

Section A: NICE to complete	
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Guidance title:	Workplace health - older employees
Committee:	PHAC D
Subject of expert testimony:	Extended and extending working lives Your experience of the health and care sector An international perspective
Evidence gaps or uncertainties:	Related/overarching NICE scope questions
<ul style="list-style-type: none"> - Question 2: What are the most effective and cost-effective methods of supporting workers who wish to continue in employment up to and beyond the state pension age? - What supports or prevents implementation of these methods? 	
Section B: Expert to complete	
Summary testimony:	[Please use the space below to summarise your testimony in 250 – 1000 words – continue over page if necessary]
<p>Extending working lives – experiences from the German long-term residential care-sector</p> <p>Experience from the German care sector is used to explore</p> <ul style="list-style-type: none"> • age and ageing management; • 'lifecycles' of worker related to ageing and different life stages; • facilitators of lifecycle orientated employee polices and • good practice in age/ageing management. 	
References (if applicable):	
<ul style="list-style-type: none"> • Bundesagentur für Arbeit [National agency for labour] 2011 • 6th Federal report on senior citizens in Germany 2010 • Ilmarinen 2008 	

Extending working lives – experiences from the German long-term residential care-sector

Context

The German professional long-term-care sector is affected by the following demographic changes:

- Rising numbers of (mostly) very old people needing long term care
- Rising labour demand in the professional health and long term care sector
- Ageing of the professional long-term-care work force
- High rates of early retirement in the professional health and long-term care staff (in the midterm)
- Shrinking and ageing of both the overall workforce as well as the professional long-term-care-workforce
- Significant shortage in junior staff in nearly all parts of the sector
- Need to work longer due to higher statutory retirement age (now 67 years instead of 65 years).

Consequences

There is demand for an additional 325,000 full time workers (including 150,000 qualified carers) in the health and long term care sector by 2030 (Bundesagentur für Arbeit [National agency for labour] 2011).

Approaches to increase supply of suitable staff in the care sector include intensifying the education of junior staff (so that may progress to more senior roles) and further training or reskilling in other groups, for example, people not in work due to unemployment or carer responsibilities. Care workers may also be recruited from outside Germany and working hours (part to full time roles) increased.

Capacity may also be increased by extending the duration of employees working lives – avoiding loss of staff as well as need for recruitment and training. But in order to develop the employability of an ageing workforce and among older carers, corporate age/ageing management approaches and lifecycle orientated personnel (employee) policies need to be considered. These can be supported by life-long learning opportunities.

Workers in German care homes for older people

Features of the work environment in German care homes for older people include:

- High proportion of women (more than 80 %), part time workers (50% of women are part time workers)
- Perceptions of high work-intensity and/or time-pressure, challenging work schedules (e.g. shift-work), high physical and psychological work loads
- Declining degree of autonomy in work, negative image of the care sector, low societal recognition, low payment
- Increase in activities other than the care of the person (e.g. administrative work)
- Change in client make-up (e.g. people who are very old or have dementia, depression or require end of life care); difficulties communicating with vulnerable clients
- Conflicts between own work ethics and economic constraints on employers side

- Double burden of work and family, which is difficult to reconcile
- Increase in numbers of staff absent due to sickness; risk of early disability and/or early exit from work for health reasons (in 2009, 35 % of all pensions in the care sector were due to early disability) and doubts about reaching the official retirement age in work (e.g. due to disability).

Corporate ‘age management’ and ‘ageing management’

“Consideration of age-related factors affecting both white and blue collar employees in the daily management, design, and organization of individual work tasks, as well as the work environment, so that everybody, regardless of age, feels empowered in reaching both personal and corporate goal”
(Ilmarinen 2008).

Usually age management and ageing management can be distinguished in the following way:

- **Age management** aims at measures to support workers being already old
- **Ageing management** can be characterised as preventive, is focussing on the later phases of working life courses (‘to prevent remote damages on later stages of working lives, to allow workers to stay old in their jobs in dignity’)

Recommendations of national report

Core recommendations of the 6th Federal report on senior citizens in Germany (2010) included:

- Corporate age-/ageing-management as a tool to invest into the workability and employability of an ageing workforce
- Extension of collective demographic bargaining
- To introduce and to extend life-cycle oriented personnel policies

The report states:

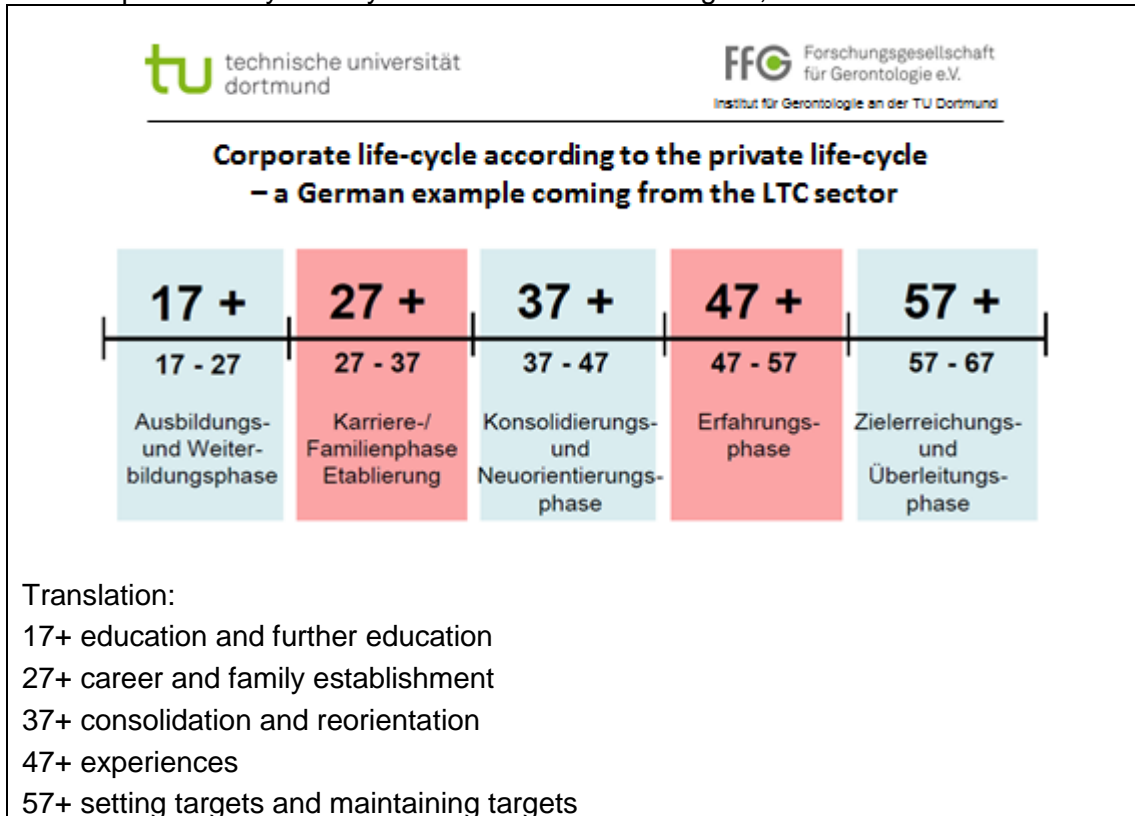
- *“A lifecycle-oriented personnel policy means a human resources management system that is strategically adapted to the needs of employees in the course of their work cycles and lifecycles and “covers all stages of life from choice of occupation to retirement”*
- *“Necessary is a total different view of employment biography and not a view exclusively on older worker/chronological age)”*

Lifecycle oriented personnel (employee) policy

A set of **employee** lifecycles may be considered. These are relevant to corporate ‘lifecycle oriented personnel policies’ and include:

- Occupational lifecycle (from choice of occupation to retirement)
- Corporate lifecycle (relating to the time from joining to leaving a company)
- Job-related lifecycle (from taking up to leaving a position)
- Family lifecycle (from parenting to care-giving to parents/dependants)
- Biosocial lifecycle (orientation on “age-related” changes in performance)

The corporate lifecycle may be visualised as in the figure, below.



Core components for a lifecycle oriented personnel policy include:

- Training and encouragement of young talent coupled with continuous career development for those in permanent work. This may also include promotion of career mobility.
- Promotion and protection of skills and of lifelong learning (ideally in-house). Knowledge transfer should be fostered to create a 'knowledge culture'.
- Working schedules can be organised over the life course according to reflect lifecycle-bound needs and support should be offered to reconcile work and family demands (including eldercare).
- Preventive health promotion and health protection
- Creating a new culture and new models of images of age.

Good practice in age management and ageing management

Learning from the care sector in Germany suggests good practice in age management and ageing management includes analyse of age structure of the workforce in an organisation and associated health risks. Psychological demands should be reduced and professional support offered in situations of crisis or 'burn-out'. Worker health groups and staff meetings; and corporate health promotion may be supportive of good age/ageing management. Work redesign around individual resources and job-rotation or change of work activities can be used to reduce some workloads. Work outside one's principle area of practice can be outsourced.

Establishment of intergenerational working teams is another element of good practice identified in age/ageing management. Job design, level of autonomy and balancing of other demands are also supportive of good age/ageing management. This could include greater work autonomy and/or responsibility and avoiding contradictory demands. Work schedule may also be considered, such as scheduling work according to 'private needs', use of 'working time accounts', offers of attractive full-

time jobs to part-time workers and encouraging 'second careers' for people entering the care sector.

Good practice also includes staff participation in shaping the service and work schedules. Good quality coaching and supervision are also important as is the promotion of generative capability (through mentoring or working in tandem) and recognition of recognition of good performance.

In addition, managers should engage with and support all staff returning from long term sickness.

Other good practice components include adopting a 'demographically sensitive' change in style of leadership and to recognising and supporting staff to participate staff as 'experts in their own matters'.

A good practice example includes measures introduced by the [Sozial-Holding](#) - a provider of care services for older people in the city of Mönchengladbach, western Germany.