom are over 45 years old. Their work — supporting families in their home — is stressful and requires significant technical skills. There is a high rate of sickness absence. Care workers may lack the adequate communication and interpersonal skills to deal effectively with these difficult situations, leading to stress-related disorders and high levels of staff turnover.

The 'Life Coach' project (started by the company director) enhances family assistants' skills by providing them with training on stress/psychosocial risks. They receive training on how to deal with daily work situations that can be stressful (e.g. relations with clients), while also acquiring a qualification as a coach. The project was developed on the basis of a Déparis (participative risk assessment) used to assess the psychosocial risks to which the family assistants are exposed. The project involves 10 two-day training modules on communication, conflict and change management, facilitated by professional trainers Bouche-à-Oreille. Participation is voluntary and funded by the Professional Experience Fund. Post-training discussion groups allow participants to share their experiences with colleagues. Evaluation is completed by the social engineering department of the Haute-École Paul-Henri Spaak, based on participants' feedback. Success factors include partnership between management and workers, as well as a focus on upskilling.

The care workers now experience more satisfaction when going to work. They feel that their job is evolving and that their clients have more appreciation for their work. The programme is transferable to similar multiskilled services, particularly if financial support is available.

5. Bulgaria: Zlatna Panega Cement AD — creating healthier and safer working conditions for all employees

Zlatna Panega Cement AD is one of the leading cement manufacturers in Bulgaria. It currently employs 226 employees, 26.3 % of whom are over 50 years old. At the end of 2008, the company began the 'Step Change' project, initiated by parent company the TITAN Group. 'Step Change' was implemented by Zlatna Panega management, the OSH department, workers' representatives and the consulting firm DuPont. 'Step Change' adopts a holistic approach, making overall safety improvements as well as changes in safety culture and behaviour across the organisation. Following a thorough safety and health audit of the company, the measures implemented were:

- Regular risk assessment, taking into account the impact of age on functional capacities, and the health of personnel.
- Regular preventative check-ups and full medical examinations (including on MSDs and lung spirometry)
- Training on health issues for blue-collar workers
- Attention to lighting to protect employees' sight
- Weekly training on a variety of OSH and health promotion topics (e.g. manual handling of loads, harmful impact of alcohol and tobacco use, promotion of healthy lifestyles and eating patterns, use of salt, 'moving for health' and sport).
- Healthy and balanced nutrition provided in the company canteen, with healthy discounted meals available
- Access to rooms with comfortable conditions for rest
- Specific measures aimed at older employees, including assessments of their working environments, with tailored adaptations made for age-related changes to sight and physical ability.

To implement these measures, a central safety committee and 15 subcommittees were created. Two-way communication was the key success factor, with employees encouraged to be equal partners in the creation of a culture of safety and well-being. The company has achieved its 'zero accident' goal, and has been commended, both nationally and internationally, for its OSH policies. For each of the years in the period 2010-2013, Zlatna Panega Cement received the General Labour Inspectorate — Executive Agency's 'national award for occupational health and safety'. In December 2013, the company received the special award for a comprehensive and sustainable safety and health policy. This initiative is widely transferable, with the company already extending its programme throughout its supply chain.

6. Czech Republic: GE Money Bank a.s. — 'HealthAhead' programme ('GE Pro zdraví')

GE Money Bank a.s. is the financial services branch of the American corporation General Electric (GE). Of its 3,214 employees, approximately 350 are older workers who have already reached pension age (62 for men and 60 for women) but who continue to work for the company. GE Money Bank a.s. initiated its 'GE Pro zdraví' programme in March 2010, in line with GE's global health culture strategy. 'HealthAhead' is a GE certification standard that evaluates workplaces on specific healthy workplace metrics beyond the required safety and health measures. The 'GE Pro zdraví' programme operates throughout the year during working hours and is aimed at workers of all ages. It currently offers the following:

- talks and workshops on healthy lifestyle (e.g. diets, stress management, tobacco addiction);
- medical check-ups and screenings;
- consultations with external advisors, e.g. nutrition specialists, psychologist, medical authorities and tobacco dependence centres;
- provision of healthy meals in the canteen;
- financial support to strengthen engagement in activities supporting healthy lifestyles;

- return-to-work measures, whereby employees who are ill for more than six weeks can apply for temporary changes in their working conditions.

The measures are implemented by a specific working group, called the 'Wellness Committee', which includes representatives of management, human resources and workers. Two branches of GE Money Bank have already been awarded the 'HealthAhead' certification, based on their score on both measures pre-determined by corporate guidelines and local initiatives. An internal evaluation of 48 measures in the first two years showed increases in awareness of healthy lifestyles and physical activity, as well as reduced stress. The screening programme helped to identify eye problems in 100 employees. Success factors included clear corporate guidelines, consistent communication with employees and the sharing of good practice between workplaces. Consistency is ensured by regular certification assessments. This programme is readily transferable and can be scaled according to company structure.

7. Denmark: Vuggestuen Kernehuset — Never too old for the kindergarten: Reducing the strain to retain employees

Vuggestuen Kernehuset is a Danish kindergarten (for children up to the age of 3), which takes care of 51 children and has 19 employees, five of whom are women aged over 55 years. The repetitive tasks increase the risk of MSDs and this can lead to early exit from work.

In partnership with its municipality, the kindergarten's management undertook a series of measures to raise health awareness, prevent MSDs and retain older employees. An occupational therapist conducted a work ability analysis and suggested the following improvements:

- purchase easy-movement changing tables and height-adjustable chairs;
- provide more opportunities for rest breaks;
- offer part-time work or regular days off;
- distribute the workload more effectively among all employees, e.g. ensure that older staff members works only with older children who need lifting less often;
- implement a coaching programme, whereby more experienced employees provide support to those who are younger;
- train kindergarten employees as health ambassadors to raise colleagues' awareness;
- offer physical activity classes at reduced prices;
- provide ergonomics training (on good lifting techniques) and physical therapy;
- distribute an information booklet to all employees; and
- allow employees reduced-fee participation in the municipality's health initiatives (courses).

Benefits from the measures included more sustainable working conditions, a reduction in MSDs and the retention of experience in the workplace. Success factors include commitment from management, the involvement of all actors, the development of specific individual measures combined with a holistic approach, support from trade unions and external experts, and the diverse range of measures undertaken. Changing employees' patterns of behaviour was identified as a challenge. In addition, with the departure of the in-house health ambassadors, many ongoing activities have since stopped. Although these measures are kindergarten-specific, the approach is transferable to other businesses.

