

Age Management approaches in the Social Care Sector: Case studies from the EXTEND project

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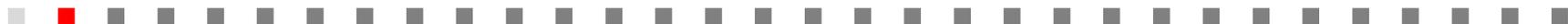
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EXTEND

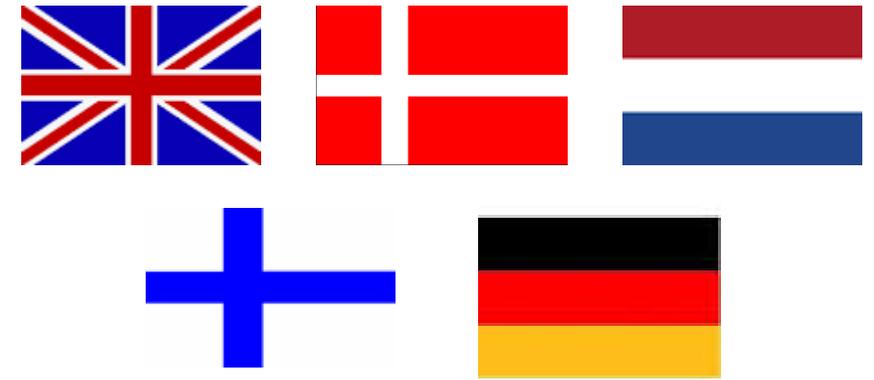


Structure of the talk

- The EXTEND project
- Previous studies and background to age management
- Previous health and social care case studies
- UK findings
- UK findings in context of overall EXTEND findings & previous health and social care case studies
- Concluding thoughts



The EXTEND project (Social inequalities in extending working lives of an ageing workforce)



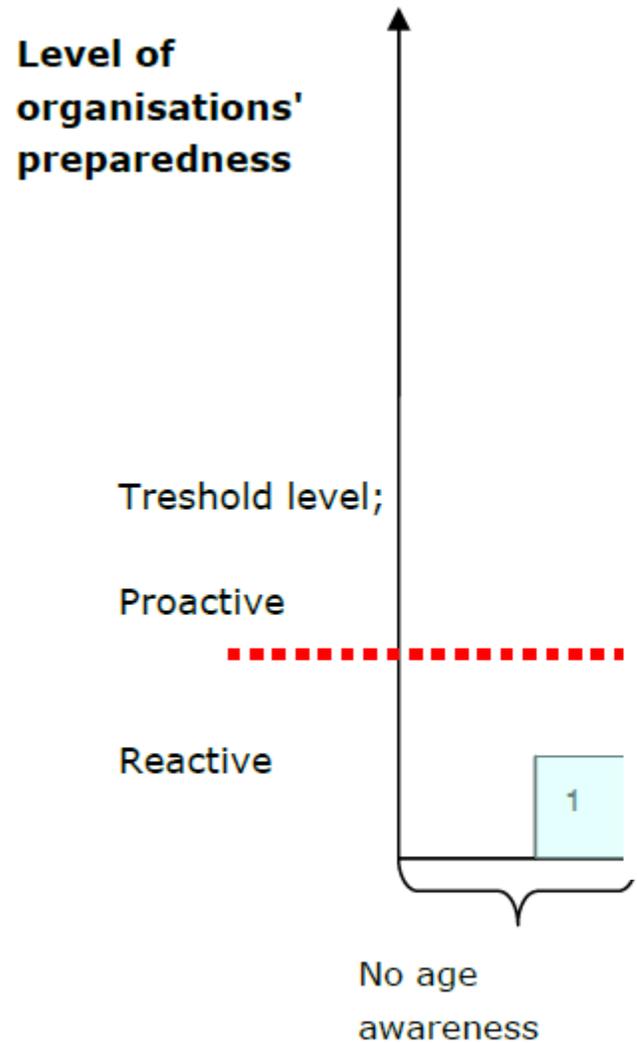
- April 2016-February 2019.
- Five countries (PI: Gerhard Naegele, University of Dortmund).
- EXTEND is focusing on social inequalities in chances and constraints to extend working life.
- National policy mapping; epidemiological analyses; pension indexation; conceptual/theoretical work; good practices; economic evaluation.
- EXTEND explicitly takes the health and social care sector as a case study. It is of rising importance in the wake of population ageing and where the goal of longer working lives is confronted with particular barriers which disproportionately affect health- and care professionals.



