Ageing

HSE RR832 (2011)
An update of the literature on age and employment

The authors find little evidence of injury or productivity problems associated with employing older workers. Even if age by itself is not predictive of injury or productivity problems, vulnerabilities do in fact increase with age. It is debatable whether a higher standard of care should automatically be considered at age above 50, but failure to look for known, very common, vulnerabilities at any age could be regarded as negligent.

This updated review looks at the evidence for age-related effects on employment. In addition the report considers trends, gender, and sector specific issues. Older worker is defined as: worker over the age of 50.

To note from the report:

- Men now at 65 could expect to live a further 12.8 years in good or fairly good health and women now at 65 could live healthily for a further 14.5 years.
- However, diabetes has shown an increase in prevalence; almost doubling in adults between 1994-2006. Diabetes will become more common in those at work.
- The percentage of people employed in 2009 who are of Statutory Pension Age (SPA) or older has increased from 8% to 12%.
- In the UK in 2007, there were 20.7 million people 50 years or older, compares 13.8 million in 1951. The trend is for further increase.
- There is no consistent evidence that older workers are generally less productive than younger workers: most jobs do not require employees to work at full capacity; strategies, skills and experience can be utilised to compensate for functional declines; e.g. working memory and reaction time, and there is great variability in functional capabilities between individuals anyway, regardless of age.
- Good timekeeping, helping co-workers, better anger management and people skills increase with age.
- Some studies have also shown that older workers perform better in terms of accuracy and output consistency.
- It is suggested that muscle strength declines between 30 and 65 years of age but that this decline is unlikely to be noticeable until after the age of 65. Aerobic capacity declines from 30 onwards.

I.e. in future there will be more older people who are fit for work and, there is no good <u>at work</u> productivity reason not to employ them.

- Ageing generally brings an increase in the prevalence of musculoskeletal disorders (MSDs) and cardiovascular disease. The increase is part of the normal ageing process and happens to people whether they are working or not.
- There is no conclusive evidence that age by itself is a risk factor for work-related MSDs or ill health.
- For mental health problems the findings generally suggest that the prevalence of depression decreases with increasing age. Burnout peaks at 50-55.

i.e. more people at work will have so-called common health problems, but there is no reason to think these are being caused or made worse by work more often for older workers. The same standards of preventative care should be sufficient for all ages. However, older workers will probably more often need workplace accommodation.

- Generally the empirical evidence suggests that older workers have less short-term sickness absence than younger workers. Some studies suggest that older workers take more long-term sickness absence than younger workers.

Author's conclusion:

> *The findings of this review on the effects of ageing and employability are that there is little evidence that chronological age is a strong determinant of health, cognitive or physical abilities, sickness absence, work-related injuries or productivity.*

<u>Comment</u>
According to the report, Age <u>by itself</u> is not a valid trigger for a higher standard of the duty of preventive care; breach of duty would be established by the normal standards. Risk based premium should

therefore have little need of age profile information. However, this only follows for those older people who have no additional vulnerabilities. Vulnerabilities increase in likelihood and severity for older people. The report seems to have the overriding aim of encouraging the employment of older people, without consideration of liability issues.

If common health problems e.g. diabetes, made a person more vulnerable to other risk factors then the older work group would need a higher standard of a duty of preventative care or adaptive care. Workforce average age, or number of workers above a certain age could be a useful indicator of liability risk if there were liabilities associated with common health problems, e.g. MSDs.

Aerobic capacity decreases with age. If aerobic strain was a risk factor for artery disease then older workers would be owed a higher standard of care if ever management of aerobic strain was included in the duty of care.

Slackening of the standards required to show occupations causation for common health problems would affect the older worker more often e.g. if it was thought MSDs were caused by work.

Although the report is quite optimistic about the effects of older workers in the workplace from the point of view of productivity, accident rates and recovery periods the report did not specifically address liability exposure for personal injury or employment practices liability. A serious review of the liability implications and barriers to sudden change in exposure would be useful.

———