When I get older

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Changes in the pension age and an ageing population mean that employers will need to put in place health and safety age management strategies to protect the older workforce. Carolyn Drake, Roger Haslam and Cheryl Haslam highlight the barriers and facilitators.

According to the World Health Organization, the world population is ageing rapidly. Life expectancy is increasing and birth rates are decreasing. In the United Kingdom in 2012, 35 per cent of the total population was over 50 years of age and the projected figures are set to increase to 38 per cent in 2021 and 41 per cent in 2041.

The challenge faced by national policies is how to adapt to an ageing population. The Government announced increases in the state pension age and mandatory retirement age has been removed. This will have a knock-on effect on employers and unless they examine the consequences of an ageing workforce and respond appropriately they may face increased injuries and reduced productivity.

Age-related changes and work
With an increase in the overall age of the workforce, employers will be presented with health and safety opportunities as well as challenges. Older workers may experience various age-related changes i.e. increased weight; reduced flexibility, mobility and strength; deteriorating vision and hearing; possible reduction in cognitive abilities and, in some cases, health complaints.

Although older workers can compensate for some age-related declines in their capabilities, it is important that employers have management strategies in place to protect their older workforce from increased risks to their health and safety. While it is acknowledged that older workers must meet job requirements, it is also necessary to have contingency plans in place should their reduced capabilities exceed their work demands.

Reviewing UK statistics for the last three years, the highest incidence rate of occupational fatalities was the over-65 age group, with the highest major occupational injury incident rate being the 60-to-64-age group.

It is recognised that older workers have a wealth of knowledge and skills to bring to the workplace. However, negative perceptions regarding ageing and negative stereotypes about older workers' ability and performance are detrimental and can result in many leaving the workforce.

According to a Eurobarometer survey, many Europeans still think that conditions in their workplace may not allow them to
continue working. There is no 'one-size-fits-all' strategy, as different sectors might face different challenges.

Loughborough study
As part of a wider programme of research, Loughborough University conducted a qualitative study between March and May 2014 to understand what employers perceive as the barriers and facilitators to the implementation of health and safety age-management strategies for over 50 year olds. Senior personnel with health and safety responsibilities (n=41) were interviewed from different size organisations across 13 sectors (see table, right). A number of interesting findings emerged from the study.

Employers’ perceptions of older workers
Eighty three per cent of respondents recognised that they may see a higher proportion of older workers in their organisation within the next five to ten years. While 100 per cent of the respondents interviewed stated that older workers bring health and safety benefits to the workplace, providing a wealth of experience and knowledge, just over half then commented about possible negative concerns.

Leaders need to dispel the myths surrounding older workers because they do offer many benefits to the work environment. Looking after the older worker’s health and safety and viewing them as an asset would certainly be a positive business decision. Extensive research undertaken in the automotive sector found that team performance improved when the average age of the employees increased.

openly volunteer information regarding any changing capabilities and health and safety issues they may be experiencing. Some of the comments received as to why employees were unwilling to talk

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Findings from the Loughborough study

"Some organisations indicated they are unsure how to proceed with implementing health and safety age-management strategies for fear of age discrimination"

Reporting culture
One significant factor that was considered to be a barrier to good health and safety practices was the ineffectiveness of the organisation's reporting culture. Representatives from 66 per cent of organisations believed that their reporting culture had not reached a mature enough state where employees felt that they could

about potential changing capabilities were related to 'fear of consequences'. There was also concern that due to employees 'hiding' their problems, they may inadvertently put everyone at risk. If managers are not capturing this information, they will be unable to assess different capabilities and provide task adjustments or other interventions when necessary.

Changing capabilities
Changing capabilities (physical, mental and health) were seen as both a consequence and a concern arising with an ageing workforce. For those organisations that had experienced employees with changing capabilities, if they had been unable to implement adjustments, they reported they had offered redeployment. For others, the older worker had chosen to leave. However, as the workforce ages and organisations see their older worker numbers increase these options may not be viable.