Previous case studies in age management

- Walker and Taylor 1998: 155 examples of good practice from nine countries. Walker 1999: a guide to good practice based on these examples.
- **Job recruitment and exit:** Equal access. Tackling discrimination. Options for flexible exit, including partial retirement.
- **Training, development and promotion:** Ongoing opportunities for learning regardless of age; making training 'older worker friendly'; special courses e.g. IT skills training course for older workers.
- **Flexible working practices:** In hours of work or timing/nature retirement.
- **Ergonomics/job design:** Preventive measures, or measures to compensate for physical decline. Elimination heavy lifting, good lighting/seating.
- **Changing attitudes within organisations:** The commitment of key personnel, positive approach to combating ageism, special training in equal opportunities and age diversity, with reference to age; age awareness training.





Typologies:

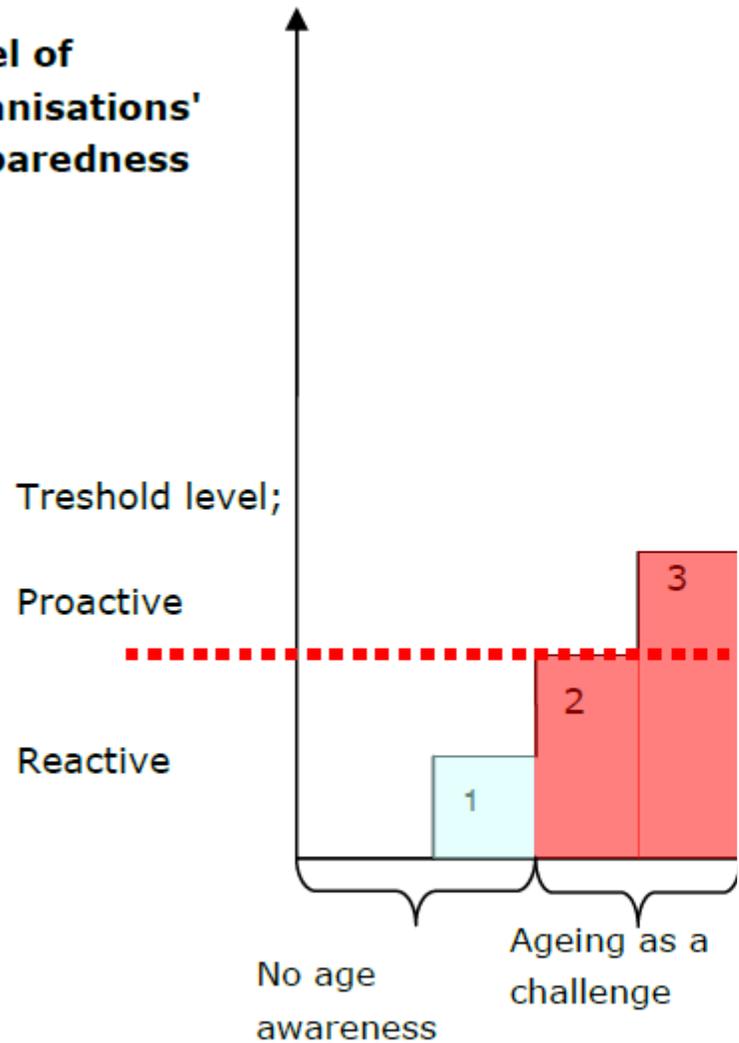
- 1 Tackling problems of scarce resources

Age awareness of HR policy

Source: Wallin and Hussi 2011



Level of organisations' preparedness



Typologies:

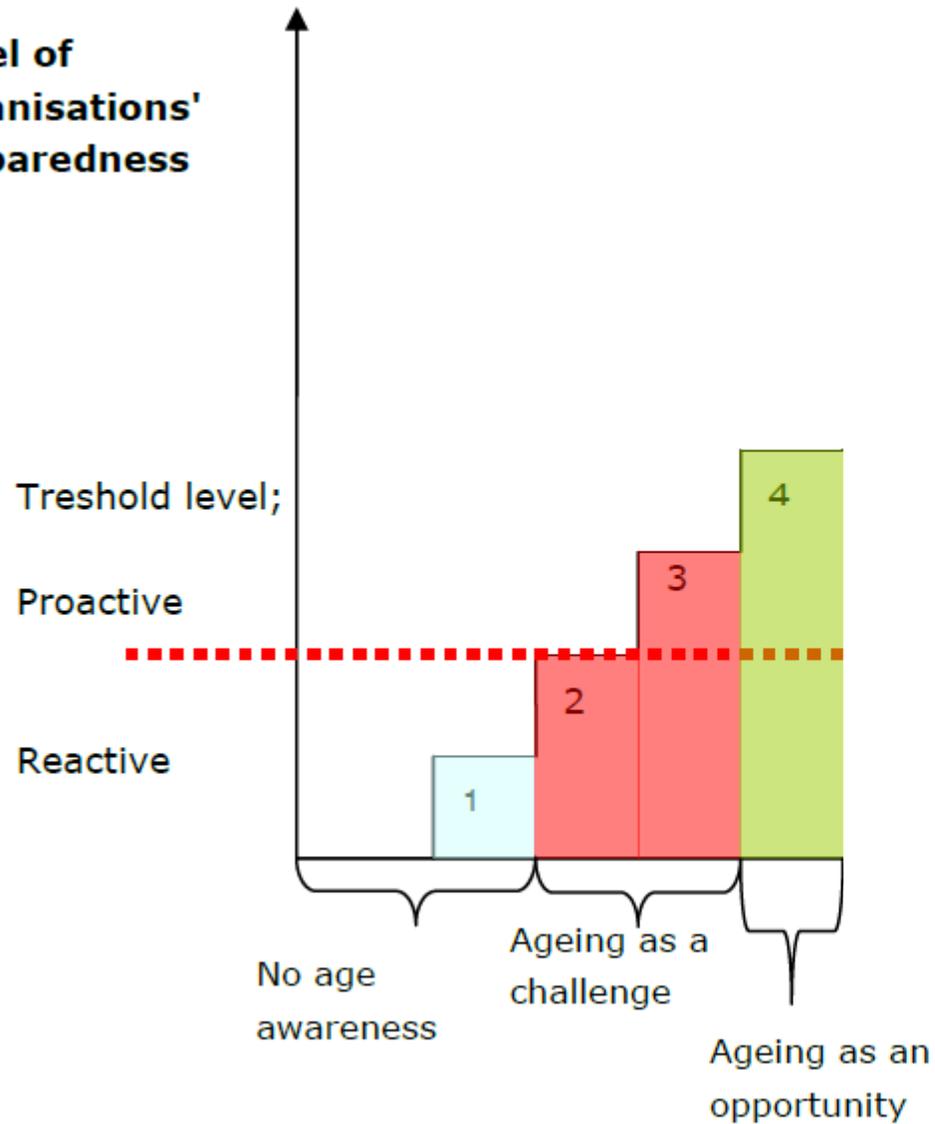
- 1 Tackling problems of scarce resources
- 2. Decreasing works' demands
- 3. Enhancing individual resources

Age awareness of HR policy

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Level of organisations' preparedness



Typologies:

- 1 Tackling problems of scarce resources
2. Decreasing works' demands
3. Enhancing individual resources
4. Intergenerational learning

