

Future Years – facing the midlife challenge in the Yorkshire & Humber region

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May 2005

With acknowledgement to the Yorkshire and Humber Public Health Observatory for census data on limiting long-term illness, health status and caring responsibilities

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EXECUTIVE SUMMARY

In February 2005, the “Future Years” Yorkshire and Humber Regional Forum on Ageing commissioned research to identify how the employment, income and health of the midlife (50-69 year) age group could be addressed in regional policies and strategies.

The research had the following objectives:

- To outline the existing and projected 50-69 labour market including self-employed, skills profile and regional migration;
- To identify barriers to continued participation in the labour market for those aged 50-69, the effects of labour market exclusion and ways of minimising it;
- To identify the current understanding of the links between health, income and employment and its applicability to the region;
- To establish the numbers of workers aged 65-69, identify examples of good employment practice and assess the potential role in the labour force for this group;
- To make recommendations for key indicators for labour market improvements in the 50-69 job market;
- To assess the economic contribution of carers and volunteers;
- To prepare four community profiles examining specific communities of interest: people with mental health problems, Black and minority ethnic communities, a geographically isolated community and comparisons of rural/coastal/ industrial sub-regions.

The 25-44 aged group in Yorkshire and Humber region is expected to decrease from 28.3% to 25.7% by 2011. This is a more rapid decrease than in the UK, where the percentage is expected to decrease to 25.9% by 2021. By 2021, over 50% of the population will be aged 45+. This has implications for all sectors of the economy both in terms of the nature of the labour force and changing demands for public services. An increased demand for labour will mean that people will have to remain in the labour force for longer.

The age group 50-65 is beginning to be recognised as a period of mid-life transition when people start to address a range of issues within their lives, which may relate to income, occupation, community role, family and friends and health (Bowers *et al*, 2003; NHS Health Scotland, 2005).

Regional labour market

Yorkshire and Humber region has a population of about 5 million, with just over 2.8 million people between the ages of 16 and 69. For those aged 50-64, 46% are employed full time. The figures for this age group are similar to those for England except that there are relatively fewer self-employed and relatively more permanently sick/disabled in the Yorkshire and Humber region than nationally. Over four-fifths of those aged 65-69, in the region, are retired.

A much larger proportion of women, of all ages, work part-time. In the 50-59 year old age group, 29% of women are in part time employment and 26% in full time employment. 6% of women of this age are retired. Almost three-quarters of women aged 60-69 are retired but 14% are still working.

The largest differences in levels of economic activity and unemployment rates between Yorkshire and Humber region and England occur in the older age groups (50+) where Yorkshire and Humber have both male and female employment rates that are below that for England and an inactivity rate that is higher than the national average. The inactivity rates for men are a result of retirement and sickness, which also apply to women, but women also have higher rates of family responsibilities.

Health, income and employment

Health, income and employment influence each other, although the nature of the relationship is still not fully understood. The Labour Force Survey shows that the inactivity rates for those with a limiting health problem or disability in the Yorkshire and Humber region, are three times higher for both men and women, at all ages, than for those who do not have a limiting health problem or disability.

The Yorkshire and Humber region has the third highest rate of limiting long-term illness and claimant rate for disability living allowance in England (Yorkshire and Humber region (RDPH, 2004). South Yorkshire has one of the highest overall rates for limiting long-term illness in England. It has a higher than average value for “not good health” (ONS, 2001).

The overall percentage of people (all ages) in the Yorkshire and Humber region with limiting long-term illness was 18.8% but the percentage of people (50-69) with limiting long-term illness is higher (31.5%). The overall rate for men (31.5%) is slightly higher than for women (30.6%). Doncaster, Rotherham, Wakefield and Hull have the highest proportion of people aged 50-69 reporting a limiting long-term illness.

These higher rates of limiting long-term illness are reflected in the higher percentage of the population aged 50+ who are in receipt of incapacity benefit or Severe Disablement Allowance (SDA). In all areas, at least 45% of claimants are aged over 50.

The relationships between health and employment show that people in employment generally have a better level of health than those who are unemployed. As one of the largest employers in many districts, the NHS plays an important role in providing employment. It is also finding it increasingly difficult to recruit staff. In areas of high unemployment, the NHS is beginning to operate more proactively in relation to the local labour market.

The Public Health White Paper ‘Choosing Health’ (Department of Health, 2004a) identifies the value of supporting health improvements among people in mid-life as a way of promoting health and well being in older people. A person’s health may have a strong influence on whether they remain in the workforce. People in areas of deprivation whose health will more likely be affected by increased morbidity may have fewer opportunities to address these mid-life issues. The Government’s Plan “Tackling Health Inequalities” identifies targeting people aged 50+ as an effective strategy for increasing life expectancy and for narrowing the gap in life expectancy between unskilled and professional groups.

Employability

Within the region, there are small and medium sized enterprises that value older workers although there is still much work to be done to change attitudes towards training for older people.

Many employees feel that it is more difficult to find employment after 50. Grattan (2003) writes that a person made redundant after 50 is eight times less likely to return to work than a younger person made redundant. Raising awareness of age discrimination among employers will be needed in preparation for the 2006 EU Employment Directive.

There is a growing awareness that older workers have skills and experience that are increasingly valued in the workplace. Advice and support are needed for older people who want to return to the workplace. The NHS is putting policies in place that meet some of the needs of older workers. Active support for older workers involves organisational systems that encourage participation by workers in decision-making and active encouragement of learning between older and younger workers.

Regional demand for labour

Labour productivity is lower in Yorkshire and Humber region as compared to the UK. Output per employee is £27,700 in the region compared to £31,100 in the UK. The regional economy is becoming more diverse. Although the manufacturing sector has contracted over the last two decades, it is still expected to remain important in the region. However it is likely to change in focus from low skilled manufacturing to high technology manufacturing (electrical and optical equipment) and this will require an increasingly skilled labour force. As the regional labour force has a relatively low skills base, it will not be easy to develop a highly skilled workforce.

The services sector, which includes health and education, will be the strongest growing sector. As one of the major employers in the region, the health and social care sector is expected to lose the largest number of workers due to retirement in the next decade.

Maintaining regional economic growth will require increased migration and / or the continued participation in the labour force of many workers who are currently aged 50+. Some of the skills shortages, for example, customer skills, could be met by increased recruitment of older people.

Flexible employment policies will contribute to maintaining this older workforce.

Skills and learning

The Yorkshire and Humber region has the second lowest levels of literacy and numeracy among adults in the English regions. Only 45% of adults have NVQ level 3. The region is ranked seventh among regions in England. Only 21.2% of adults in the region have qualifications of NVQ 4. The UK average is 24.9%. Adult Education course enrolments in Yorkshire and Humber region are the lowest across all the English regions and take up by men is especially low (Yorkshire Futures, 2004).

At the national level and in the Yorkshire and Humber region, inactivity rates tend to be about twice the rate among the low skilled than the high skilled. For older men (50-65), those with low skill levels show a higher level of inactivity (38.4%). Skills levels and health also have an influence on levels of inactivity, which are exacerbated with age.

The National Adult Learning Survey (2001) found that attitudes to gaining skills and qualifications are influenced by occupation and levels of economic activity. Lowest levels of participation were found among people who were unemployed (68%), retired (48%) and in receipt of benefits (56%). There emerged a strong negative relationship between caring responsibilities and learning. Those caring for sick or people with disabilities report levels of participation in learning of 65%. Low-income households are also less likely to be active learners. Those with higher level of qualifications are most likely to be involved in learning. There is also a relationship between level of deprivation and participation in learning with people in the most deprived wards having lower levels of learning participation.

Recent research found that individuals who were in work had more positive attitudes to training and re-skilling. People, who had re-skilled to find work, felt that that was the most positive experience, even more than finding work. However, those still looking for work were most resistant to training or re-skilling because they felt that past experience was enough to enable them to do a job. Yet, they felt that employers did not value it (MRS Consultancy, 2004).

People often feel that they are too old to learn and this was often linked to attitudes to securing work or better work. Some people aged 50+ feel that they are too old to work and had had direct experience of age discrimination in looking for work.

“One Burmantofts resident had enquired about a full time computing course. He was deterred by a college in Leeds because he would be 54 years old on completion and was told that he would be too old to get a job with the new training.” (Hoshin, 2002)

People want locally based learning opportunities so that the activities are part of the local community. They also want more information about existing provision. Some respondents wanted to learn computing skills so that they can keep up with their children. Some people felt that learning was a way of bridging the generational skills gap.

There are links between educational attainment, employability and good health. A poor basic education makes it more difficult to achieve well-paid employment, which affects an individual's ability to provide for family, and health needs. Household incomes will be lower. There will be fewer opportunities available and this will lead to the continuation of inter-generational inequalities (RPHS, 2004). There is a recognised relationship between income and learning.

Skills development is an important part of any return to work strategy. Although there is commitment at national level to increasing skills development of the older working population, the implementation of current funding arrangements, means that opportunities for older learners may become increasingly restricted. More local opportunities are needed to encourage people who are currently not in employment to enter into lifelong learning programmes. It is also part of a longer process of supporting people to return to work.

Carers

In Yorkshire and Humberside, 10.5% of the population provide varying degrees of care each week. For those aged 50-74 the levels are higher with a fairly consistent pattern across the region, ranging from 16% to 21%. However there are gender differences in the levels of caring with women having higher rates of caring in the age group 50-59.

