

Karen Wilkinson

Welcome to Age Innovators, a series from the Healthy Ageing Challenge Community of Practice, in which we spotlight pioneering innovations in longevity. We asked leading researchers and innovators what inspired their work and how it has the potential to impact people's lives. I'm Karen Wilkinson from Innovate UK KTN. And in this episode, Elaine Douglas, Associate Professor in Ageing at the University of Stirling, talks to Professor Wendy Loretto and Dr. Belinda Steffan from the University of Edinburgh Business School. Elaine also talks to Mike Douglas from Age Scotland about their collaboration, which is supporting and enabling and empowering people over 50 to remain in work.

Elaine Douglas

Hello everybody. My name is Elaine Douglas and I'm delighted to welcome today colleagues from the SHAW Project. The SHAW Project is based at the University of Edinburgh, and they help to support over 50's to remain in work for longer by creating commercially viable, scalable products to support the less visible aspects of work and the workplace. So I'm going to introduce today, we've got Wendy Loretto, Belinda Steffan and Mike Douglas. So to start us off, I'd like to come to you, Wendy, and could you give the audience an overview of the challenge that workers and employers face?

Belinda Steffan

Yes Elaine, I can. And I think the key statistic here is that currently one in three of our workforce is aged 50 or over, and that so-called older workforce has real issues for our economy, for our social wellbeing and indeed our health and wellbeing. The issue is that unemployment amongst the over 50s is higher than it should be, and this is an issue that successive governments have been concerned about for ten years or more, and there have been various exhortations for people aged 50 and over to stay in work for longer, to delay their retirement or indeed in the most recent spring budget in 2023 to come out of retirement and get back to work. So the Chancellor has famously said, "Get off the golf course and come back to work." And there's even been calls for older people to get on their bikes and become Deliveroo couriers. So this is a real life policy issue at an organisational and individual level there is a tension between the experience of ageing and some of the health problems that are associated with that and also the fact how do we manage ageing at work? And that's where SHAW comes in.

Elaine Douglas

Yeah, fascinating. I mean I could see there must be lot of choice that people might want to make \_ about staying on in work or indeed about deciding when to perhaps take the foot off the gas. So some of this, your series exploring how health might be making an issue in the workplace.

Belinda Steffan

Indeed. And another key statistic here is that about 20% over 50s who leave work and retire before they want to or indeed they choose to. It's because of health issues. So that is why SHAW is so important.

Elaine Douglas

Absolutely. So we may say that if people are able to be supported with their health, they might actually choose to stay at work. Indeed. Yeah. Great. Fantastic. And I wonder, Belinda, can I come to you now? Could you tell me, you know, what's different about your research?

Belinda Steffan

Sure. Absolutely. Thanks, Elaine. So as you mentioned in the introduction in the SHAW project, we are exploring those less visible aspects of health. So there's quite a lot of research around sitting around musculoskeletal health and wellbeing. So we're really excited to explore those less visible aspects. They're under-researched. They're not as well supported in practice. So we have both an academic and a practitioner lens on this. We've entered into the project \_ explicitly exploring menopause as an aspect of health that is still somewhat stigmatised and taboo in the workplace. And we know that at least one in ten women leave work early because of menopause symptoms. We're also set out to explore cognitive ageing and decline and also any health issues relating to stresses around unpaid care and financial precarity. So they were the aspects of hidden health that we went in to explore. And we also found that sleep - that was an emerging finding from our research that that is an aspect of health, but that covers all of those four aspects that I've just discussed and more. So that's an emerging finding that's come out that again, is quite under-researched and not as well supported in practice as other aspects of health and wellbeing. The other aspect that's quite different about our research, I would say, is the outputs that we're getting from our project. Individuals have quite limited understanding of their own health and that there are tensions in workplace and actually don't necessarily have the expectation of the organisational support. And we've also determined that reflection is a key component here, and that's understanding one's own health needs at work and menopause and sleep is a really good example of that. We talk about menopause research that quite often women don't understand menopause until they're post-menopausal and that post-menopausal reflection. So that's an important aspect. I think communication is another important finding from our project, and that's being aware of how individuals might discuss less visible aspects of health and have those awkward conversations around that is sort of stigmatised or taboo aspects of health in the workplace. And I'd say finally, our research has identified the line manager role in supporting health and the communication of broader workplace supports and reinforcing workplace culture.