Age awareness of HR policy

Source: Wallin and Hussi 2011



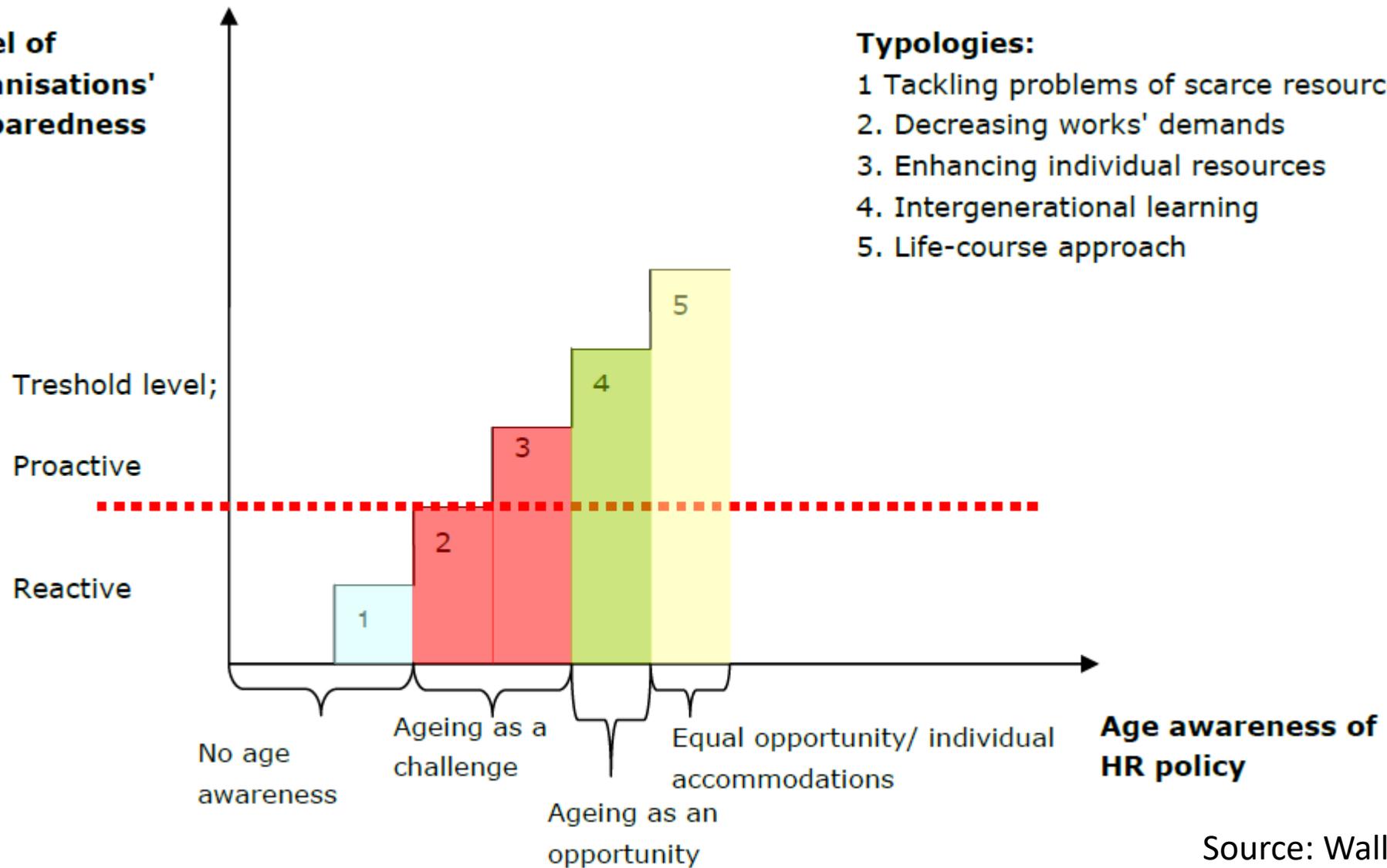
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Level of organisations' preparedness

Typologies:

- 1 Tackling problems of scarce resources
- 2. Decreasing works' demands
- 3. Enhancing individual resources
- 4. Intergenerational learning
- 5. Life-course approach



Source: Wallin and Hussi 2011



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Why focus on the health and social care sector?