Using 2001 census data and assuming an hourly rate of pay for caring of £7, shows that the total annual value of care provided by people, aged between 50 and 74, in Yorkshire and Humber region is £1,892 million. This figure is very similar to the figure estimated by Age Concern (2004) for Yorkshire and Humber region, which was £1,741 million.

The estimated economic value of informal caring by people aged 50-74 in the Yorkshire and Humber region is significant. If formal care providers delivered this care the costs would be much higher. Just as the childcare support needs of women are becoming more widely recognised, so the care support needs of the 50+ age group need to be addressed. Carers face many barriers if they want to continue in the labour market when taking on caring responsibilities or, when these responsibilities cease.

The social economy

The voluntary and community sectors provide an important source of employment, voluntary work and services for older people. Lewis (2001) estimates that the economic contribution of volunteering is at least £48 million, which is based on an hourly rate of £5. The economic contribution of the voluntary sector to GDP is estimated at between 0.95% to 2.5% of regional GDP, which is £0.5 - £1.3 billion in money terms. Although these figures are estimates, they can be used to make some form of estimate of the contribution that older people make through volunteering in the sector. Assuming that almost half of all volunteers are over 50, this means that the economic value of their voluntary work is about £24 million.

Conclusion

There needs to be a strong leadership at regional level to start to address the needs of people aged 50+ in a more systematic and effective way. The role of education and training is recognised as central to the development of the regional economy and this will now have to be applied to strategies that actively support the 50-69 year age group.

Employment, health and income for people in mid-life - Yorkshire and Humber region

In February 2005, the “Future Years” Yorkshire and Humber Regional Forum on Ageing commissioned research to identify how the employment, income and health of the midlife (50-69 year) age group could be addressed in regional policies and strategies.

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- To assess the economic contribution of carers and volunteers;
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This report is structured in 8 sections:

1. Population trends
2. Labour Market analysis
3. Regional health and well-being
4. Employability
5. Regional demand for labour
6. Skills training
7. Carers
8. The social economy
9. Conclusion and indicators for increased labour market participation

Examples of good practice are provided at the end of each section.

1. POPULATION TRENDS

The population of the United Kingdom is ageing and this change is reflected in the population projections for Yorkshire and Humber region. These changes will have a significant impact on the size of the regional labour force.

Table 1: Population projections for the period 2001-2021

Age	Yorkshire and Humber region			United Kingdom		
	2001	2011(1)	2021(2)	2001	2011(3)	2021(3)
25-44	28.3%	25.7%	25.2%	29.3%	26.8%	25.9%
45-64(men) 45-59 women)	21.4%	23.1%	23.1%	21.3%	23.1%	23.2%
65+ (men) 60+ (women)	18.6%	20.4%	23.2%	18.3%	20.2%	23.0%

1. 2003-based sub-national population projections for the region and local areas are those published on 25 November 2004

2. UK projections are based on 2003 data and are an interim set published on 30 September 2004

Source: Region in Figures 2005

As Table 1 shows, the 25-44 aged group in Yorkshire and Humber region is expected to decrease from 28.3% to 25.7% by 2011. This is a more rapid decrease than in the UK, where the percentage is expected to decrease to 25.9% by 2021. The midlife age group aged 45-64/59 is expected to increase from 21.3% to 23.1% by 2011, a similar increase to the UK. This shows that the midlife age group will increase and the younger working age group will decrease over the coming decade. By 2021, over 50% of the population will be aged 45+. This has implications for all sectors of the economy both in terms of the nature of the labour force and changing demands for public services.

As Table 2 shows, existing patterns of migration will not provide the required expansion of the workforce. Migration into the region takes two forms: interregional migration (moving from one part of the UK to another) and international migration (moving from one country to another). The net effect from inter-regional migration is zero with a small positive effect from international migration.

Table 2: Migration to and from Yorkshire and the Humber – inter-regional and international migration (thousands)

		1991	1996	1999	2001
Inter-regional migration	Inflow	85	91	95	97
	Outflow	85	98	97	96
	Balance	0	-7	-2	1
International	Inflow	22	15	19	31
	Outflow	15	10	14	12
	Balance	7	5	5	19

Source: Region in Figures National Statistics www.ons.gov.uk

Policy context

Policy makers are beginning to focus on the implications of an ageing population in terms of future demand for health and social care services, pensions, changes in retirement age,

reduced tax base for public services and participation within policy making (Audit Commission; Wanless Report; DWP; Better Government for Older People). With a declining younger labour force, there is an increasing demand at government level, for policies that encourage the older workforce to remain in work. Employers and employees do not necessarily share this demand for extended participation in the workforce. Age Positive is a government campaign set up to promote the business benefits of an age diverse workforce to employers. Debates about changing the statutory retirement age and changing pension entitlement have started, although the issues remain contentious.

Concern about the labour force participation of the age group currently aged between 50 and 69 is not just about the future demand for labour. The Bone Wells study (2002) showed the importance of labour market participation of the over 50s for current regional economic development. Active participation in the labour market can be determined by factors such as: health; willingness of employers to consider the benefits of an older workforce; retraining and re-skilling opportunities for people to continue in the labour market.

It is also becoming increasingly clear that this age group, currently 50-69, which can be described as the older working population, have specific needs that are not being addressed by public services (Bowers *et al*, 2003). Taylor (2002) looked at what can be drawn from international experience to inform new policies for older workers. The study identified a series of principles to inform public policy on age and retirement. These include: the need for integrated age and employment policies, adequate resources for retaining older workers; localised policies developed by alliances of regional agencies, trade unions, community based organisations; targeted policies to consider gender, disability, socio-economic group, occupation and sector of employment; and flexibility. Perhaps one of the most important principles identified was to eliminate age barriers and ageism, much unconscious, from existing initiatives and take a more positive life course approach. This would also require a better understanding of the older workforce group.

This age group is beginning to be recognised as a period of mid-life transition when people start to address a range of issues within their lives, which may relate to income, occupation, community role, family and friends and health (Bowers *et al*, 2003; NHS Health Scotland, 2005). This report goes on to look at the current position of people aged 50-69 in the Yorkshire and Humber region, starting with an analysis of their participation in the labour force.

2. LABOUR MARKET ANALYSIS

Yorkshire and Humber (Y&H) region has a population of about 5 million, with just over 2.8 million people between the ages of 16 and 69. For those aged 50-64, 46% are employed full time. The figures for this age group are similar to those for England except that there are relatively fewer self-employed and relatively more permanently sick/disabled in the Yorkshire and Humber region than nationally. Over four-fifths of those aged 65-69 is retired. Nationally, the percentage of retirees is three points lower than that in Yorkshire and Humber with the percentage in employment being proportionally higher. The proportion of men that are in employment and self-employed is far lower than for those aged 50-64, although the rate of decrease is much greater for the employed than self-employed. Consequently, the proportion of all working men who are self-employed increases in the 65-69 years old age group (Humphrey et al, 2003:30).

For women, the picture in Yorkshire and Humber region is slightly different with a much larger proportion of women working part-time. Just under 37% of all women, aged 25-49 are full-time employees with just under 30% being part-time employees. In 50-59 year old age group, 29% of women are in part time employment and 26% in full time employment. The percentage of women in full time employment is less than for the younger 25-49 aged group. At the same time the proportion that is permanently sick/disabled increases from 4% to 12%. 6% of women of this age are retired. Again, these figures are very similar to those for England except that there are relatively more full-time employees nationally than in Yorkshire and Humber. Almost three-quarters of women aged 60-69 are retired but 14% are still working. Nationally, there are relatively more women working and relatively fewer have retired than in Yorkshire and Humber.

Figure 1 (Labour market activity) provides a comparison between Yorkshire and Humber region and England of levels of economic activity and unemployment rates for three age groups: those aged 25-49, 50-statutory pension age (SPA), and from statutory pension age - 69. The figures for men aged 25-49 in Yorkshire and Humber region are generally similar to those for England as a whole, although the employment rate is lower and the economic inactivity rate is higher in Yorkshire and Humber region, than in all England. The largest differences between Yorkshire and Humber region and England occur in the older age groups where Yorkshire and Humber has a male employment rate that is three or four percentage points below that for England and an inactivity rate that is three or four points above the national average. This reflects the decline of basic and heavy industries during the period 1960-1980.

Table 3: Activity, employment and unemployment rates for men in Yorkshire and Humber region and England

	Men 25-49		50-64		65-69	
	Y&H	England	Y&H	England	Y&H	England
Economically active						
In employment	85	86	66	69	11	15
Unemployed	5	5	4	4	0	0
Economically inactive						
Retired	0	0	11	10	81	78
Student	1	1	0	0	0	0
Looking after home/family	1	1	1	1	0	0
Permanently sick/disabled	5	4	15	13	6	5
Other	3	3	3	3	1	1

Source: Population Census, 2001

The activity and inactivity rates for women (Table 4) in Yorkshire and Humber are also close to those for England although, and as was the case for men, the employment rate is slightly lower and the economic inactivity rate slightly higher than in all England. Again, the largest differences between Yorkshire and Humber and England occur in the older age groups where Yorkshire and Humber has a female employment rate that is two or three percentage points below that for England and an inactivity rate that is above the national average.

