Supporting Healthy Ageing at Work (SHAW)

Background

There is an urgent need to make the health of over-50s more visible in order to better support later-life working. In the UK, one in three workers is aged 50+; with more people living longer and the State Pension Age (SPA) rising, the number of 'older' workers is expected to rise over coming decades. Of people aged 50-64, 44% have a long-term health condition and 21% of older workers who leave employment 'early' (i.e. before SPA) cite health problems as the primary reason for leaving. Leaving employment under these circumstances then has subsequent negative consequences for lower quality of life and well-being well beyond retirement age.

Project Aims

1. Build upon existing research to further understand the ways in which physical, mental and financial well-being interact with workplace culture, policies and practices to constrain and enable opportunities for people to work productively in later life (50 and beyond).

2. Use this understanding to co-design, pilot and evaluate a series of innovative, technology-based, evidence-led workplace products and interventions to improve the less visible aspects of health and well-being of older workers, in collaboration with older workers and employers.

3. Develop a pathway to impact that supports the Healthy Challenge mission: to help people remain active, productive, independent and socially connected across generations for as long as possible, and to narrow the gap between the richest and poorest groups of older people, whilst maintaining health at work

Fieldwork (two main phases)

Phase 1: We conducted qualitative interviews with 144 people aged 50+ drawn from four case study settings - employees of NatWest Group, Babcock International, Blackwood Care, and group of self-employed workers. The settings were chosen to provide a range of sectors, occupations and to include men and women in a range of ages from 50 upwards from different socio-economic and ethnic and/or cultural backgrounds. The interviews deployed a life-course approach to ensure we could explore the reciprocal nature of work and health, and the range of factors over a person's life and career that may influence their current circumstances. They also adopted a focus on less visible aspects of health (such as menopause, health consequences of unpaid caring responsibilities, cognitive decline and change, and financial health and well-being), especially likely to be experienced by over-50s. Employee interviews were supplemented by 14 interviews with representatives from the case study organisations, including HR managers, TU reps, occupational health managers. We also conducted secondary analysis of ELSA, Understanding Society and NEST data.

Phase 2: 48 of the respondents from Phase 1 participated in a year-long co-design process. During this period, additional rich work-related health and well-being data were collected via wearable devices (see image below) for nine months, and participants completed weekly and monthly health questionnaires. The co-design process also involved participant engagement with design 'probes' (see image below), to further understand their health support needs at work. The participants attended three workshops, to develop and co-design possible workplace solutions. At the end of the study each participant was also presented with a comprehensive 'data portrait' which facilitated a detailed understanding of the relationships between their health and work over the year.

Findings

The overall findings pointed to workplace factors being crucial to the ways in which individuals experiencing health problems navigate their attitudes, decisions and actions around later-life working and retirement. Some of these aspects are well-known, e.g. negative effects of shift-work, impact of sedentary occupations; while others are intensifying, namely stress due to high workload, work intensification and staff shortages.

A significant proportion of respondents highlighted key barriers to accessing health and well-being support at work. Barriers included: fear of multiple and intersectional stigmas, i.e. being labelled as old *and* ill; difficulties of raising issues with line managers who might not be equipped to have conversations and may well be of a different age and gender influencing empathy; participants overwhelmingly reported a sense of personal responsibility for their health 'it's up to me to fix/cope'; and low expectations of their employer.

Line managers are critical to supporting healthy ageing at work as they are the very visible face of a supportive culture and also enact a supportive climate of health and well-being support. Policies are ineffectual if not adopted by line managers, so organisations should prioritise training of line managers in age-related issues at work.

Sleep disruption emerged as a major 'hidden' health issue. This was reported by three-quarters of respondents (and confirmed via wearable data from 48 of the original participants who were followed up over 9 months). Sleep disruption arose from many different health issues. The most common were: general insomnia associated with growing older; menopause symptoms; pain; stress arising from work and/or domestic situations; needing to urinate more during the night. Crucially this sleep disruption was severe enough to have ongoing impacts on work performance.

An overarching finding when all the data sources were put together is that individuals may lack adequate understanding into their own health and how it influences and is influenced by their work. The co-design process highlighted a pressing need for being able to better reflect on and review their health in order to be able to take action. Such action may lead to conversations with line managers or health specialists; equally it might mean people being able to more easily take advantage of the existing health services and supports offered by their employer, i.e. once they understand their own needs, they are better equipped to seek the supports most appropriate to them.

Outcomes

i.   Working with Age Scotland to provide evidence for, and deliver and evaluate line manager training to over 1,100 Line Managers across Scotland, Training was targeted to improve age awareness to equip line managers to have these sensitive conversations around age and health.

ii. Working with Sleep Action (formerly Sleep Scotland) to pilot a new accreditation model for employers to regard sleep as an organisational issue which can be supported as part of employees' health and well-being needs.

iii. Designing and testing a bespoke web-based App (see image of prototype below), which uses a combination of self-assessed questions drawn from validated scales, and AI (LLM) technology to help individuals *Reflect* on and *Review* their health and work, and then take *Action* to get the support they need.

iv. Consulting with representatives from the UK's Department for Work and Pensions as they refine their offering to employers and employees around the 'Mid-life MoT', designed to ensure that workers can continue to develop and thrive in their mid-later life career stages.

Partners

During the Supporting Healthy Ageing at Work project, we engaged with a range of industry partners, including:

- NatWest Group
- Babcock International
- Blackwood Homes and Care
- Age Scotland
- Sleep Action (formerly Sleep Scotland)