8. Denmark: Roskilde Cemeteries — job satisfaction for employees of all ages, including a senior policy

Roskilde Cemeteries, comprising three cemeteries and one crematorium, employs 32 people, primarily gardeners and administrative staff, 9 of whom are over 45 years old and classified by the company as entitled to 'senior' benefits (e.g. additional leave days). The company's senior policy was developed in 2007 by an internal working group and was facilitated by an external consultant, in line with the company's aim of retaining older workers. Focus groups with younger and older workers, interviews with individual managers, employee survey questionnaires and consultant observation led to a series of recommendations. These were then aligned with the company policy and culture and were communicated to employees. The measures, which were a mix of human resources and OSH measures, included:

- additional days off for older employees, called 'family care' days;
- annual employee interviews about their expectations regarding their future work;
- reduced working hours from the age of 60, with full pension coverage;
- task rotation;
- special work tasks for senior employees.

Success factors include the partnership with external experts, the systematic approach and relevance to all employees. As a result, older employees have indicated a wish to remain in work longer, while younger employees have shown improved understanding of the need for sustainable working measures for their older colleagues. This needs-based approach is transferable to other workplaces, although the specific measures are applicable to cemeteries.

9. Finland: Berner Ltd — age management at Berner Ltd

Berner Ltd is a long-time manufacturer of hygiene products, detergents and plant protection products known for its employee-centred approach. With an average employee age of 44 years and with 21 % of employees over 55 years old, Berner put in place a 'senior programme' in 2010. The programme was developed by an in-house steering group in partnership with the Ilmarinen Mutual Pension Insurance Company to improve the working environment of older workers (as well as that of all employees), retain older employees, improve the image of the company and reduce costs (i.e. pension and sickness absence costs).

The main measures implemented fell into the four areas of the programme:

1. Management:
 - career plans for older workers (including a retirement plan);
 - succession plan before retirement for employees in key positions;
 - training for management on age management and vocational training for older workers;
 - mentoring programme.
2. Work community and work environment tools:
 - lectures and discussions of how age affects workers' work ability, weaknesses and needs of the employee; lecture on sleep and recovery;
 - annual meeting with older workers to identify measures that need to be taken.
3. Individual work ability:
 - extra, yearly medical check-ups including a fitness test and physical training plan for employees aged 58 or over;
 - workplace adaptations following medical check-ups;
 - extra leave days for older workers if they follow the physical training plan and keep a training diary;
 - coaching on pensions and transition to retirement for employees aged 60 or over.
4. Labour reserve: retired employees are invited to join an employment register and may provide short-term work cover for sick colleagues.

The programme was successful, resulting in reduced rates of sickness absence, almost no staff lost in recent years because of incapacity, an average retirement age in the company above the national average, and increased employee satisfaction as shown by the responses to the annual questionnaire. The company has also received national recognition, winning the National Working Life Award in 2013 for its programme. Success factors include employee consultation, career planning and a diversity of measures. The programme is transferable to large private/public organisations, and smaller companies could adopt a modified range of measures. More recently, the lessons from the programme have been applied to a 'junior' programme for younger staff.

10. Finland: City of Naantali — age management in the City of Naantali

The City of Naantali currently employs 1,241 people, 29 % of whom are over 55 years of age, with a further 3-4 % expected to reach retirement age each year between 2014 and 2020. Its age management

programme, approved in 2003, aims to offset these demographic challenges, reduce sickness absence and increase the average retirement age. The programme consists of the following elements:

- Employees' annual performance review covers age-related concerns, with the possibility of follow-up measures (e.g. reduction of workload or working time, ergonomic measures).
- Facilitating relocation: temporary relocation within the organisation in order to gain additional skills for later reassignment to a more suitable position.
- Mentoring programme: informal mentoring through partnering among different age groups.
- Training of managers: JET-training (specialist management qualification aimed at improving leadership skills).
- Comprehensive medical check-up every two years for older workers up until retirement, reimbursed physiotherapy treatment.
- Senior team: nine members organise events and information sessions (leisure activities) on well-being of older workers.
- Training plans for all, including older workers.

Since the establishment of the programme, sickness absence has decreased and the average retirement age has increased by 2.1 years. About 50 % of older employees have benefited from physiotherapy as part of the enhanced occupational healthcare services. There are also several examples of employees remaining in work past the official retirement age.

Success factors includes the strong legislative support, the company culture, the participative approach and the diversity of the measures implemented. The programme is transferable to all sizes and sectors, particularly its management training on work ability and performance reviews to accommodate issues related to an ageing workforce.

11. Finland: Kuopion Monirakennus Oy

Kuopion Monirakennus Oy specialises in renovation and construction projects for local and national government, as well as for private companies. There are approximately 40 employees in the company; 10 are office workers, with the remaining 30 carrying out the physical labour. All but three are under 50 years old. The company previously had a higher number of older employees, but owing to recession and subsequent redundancies, this has reduced.

Kuopion Monirakennus Oy has taken part in a Finnish regional safety and health project called ISKE, coordinated by the Confederation of Finnish Construction Industries. One aim of ISKE was to improve the well-being of employees in the construction business. As part of the project, all employees were given the opportunity to participate in the following:

- division of tasks at construction sites between the workers, taking into account possible physical problems (e.g. heavy lifting is often done by younger workers);
- weekly safety walks at construction sites by OSH representative;
- protection equipment for workers;
- fitness test;
- lectures on well-being; and
- OSH training.

According to the interviewees, the project did not change the practices at the workplace or create new practices. However, they believed that the employees had begun to take better care of their physical condition and eating habits since participating. It was agreed that more targeted OSH activities would be needed to maintain the work ability of older employees. Lack of management time and money, however, present a barrier.

12. Finland: Saarioinen Ltd — age management at Saarioinen Ltd

Saarioinen Ltd, a Finnish food product manufacturer and distributor, had noticed an increase in prolonged sickness absence and early exit from work as a result of MSDs. Of a total of 1,700 employees, 279 are aged 50 years or over; a large number of these older employees work in a three-shift system in the production plants. In 2003, the company launched an age management programme aimed at

reducing the costs associated with this problem. The programme is complemented by career planning for employees over 50, which has been a requirement of the collective agreement for the food industry since 2010.

All production workers aged over 55, with five or more years' service, can apply for 'senior' status, leading to an individual plan that includes salary-level guarantees, work adjustment, retraining and career planning. Additional benefits for older workers include:

- a reduction in shift work;
- priority in choosing tasks and a reduction in the rotation of tasks;
- the provision of extra leave days;
- the option of taking job alternation (sabbatical) leave (at least 90 days);
- financial support for physiotherapy prescribed by the occupational healthcare physician.