Table 4: Activity and inactivity rates for women, 2001, Yorkshire and Humber region and all England

	Women 25-49		50-64		65-69	
	Y&H	England	Y&H	England	Y&H	England
Economically active						
In employment	72	72	62	64	15	17
Unemployed	3	3	2	2	0	0
Economically inactive						
Retired	0	0	6	6	74	71
Student	1	2	0	0	0	0
Looking after home/family	16	16	14	14	3	3
Permanently sick/disabled	4	4	12	11	6	5
Other	4	3	4	4	3	3

Source: Population Census, 2001

Graph 1 show the main types of economic activity and inactivity for men and women, comparing three age groups (25-49, 50-64/59,64/60-69).

Graph 1: Labour market classification by age and gender

Census employment, unemployment and inactivity rates

Although the differences in activity and inactivity rates between Yorkshire and Humber region and England are not that great, a recent study has shown considerable intra-regional variation using various labour market indicators (Hastings, 2005). Map 1 reports activity and unemployment rates for men by local authority area across the region and, as anticipated, there are considerable variations in such rates.

Map 1: Men aged 50-64, employed, unemployed or economically inactive

Some of the differences between local authorities are very large. The largest differences across the region occur in the 50-64 years old age group with the employment rate in Harrogate being 22 percentage points greater than that in Barnsley. Given this difference, it might be expected that the unemployment rate is much higher in Barnsley but the unemployment rate in Barnsley is actually very low and only one point greater than that in Harrogate. However, the inactivity rate in Barnsley is 22 points greater than that in Harrogate implying - particularly given the analysis of Faggio and Nickell (2003) - that the jobless in Barnsley are recorded as being economically inactive rather than unemployed (Beatty, Fothergill, Gore and Green, 2002). These intra-regional differences can also be observed for men aged 65-69. For this age group, the employment rate varies from just 6% in Barnsley to 22% in both Harrogate and Ryedale (Map 2).

Map 2: Men aged 65-69, employed, unemployed or economically inactive

Analysis of the national trends in the employment patterns of older men have identified two distinct groups of inactive older men (Disney, 1999; Barham, 2002b). The first are professional workers, who have retired voluntarily, and the second those who have moved into inactivity, possibly via unemployment, and who are now long-term sick or disabled. From the Census we can identify the main reason for inactivity and Map 3 presents this data for men aged 50-64 by local government area in 2001. This reveals vast differences between authorities in the rates of early retirement and sickness. For example, permanent sickness accounts for 32% of inactive men in Harrogate but 64% of economically inactive men in Barnsley, with early retirement accounting for another 55% in Harrogate but only 25% in Barnsley.

Map 3: Men aged 50-64 by reasons of economic inactivity

For the age group aged 65-69, the very high proportion of men that attribute their inactivity to retirement is probably due to the fact that all respondents have passed the state retirement age and those that defined themselves as permanently sick/disabled when aged under 65 have re-defined the reason for their inactivity having passed 65 (Humphrey et al, 2003:21).

Maps 4,5 and 6 present comparable data for women in the 50-59 and 60-69 age groups. As is to be expected, looking after the family/home is a far more important reason for economic inactivity among women than men but the variations in retirement and sickness rates noted for men above also occur for women. For example, the sickness rate in Barnsley for 50-59 year-olds (41%) is more than twice that in Ryedale (19%).

Map 4: Women aged 50-64, employed, unemployed or economically inactive

Map 5: Women aged 65-69, employed, unemployed or economically inactive

Map 6: Women aged 50-59, by reasons of economic inactivity

The high levels of economic inactivity in the population aged 50+ present the region with disadvantages in the short and long-term. Addressing them will involve bringing agencies together to address issues relating not just to employment but health, income and education. Effective collaboration will have to be the basis for new initiatives that begin to change the regional labour market profile for the midlife group.

Key points for labour force analysis

- 46% of 50-64 year old men employed full time
- 4/5^{ths} of 65-69 year old men are retired with 11% in employment
- 27% of 50-59 year old women are employed full time and 29% part time
- 74% of women 60-69 are retired with 14% in some form of paid employment
- Local authority differences in employment rates and inactivity rates rather than unemployment rates
- Local authority differences apply for men and women although some regional differences for women are smaller
- Inactivity rates for men are a result of retirement and sickness which also apply to women but women also have higher rates of family responsibilities

3. HEALTH, INCOME AND EMPLOYMENT

Health, income and employment are gradually being recognised as influencing each other, although the nature of the relationship is still not fully understood. This section will draw on recent evidence that has identified some of the links between employment, health and income as well as looking at how health and ill health affects the employment and income prospects of people aged 50-69 in the Yorkshire and Humber region.

Unemployment and health

England and Wales show positive relationships between mortality and unemployment for all age groups (McLean *et al.*, 2005). Suicide increases within a year of job loss and cardiovascular mortality increases after two and three years and continuing for the next 10-15 years. Standard mortality ratios are higher for men who have been out of work. There is also an excess of risk of death of 20% for men actively seeking work and also for their wives. Single women also experience the same increased levels of risk after unemployment.

Studies also show that in the period preceding factory closures illness and use of health services increase, the rate of hospital admissions doubles and conditions such as cardiovascular disease and higher blood pressure increase (Ferrie, 1999). This suggests that there are some links between uncertainty in employment and ill-health.

There are also strong associations between unemployment and psychological and psychiatric morbidity, although the nature of these associations remains unclear (Murphy and Athanasou, 1993; Fryers *et al.*, 2003). There appears to be a stronger relationship between unemployment and parasuicide, rather than suicide. This may be influenced by the absence of social networks and support, which means there are fewer resources available to face stressful life events, for example, unemployment (Hammarstrom, 1994).

Bartley (1999) identifies poverty and financial anxiety as factors that mediate the effect of unemployment on mental health. Fryers *et al.* (2003) emphasise that education and income also affect the relationship between mental health and unemployment. Bartley (1994) also found that there is strong association between deprived areas, poor health, poverty and worklessness. Education, environmental and economic circumstances have an important influence on how people are affected by ill-health and unemployment.

The profile of Myton, Hull shows how many of these factors influence a community with a high rate of unemployment, including a relatively high rate of admission to hospital for mental health problems.

MYTON

Myton is a community, near the centre of Kingston-upon-Hull, which has 11,908 residents. 23.5% of the population is aged 50-69 or 2,798 residents of this age. 94.3% of the population is white.

- Only 41.5% of the population are employed with 12.8% permanently sick or disabled and 14.5% retired.
- 24% of the population are semiskilled and unskilled manual workers, and 32.7% on state benefit, unemployed or lowest grade workers. Myton has the highest proportion of unemployed claimants in Kingston-upon-Hull.
- Half of all residents have no qualifications and 12.5% have a degree.
- 29.4% of the population reported that they had a limiting long-term illness with 16.9% reporting that their health was not good. For the local authority area of Hull, 36.6% of those aged 50-69 has a limiting long-term illness. If this rate is applied to Myton, it suggests that there are about 1,000 people aged 50-69 with a limiting long-term illness.
- 16.9% of the population in Myton is in 'not good health' but 21.7% of those aged 50-69 in Hull are in 'not good health'. If this rate is applied to the 50-69 year old age group in Myton, it suggests that there are about 600 people aged 50-69 who are 'not in good health'.
- The predicted rate for admission to hospital for mental health problems is relatively high at 542.36 people per 100,000 of population.
- At the 2001 census, 8.2% of the population were providing unpaid care in Myton.
- 41.9% of people in Myton live in Council rented housing, 15% in social housing and 23% in private rented. 13.1% have no central heating.
- 67.7% have no car or van. This has implications for flexibility to travel to work or other activities.

Source: Case Studies - Report for "Future Years" Yorkshire and Humber Regional Forum on Ageing Lena Dahlberg and Maria Smith, Centre for Research and Evaluation, Sheffield Hallam University, 2005

Unemployed people can adapt to their new status so that further deterioration of health and social status does not occur beyond 12-18 months (Bartley, 1994). The previous type of employment can influence the effect of unemployment, with white-collar workers experiencing better health than unskilled or semi-skilled workers. These findings have implications, particularly, for neighbourhood renewal and community development strategies. More research is needed to explore the impact of gender and ethnicity.

It is also suggested that a 'life course' perspective is needed to understand unemployment as one of a series of life events. Ageing in relation to unemployment is not well understood. Studies often do not differentiate between people who were retirees and those made redundant. Social meaning of categories of retirement depends on the prevailing level of employment and the financial implications of different ways of leaving employment. Studies that have looked at the health effects of early retirement have differing results and are also mostly concentrated on men rather than women. It is also difficult to differentiate between the effects of retirement and those of ageing. Murphy and Athanasou (1999) recommend that age is "*one of the factors of systematic attention*" and research should concentrate on specific cohorts.

The 2002 English Longitudinal Survey of Ageing found that higher income groups had better levels of health and expected to live longer. Men in routine and manual occupations were twice as likely to have a limiting long-term illness than men in professional and managerial occupations. The survey also found that inequality in wealth across the population aged 50+

was much greater than just income. Those without housing or pension wealth had the lowest level of financial savings (Marmot, Banks, Blundell, Lessof, Nasroo, 2003).