1. Significant sector with 4.1 million workers 2017 in UK (Eurostat).
2. High rate of part-time employment; 32% (European Commission, 2014).
3. Predominantly female workforce; 80% (*ibid.*) Gender pay gap in the sector (Eurostat, 2018).
4. Older than average workforce. 1/3 of employees 50+ will leave labour market within next 15 years (Schulz & Radvanský, 2014).
5. Workers often faced with challenging working conditions: high work load, time pressure, emotional labour, poor ergonomics which may lead to absenteeism, decreased well-being (e.g., job exhaustion), and even withdrawal (see e.g., Bowling, Alarcon, Bragg & Hartman, 2015; Jimmieson, Tucker & Walsh, 2017; Leinonen, 2011).



Previous case studies in age management in health and social care

Fuertes et al. (2013)

- Age management in SMEs but included three social care/housing organisations.
- Some views older workers not suitable due to physical demands, others that residents prefer maturity + experience that comes with age.
- Older workers also viewed as more reliable/better work ethic.
- Though managers stressed they looked at the person, not the age.
- Most training mandatory. A view that older workers are less keen to do it.
- Views that training for managers is needed on what counts as 'ageist'.



Previous case studies in age management in health and social care

Baldauf and Lindley (2013)

- 15 case studies in social care from DE, DK, FR, IT, NL, PL. Interviews with management/HR and employee representatives.
- Focussed on five dimensions of age management: recruitment, training, career development, flexible working and health promotion.
- Findings:
 - Either anti-discriminatory hiring or targets for hiring older workers.
 - Age un-specific health promotion and moving and handling equipment; compliance with health and safety regulations.
 - Flexibility to reduce work demands (e.g. part-time work/individual solutions).
 - Competence development, but respecting preference among some employees for minimal engagement in training.
 - In one small care home culture and environment a particularly important factor.



Method

- Research designed by German partners, replicated in UK and FI. Topic guide included questions on: background of interviewee/organisation, views on ageing workforce/in relation to organisation, main HR challenges, age management measures/policies/practices implemented, how/why implemented, barriers/facilitators to implementation, evaluation of measures.
- 11 case studies altogether, including 2 UK. 54 interviews (8 in each organisation in UK). Mixture of employees and management/HR.
- Health and social care organisations. In UK specifically care homes, both not-for-profits with ~400 staff each.
- Transcribed verbatim and analysed using qualitative content analysis.



Results: Case study one. Flexible working.

“Well, my manager is as flexible as she can be really with...because I look after my mother. You know, it's not so much grandchildren; it's ageing parents that are the thing. So she is fairly flexible in that...you know, I only work three days and I fit it in around, you know, looking after my mum, around that.” (Female, 55, employee)

“Well like I say, I’ve just gone from 35 hours and dropped to 28. When I first started, because my youngest was at school, I didn’t drive, so I was allowed to just shift my work pattern around, so that I finished earlier to go and pick her up from school. So, they are really good.” (Female, 39, employee).



Results: Case study one. Flexible working.

“The only reason it worked, because it has to suit the project. You’ve got to be able to facilitate, accommodate. I’d got it all worked out before I went to him and asked.... Because I did say, I want a Friday, that’s when my husband’s off, that’s when we go in the cardiac gym, we go to the gym. I said I’m not so unreasonable that I won’t work if you really, really need me to, but I’m not messing about. You have to be quite firm or they mess you around.” (Female, 60, employee).



Results: Case study one. Training.

“You know, I would say the training, as time’s gone on, has been less person centred. It’s been...it’s cost ... You need first aid, you need health and safety, you need lone working risks. You know, you need your basic ones. So, when you’re saying, oh I fancy learning about so and so, I could apply that to this job, that’s not been as good the last few years.”

“Yes, they’ve brought a lot of e-learning out, which I do find...I’ll do it, but I like to talk to people, I like to share... You used to get together...different projects will get together, you talk about any risk circumstances, any health and safety, any hoarding...kind of like projects, we have hoarding, can be an issue, mental health. You learn from each other. That has cut down. [The organisation] will now say, there’s a lot of peer learning. So, they will say, you know, talk to so and so about that, or...money, it’s money again.” (Female, 60, employee).



Results: Case study one. Training.

“I sometimes think that it shouldn’t be under estimated that change for older people is quite...can be quite traumatic for them and we live in a very fast paced changing environment and I know it’s an old saying, but it’s difficult to train an old dog new tricks, but it really is difficult to, because, you know, we’re changing all the time, it’s very fast paced change, we change the processes we use, we change the technology we use on different things, we use different IT systems, we’re looking at a different one again.” (Male, 58, manager).