Elaine Douglas

So there's quite a lot in there isn't there really I mean, I think that area of people don't understand their own health. I mean how do you even get to uncover the people don't understand their own health.

Belinda Steffan

What's fascinating in interview when where we're asking sort of prompt questions and the number of times we've had people say to us in interview, this is the first time I've spoken about menopause or it's a bit embarrassing, but I have prostate issues. I need to go to the loo all the time. And that's having an impact. And the interviews can get very emotional, But quite often we find that providing people with that sort of platform to talk about their health, that sometimes it's the first time that individuals have had that platform. If they don't want to talk about it at work or in person. So it's a real privilege. I think to interview people about these aspects of hidden health, and it provides them with a platform. So yeah, that's how we came to have the findings we do.

Elaine Douglas

I mean, that sounds fascinating in the way that you mentioned as well the way that role line managers play a role in this. And I can see that as people begin to talk about things that are perhaps a little bit difficult to discuss, that that role would be very important. Can you share any kind of notable findings or success stories that have emerged from what you've done?

Belinda Steffan

Well, I can actually. It's just picking up on your final point there around the role of line managers. And we've got Mike Douglas with us from Age Scotland, and we're working very closely with Age Scotland around developing, or we have developed line manager training around ageism more broadly in the workplace. And the idea is to train line managers and make them aware of those age bias and ageism. But I'll pass over to Mike, who it can tell you more about that.

Mike Douglas

Thanks Belinda. And yeah, I suppose this work started in 2018 when we started working with organisations doing nine-month deep dives into the things that make life difficult for older workers. And as we've gone through that work, it's become very clear when talking to focus groups of older workers that even though the HR Team may have all the policies and procedures in place, it's whether that is filtered through to the culture itself and whether the line managers themselves are living the culture of the organisation or not. And you know, Belinda talked earlier about the fact that many older workers don't really understand their own health situations, whether it's menopause or prostate or something else. If you take it from an organisational view, if the employee themselves doesn't understand the challenges they're facing or the impacts of the symptoms that they're dealing with, what chance of line managers got of helping them and teasing that out. So what we've done is we've been working with the business school to create support for these line managers. In all, there are 11 different priorities the line managers need to understand in dealing with some older workers, and one of those is about their health and wellbeing. But in addition to raising that awareness about these 11 things, it's about how do you have that conversation? Because line managers are, in today's world, genuinely quite terrified of having a conversation about your performance that might be something to do with your age or retirement or menopause or any other sort of health being that you have voluntarily disclosed. So we have a way of randomising the conversation. We have four older workers. We have four line managers, each with their own backstories and things they're bringing to work that day. And four different scenarios, whether it be a performance review or an attendance review, or even just the need to discuss some inappropriate banter in the canteen. And so what we actually have for these managers is talking through this live scenario and just I think doing really three things for them. One is providing them clarity that actually it is okay to talk to people about these things if they are, they're prepared to open up about it. Delivering consistency across the workplace so that you actually build a common culture. And then lastly, just giving them the conversation to say, you know, "Your performance isn't quite what it was a few months ago. Can we have a conversation about what that might be?" And at least if you're aware of those 11 priorities for older workers, you can try to tease out what sort of support that you can do because as Wendy was saying earlier, the longer that older workers can stay employed will significantly increase their wealth in retirement, which will increase that ability to eat well, which will increase their health, which reduces the reliance on state benefits, and it reduces impacts on the NHS.

Elaine Douglas

Yeah, absolutely. And I can see that's so important but also so difficult. You know, I'm not sure myself how I might feel about talking about, you know, being tired at work. You don't want to feel that you would raise those things and about sleep. But this is really breaking down the barriers that people can discuss those issues.

Mike Douglas

I think that's right. And I think with people being people, there's no one size fits all solution. You know, we've had situations where some women have said "This is great to be able to talk about the menopause and just understand that I'm not the only one experiencing this" in some sort of support group, whereas there are other women who say "How dare you talk to me about this? This isn't of your business, You're just my employer". And so you really do need skilled managers who are able to understand the environment and the context they're working in. But to apply a person centric solution that really tailors that person's expectation of work.

Elaine Douglas

So if I can come back now to you, Belinda, I wonder if you could talk to me a bit more about the work that you've been doing in Sleep Scotland.