Employment and health

Although unemployment has been seen as having a negative effect on health, there are also situations when people in work, in a high risk industry, at a time of high unemployment, can be less healthy than those who are unemployed (Ferrie, 1999).

The perspective of occupational health services is helpful in understanding how people deal with work and health. Occupational health services generally see more older people, as long-term occupational diseases tend to emerge in midlife, and cumulative problems are more likely to emerge over a life-time of work. People with chronic illnesses suffer high levels of insecurity caused by health problems. Occupational health services are involved in a set of decisions involving older workers that are influenced by the tensions between work and health.

Position in labour market	Issues
Stable and in work	Does the work environment need to change so that an older worker could continue to work in the future? For example, what is necessary to keep a bricklayer in work at 50?
Unstable work but still in work	A worker is not taking time off-sick but is only just coping at work. What remedial measures are needed to support the worker?
Unstable work and off sick	A worker is on long-term sickness absence. What is needed to get back into work?
Unemployment	An unemployed person is trying to re-enter the labour force. There is lack of vocational guidance for skilled or unskilled workers.

Source: S.Pickvance, Sheffield Occupational Health Advisory Service (SOHAS).

A recent Health Development Agency (2005) review of evidence into health and worklessness concluded that the “*relationships between worklessness and health forms only one aspect of the issues. To convince stakeholders to adopt work as a key intervention to improve health and well being there also needs to be an active demonstration that work is health enhancing*” (McLean, et al, 2005).

WORKCARE

The Sheffield Occupational Health Advisory Service and Community Health Sheffield have been involved in a pilot project, called WorkCare, to test measures that would help people maintain employment when suffering from ill-health. The project targeted people through primary care, to help prevent health deteriorating because of the effects of work, and to adapt the workplace to promote healthy work. People were referred from primary care and from workplaces.

The specific goals were for people to be in work six months afterwards, following an intervention at six weeks. The combination of a healthcare and a workplace intervention represented a formalisation of the work of the Sheffield Occupational Health Advisory service (SOHAS). The integration of these two elements determines whether someone can return to work and remain in work. The healthcare intervention may involve the NHS condition management programme. The workplace intervention may focus on changes in work responsibilities, with some activities being dropped or altered.

The project developed a resource pack 'Managing Long-term Sickness and Rehabilitation' aimed at GPs and others involved in the management and rehabilitation of people with long-term illnesses.

This project, along with three other job retention and rehabilitation projects funded by the Department for Work and Pensions, is being evaluated by NatCen (National Centre for Social Research) www.natcen.ac.uk/jrrp/

Source: www.natcen.ac.uk/jrrp/

An examination of economic inactivity rates for the 50-69 year old group in the Yorkshire and Humber region starts to show the relationships between health and employment in the region. Several national studies have noted that inactivity rates tend to be much higher among those with a limiting health problem or disability. In a study of factors that affected labour market participation of older workers, health was found to be a key determinant (Humphrey, Costigan, Pickering, Stratford and Barnes (DWP, 2003). For those who were under pension age, those with a health problem were less likely to be in work or looking for work. They had below average income, were more dependent on state benefits and had low levels of qualifications (Humphrey, Costigan, Pickering, Stratford and Barnes (DWP), 2003).

The Labour Force Survey shows that the inactivity rates for those with a limiting health problem or disability in the Yorkshire and Humber region, are three times higher for both men and women and for those aged 25-49 and 50-59/64 than for those who do not have a limiting health problem or disability. A limiting health problem or disability is defined as a health problem or disability that limits the type of work the person can undertake (Chart 2).

Graph 2: Economic inactivity and long-term illness

Humphrey, Costigan, Pickering, Stratford and Barnes (DWP) (2003) also found that many people who had retired before state pension age, gave health as a reason. An improvement in their health was one of the major conditions in which people would try and return to work. People who had been forced into retirement through ill health were often the least satisfied with life post-retirement, which was often characterised by large reductions in income. On average, those who had been forced to take early retirement because of health reasons often had lower levels of qualifications.

Census data and health

The 2001 census provides important data on the extent of limiting long-term illness and self reported health in the population. Although individuals made subjective assessments, they give some indication of the extent of morbidity for different age groups. This data has been analysed for men and women by local authority area in the Yorkshire and Humber region. In the light of the research outlined above, the implications of the extent of limiting long-term illness for the participation of people aged 50+ in the labour market are considerable.

The Yorkshire and Humber region has the third highest rate of limiting long-term illness and claimant rate for disability living allowance in England (Yorkshire and Humber region (RDPH, 2004). South Yorkshire has one of the highest overall rates for limiting long-term illness in England. It has also a higher than average value for “not good health” (ONS, 2001).

2001 Census respondents were asked, “*whether they had any long-term illness, health problem or disability which limited their daily activities or the work they could do, including problems due to old age*”. The overall percentage of people (all ages) in the Yorkshire and Humber region with limiting long-term illness was 18.8% with women having slightly more limiting long-term illness (19.4%) than men (18.3%) (Graph 3). The percentage of people (50-69) with limiting long-term illness is 31.5%. The overall rate for men (31.5%) is slightly higher than for women (30.6%)

Graph 3: Limiting long-term illness by age and gender

Map 7 shows the percentage of the population with limiting long-term illness by local authority.

Doncaster, Rotherham, Wakefield and Hull have the highest proportion of people aged 50-69 reporting a limiting long-term illness. Map 8 shows the ratio of men to women reporting a limiting long-term illness. Almost all areas had a higher proportion of men reporting a limiting long-term illness than women.

Map 7: Percentage of the population aged 50-69 with limiting long-term illness

Map 8: Ratio of males to females aged 50-69 with limiting long-term illness

These high rates of limiting long-term illness are reflected in the higher percentage of the population aged 50+ who are in receipt of incapacity benefit or Severe Disablement Allowance (SDA) (Graph 4). In all areas, at least 45% of claimants are aged over 50. Even in North Yorkshire, a sub-region that recorded slightly lower rates of limiting long-term illness, over 50% of all claimants are aged over 50. This has implications for income levels of this age group.

Graph 4: Rates of Incapacity Benefit and Severe Disablement Allowance

Self reported general health

For the first time, the 2001 census asked a question about ‘*whether over the previous 12 months the person's health had on the whole been good, fairly good or not good*’. The respondent was expected to make their own judgement about their health, so this is also a subjective measure.

The overall rate of all people reporting ‘not good health’ in the Yorkshire and Humber region is 10% with slightly more women reporting ‘not good health’ (10.6%) than men (9.4%). A higher percentage of people (17.7%) aged 50- 69 reported ‘not good health’, with slightly more men (18.2%) than women (17.2%). This reflects the slightly higher rate of limiting long-term illness in men. Chart 5 shows that for the age group 50-69, the overall rate increases by age, rising from 13.9% (50-54) to 20.2% (65-69). For men, the rate increases from 13.4% (50-54) to 23.4% (60-64) and then drops slightly to 20.6%. For women, it rises from 14.4% to 19.9% (65-69).

Map 9 shows that the local authorities of Doncaster, Rotherham, Sheffield, Wakefield and Hull have more than 20% of the population aged 50-69 in 'not good health'. Barnsley, Doncaster, Rotherham, Sheffield, Bradford, Calderdale, Kirklees, Leeds, Wakefield, Hull and North East Lincolnshire have over 20% of men aged 60-64 years in 'not good health'. Map 10 shows the proportion of residents in the region with 'good health', 'fairly good health' and 'not good health'.

Map 9: Percentage of people aged 50-69 'not in good health'

Map 10: General health status people aged 50-74

Graph 6 shows the rates of limiting long-term illness and people in 'not good health' together with the rank of income scale. The lower the rank of the income scale, the lower the income level. The rates of limiting long-term illness are higher than the rates for 'not good health' suggesting that people assess their current state of health in a slightly different way to their definition of a chronic condition. However, the figures still suggest quite high levels of morbidity in South and West Yorkshire and the Humber region.

Graph 5: Population in 'not good health' by age and gender

Map 11 shows the different ranks of local authorities on the income deprivation scale. There are significant differences in income between West/ South Yorkshire and North Yorkshire. People with limiting long-term illness or a disability often experience low pay and unemployment resulting in low incomes. Unemployment, low job security and control over personal circumstances also contribute to ill health (Regional Public Health Strategy, 2004).

Map 11: Rank of income for Yorkshire and the Humber

Investment in health

The previous pages show that there are links between health, employment and income. This supports the view of Ziglio *et al* (2002) who argue that investment in health requires commitment to health from a wide range of sectors, not just the health sector. Decisions about investing resources need to take account of the trade-offs between health and economic and social development. An example of this health investment approach can be seen in recent work on the NHS.

Within the UK, a series of reports have examined the concept of the "health dividend" which examines the potential of the NHS spending to improve the health, economy, society and environment of local areas. A King's Fund report (2002) identified how the NHS could use its resources in relation to recruitment, purchasing, procurements of child care and food, management of waste, travel and energy and commissioning of new buildings to promote local employment and sustainable development (Coote, 2002).

The relationships between health and employment show that people in employment generally have a better level of health than those who are unemployed. As one of the largest employers in many districts, the NHS plays an important role in providing employment. It is also finding it increasingly difficult to recruit staff. In areas of high unemployment, the NHS could operate more proactively in relation to the local labour market.