Feedback shows improved employee well-being, and the average retirement age has increased by almost four years, from 58 years in 2004 to 61.6 years in 2013. The company is considering expanding the programme to include its office workers. Success factors include supportive national legislation, career planning and the involvement of all stakeholders. Challenges exist in career planning for older workers. More specifically, managers and older employees have sometimes been unable to appropriately identify the needs that are most pertinent and the solutions that would be most helpful. The company intends to provide further training on age management to its workers and to its managers. The programme, particularly its career planning and job satisfaction questionnaires, is transferable to public and private organisations.

13. France: Marphil International

Marphil International is a micro-enterprise specialising in the sale of products and services for international business markets. It currently employs eight people, two of whom are aged 45 years or over.

All employees but one are sales representatives, and there is a direct correlation between their performance and the success of Marphil International. Overtime work is common, as is working outside normal hours to accommodate international clients. Marphil International has no formal policy to address OSH or older employees. However, their informal mentoring programme helps to support younger employees while also valuing the experience of those who are older. The mentoring takes place during the first months of work, and involves the older employee taking responsibility for helping and training the 'newcomer'. According to the employer, the mentoring programme is loosely based on the 2013 French law on 'Generation Contract', which has the objective of retaining older people in work while employing young people and supporting the transfer of skills and know-how between the generations.

The main objective of the programme is to value and retain the experience of older employees. Young employees, even if they are more qualified, know that experience is a valuable asset when working in the company. The transfer of this experience from older to younger workers is seen as a means of reassuring older employees that their jobs are safe, while also giving confidence to the 'newcomers'.

According to the employer, since 2012, more than 20 people — newcomers and their mentors — have been involved in the programme. The interviewed employees affirmed that the programme has created a better working environment, with employees feeling better trained and happier.

14. France: PSA Peugeot Citroën — mapping the workplace to better manage the workforce

PSA Peugeot Citroën is one of France's largest car manufacturers, employing 118,080 staff, 29 % of whom are over 50 years of age. Older manufacturing operators experience reduced capacity. In 2009, French legislation required the company to negotiate with its social partners to promote the employment of older workers. In accordance with the government's six priorities, Peugeot implemented several key initiatives:

- Classification of jobs as heavy, medium or light, based on a mapping of the workforce carried out by the team of in-house ergonomists

- Prohibition on workers over the age of 50 being assigned to heavy-lifting tasks (by company agreement)
- Assessment of vacancies and evaluation of the possibilities for workers with reduced capacities to take up these tasks, with adaptations of the workstation when needed (by the physical skills manager)
- Creation of lighter tasks for workers with reduced capacities
- Rotation of staff between workstations to reduce exposure and enable workers to acquire/maintain skills
- Personal skill assessments (which can result in reallocation)
- Medical check-ups and record-keeping of working conditions of employees throughout their career
- The recently launched 'Mission Handicap' programme also protects workers with disabilities in the company.

Agreements are revised every three years. The main results of the programme were a reduction of heavy-lifting tasks to 8 %, with no older workers undertaking these, and improved career management. The assessment also highlighted the need for improved monitoring of employees' careers and working conditions in the company. Success factors include the strong legislative context, the involvement of social partners and the relevance of the approach to all workers. Workplace mapping is frequently used here and could be easily replicated elsewhere.

15. France: Solystic — a comprehensive approach for the well-being of older workers

Solystic specialises in postal sorting and distribution equipment and employs 450 people. Of the total workforce, 58 % are aged over 45 years, and 37 % have been employed by the company for 20 years or more. In 2009, French legislation required Solystic to negotiate an agreement with its social partners to promote the employment of older workers. Aware of the future age and career management issues, Solystic developed a strategy to retain their employees at work for longer, and in good health, while preserving skills in the company:

- Improving the work environment: Annual ergonomic assessments followed by workplace adjustments (by the Committee on Hygiene, Safety and Working Conditions).
- The option of part-time employment with protection of pension rights (older workers can work part-time at 80 % pay while the company covers employees' full-time contribution and taxes) and managing retirement transitions.
- Better career management:
 - career and skills assessment for workers aged over 45 years by human resources managers;
 - improved access to vocational training for older workers and validation of acquired experience.
- Training/awareness raising for managers about prejudices towards older workers.
- Mentoring programme.

Sickness absence has reduced and occupational accidents among older workers number fewer than five each year. The agreement is evaluated and adapted annually. Success factors include the legislative underpinning, targeting early interventions from 45 years of age, and consistent evaluation and monitoring. The concept is transferable, with negotiation of targeted agreements being particularly replicable for countries with social partner systems.

16. Germany: Anton Plenkens — 'Off the Back': Retaining older workers in a small roofing company

Anton Plenkens is a micro-enterprise in roofing industry, employing four people with an average age of 40 years. Plenkens, in partnership with the Rhine-Waal University of Applied Sciences and the Fraunhofer Institute for Work Organisation, designed and implemented MSD risk prevention measures for its workers. The objective was to retain older workers and avoid losing their experience. After six months of activity analysis by university researchers in Plenkens' offices the following measures were identified to reduce heavy-lifting work:

- purchase and systematic use of mobile lifting aids;
- use of a wheelbarrow to transport heavy items, even over short distances;
- use of kneepads for activities that need to be carried out while kneeling;
- training for older workers in account management to enable them to move to less physically demanding jobs in the company.

Success factors included the company owner's consistent supervision and the external experts' input. Changing employee behaviour proved to be the most significant challenge. A similar approach could be followed by any working environment in which heavy physical work is a feature. Although employees can easily be trained in office work, providing suitable transfer opportunities might be more problematic in companies with more rigid structures.

17. Germany: Audi AG —Voluntary medical check-ups

Audi AG is a car manufacturer employing 73,000 people (both production and office-based staff). Since 2006, the Audi AG health programme has formed part of its long-term human resources strategy. The programme helps to identify health risks and develop appropriate interventions at an early stage. The aggregated data are analysed to identify health risks and necessary changes in work process and organisation to protect employees' physical and mental health. Employees are entitled to comprehensive voluntary medical checks, which involve their referral to health initiatives provided by Audi health insurance. Individual issues trigger individual interventions. In summary, the programme involves:

- Modification of clip-and-snap connections to limit the weight on employees' joints (based on medical check-up findings).
- Medical check-up every five years for staff younger than 45 years and every three years for staff older than 45 years, aimed at detecting and tackling health risks at an early stage.
- Targeted development and team-building processes in teams where mental health problems have been detected.