Belinda Steffan

Yeah, absolutely. So this just ties in with \_ the emerging finding that we've had around sleep. And I'll just briefly tell you what we've been doing with them. They, Sleep Scotland were moving away from their traditional clinical base to create a workplace solution, so it's sleep for wellbeing and it's the workplace accreditation model and they had, we were talking to them about their evidence base and SHAW project have actually provided them with a significant amount of their evidence base for their products that they have trialled now and will be launching in the autumn. So we're really excited to be working with them for their first adult facing non-clinical sleep product. So we're very excited about that.

Elaine Douglas

So it's really important to see this work moving forward and actually what I'm interested in is this is actually working in the workplace for people. It's not it's not all theory. It's actually going in to practice. Yeah fantastic. And I wonder now if I can come back to you, Wendy, if you could just tell us a little bit more about how you plan to take forward these interventions that have been running in the workplace.

Belinda Steffan

Absolutely. And I want to return to the recurring themes of people understanding their own health and then being able to better communicate their health support needs. So what we are doing, first of all, is we are creating an app which will bring together various forms of information about people and their health. So Belinda mentioned earlier about interviewing people. So we have data from talking to people, but we also in the SHAW project collected data through wearables. So some of our participants wore a smartwatch which collected information on their sleep and other activities for 12 months. And they also filled in weekly and monthly questionnaires on their smartphones, which again were asking about things like sleep. We're asking about stress at work, we're asking about that interaction between their health and work. And what we've been able to do is bringing the information from these three data sources is now putting those into an app to be able to create a better understanding for the

over fifties of their health and how their health and work intersect. So that's the first aspect of the app and that's presenting it in a very visual way, but also collecting the data in I think quite an innovative way. So rather than having to punch in answers, you know, using those very small smartphone keypads, we're actually developing using AI technology, we're developing chat bot interaction and interface. So that I think that's going to be a really exciting development in the way that we sort of help people get information about their health and understand it. And then from that what we want to do is be able to use that understanding to empower, you know, individual older employees to either have those conversations with their line managers because once they understand better, they can then, you know, have those conversations. And this is where it ties in with the training that Mike spoke about as well. Or if in some situations where they really will not want to talk to line managers or other, say for example, HR Managers or Occupational Health Managers. But their organisation might have quite sometimes quite an extensive self-help menu. If an individual older employee understands their own health better, then they're in a position to be able to go and navigate that self-help menu to select what will help support them. So we're really excited about developing this app. There are a couple of other exciting aspects too and I'm going to pass to Belinda to share those with you. Thanks very much, Wendy. So we've, we're looking at a few other aspects of impact and how that evidence base that we've created with the SHAW project can filter through to create really practical and useful solutions. And I'll tell you about one of them today where we're looking again, focusing on menopause. Menopause is a really topical issue at the moment. And one of the reasons we're focusing on menopause is because of those statistics that we know that is, so it can be so impactful for women in the workplace. There's also been a lot of information very, in the last few years about menopause more broadly. So it's really important that we bring a very solid evidence base to that menopause conversation and the solutions that are being created in the wider society and workplace. So to that end, we've partnered again with Age Scotland and we're creating a bespoke menopause support for organisations solution. It's a form of diagnostic tool that we will adopt a consultancy model and we will go into organisations, we will meet with very senior people, with menopausal women themselves and other aspects around, and other people within the organisation, and to try and get a sense of how prepared these organisations are to A: have a conversation around menopause and also to support menopause in the workplace. So we're really excited about putting that together and I'll pass over to Mike again because he's got some interesting developments on that.

Mike Douglas

Yes, So it's been really interesting. Obviously menopause, there's a lot of attention recently, there's been some celebrities getting involved to try and kick start support for women in this situation. But I think one of the things in talking to HR professionals that's come out is taking some sort of workshop or support package, that's being centrally designed and applying it to their own organisation. It's felt uncomfortable for a lot of HR professionals because different cultures and different organisations are in different states of preparedness to be able to have these conversations to support people. You know, so for example, at the one end there will be some organisations where yes, absolutely fine, we can get men and women in a room or we can discuss this. There'll be some other organisations where the boards just don't think this is an issue that's appropriate for the workplace and then not really want to get involved. There'll be other situations where actually women who've been experiencing menopause as symptoms with little or no support or awareness from their managers are really reluctant to come into a workshop with those same managers who may be predominantly male, and open up about these things that have been ignored for years. Why would they want to put themselves in that