A greater understanding of how NHS actions can affect local labour markets, draw unemployed people back into employment and provide local businesses with opportunities to supply goods and services could strengthen strategies to address health inequalities and promote sustainable development. Within the region, the NHS and Yorkshire Forward have started to address these issues as seen through the Yorkshire Forward report '*Growing the region's businesses with NHS investment*' which outlines how this might be implemented within the region. The report found that the role of small and medium sized enterprises in the Yorkshire and Humber region as engines for growth could be enhanced if the NHS systematically used local businesses to provide services and goods, for example food/agriculture, or local transport companies. Similarly NHS capital projects have the potential to use local resources which can result in local businesses and the local labour force contributing to the development of the NHS and the NHS helping to strengthen the local economy. A specific project the NHS Employability Project is addressing ways of increasing the recruitment of local people, current not in employment, into the NHS.

NHS EMPLOYABILITY PROJECT

The NHS Employability Project is an example of the NHS's expanded role in the regional economy. This is a scheme that seeks to recruit employees from parts of the local community that have not traditionally seen the NHS as a possible employer. The strategic aims are to improve employment and income for people from disadvantaged groups, to raise skills and qualification levels in local communities, improve public health and solve recruitment problems in the NHS. It will provide learning opportunities as well as offering employment opportunities, reflecting a growing understanding that higher levels of skills development and training enhance employment opportunities.

The target groups of the NHS Employability Project include older workers, parents returning to work after family breaks, ethnic minorities, workers in declining industries and people with disabilities. There are 12 pilot sites and although there is no one site that addresses older workers specifically, the York Hospitals Trust is working with declining industries and retention policies. A second site, the Bradford Care Trust is focusing on ethnic minorities and people with mental health problems, which will include people aged 50+.

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http://www.neynlwdc.nhs.uk/AboutUs/Headlines.htm#NHS_REGIONAL_EMPLOYABILITY_PROGRAMME

Employment can have a direct effect on the health of an individual but education, skills, and training often directly affect the employment and subsequent income that an individual can access. The NHS is also starting to address some of the links between health, employment and education through policies such as **Improving Working Lives** and the **Skills Escalator**. These policies both aim to improve the conditions of work for employees and to provide opportunities for life long learning which will enable progress through the NHS.

Re-entry into the workforce

There is a growing awareness that people who have been out of the work for a period of time need support to re-enter the workforce. The barriers to re-entry into the labour-force may be lack of skills, low pay and fear of loss of existing level of benefit income. For regions where mainly low paid jobs are available, the current social security system can act as a disincentive to re-entering the workforce because of fears of loss of incapacity and other benefits. These issues have started to be addressed at national level with New Deal schemes for those aged 50+ and people with disabilities. 'Pathways to Work' is the most recent government initiative that aims to support people with disabilities back into the workforce. Occupational health services are also becoming involved in projects that support people on incapacity benefit to re-enter the workforce. [Health@work](#) and WorkCare are two examples of how occupational health services and primary care are working together to support people re-enter the workforce.

HEALTH@WORK

The Health@Work Centre delivers independent, comprehensive and integrated occupational health services that will directly benefit small and medium sized enterprises (SMEs), voluntary sector organisations and GP practices as well as employees and people out of work due to ill health. It is based in Liverpool city centre and is unique in the UK.

A survey (2003) of 300 patients in GPs surgeries and Charlotte Street Walk in Centre, found that 20% of patients were attending primary care with a work related health problem. 50% of patients had symptoms that they felt were caused or worsened by work. 18% of respondents had had an accident resulting in injury in the previous 12 months.

Health@work works with individuals by offering occupational health advice to:

Reduce ill health in workers caused or made worse by work

Help people who have been ill, to return to work

Improve work opportunities for people not currently in employment due to ill health or disability

Health@work also works with primary care and provides occupational health advice and case work services to individuals in GP surgeries across Liverpool. Referrals will be via GPs, practice staff or by self-referral.

Source: http://www.dwp.gov.uk/aboutus/2004/30_06_04_safety.asp

At a local level there are initiatives that bring together relevant agencies – NHS, local authority, DWP, Job Centre Plus - to coordinate services to support people on incapacity benefit to re-enter the labour market. The NHS has a crucial role to play in helping people to control limiting long-term conditions so that they can also take on paid work. These alliances of local and national agencies are reflected in some of the new Local Area Agreements, for example, Barnsley, which has been a pilot site to test ways of supporting people with limiting long-term conditions back into work. This has now been formalised in the Local Area Agreement in Barnsley, signed and agreed by the Office of the Deputy Prime Minister.

BARNSLEY LOCAL AREA AGREEMENT

In Barnsley, 30% of working age population is in receipt of incapacity benefit and 52% are aged 50+. As part of the Local Area Agreement, agencies will support the transition of people receiving incapacity benefits into work. They will work with the national Pathways to Work programme, which aims to support people with disability into the workforce as well as Yorkshire Forward's 'Connecting People to Economic Community' theme.

One element of this initiative is the strengthening of links to health management programmes coordinated by the Primary Care Trust. New approaches will be piloted, for example, using the health trainer/ expert patient model.

The initiative will be able to simplify the eligibility criteria to enable claimants to access employment schemes as soon as they become eligible for incapacity benefit. These discretionary powers will help to eliminate some of the disincentives that sometimes keep claimants from re-entering the labour market.

This initiative will work closely with Pathways to Work, which will be launched in Barnsley in the coming year. It will also work to increase the opportunities for incapacity benefit claimants to access work and training in the public sector, for example, to expand the NHS Regional Employability project to the local authority.

Source: www.idea-knowledge.gov.uk www.barnsley.gov.uk

The Public Health White Paper 'Choosing Health' (Department of Health, 2004a) identifies the value of supporting health improvements among people in mid-life as a way of promoting health and well being in older people. A person's health may have a strong influence on whether they remain in the workforce. People in areas of deprivation whose health will more likely be affected by increased morbidity may have fewer opportunities to address these mid

life issues. The Government's Plan "Tackling Health Inequalities" identifies targeting people aged 50+ as an effective strategy for increasing life expectancy and for narrowing the gap in life expectancy between unskilled and professional groups.

The pre-retirement health initiative, which aimed to test ways of reaching people aged 50-65, was developed by the Health Development Agency in 2001. Initially aiming to reach people in the 'pre-retirement' phase, it soon became clear that health issues could not be addressed without considering major employment, income and family issues that often face people in this midlife group. One of the pilot sites was in Hull, which developed a training and information resource for people in mid-life.

HEALTH DEVELOPMENT AGENCY - FROM PRE-RETIREMENT TO MIDLIFE HEALTH

The aim of the initiative was to improve health and well being in midlife and older people in order to promote a healthier old age, using a life course approach to identify vulnerable groups likely to suffer poor health. Eight pilot sites targeted people in urban and rural settings, workplace and community settings, and black and minority ethnic groups

The key learning points were:

- The cohort of men and women currently aged 50-65 years consider themselves a distinct generation with particular preferences and needs, which have not been recognised in the delivery of public services. They do not identify themselves with 'older services'.
- People in the age group are experiencing multiple transitions and are often more receptive to health improvement messages.
- A strategic whole system approach to local services delivery is needed to capture multiple methods and partnerships. The workplace, community settings, and primary care are key places for service delivery.
- People want opportunities to reflect and consider their futures and plan what they need for a healthy and active older age.
- This cohort is the key to reducing health inequalities and improving the gap in life expectancy in the coming decade.

Source: www.nice.org.uk

With growing skills shortages, for example in the health and social care sectors, the need to support people to remain in the workforce will require cooperation between sectors. The next section on employability looks at what are the positive skills and experience that older people bring to the workplace and what are the barriers that prevent people remaining in, or re-entering the workforce at this age.

Health income and employment - key points

- Increasing evidence of links between unemployment and health, especially mental health
- Education, environment and economic circumstances have an important influence on how people are affected by ill health and unemployment
- The 50-69 year age group in Yorkshire and Humber have high rates of limiting long-term illness and reported 'not good health;'
- Investment in health needs inter-sectoral collaboration
- A growing recognition that the NHS can play an important role in the regional economy
- Midlife age group has distinct needs which often require addressing health, income and employment issues together

3. EMPLOYABILITY

This section will look at the position of current workers aged 50-69 in the labour market and the barriers that sometime prevent people of this age from either continuing in the labour market, or re-entering it.

There have been a number of research reports commissioned by sub-regional Learning and Skills Councils in Yorkshire and Humber region that contribute to a greater understanding of the position of this age group in the labour market in the region.

Contribution of older workers

A study commissioned by West Yorkshire LSC that covered the whole of the Yorkshire and Humberside region, entitled “Over 50s Employability project”, found that among small and medium sized enterprises there is a strong awareness among employers in the region of the contribution that people aged 50+ can make to economic activity. Of the companies that responded in the survey, 80% had employees working beyond retirement age. Small businesses seem to benefit most from this age group because of flexible recruitment and employment policies (MRS, 2004).

Eighteen of the twenty small and medium sized enterprises involved in the research had recently recruited someone aged 50+. Companies had an open recruitment policy where a person’s skills were a key factor. They operated an open retirement policy with phased retirement and people working past the recognised retirement ages. Companies in the engineering sector, because of a shortage of skills, were to a certain extent dependent on older workers (MRS, 2004).