Medical check-up participation stands at 90 % across all workers. Indications are that the programme has resulted in the reduced likelihood of heart attacks or stroke. In total, 60,000 health promotion consultations have been carried out, of which 10,000 were follow-up examinations. In 2008, the programme identified an accumulation of hand and arm symptoms, an unexpected consequence of the introduction of new technologies in the assembly line. In addition, the programme identified two divisions that had experienced an increase in mental health problems. The development of such a comprehensive programme has required significant investment in the laboratory diagnostics of the medical centres at Audi. Management agree the budgets each year to ensure continued implementation of the programme.

Success factors include ease of access for employees, the accessibility of the programme to all workers, improvements at both individual and collective levels, and a systematic approach. The programme is transferable, although external support might be needed for smaller companies to carry out the medical checks and data analysis.

18. Germany: Tegos GmbH, Dortmund

Tegos GmbH develops software for the recycling industry. Tegos started in 1996 with three employees and today has 56, with an average age of 35 years. The company introduced occupational health management with dual objectives to remain an attractive employer in a competitive market and to preserve workforce productivity and health. An experienced consultant was employed to focus on human resources development and health management, as employees' overall health was observed to have deteriorated (the manager himself had a minor stroke). Before implementing new measures, Tegos conducted an employee survey to identify the critical fields of activity and the most pressing issues, resulting in the implementation of a new working time regulation. Tegos introduced its trust-based working hour system to reduce lengthy working hours (employees can decide when they want to work between 7 am and 7 pm), as well as the option of working from home.

Tegos also scheduled seminars and workshops on nutrition, MSDs, cardiovascular health and stress management, followed by a series of voluntary measures, paid by the employer and which, for the most part, take place during working hours:

- vocational training (paid for by the company);
- 'health day' organised by the health insurance company;
- walking/jogging groups and other sports activities;
- promotion of participation in a local company run;
- access to physiotherapy;
- contract with fitness centre close to company;
- free-fruit basket.

Although there is no formal evaluation of the measures, the number of sickness absence days fell from seven to four per employee. Employee surveys conducted every two years show an increased satisfaction with the health management measures, a view supported by the interviews. The employees state that the measures help them to become active, which they find important while working in rather stressful jobs, and also contribute to good team spirit.

19. Germany: Thyssenkrupp Steel

Thyssenkrupp Steel (TKS) Europe is one of the world's leading suppliers of high-grade flat steel. With approximately 27,000 employees, TKS faces three demographic challenges: it needs to preserve the productivity of the employees until retirement, attract appropriate young talent in the context of a skills shortage and safeguard knowledge based on experience and lifelong learning.

ProZukunft is the 'umbrella' or 'platform' for all demography-related activities at TKS. ProZukunft has four fields of action:

1. Retaining employees: family-friendly company (e.g. agreement on parental leave, on-site childcare, flexible working hours, laundry service, shopping service); organisation of working hours; corporate pension scheme.
2. Improving safety health and performance: risk assessment of physical and psychological risks, health management, health care.
3. Developing competencies: talent management, knowledge transfer, sensitising executives, lifelong learning.
4. Optimal assignment of employees: integration of employees whose abilities have changed; shorter working hours, taking on apprentices.

Some of the measures implemented as part of the ProZukunft initiative include:

- offering shorter or flexible working hours;
- carrying out risk assessments of mental and physical risks;
- holding a one-day seminar for each team of shift workers (called 'health shifts'), including a medical check-up and courses on a range of topics decided by the workers themselves;
- encouraging workers to define personal health-related objectives, and following up on objectives;
- offering free medical check-ups;
- providing safety training;
- providing vocational training.

Before the start of the ProZukunft initiative, TKS performed an age profile analysis of the actual and prospective workforce. It implemented a steering group consisting of management and worker representatives, which meets twice a year to take strategic decisions. Operational decisions are made by the different departments in the company. Teams of workers can also have their own budgets to put in place health initiatives (e.g. buy equipment, such as stability balls, or fruit baskets).

Employer and employees alike agree that both the organisation of the project and its measures contribute to a culture of well-being which is crucial in encouraging employees to take part in activities

and reconsider their own health behaviour. However, they stressed that it is very difficult to interest shift workers in a steel mill in new topics (e.g. nutrition or exercise). The change in attitudes and health-related behaviour is still not fully integrated across the whole company. Management believes that the project is transferable to other large companies with sufficient resources (human and financial) and strong leadership. The successful transferability of a project of this scale to small or micro-companies is unlikely.

20. Greece: 'Melilotos'

Melilotos is a Greek restaurant (capacity of 80-100) and delivery service, with a staff of 25 employees aged between 25 and 60 years. In the restaurant business, employees aged 35-40 years are already considered to be 'older'.

The following activities have been implemented to improve staff well-being:

- no-tray policy (to reduce arm-related MSDs) and ensure that there is enough space between tables to facilitate waiters' work and help them to avoid awkward positions
- training of younger employee to take over the daily management of the restaurant to alleviate the work of the older owners
- flexible working arrangements (days off, changing of shifts, etc.).

The restaurant has not implemented specific OSH activities or activities focused specifically on older employees. However, for the past three years, the owners have been training a younger employee (aged 28) to gradually take over the day-to-day management of the restaurant. This will allow the middle-aged owners to reduce their working hours/workload and, consequently, reduce their stress. They also ensured that one of their employees was gradually reintegrated to his routine after a long sickness absence. The employees stress that the restaurant's 'no-tray' policy is a very important initiative for the waiting staff.

Both the owners and the employees emphasised that the financial situation in the country creates an extra obstacle to be overcome. The employees' main concern is to remain employed. Financial support or incentives would help greatly, as would government programmes (e.g. OSH training; seminars for employees).

21. Greece: S&B

This company mines and processes bentonite, perlite, bauxite, zeolite and wollastonite. It produces continuous casting fluxes and a variety of specialty products for a wide range of industrial applications and markets. The company employs 612 older workers, 88 of whom are over 55 years old. A total of 180 employees work at the headquarters, while the rest work at extraction sites.

According to the national 'Heavy and Health-hazardous Occupations' regulations, it is possible for the employees at the Milos branch of S&B to retire at the age of 55 years. The company believes that people should retire at an age when they are still fit to enjoy life beyond work (e.g. leisure and family activities). Therefore, no measures are taken to retain older people at work, unless they specifically request it for personal reasons.