situation? So the advantage of this diagnostic tool is it will enable us to work out where on that cultural journey an organisation is, and then be able to tailor something that says, "Look, this is where you are. I think we should start here and then migrate to where you want to get to rather than just assuming that the one size fits all is going to work." And we've engaged 14 different organisations to help us co-design and test this and produce it. So we're really confident we're going to get to something that's really going to give, as Belinda said, a bespoke solution with a much greater chance of changing the culture regarding menopause in the workplace and getting it to a situation that genuinely enables women to have adaptations made that enable them to stay in the workplace with all the benefits of that that we talked about before.

Elaine Douglas

Thank you, Mike. I mean, that sounds so important to bring together and make sure that people are ready to handle things in the workplace before expecting their employees to speak up. So that sounds fantastic. So can I come to you, Belinda, coming back to you, I mean, but what does the ideal future workplace look like for an older worker?

Belinda Steffan

That's a good question. I'd say probably the first thing that comes to mind is just picking up from what Mike was saying. In terms of a one size fits all model of managing workers over 50, does it necessarily, it's a good place to start to have policy, but it doesn't always trickle down to provide the support that individuals need. So I would say that more individualised support and impact from organisations to support a range of health factors, not just the ones that we can see and that people feel comfortable talking about. So I would say that that would be part of the ideal future workplace. And we've spoken a lot about menopause and sleep, but there's such a broad range of health and intersecting health factors that this can relate to as well. So quite often one impacts the other, impacts the other. We also have a vision for the ideal future workplace is reducing that tension between creating awareness over those less discussed aspects of health and work, which is ultimately generally a positive thing to create that awareness. But what we're very keen not to do obviously, is to increase any stigma around those aspects of health. And this is something that I think about a lot in my research and in our research more broadly with the project, is that it's very important work that we're doing to create that awareness. And I think there's certainly gap to do that. But yeah there's a fine line between not then exacerbating any taboos and stigmas around these aspects of health.

Elaine Douglas

And then finally, if I could briefly come to you, Wendy. Can you give us, you know, what is your big picture, piece of advice that you would want to give to employees, employers and supporting organisations?

Belinda Steffan

Yes, thanks Elaine. I think I'll come back to some of the themes that have run through this conversation. Firstly, for employees, it's really to be empowered to either ask for or to seek the support that they need to better manage their health and work and not to be in a position of ignorance, nor to be in a position of fear to ask for those supports. For employers I think it's also a call to be not to be afraid of discussing these issues. Coming back to something Mike said earlier, what we're finding from a whole range of research is that because age is now a protected characteristic under the equalities act, many employers, many managers are afraid of raising anything that might possibly be to do with age for fear of being seen as discrimination. That's not the case. It is much better to have these conversations and all the

ways we've been talking about in a sensitive way, in an individualised way, because the risk otherwise is that one third of our workforce just ends up feeling ignored and these conversations don't happen. And finally, for policymakers and in particular for government, it's coming back to that we're all different. You know, arguably we're all different from each other at any stage of our lives. But I think as we get older, those differences really do manifest themselves. There are differences in health, differences in, you know, in our life circumstances, differences in the choices and the control that we have over when we work, where we work, how we work, and, you know, choices around retirement options. And I would definitely, you know, ask government to please think about the differences between the older workforce when they're making policy for this area. And I would just like to leave everybody with something that's going to be a challenge to us all. I think we all get caught up in the narrative of an ideal worker that we have this notion of an ideal worker who somebody is always, you know, peak health and fitness, never ill, they're certainly not too old, they're always productive. And the reality is very far from that. And I think we all have a role to play in challenging that myth and actually moving the conversation forward to say, accept us as we are and we'll work with you on that.

Elaine Douglas

Thank you Wendy. I think that's a wonderful final piece of advice note to end on, and I'd like to thank you, Wendy, Belinda and Mike for telling us more about your fascinating research and how it can make a difference for workers in the future. Thank you.

Belinda Steffan

Thank you. Thank you.

Karen Wilkinson

Thanks for joining Age Innovators and watch out for more episodes. This series is brought to you by the Healthy Ageing Challenge Community of Practice hosted by Innovate UK.