A study in Craven also found that employers did not have objections to people who continued in employment after the statutory retirement age. However, they were more cautious in employing new workers who had passed retirement age. One respondent said that they would be taken on, on a casual basis or, if they had the appropriate specialist skills.

An older workforce is often a more stable workforce. The West Yorkshire Focus survey (2003) found that 80% of adults aged 50+ had been in the same job for more than three years. In comparison, 66% of younger adults, aged 16-24, had held at least two jobs in the past three years. The fear of redundancy was much higher in older people and people with lower levels of skills and qualifications (West Yorkshire in Focus, 2003).

Age Concern/LSC North Yorkshire identified loyalty, customer focus, interpersonal skills and a strong work ethic as being some of the positive skills exhibited by older workers. The Craven study found that employers felt that older workers have a wide range of positive characteristics: stability; reliability; honesty; integrity; maturity; more experience/skills; commitment to job; and customer relations skills.

Two third of the employers in the MRS study thought that older people do not have difficulties in learning new skills and half felt that older people did not have health problems. However, the converse of this is that a third of employers did feel that older people have problems learning new skills and half saw them as suffering from health problems (MRS, 2004). The Craven study found that employers felt there were far fewer disadvantages to employing older workers although they felt that they might be resistant to change, have health related issues and be less flexible about working hours. Employer respondents in both these two studies mentioned health and absence as potential problems. There is actually evidence to show that older workers experience more positive health when in employment (McKay and Smeaton 2003).

Several studies have examined the attitudes of older people and work. The Craven study found that older people in work gave many different reasons for continuing to work. Those who were self employed felt that it was difficult to give up work, especially if it was a family concern. Another respondent felt an asset to the company. Another enjoyed the extra income and companionship and as well as the discipline of decision-making.

Returning to work

Most of the employee respondents in the ‘Over 50s employability project’ (MRS, 2004) believed that it is more difficult to find employment after 50. Grattan (2003) writes that a person made redundant after 50 is eight times less likely to return to work than a younger person made redundant.

Confidence was a key factor in influencing whether people were open to retraining or re-skilling. Many of the MRS study respondents felt that the job application process filtered out older people. When they were invited for interview, the interviewers were often seen as inexperienced and poorly prepared. Experience was seen as a problem, which was often described as “over-qualification”. Employers were felt to be reluctant to value experience (MRS, 2004).

The research concluded that older people seeking employment need support and advice (MRS Consultancy, 2004). This theme also emerged from a review of the evaluation of JobCentre Plus schemes (Moss and Arrowsmith, 2003). This found that four areas of support would help older people return to work. Firstly, in-work support to ensure retention and advancement, especially at points of transition in Job Centre Plus scheme. Specialist provision is needed to address specific problems faced by older people, for example, age discrimination. Challenging age discrimination also requires work to support employers. Careers guidance is also needed for older people who are trying to move to a new occupation (Moss and Arrowsmith 2003).

The results of the “Over 50s Employability project” research show that within the region there are small and medium sized enterprises that do value older workers although there is still much work to be done to change attitudes towards training for older people. Raising awareness of age discrimination among employers will be needed in preparation for the 2006 EU Employment Directive. As a response to this Yorkshire Forward is developing a diversity driver (including age) – one for small and medium sized enterprises (SMEs) and one for the public sector. It also funds Fair Play for Older Workers, an initiative that supports older workers in the labour market.

Fair Play has recently received funding through the European Social Fund that will be used to target small, medium and large employers in all sectors, people aged 50+, and recruitment agencies. The project will support employers in developing appropriate age management strategies, to develop new ways of delivering training to older workers and test and pilot alternative working arrangements.

ENCORE RECRUITMENT

Encore Recruitment is a recruitment agency /job brokerage for older workers, providing support and advice and facilitating recruitment to companies which value older workers in Yorkshire.

The company was initially set up to work with companies in West Yorkshire to recruit from non-traditional sources of labour, to provide support to unemployed workers looking for work and provide advice and support to companies in managing older workers. It has helped recruit workers for companies such as Abbey National, HSBC and Halifax Direct.

European Structural Funds have been allocated to a new company, Equals One Recruitment Ltd, that specialises in work-life balance and provides opportunities to job share or work part time.

Source: www.encorerecruitment.co.uk

NHS

In the NHS in the Yorkshire and Humber region, 30% of community nurses and GPs are aged 50+. The NHS workforce is ageing and there are already existing recruitment problems. Retaining the existing workforce will become increasingly important as well as finding ways to draw in new workers from local communities.

Within the NHS, human resources policies address the needs of people 50 + because all policies are non-discriminatory and applicable to all. For example, flexible working is available to all NHS workers in North Lincolnshire. Information about human resource policies is circulated through newsletters, colleagues and line managers. There is provision for pre-retirement planning with pre-retirement courses made available to staff within 5 years of retirement. Pension information is provided. However, even though these positive measures are in place, the take-up is disappointing. There are also mentoring arrangements between older and younger workers. **Improving Working Lives** provides new opportunities for looking at the needs of 50+ in terms of pensions, retirement and flexible working. The 50+ age group has also been addressed in the 'Practice Plus' status. West Hull PCT retirement policy shows how the NHS is targeting the 50+ age group using a new retirement policy.

WEST HULL PCT - RETIREMENT POLICY

The aim of the policy is to enable flexible retirement for staff by removing the compulsory retirement age of 65, ensuring retention for staff that wish to remain in employment beyond 65.

Staff have the option of choosing

- Flexible working options
- Early retirement
- Early retirement and a return to the NHS
- Wind down (a reduction in hours leading up to retirement)
- Work as normal retiring at 60/65

The PCT monitors the age profile of the workforce annually and writes to every one nearing 50 to offer them a discussion about pre-retirement options. Employees are advised to attend a pre-retirement course.

Source: Lisa Pipes, Human Resources, West Hull PCT Lisa.pipes@whpct.nhs.uk

Age Positive Campaign

Age Positive is a Government campaign to promote the business benefits of an age diverse workforce to employers. This is in preparation for the implementation of the EU Employment Directive, which includes age discrimination in 2006. The campaign is targeted to mainly small and medium sized businesses, using examples of good practice and local case studies. Two examples of Age positive champions in the Yorkshire and Humber region are West Yorkshire Magistrates Courts Services and the Cathedral Centre, Bradford. Their approaches are outlined below. They both show the importance of operating a working environment that treats older workers in a positive way, using organisational systems that enable workers to contribute to decision making, and facilitating learning between older and younger workers.

WEST YORKSHIRE MAGISTRATES COURTS SERVICES

There is a formal and comprehensive Equal Opportunities policy. Policies state that discrimination on the basis of age will not be tolerated within the WYMCS. Employees are asked to be careful in the use of humour and the choice of language in order to avoid an impression of discriminatory behaviour. All staff are given equal opportunities training and those involved in recruitment and selection receive training in non-discriminatory interviewing techniques.

In order to attract older workers, WYMCS have developed links with a specialist recruitment agency that focuses on placing older members of the workforce in jobs. In addition, WYMCS ensure that all adverts exclude any potential for age bias. All job roles have a job and person specification, and adverts are drawn up in relation to these. Age is not referred to in any advert placed, neither is covertly discriminatory language used which might dissuade older applicants.

Older workers bring many benefits to WYMCS. For example, employment retention rates tend to be higher and this helps to provide stability to the organisation. Attendance rates are also generally high. It is felt that older workers bring a sense of 'balance' to the organisation, have patience, and are particularly skilled in coaching and mentoring younger members of staff in work related skills and life-skills. They bring particular benefit to the organisation in the way in which they deal with members of the public.

Younger members of staff often benefit from observing the way in which older members of staff deal with difficult situations that can arise at court sites where tensions can often be high. An example of this concerns how one older member of staff dealt with a potentially difficult situation at a court site, diffusing a potentially problematic situation by the way he handled matters. Younger members of staff have since followed the example he set, and sought to emulate his approach when dealing with similar situations.

Source: www.agepositive.gov.uk

CATHEDRAL CENTRE, BRADFORD

The Cathedral Centre, a registered charity in Bradford, provides education and training, including work placements. The Centre offers around 200 training places per day, ranging from IT to basic food hygiene. The Centre employs 60 people: fifteen are over fifty. All staff members are encouraged to develop their skills and expertise.

The Centre's approach to human resource development is characterised as follows:

- It is based on open and effective communication - management at the Centre place a huge emphasis on communication. There are regular all staff 'training events'; staff information and awareness sessions; and a strong 'open-door' policy for all staff;
- The overall philosophy of the Centre is deeply embedded within the organisation - a recent 'Investors in People' assessment highlighted the fact that 'all staff interviewed are personally committed to the goals and ideology of the Cathedral Centre'.
- The Centre has a very supportive approach to people development and rewards initiative - management at the Centre encourage staff to develop new ideas, and support their implementation;
- The Centre focuses on personal development - staff members are encouraged to undertake personal development and skills training. This encouragement stresses the advantages of training for the individual first (i.e. it will improve a person's curriculum vitae), and the Centre second.