All activities in the company are targeted at all employees. The following initiatives have been implemented:

- OSH audits;
- OSH barometer;
- mechanically assisted heavy-lifting operations;
- younger workers assisting older employees in heavy tasks, as needed;
- flexible working hours;
- telework and part-time work for older employees (those aged 55 or over);
- informal transfer of knowledge initiative;
- safety training;
- awareness raising focusing on improvements to individual workstations;

- WHP programme focusing on healthy diet, physical exercise and reducing smoking; work–life balance seminars;
- in-house gym in central offices;
- healthy menus in in-house restaurants.

The company also provides a medical and 'loss of income' private insurance package, as well as psychological support through the in-house social worker services for employees facing serious health problems. In addition, company policy prohibits the scheduling of meetings outside regular working hours. Older employees have reported that understanding and support from management and among colleagues help to alleviate arduous working conditions and high work demands, highlighting the importance of values and motivation in individual work ability. The seminars have motivated older employees to participate in voluntary physical activities during their leisure time.

22. Hungary: MOL Hungary — 'STEP — Take a step for your health'

MOL Hungary is a Hungarian oil and gas company with 5,533 employees. It is one of Hungary's largest employers and is considered a leader in sustainable employment. Since 2007, the STEP programme has aimed to reduce workplace accidents and sickness absence and retain older workers in employment. A steering committee (comprising management and workers) coordinates the company-wide programme. Internal teams are supplemented by external service providers to offer the following:

- workplace interventions by specialists (e.g. ergonomic workplace intervention, psychological workplace intervention and assessment);
- medical check-ups;
- individual health plan (recommendations for measures and activities in which the worker should participate);
- training and advice sessions (e.g. on stress management and reduction, healthy lifestyles);
- physical activities (e.g. office gym programme, company sporting events, outdoor weekends, hikes);
- awareness-raising campaigns, such as 'stop smoking' and 'healthy food at work';
- posters, brochures, leaflets;
- family days, when the family members of employees can participate in health screening;
- rewards: participants of the STEP programme can collect points at each event to be converted to STEP gift items.

An evaluation showed that there is an increasing number of participants in the different STEP programmes, a rate of sickness absence below 2 %, a reduction in cardiovascular disease of 5 % and in its risk factors of 10 % and an improved health culture among the workers. Success factors include the integration of health promotion into company strategy, stakeholder involvement, the diversity of measures undertaken and clear communication. Challenges were experienced in changing the working culture and the fact that there was insufficient financing for the programme. The programme is transferable as, despite its comprehensive nature, the measures are tailored to the individual worker.

23. Latvia: Latvijas Balzams — human resource policy supporting older workers in Latvijas Balzams

An alcoholic beverage production company, Latvijas Balzams employs 600 workers, 20 % of whom are aged over 57 years. The high-risk processes involved in the work increase the risks of MSDs throughout working life. Task specialisation is high, as are recruitment and training costs. Under its collective agreement, the company implemented a programme to reduce employee turnover and retain older workers, thereby ensuring continuity of production. The measures included:

- alternative tasks in the same line of production and, if not available, in other parts of the enterprise for at-risk workers;
- flexible working hours or adjustment of the work tasks for workers with health problems;
- additional leave days for at-risk employees;
- mentoring /succession programme (set up by external consultants);
- dissemination of information about the correct handling of heavy loads;

- medical check-ups;
- OSH training: ergonomic aspects of handling heavy items, correct body postures and relief exercises;
- subsidised sports activities (including access to a swimming pool and an annual company sporting event); and
- awareness-raising activities.

According to a 2012 survey, employees felt safer and healthier and considered the enterprise to be socially responsible. The uptake to this programme is highest among older workers. Worker retention has improved and surveys show that there is an increased awareness of OSH issues, with employees requesting more involvement in this area. Success factors include the integration of OSH activities into the overall company management system (ISO 9001), the involvement of trade unions and the use of external experts. A lack of individual motivation was a challenge. The experience gained from this programme is being applied to a national ESF-financed project. This programme is transferable to other companies, if appropriate financing is available.

24. Netherlands: Bilderberg

Bilderberg is a Dutch hotel company consisting of 18 hotels across the Netherlands and employing more than 1300 workers. It began focusing on sustainability in 2009 when the Dutch government introduced new legislation and the EU enhanced its focus on sustainability in procurement projects. In 2011, Bilderberg participated in Green Key, programme which awards an eco-label to companies committed to maintaining high environmental standards. The programme focuses on people, planet and profit and made Bilderberg focus on the sustainability aspects of its customer and employee relations, particularly the employability of its staff in the face of an increasing pension age. A bottom-up pilot project, 'On the Move', was established, starting with a questionnaire (on health, well-being, knowledge and skills) for all employees in one department. The company provided the following opportunities for its employees:

- work reorganisation as a result of employees' communication about their health and well-being;
- physical activity during breaks or outside working hours (e.g. fitness classes, running, Nordic walking);
- medical check-ups;
- special events to exchange experiences, share objectives and discuss health and well-being at work; and
- training to change career path; Dutch-language courses.

A larger reorganisation of work was carried out as a result of the employees' feedback on their health and well-being. The housekeeping teams have a stronger bond and are a closer team, resulting in lower absence rates. In addition, referrals of employees from the general manager to the occupational health physician (*bedrijfsarts*) have reduced, and he now plays more of an advisory role to the company. Two of the main success factors of the initiative are its bottom-up approach and the enthusiastic take-up of the project by the employees and line managers. The 'On the Move' project will be rolled out to the other departments of the hotels.

25. Netherlands: De Zwart facilitaire diensten

De Zwart facilitaire diensten is a small Dutch cleaning company established in 1946. De Zwart facilitaire diensten offers general cleaning, window-cleaning and façade cleaning services to individuals, as well as to companies and institutions from a wide range of sectors. The family-owned company employs approximately 70 people, around 75 % of whom are over 40 years of age. In 2006-07, the enterprise began to focus on age management and the sustainable employability of its staff, as the Dutch Ministry of Social Affairs and Employment started to offer subsidies to companies that focused on age management. The company, therefore, implemented several policies:

- pair working: this relieves older workers from certain tasks, which are performed instead by younger workers, and facilitates knowledge transfer;
- use of microfibre products (lighter cleaning equipment);

- compulsory induction for all employees — consisting mainly of vocational training, this also includes advice on how to work efficiently and ergonomically.