Occupational health/promotion
The results show that organisations rely heavily on occupational health. Respondents felt their occupational health was predominantly reactive. They believe that they will see increased absenteeism as a result of general health declines in older
workers and their occupational health teams will be involved in more reactive health issues i.e. knee problems, bad backs, cancers and cardiovascular problems.

Of the 41 per cent of organisations that had already completed an age-management control action of some form, 39 per cent of these organisations had implemented additional health surveillance adjustments as their employees age. However, health surveillance intervals varied greatly and not all employees were selected to receive health checks. Early identification of issues would certainly provide valuable information for organisations and would be relatively easy to implement, as previous research has found older workers see the positive benefits of having health checks.7

**Discrimination and guidance**

Some organisations indicated they are unsure how to proceed with implementing health and safety age-management strategies for fear of age discrimination. It would seem that ‘age-management’ and ‘age-awareness’ fall into both health and safety and a HR remit and there appears to be difficulties with coordination as to how to proceed. During discussions it was mentioned that if HSE provided more guidance, this would help give employers and health and safety professionals a better foundation on which to base their health and safety age-management strategies.

Currently, there seems to be a lack of knowledge regarding the Equality Act. This legislation refers to objective justification, which allows employers to directly discriminate against age providing it contributes to a legitimate aim and there is no reasonable alternative. A legitimate aim might include health, safety and welfare protection of the older worker, or where the employer believes people need to be treated differently to achieve business needs.

**Training**

When respondents were asked if they provided any specific age-related training, overwhelmingly 93 per cent of respondents said no. Age-awareness training might benefit all employees. Not only would training help managers and supervisors recognise any changing capabilities, but they would also be aware of what behaviour is perceived as age discriminatory, thus enabling health and safety plans to be implemented that are compliant with the Equality Act while keeping employees safe and healthy.

General age-awareness training would also help tackle some of the negative stereotypes of the older worker. The older worker themselves would feel more engaged in the organisation and more likely to report any changing capability issues as they will feel more confident about how their personal issue would be managed.

“While much has been written about the older worker, ageing changes and the interaction with the work environment, there appears to be limited action regarding health and safety age-management and the older worker in practice”

**Succession planning and knowledge transfer**

For many organisations succession planning was problematic. The short-notice period that some employees give when they decide to retire can cause organisations problems, not only in timely recruitment, but also in trying to capture and transfer any relevant health and safety knowledge.

Although some organisations use various methods to capture knowledge, overwhelmingly there is a reliance on informal knowledge sharing, but this raises concerns about the extent and quality of the health and safety information communicated.

**Financial**

Some respondents commented that due to an ageing workforce their organisation may face additional financial cost due to higher absenteeism, loss of contracts due to reduced productivity, or inability to recoup training investment.

**Going forward**

Job demands, work environments and capability requirements should be assessed, so that employers have an understanding of any tasks that could become a burden. However, functional capacity can show considerable difference across the older worker, therefore merely quoting a chronological age is not appropriate.

While much has been written about the older worker, ageing changes and the interaction with the work environment, there appears to be limited action regarding health and safety age-management and the older worker in practice.

Loughborough University’s study explored employers’ perception of an ageing workforce and found that there are both facilitators and barriers to health and safety age-management strategies. Further investigation will now be undertaken to understand employees’ experiences and opinions of the health and safety age management strategy barriers identified by employers.

**References:**

7. Crawford J; Graveling R; Cowie H; Dixon K (2010): ‘The health safety and health promotion needs of older workers’. Occupational Medicine, 60, 184-192.

This article draws on the findings from Carolyn Drake's PhD, to be published at the end of 2016. The research looks at the consequences for health and safety of an ageing workforce.

Carolyn Drake is a PhD student, Roger Haslam is Professor of Ergonomics and Human Factors and Cheryl Haslam is Professor of Health Psychology at Loughborough University – see page 4 for more details