There is an emphasis on the training and development of all staff. Members of staff have appraisals at which individual training requirements are identified. Training provision is either related to personal (confidence) development or is job related. All members of staff, regardless of age or role must identify 3 areas in which they wish to be trained. Training is facilitated in many ways including:

- Formal staff awareness and training sessions - there are 3 training days per year, attended by all staff;
- Mentoring - the Centre supports the induction and on-going development of all staff up to middle management level via the provision of a work-place mentor. The mentors are usually mature staff members who work in a different area to the new member of staff. The role of a mentor is to provide 'pastoral' support to new staff members, helping them to settle into the environment.
- Involvement in external groups and organisations. Staff members are encouraged to support external groups in order to contribute to their knowledge and understanding of practices adopted elsewhere.

Source: www.agepositive.gov.uk

There is a growing awareness that older workers have skills and experience that are increasingly valued in the workplace. Advice and support are needed for older people who want to return to the workplace. The NHS is putting policies in place that meet some of the needs of older workers. Active support for older workers involves organisational systems that encourage participation by workers in decision-making and active encouragement of learning between older and younger workers.

Employability - key points

- Older workers contribute qualities such as loyalty, customer focus, balance
- Attitudes of employers in small and medium sized enterprises positive
- Some varied views on whether older people suffer health problems
- People aged 50+ face barriers to returning to work after redundancy

4: REGIONAL DEMAND FOR LABOUR

Labour productivity is lower in Yorkshire and Humber region as compared to the UK. Output per employee is £27,700 in the region compared to £31,100 in the UK (FRESA, 2003). The regional economy is becoming more diverse. Although the manufacturing sector has contracted over the last two decades, it is still expected to remain important in the region. However it is likely to change from low skilled manufacturing to high technology manufacturing (electrical and optical equipment) and this will require an increasingly skilled labour force (Yorkshire Forward Regional Econometric Model, 2003).

The services sector, which includes health and education, will be the strongest growing sector. Construction skills will also be needed for increased capital project expansion of the public sector (FRESA, 2003). Business and public services professionals, administrative and clerical workers, and caring personal service workers are in the greatest demand. In addition, there is also a demand for trades, plant and machinery workers and basic clerical and service workers.

The expansion of the services sector will also have to cope with an older workforce that is expected to retire in the next decade. The health and social care sector is one of the major employers in the region but one which is expected to lose the largest number of workers due to retirement in the next decade.

In South Yorkshire, 139,000 workers are expected to leave the workforce in South Yorkshire by 2010 (LSC South Yorkshire, 2004). Construction, education, healthcare and retailing are also expected to lose the largest number of workers. The healthcare sector is expected to lose 27,000 workers by 2010, which is by far the largest number of workers exiting from a single sector. Education and retailing are both expected to lose about 15,000 workers by 2010 (LSC South Yorkshire, 2003).

A skill needs assessment of the South Yorkshire Health and Social Care Sector found that the sector currently employs about 10% of the workforce in South Yorkshire with 50,000 full time equivalent posts. About 2,187 companies operate in the sector. By 2010, 6,800 extra workers will be needed in the sector, apart from the 27,000 who are expected to retire. This will place an increasing demand on the local labour market. A large proportion of the current workers in the sector have a low level of skills. Currently, the skills needed in the sector, but which are hard to recruit for, are: communication skills; team working skills; sales, marketing, PR skills and numeracy and literacy skills.

The North and East Yorkshire and North Lincolnshire Strategic Health Authority also commissioned a labour market analysis in 2004 that highlighted the results of an ageing workforce. It found that the numbers of 30-39 year olds will decrease until 2014 but the size of the 50-59 year old group is expected to increase. The report recommended that older staff would have to be retained in order to secure an adequate labour force. Employers will have to identify benefits that will successfully keep older workers in the workforce. The need for basic skills training will become more urgent as the supply of labour is reduced. The NHS needs to coordinate its recruitment and retention policies and to dispel the myth of low pay and poor terms of conditions if it is to retain staff (NEYNLSHA, 2005).

Over 43% of the regional labour force is located in West Yorkshire. There is no one dominant sector in the sub-regional economy. The expansion of the services sector is expected to continue with health professionals and caring personal services. The manufacturing sector will continue to contract. There will be changes in the occupational composition of the population with an increased demand for professional and managerial

jobs. These will require qualifications to NVQ level 4 and beyond. In West Yorkshire 136,000 adults (16-60) have low literacy skills, and 182,000 low numeracy skills.

North Yorkshire has identified advanced engineering and manufacturing, biosciences, digital industries and food and drink (including agriculture) as four clusters important for economic growth. In addition, childcare, construction, health and social care, rail industry, retail, distribution and transport, tourism and hospitality and the voluntary sector are all significant for employment (North Yorkshire LSC, 2004).

Maintaining regional economic growth will either require increased migration and / or the continued participation in the labour force of many workers currently aged 50+. Some of the skills shortages, for example, customer skills, could be met by increased recruitment of older people. The introduction of flexible employment policies will contribute to maintaining this older workforce. However, the nature of the services sector, the most rapidly growing sector in the region, is also changing. It will require an increasingly skilled workforce with skills above NVQ level 4. As the regional labour force has a relatively low skills base, it will not be easy to develop a highly skilled workforce. The next section discusses skills and training in relation to the 50+-year age group.

Regional demand for labour - key points

- Manufacturing sector will continue to grow but with more high technology
- Services sector, including health and social care, is fastest growing sector
- Expected retirement of 50-59 year old workers will affect construction, education, healthcare and retailing
- Increasing demand for high skilled workers with NVQ level 4 or more

5. SKILLS AND TRAINING

The Yorkshire and Humber region has the second lowest levels of literacy and numeracy among adults in the English regions. Only 45% of adults have NVQ level 3. The region is ranked seventh among regions in England. Only 21.2% of adults in the region have qualifications of NVQ 4. The UK average is 24.9%. Adult Education course enrolments in Yorkshire and Humber region are the lowest across all the English regions and take up by men is especially low (Yorkshire Futures, 2004).

At the national level, inactivity rates tend to be higher among the low skilled than the high skilled and, the Labour Force Survey shows that this is also the case for the Yorkshire and Humber region. As Graph 6 shows, inactivity rates for the low skilled tend to be about twice those for the high skilled. Just less than one-quarter of all respondents are in the 'low' skill group, who have skills below NVQ level 2. For older men (50-65) the 'low' skills group show a higher level of inactivity (38.4%).

Graph 6: Rates of economic inactivity and skill levels

Graph 7 shows that the impact of skill levels and health on levels of inactivity also show marked differences. For example, for men aged 50-64 inactivity rates vary from 12.6% for the highly skilled with no limiting health problem or disability, to 70.9% for those with a limiting health problem or disability and a low skill level. The contrast is similar for women with those with no limiting health problem and high skills having an inactivity rate of 11.9% to women with a limiting health problem and low skills having an inactivity rate of 70.8%.

Graph 7: Rates of economic inactivity, limiting long-term illness and skill levels

Low skill levels and limiting long-term illness make it more difficult for someone aged 50+ to be economically active. Both these factors contribute to increased social isolation, which makes participation in lifelong learning more difficult. Age exacerbates this process of social isolation even more. Programmes of lifelong learning are needed which target the 50+ group, informed by an understanding of how people of this age group view learning.

The example of Worsbrough community illustrates how levels of economic activity, skill levels and health are linked.

WORSBROUGH

Worsbrough is a former coalfield community on the outskirts of Barnsley with 9,516 inhabitants. It is in a semi-rural area. 24.2% of the population is aged 50-69 or 2,302 people. 99.4% of the population is white.

- 50.9% of the population is employed, 17.2% retired and 11.7% permanently sick or disabled.
- 18.7% of the population are skilled manual workers, 24.15 are semi skilled or unskilled workers. 23.2% are on state benefits and unemployed
- 45% of the population have no qualification and 10% have a degree
- 28.0% of the population reported that they had a limiting long-term illness with 16.9% reporting that they health was not good. For Barnsley, the local authority area, 43.6% of those aged 50-69 has a limiting long-term illness. If this rate is applied to Worsbrough, it

suggests that about 1,000 people aged 50-69 would have some limiting long-term illness.

- 15.7% of the population in Worsbrough is in 'not good health'. 25.6% of those aged 50-69 in Barnsley, the local authority, are in 'not good health'. If this rate is applied to the 50-69 year old age group in Worsbrough, it suggests that there are about 450 people aged 50-69 who are 'not in good health'.
- 12.5% of the population provide unpaid care.
- The predicted admission rate to hospital for mental health problems is relatively high at 514.32 per 100,000 population
- 56.5% live in owner occupied houses and 33.4% local authority rented
- 36.2% have no car or van

Source: Case Studies - Report for "Future Years" Yorkshire and Humber Regional Forum on Ageing
Lena Dahlberg and Maria Smith, Centre for Research and Evaluation, Sheffield Hallam University, 2005

Barriers to learning

The National Adult Learning Survey (NALS) (2001) found that type of occupation and age had a significant influence on learning. The highest learning participation rates are among those aged 20-49, but this declines to 74% (50-59), 49% (60-69) and 25% for people aged 70+. Half of those aged 50-59 and 75% of those aged 60+ said that nothing would encourage them to learn (NALS, 2001).