Results: Case study one. Health promotion.

- R: ...if you join...there is a thing that goes round, if you join the gym, that you get so much knocked off because of where you work and you get like a private healthcare thing.
- I: Really?
- R: Yes. You get money back for your teeth, your eyes, everything. You can get so much off massage and stuff like that with it. (Female, 39, employee).



Results: Case study one. Health promotion.

“there's a whole list of counselling and therapies and talking therapies and all sorts of things that you can tap into.” (Female, 55, employee)

“if you need any different aids, like your eyes are failing and you need a different chair, they'll supply everything like that...”. (Female, 39, employee).



Results: Case study one. Paperwork, fatigue and stress.

- Paperwork: “Not overmuch in my role, but right across the board there is a lot of paperwork that needs to be done. You know, maybe people might not have as much of a facility to do that as they get a bit older, I don't know” (Female, 55, employee).
- Fatigue: “I mean mentally some days here, I know it's not a physical job, but mentally you're drained, because you have to think that fast and you have to be ready that fast.” (Female, 38, employee).
- Stress: “Yes, probably, because it's a very stressful job. Most of [the organisation's] jobs are stressful because they deal with alcohol misuse, substance misuse, homeless, mental health, learning difficulties, older...and people think older people, oh aren't they sweet, nice little...they're not, they're little devils. They're very...they can be very demanding, very stressful. So, yes I do think it's worse for an older workforce. Yes.” (Female, 60, employee).



Results: Case study one. Agency workers.

“it strikes me that some of the carers who work for agencies are beyond pensionable age, beyond 60 I would say and they seem to be keeping going. That is quite a physical role really ... the agencies that employ carers, might not have as many support networks. The carers seem to be older women.” (Female, 55, employee).



Results: Case study two. Older workers as a resource.

“So I would say...I mean, if there was a home and it was that say, for example, had lots and lots of younger people, with 99 per cent people of, say 18, 19, 20, I would say that the manager would start looking for people who were a little bit older, a bit...because that maturity, it’s a good...there’s different skills what come with maturity isn’t there, you know...?life experience and things like that all adds to your skills.”
(Female, 43, manager).



Results: Case study two. Older workers as a resource.

“I mean these are a lot older than me, but you’ve got more empathy with them, haven’t you, because you’re getting older. I mean my mum’s only just died, so I knew: I were close to my mum, and with talking to her you knew what life were like in the ’30s and ’40s when these were... When you’re only 20 you’ve no idea, have you?” (Female, 61, employee).



Results: Case study two. Training.

“there’s more and more training. When I first started in care, when I was a care worker, I think I did health and safety, food hygiene, first aid, an induction course which did safeguarding, and some communication training, and I think that was it, and I think now the training package, if I’m to warrant a guess, I think there’s something like 22 courses in our training package that are...and I’d say 12, 15 of them are mandatory annual reviews. You know, they have to do a...every year, so that’s a big ask.” (Female, 45, manager).



Results: Case study two. Pay.

“I think the younger generation...I have to say if younger people come into it, people are always going to move on for career. NHS pays far better wages than [non-for-profit 16:30] care providers. For support workers, you know, for their unqualified support workers, three, four, five pound an hour, more sometimes, you know, in some of the NHS things, so yeah, people are going to move on for that, and then again, people will move on, they want career changes and things like that, you know.” (Female, 45, manager).

Results: Case study two. Pay.

“And let’s face it, it’s not the best pay in the world. You don’t do care for the money. You don’t. You’ve got a vocation, I always think, because it’s not the best paid job because again, the red tape and the funding and the things like that, you know. We try to...[organisation] is very good in trying to ensure that we recognise staff and we pay above the minimum wage, and try and pay as much as we possibly can, but there’s only so much you can do with a pot of money. (Female, 45, employee).”

“Well, I think they'd work longer if the pay was higher... if the pay was higher I don't mind.” (Female, 53, employee).