According to management, the attitude of the employees of De Zwart has changed slightly towards risk prevention and health promotion. Employees are more aware of the importance of risk prevention measures, and people who work in teams have indicated that they have better understanding of and increased respect for intergenerational differences. Whereas older employees are more likely to be part of the company because they enjoy cleaning, younger employees tend to be less motivated and look at their job only as a way to make a living. This difference in mentality presents a challenge. In particular, the number of younger employees is low and recruitment is difficult. To address this, and following the introduction of a new law, in 2015 the company started working with young people from sheltered workshops.

26. Netherlands: Van der Geest Schilderspecialisten — ‘Win–Win’: A health improvement project at a painting company

Van der Geest Schilderspecialisten is a painting company which employs 125 people, most of whom are over 45 years of age. In 2010, despite a lack of legislation requiring health programmes for older workers, the company began ‘Win–Win’, an early-intervention project to improve the physical and mental health, and increase retention, of its employees. Over a six-month period, the project used online tools specific to small and medium-sized enterprises, which are maintained by the Netherlands Organisation for Applied Scientific Research (TNO) and facilitate knowledge exchange. Initial health surveys, completed by 41 % of employees, identified significant issues regarding weight and smoking, but also highlighted employees’ willingness to take part in health promotion activities. In partnership with its health insurer, the company offered the following:

- health promotion activities (e.g. courses to quit smoking and learn about healthy nutrition);
- a monitoring system for employee health complaints and follow-up actions (workplace adaptations and/or the provision of health services such as physiotherapy).

Supported by TIGRA, a national network specialising in workplace health management, the company implemented a system to handle employee health complaints; this could include adapting working conditions (e.g. workstation or working schedule) or providing health services (e.g. physiotherapy). In consultation with employees, the company implemented improvements in the management of sickness absence and return to work. A health survey identified employees’ needs and expectations concerning their health and supported the development of targeted interventions. New agreements between the painting company and one of the Dutch health insurance companies (De Friesland Zorgverzekeraar) included an enhanced focus on health promotion activities. Attention was also paid to the social aspects of working at the company and the experiences of older employees when working with younger colleagues.

The activities were well received, with further awareness-raising planned to ensure sustainable working. Although the project was relatively short, it has affected the overall approach of management and workers to the importance of OSH in relation to ageing. The company has also registered a significant decrease in older workers’ absence rates. Success factors included intercompany knowledge exchange, worker involvement and external support. The information exchange through TNO demonstrates the programme’s transferability.

27. Norway: Oslo Airport — Oslo Airport’s ‘Life Phase’ policy

Oslo Airport (OSL) owns and operates Norway’s main airport, Oslo Airport, at Gardermoen. OSL provides infrastructure, buildings and service facilities to the companies that do business at the airport. Operational responsibility includes everything from snow removal and the maintenance of runways and technical facilities (luggage handling, lighting and navigation systems) to security checks of passengers, employees and facilities. The company has approximately 500 employees who, together with approximately 13,000 other employees at the airport, ensure safe and punctual traffic management. With 500 employees, the average age of whom is 46 years, and over 50 % working in shifts, OSL developed their ‘Life Phase’ policy to reduce sickness absence and occupational disability, while

retaining skilled workers for longer. The policy focuses on three objectives: (1) build a culture in the company that promotes good health and physical activity; (2) enable employees to better cope with challenges in their jobs; and (3) enable older employees to work for as long as possible. As part of the holistic approach of the older-worker policy, health protection and promotion activities are offered to all employees. These include:

- reallocating workers to less physically demanding jobs when they can no longer perform their current task;
- flexible working hours and additional time off for employees aged over 62 years;
- retraining employees so that they can be reallocated to less stressful jobs;
- partnering with the University of Stavanger to train managers on age management issues;
- providing individual medical check-ups and evaluations for older employees, including advice and follow-up on how to change their lifestyle;
- facilitating physical activities and providing energy breaks;
- promoting healthy nutrition;
- establishing a 'green' canteen;
- offering regular health monitoring for older workers;
- holding seminars about raising awareness, skills development and career progression in later life.

The measures helped to increase the average retirement age by three years (ahead of OSL's targeted six-month increase) and there was a decrease in sickness absence and the number of employees designated medically disabled. Employees reported 90 % job satisfaction and OSL received national recognition for its senior policy. Success factors include the commitment of senior management, stakeholder coordination, external support and the diversity of measures. The key principles are transferable to any company.

28. Norway: St. Olav's Hospital — senior policy measures at St. Olav's Hospital

St. Olav's University Hospital, Trondheim, is part of the Norwegian University of Science and Technology (NTNU). The main tasks of the hospital — public health enterprise — are patient treatment, the education of patients and their relatives, research, and the education of health professionals. St Olav's Hospital employs 9,726 people, 2,000 of whom aged 55 years or over. Early-retirement costs are high and the hospital wants to retain its experienced workers.

At the company level, recommendations for adapting work organisation for older workers, especially to avoid night shifts, are built into the various collective agreements on labour conditions negotiated between the trade unions and the hospital. In addition, although there is no legal requirement, St. Olav's has developed a senior policy in partnership with its trade unions and external consultants. Under this policy, older workers continue to access training, education leave and career counselling. Other measures include:

- annual talk (part of the annual performance appraisal) between senior employees and managers;
- relocating older workers to administrative jobs (this is not systematic but decided on an individual basis);
- additional days off for older workers, also called 'senior days';
- training managers on the correct attitudes and behaviour towards older employees;
- mentoring/buddy system;
- awareness-raising measures about health promotion;
- developing activities, such as training courses, skills maintenance/development;
- providing courses and information sessions for older workers on various topics (e.g. pensions, motivation, consequences of early retirement, myths about ageing) by the Fafo Institute for Labour and Social Research;
- motivation programme;
- individual guidance; and

- final interview with all senior workers who leave the company to identify lessons that can be learned from their experience and provide them with information about opportunities for retired workers.

An evaluation was carried out by an external consultant, the Work Research Institute. The evaluation showed a six-month increase in the average retirement age and high levels of job satisfaction. Older workers found the extra leave days and development programmes to be the most valuable measures. Improvements are needed in management training, experience-exchange and development programmes. St. Olav's was recognised nationally for its senior policy in 2011. Success factors include senior management's commitment, the stakeholders' involvement, flexible decision-making and the policy's long-term focus. The policy is transferable, including to smaller organisations, given appropriate modifications.

29. Poland: CEMEX Polska

CEMEX Polska produces building materials, its main focus being cement and concrete production. Its customers range from individuals to big construction companies, mainly those specialising in engineering construction.