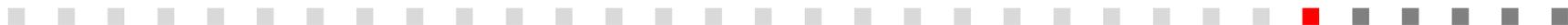
Results: Case study two. Exhaustion.

“You have to have certain criteria to now meet that criteria to have full-time, 24-hour care. And that criteria is – for want of a better...is the dependency levels have changed dramatically. So we’re looking after people who are no longer mobile, we’re looking after a lot more people have got diagnoses of dementia, Alzheimer’s and things. So the job is physically becoming more demanding and very more mentally demanding as well, you know ... very, very mentally exhausting”
(Female, 45, manager).



Results: Case study two. Policies – reactive rather than pro-active?

“Yeah, policies are certainly...I mean, the policies are updated and reviewed on an annual and...I mean, two-yearly or annually, and then we’ve obviously...one of my roles is as changing governance comes in ... You know, we have to review them because different laws, regulations, standards, whatever you want to call them come into effect, so we do have to review us policies and things have to change and, you know, we have to do things differently a lot of the time.” (Female, 45, manager).



Results: Night shifts

“There’s quite a few older people and I think when it gets...I mean obviously it’s a stressful job, physically and mentally ... I think staff tend to swap shifts and start going to nights. I’m not saying it’s not as stressful it’s not as busy, you know what I mean? Obviously you're not dealing with families and management and stuff” (Female, 61, employee).



Underlined text = differences that suggest useful targets for intervention

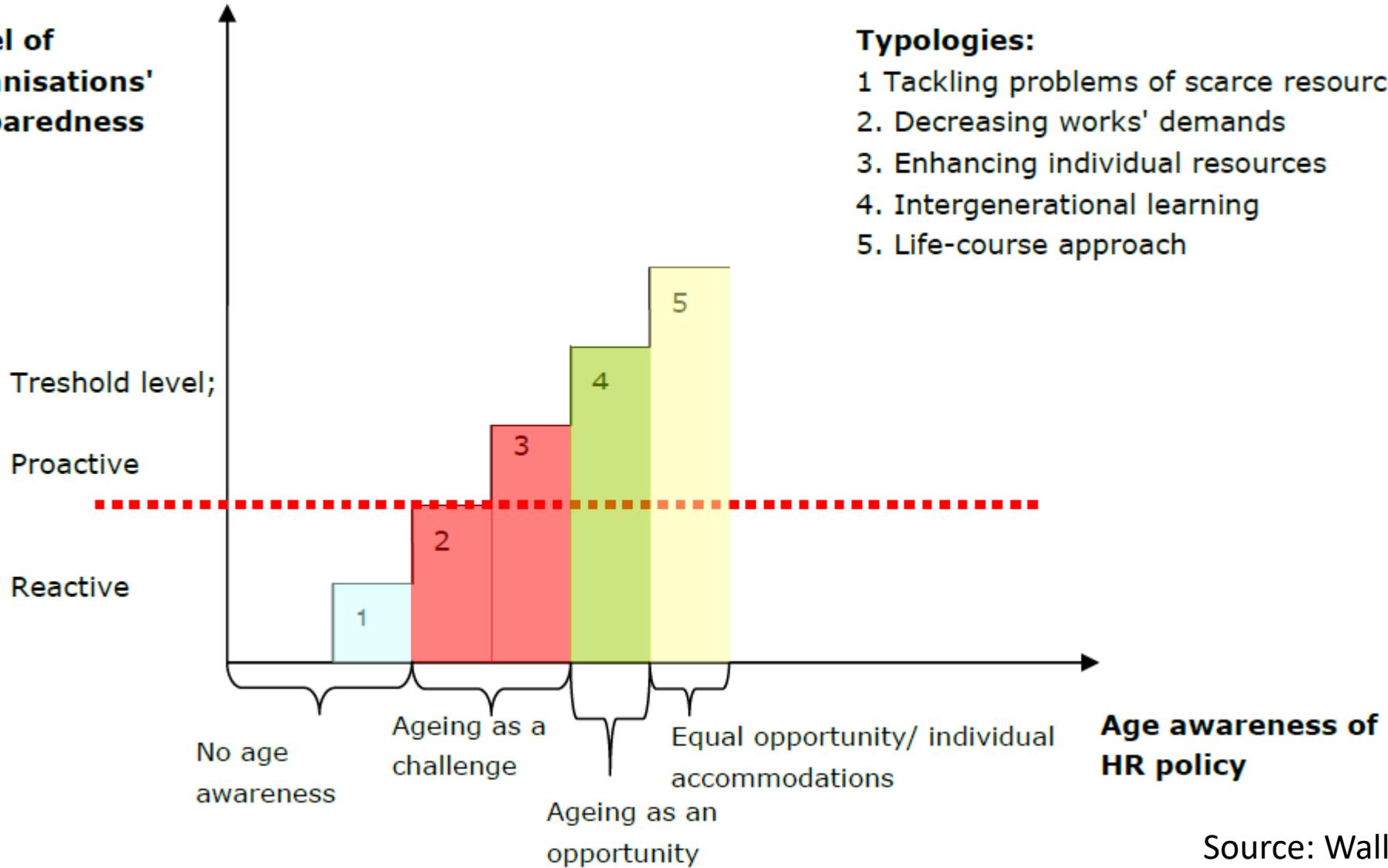
	Domains	UK	Previous studies
Age management	Job recruitment and exit	Non-discriminatory practices.	Non-discriminatory practices <u>but also some targeting of older workers.</u>
	Training, development and promotion	<u>Overwhelmingly statutory. E-learning potentially alienating.</u>	Mostly training mandatory. <u>Respecting preference to minimal engagement.</u>
	Flexible working practices	<u>Flexibility but requesting might require some strategy.</u>	Common in previous studies.
	Ergonomics/job design	Some limited evidence e.g. moving/handling equipment, special chairs.	Moving/handling equipment.
	Changing attitudes within organisations	Equality/diversity centred, <u>but refusal to engage in age-specific measures.</u> Older workers bring experience, maturity, reliability...	Older workers may struggle with physical demands, but bring life experience, maturity, reliability... <u>Ageism training for managers needed.</u>
	Health promotion	Very good in one organisation.	Non age-specific health promotion.
Barriers/challenges	Physical and psychosocial job demands	Paperwork, fatigue, stress, exhaustion	Stress and physical demands.
	Workforce	<u>Use of agency workers,</u> precarious and under supported. Low pay. <u>Night shifts.</u>	<u>Some awareness of ageing workforce.</u>
	Approach to age management policies	Reactive policies at least in one organisation.	A view that policies were more reactive than proactive.