To improve sustainability, CEMEX implemented a policy built on five inter-related pillars, namely (1) support for employees, (2) the creation of job opportunities for workers with disabilities, (3) the encouragement of professional development among women, (4) age management and (5) a salary management scheme.

The policy was developed because the company wanted to retain the skills and experience of their current employees and address the predicted future shortages of skilled workers, as highlighted by an age-profile analysis carried out by the company. Employees are encouraged to get involved in mentoring and share their knowledge and experiences. Other services are also offered:

- generation management training for managers;
- 50+ club: an exchange platform for older workers to express their needs, including personal issues linked to ageing and health;
- e-learning courses on self-development;
- WHP activities (e.g. advice on nutrition, swimming lessons, dietary consultations) on the basis of employees' suggestions; and
- planned vocational training (for workers interested in acquiring new skills).

The initiative is still largely in its start-up phase and current efforts are focused on organisational issues, such as involving different groups in the company and the set-up of decision-making processes. The initiative has already been evaluated but, according to the employer, it is too early to identify long-lasting impacts. Nevertheless, older employees seemed particularly keen on the acquisition of new skills and the improvement of their general fitness or daily habits. The employer assumes that, overall, the programme will deliver the expected result,— as much for the employees (e.g. in terms of their well-being) as for the company (e.g. pre-retirement policy, retention of skills and experience, fewer early exits from work).

30. Poland: PPHU DARTEX Dariusz Kozłowski — safer and healthier work at any age: the case of a Polish sewing factory

DARTEX is a small sewing factory with 14 permanent employees, all female, who work five-day single shifts; three remain in employment despite the fact they are entitled to an early pension. The repetitive nature of the tasks, performed seated, increase their OSH risks, including the chances of developing MSDs. Repetition also affects employees' productivity and rates of sickness absence, as well as customer satisfaction. DARTEX became increasingly concerned about the organisation of work after complaints from staff. The company initiated measures in order to improve their image, as well as to improve the safety, health and working conditions of all employees and retain the skills of the most experienced. As a starting point, each individual workstation was assessed. A number of issues were identified, such as the difficulty (in terms of both time and posture) for the sewers in picking up the items

of knitwear from near ground level and transferring them from one workstation to another, and the significant proportion of time spent the workers spent walking around moving product, which decreased productivity and increased the risk of slips, trips and falls. Despite employees' initial apprehension about the implementation of extra OSH measures, the company, together with the employees and external experts, established a number of practical solutions to help alleviate these risks:

- adding tables between individual workstations, so that the sewers now 'push and pull' most of the knitwear between the stations;
- providing arm-level baskets at each workstation so workers do not need to lean down;
- introducing weight limits for heavy loads;
- providing trolleys for carrying heavy loads;
- purchasing ergonomic chairs;
- replacing sewing machines with those with better engines to reduce workers' exposure to noise and vibration;
- installing additional types of lighting (lights that do not cause eye strain) to reduce visual stress;
- carrying out a regular audit of working conditions;
- providing OSH training; and
- raising awareness (e.g. reminding sewers to take regular breaks or to sit at ergonomically correct height).

In addition to legally required medical check-ups, the assessment of individual workstations led to improvements in layout and equipment, reducing repetitive strain. External consultants advised on lighting and machinery changes to minimise eye strain, noise and vibration. Improved work organisation eliminated accidents and reduced MSDs, while the resulting increased precision led to a 70 % reduction in customer complaints. Monthly audits ensured continued focus on OSH issues. Success factors include the awareness of issues, employer investment, worker involvement and the use of external experts. There were initial challenges in convincing the employees of the benefits of change, but these were quickly overcome. Although the solutions are industry-specific, the notion of a cooperative, common-sense approach, which brings solid business benefits, is widely transferable.

31. Slovenia: Domel Holding d.d. — establishing a health promotion team at Domel

Employee-owned Domel Holding d.d. is a large producer of electric motors, employing 952 workers with an average age of 40 years. Since 1998, their health promotion team has focused on two main areas: the prevention of work-related ill-health, based on a thorough investigation of the causes of sickness absence, and WHP, to encourage healthy lifestyles and improve employees' well-being. The activities of the health promotion team target all workers.

To try to reduce sickness absence, return-to-work interviews are carried out to establish its causes, particularly for those employees with ongoing health problems. The causes and costs are analysed and risk prevention measures are identified, including medical check-ups to prevent disease and work adaptations to reduce the chances of accidents or injuries. With regard to health promotion, the 'Improving our Lifestyle and Staying Healthy' project aims to empower individuals to take care of their own health, including the early identification of health problems, and to increase their knowledge of healthy lifestyles. Initiatives include training and subsidised activities. Funded by the Health Insurance Institute since 2013, health promotion procedures detail the implementation and evaluation of these activities:

- ergonomic planning of workplaces;
- awareness-raising, training, seminars and subsidised activities to promote physical activity;
- awareness of line managers and supervisors of possible mental health issues; and
- personal counselling (mental health).

There is now better understanding of the causes of sickness absence, with a resulting reduction in MSDs and work-related injuries. While success factors include the informal communication used, the systematic analysis of sickness absence and the continued monitoring and evaluation; however, the slow return of results and the lack of comprehensive employee health care both present challenges. The project is transferable to other companies, as long as relevant modifications to the work environment are feasible.

32. Slovenia: Premogovnik Velenje — ‘Care for a healthy worker’ programme at the Velenje coal mine

Premogovnik Velenje coal mine is committed to worker safety and health, having established the ‘Care for a healthy worker’ programme in 1998. This programme aims to reduce sickness absence and MSDs, and targets all workers, with priority given to older employees. Specific benefits are available for men aged over 46 years and women aged over 45 years. To set up the project, the company asked doctors and physiotherapists who worked with management and human resources staff to establish and design the activities for the project. Measures were identified using analyses of work ability and age profile, as well as statistics from the Institute of Public Health (IVZ) on the most common causes of work-related absence and a company analysis of MSDs. These analyses also formed the basis for the annual programme evaluation.

The measures identified included:

- ergonomic and psychological workplace interventions adapted to the needs of older workers and workers who have developed MSDs (e.g. instructions on how to arrange the workstation, use of technical aids, prevention of repetitive work, dealing with stress-related problems);
- medical examinations;
- medical preventative ‘active vacations’ combining sports activities with health promotion activities (priority given to older workers);
- short breaks in a spa organised in June as a health promotion programme, which also includes physiotherapy (priority given to workers with MSDs);
- sport activities offered to employees;
- ‘walk test’ twice a year (health examination via a group walk);
- consultation/discussion with the employee after their return to work following sickness absence, to adjust their workstation if needed.