Level of organisations' preparedness

Typologies:

- 1 Tackling problems of scarce resources
- 2. Decreasing works' demands
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Source: Wallin and Hussi 2011



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EXTEND findings: Health management, flexible working, training

Case	Challenges					Age management measures												
	Lack of skilled personnel	Difficulty recruiting	Ageing workforce	Short term substitutes	Staff turnover	Recruitment of older workers	Transition into retirement	Redeployment	Health promotion	Flexible working time/reduced work	Training	Career development	Impact/Evaluation	Job/task modification	Job/task rotation	Use of assistive technologies	Inter-generational learning / knowledge transfer	Re-hiring after retirement
FIN1		X	X				X		X	X	X	X					X	X
FIN2			X	X				X	X	X	X	X		X				X
FIN3				X				X	X	X	X		X	X	X		X	X
UK1					X				X	X	X					X		
UK2									X	X	X					X		
GER1	X				X				X	X	X	X						X
GER2					X	X	X		X	X	X	X		X	X		X	X
GER3	X								X	X	X							
GER4	X								X	X	X	X				X		
GER5	X	X							X	X	X							
GER6	X	X							X	X	X	X		X				



Concluding thoughts

- Is the 3rd generation approach an advance on previous approaches specifically focussing on older workers?
 - ‘Our HR policies focus on equality and diversity’ might equate with not actually paying much attention to issues of ageing workforce/needs of older workforce.
 - A refusal to see age issues but instead view all workers as people is obviously commendable but it may not do much to target/tailor policies.
 - Is health promotion, flexible working, training enough?