The initiatives have resulted in improved risk prevention and earlier identification of diseases, lower levels of absenteeism, reduced numbers of accidents and greater employee awareness of safety and health at work. Planned improvements include the extension of preventative training to all employees. The company’s commitment continues with its participation in a two-year European OSH project. Success factors include the strong OSH policy, the assessment of worker needs, the use of external supports, the diversity of measures and regular evaluation. The programme is transferable to other industries, as long as appropriate modifications are made.

33. Spain: ISS Facility Services — measures to retain experienced workers at ISS Facility Services

ISS Facility Services provide facility and property management services. Of 29,835 employees, 1,834 are entitled to specific benefits for older workers. The work is physically and mentally demanding, so measures targeting the health of older workers were introduced based on collective agreements with trade unions. The aims of these measures were to reduce costs resulting from sickness absence and retain experienced members of administration and building-maintenance staff. External consultants conducted an age-structure analysis to determine the number of older workers, the positions they occupied and the tasks they were most likely to perform. Following this analysis, the management, human resources department, health and safety representatives and employees’ representatives together designed a series of measures to address workers’ health needs, including:

- flexible working arrangements, such as flexible working hours;
- medical check-ups followed by adaptations to the workplace and specific tasks;
- compulsory training in occupational health for all workers and managers, with a training session called ‘Ageing and work’ for workers aged over 55 and their managers.

The company funded these initiatives and management implemented them. A work environment survey was carried out with the support of external service providers (including psychologists and management consultants). The results showed that staff performance and loyalty improved, while sickness absence reduced. Success factors included the involvement of stakeholder and senior management, the diversity of measures implemented and the availability of external support. There were challenges reported in implementing the changes in the client companies and also in the limited involvement of workers in the programme’s design. Similar measures would be transferable to other companies, particularly those

wishing to monitor workers' health in physically demanding work environments and focus on improved rights for older workers.

34. UK: BT plc

BT plc is a telecommunications company. It employs 88,500 people, 70,900 of whom are based in the United Kingdom. Thirty-seven per cent of the workforce is over 50 years of age. Working conditions and related safety and health risks vary across the business, owing to the differences in job requirements. Jobs range from those that are desk-based in contact centres, administration and sales to field-based roles, such as engineers installing or maintaining equipment. The employer acknowledges that the main OSH risks in the company are psychosocial ones, which lead to a high number of mental health issues. Another issue is the high rate of sickness absence and difficulties for employees in their return to work, especially for those with MSDs or mental health problems.

The company has an OSH policy that integrates safety, health and well-being for all employees. This includes:

- flexible working hours and the option to work remotely, when appropriate;
- 'keep fit' campaigns;
- awareness days/weeks on specific well-being topics;
- stress assessments;
- mentoring;
- guidelines on health and well-being;
- employee assistance programme (coaching, advice), as an externalised service;
- support for employees who want to return to work.

The company aims to take an age-neutral approach while recognising that the specific needs of older employees need to be taken into consideration. Employers, intermediaries and employees agree that in a high-pressure working environment, it is crucial to effectively disseminate OSH information about, and this should be further enhanced.

35. United Kingdom: Glosta Engineering

Glosta Engineering is a ship engineering and manufacturing company, currently employing 20 people, 4 of whom are aged over 50 years. Tasks completed at the site include welding, constructing, spray painting, saw pressing and plasma cutting. These involve physical strain and carry a high risk of accidents (working at height, hot work, reaching and stretching, working in awkward positions, moving and handling, and repetitive and monotonous tasks). The ethos of the workplace is: 'Do not let an unsafe practice happen'. The company has an OSH policy written by an external OSH consultant. Although the policy does not specifically focus on age, the company intends to retain its older workers for as long as they want to stay.

The actions taken as part of the policy include:

- providing ear protectors and face masks;
- manual-handling equipment/trolleys;
- occasionally relocating employees (short-term when a sick worker has a temporary incapacity preventing them from doing manual work; a more permanent move to another workstation if the problem is longer term);
- offering flexible hours;
- providing a morning break, lunch break and mid-afternoon break;
- mentoring scheme;
- health surveillance scheme;
- promoting hygiene (hand washing);
- providing posters and booklets on health-related topics.

Because Glosta Engineering is in an industry requiring lower-than-average academic/educational skills, the company sees its role as giving new employees the chance to learn 'on the job'. A mentoring programme helps new employees to learn the required skills for working at the company, while also

providing them opportunity to learn life skills and get positive feedback from an older colleague. For the older employee, this allows them to use their high level of knowledge, which increases their confidence and builds their self-esteem. The bond created between the paired employees, together with the emphasis on timekeeping and attendance, creates a friendly (and safe) feeling of competitiveness among experienced employees. One important obstacle to the policy's implementation is the attitude of those working at the company. Both employers and workers have admitted that changing established habits and behaviours could prove challenging.

36. UK: Northumbrian Water Group Limited — Northumbrian Water Group Wellbeing Programme

Northumbrian Water Group Limited (NWL) supplies and manages waste water systems. Of the total workforce, 30 % is over 50 years old. Sickness absence as a result of MSDs and stress results in an annual cost to the company of GBP 1,000,000. NWL's Wellbeing Programme aims to prevent health problems before they become chronic. The organisation worked with external occupational health providers to identify various options and prepare a business model. Since 2006, line managers have been trained to identify employee issues, manage sensitive issues by holding appropriate discussions and refer employees to services available under the Wellbeing Programme (in particular RehabWorks, which focuses on rehabilitation and return to work). For 95 % of line managers, face-to-face contact sessions have given them the skills and support they need to take on this role.

Measures include the following:

- Disease management: referral from a line manager to RehabWorks as soon as a MSD problem appears. The physiotherapist's report is returned to the company, containing recommendations on treatment and symptom management.
- Confidential counselling and support for both employees and their families to help to tackle stress.
- Employees are encouraged to take part in an annual walking challenge (10,000 steps per day).
- Voluntary work is encouraged for mental well-being.

Management reports better employee engagement, while MSD-related sickness absence reduced by 40 % and stress-related sickness absence reduced by 13 %. Success factors include the involvement of different stakeholders in the organisation (including the human resources department, trade union representatives, line managers and workers), the use of a holistic approach, the availability of external support and the diversity of measures implemented. The processes are transferable, particularly to companies which have employee assistance programmes.

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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