Attitudes to gaining skills and qualifications are influenced by occupation and levels of economic activity. Lowest levels of participation were found among people who were unemployed (68%), retired (48%) and in receipt of benefits (56%). There emerged a strong negative relationship between caring responsibilities and learning. Those caring for sick or people with disabilities report levels of participation in learning of 65%. Low-income households are also less likely to be active learners. Those with higher level of qualifications are most likely to be involved in learning. There is also a relationship between level of deprivation and participation in learning with people in the most deprived wards having lower levels of learning participation.

Lower proportions of women (73%) report learning during the previous 3 years than men (78%). Ethnic minorities have higher levels of participation in learning than the white population although when people of Asian origin leave full time education they are less likely to become involved in life long learning, especially Asian women (Bhopal, 1998). People with disabilities also have lower than average rates of participation in learning, especially for people with a work limiting disability (56%).

Learning at work

The MRS Consultancy (2004) found that individuals who were in work had more positive attitudes to training and re-skilling. People, who had re-skilled to find work, felt that that was the most positive experience, even more than finding work. However, those still looking for work were most resistant to training or re-skilling because they felt that past experience was enough to enable them to do a job. Yet, they felt that employers did not value it (MRS Consultancy, 2004).

Employers were also felt to be reluctant to train older people because they were seen as un-trainable. This belief is challenged by the findings of the National Employment Training Programme, which has found that people aged 56+ are 21% more likely than younger people

to complete their training and complete their target qualification (The Guardian 26 March 2005)

However, even many older respondents in the “Over 50s Employability project” research felt that training was a long-term investment and so was not relevant to them. Older people felt that their work-life balance has become less flexible and so they would not be able to benefit from training. There was strong support for more advice and guidance being made available for over 50s on the job market and the availability of life long learning for older adults’ needs (MRS, 2004).

Research commissioned by the Learning and Skills Council West Yorkshire on ‘Engaging Non-learners’, which included a number of older adult respondents found that there is often no single reason why people did not participate in learning but rather a combination of factors acted together (Hoshin, 2004). These factors were identified as:

- Lack of confidence
- Learning not seen as relevant
- Time pressures of existing commitments
- Financial pressures, for example, travel costs
- Lack of awareness of what is available
- Past experiences of education and work
- Benefits trap
- Having skills that are not longer needed
- Belonging to communities that see themselves as culturally and geographically isolated
- A widespread belief that learning will not change their lives

Hoshin found that the respondents from deprived districts in West Yorkshire had low levels of motivation to learn. The older respondents aged 45-54 had negative attitudes about the value of training. They felt that industrial decline was the reason why they could not obtain employment rather than having outdated skills and low levels of education. Women who were in low-paid, part-time work and caring for children were also less motivated to learn. Caring responsibilities of both parents and grandparents limited them to opportunities within school hours.

Previous experience of learning also influences attitudes. This might be school or more recent experiences of training, for instance through the Restart programmes. Many respondents felt that the government-sponsored training had not helped them.

Many respondents felt they were too old to learn and this was often linked to attitudes to securing work or better work. Several respondents felt that they were too old to work and had had direct experience of age discrimination in looking for work. For example,

“One Burmantofts resident had enquired about a full time computing course. He was deterred by a college in Leeds because he would be 54 years old on completion and was told that he would be too old to get a job with the new training.” (Hoshin, 2002)

The respondents who were more positive about learning, were often from less deprived areas. They wanted to learn for personal interest, or to help their children, as well as improving employment prospects. This supports the development of family based learning schemes where different generations learn together.

Many men who had been manual workers were not willing to learn new skills because they could only see themselves as manual workers. This suggests that people’s perceptions of who they are have an influence on whether they consider taking up opportunities to learn. Men who had disabilities often had more positive attitudes to learning because they felt it would

provide something to occupy them. Asian men felt English language training would increase their employment opportunities.

People felt that they wanted locally based learning opportunities so that the activities were part of the local community. They also wanted more information about existing provision. Some respondents wanted to learn computing skills so that they can keep up with children. Some people felt that learning was a way of bridging the generational skills gap. One example of a neighbourhood-learning network is based in Barnsley.

BARNSLEY NEIGHBOURHOOD LEARNING NETWORK (NLN)

The aim is to encourage adults to participate in learning, especially those who are disadvantaged or hard to reach. The neighbourhood learning network aims to provide effective support, information and advice for learners in order to build their self confidence, encouraging them to progress towards learning and increasing their employability. The initiative provides a two databases: one with information about learners their needs and progress, and a second with information about adult and family learning opportunities and support available in communities. Tools for auditing and planning community learning have also been developed.

A further objective is to work with partners to explore the potential of the Neighbourhood Learning Network to contribute on a neighbourhood level to the wider Workforce Development Agenda. Work to support this includes work with partners, for example, 'Information and Support Drop Ins' at GP surgeries in association with Action Team for Jobs. There is also an innovative pilot to develop links between the arts and care sectors in Barnsley.

Source: www.barnsley.gov.uk/education/

National policy

The White Paper "Skills: Getting on in business, getting on in work", published in March 2005, argues that older adults need better access to training, skills updating and re-skilling (DfES, 2005). It aims "*for 2.25 million adults to achieve functional competence in literacy, language and numeracy and over 3 million adults to achieve their first full level 2 qualification by 2010*". The objectives are:

- *"To support individuals in achieving their ambitions, through better information and guidance to identify the best options for them in terms of jobs, skills and training;*
- *To help all adults gain functional skills of literacy, language and numeracy and develop wider employability skills, with more opportunities for people to progress on to skilled trade, technical, graduate and professional qualification, going as far as their talents and drive can take them;*
- *To tackle the obstacles that people face in gaining fair access to training and jobs, including the barriers between welfare and work;*
- *To encourage the role that trade unions play in addressing skills needs and raising demand for training, recognising the shared gains for employees as well as employers that flow from greater investment in skills."*

The Government would like Learning and Skills Councils (LSCs), Regional Development Agencies (RDAs), Skills for Business Network, and other partners in Regional Skills Partnerships "*to agree what is best for the region*". Regional Skills Partnerships have to report back on their agreed approach by autumn 2005. This provides an important opportunity for organisations and agencies to influence the regional skills agenda in the Yorkshire and Humber region.

As part of the implementation of this White Paper, the government is proposing to invest £20 million per year between 2006 and 2008 in the cost of level 3 training, delivered in the workplace. This will be tested out in two regions, which have not yet been specified.

However apart from this extra funding, there will be no extra resources made available for adult training.

Funding for Learning and Skills Councils (LSCs) is primarily to provide education for young people and the remainder is spent on adults. Budget constraints are expected to impact in 2006-7 and community based 'other education' in the college sector will feel the effect of reduced funding. These short courses are often an important introduction to learning for older adults and help the process of transition into work (New Statesman 28 March 2005).

Contacts with the marketing departments of 10 Further Education colleges in the Yorkshire and Humber region in April 2005 showed that the pressure to meet national targets for 16-19 year olds, which is necessary to continue to access resources, is the current driving force in local colleges. One respondent said:

"There is no specific targeting to those over 16-18 because government funding (via the LSCs) is for 16-18 year olds and funding for the rest of the population has been cut. Government targets relate to 16-18 year olds and so FE colleges work towards these. It is an issue of national policy.

Colleges target the adult population, often as one block. This can include anyone aged over 25. One or two colleges were considering separating the marketing of their adult courses from those for younger people. However, there was little attempt to target specific sub-groups within the adult population. One respondent said: *We run evening classes for adults – but for adults as a group – not sub-groups targeted*". As an indication of how current funding is organised, one respondent said, *"Changes in adult education this year may result in only courses which can be accredited, being run.*

Employer Training Pilots

The 2005 White Paper "Skills: Getting on in business, getting on in work" is proposing to roll out the National Employers Training Programme as a result of the success of its pilot sites. The Employer Training Pilots were developed by the Learning and Skills Council to try and increase training of the adult workforce. The scheme was designed to involve employers more actively in encouraging their workforces to take up training opportunities. It works with employers to identify the most 'vulnerable and low skilled' members of their workforce. The employers then identify skills gaps in their business which affect productivity, and the type of training they require. There were nine centres in Yorkshire and Humberside, which organised and took part in this scheme. They are located in Doncaster, Brighouse, Doncaster, Grimsby, Hull, Leeds, Scunthorpe, and York.

Union Learning Fund

A second initiative that the Learning and Skills Council has supported is the Union Learning Fund. This aims to help meet targets for adult literacy and numeracy, Skills for Life and increasing the number of adults with NVQ levels 2 and 3. It also works to build up the capacity of trade unions to promote learning and develop learning organisations. Although it aims to increase participation for the whole workforce, there is a specific focus on those who have been disadvantaged, in accessing learning opportunities. Trade unions are encouraged to bid for funds in partnership with a wide range of groups and organisations.

Two examples of projects funded under through the Union Learning Fund are set out below. Caretrain recognises the problems of low levels of skills among workers in the care sector in South Yorkshire. The UNISON Hospital Learning Centre is addressing the problems of low skills among ancillary workers in the NHS.

SOUTH YORKSHIRE GMB: CARETRAIN

Caretrain aims to help workers improve their basic skills and complete vocational qualifications in line with new targets set out in the Care Standards Act 2000, which commits each home to ensuring at least 50 per cent of carers are trained to NVQ level 2 by 2005. This is a three-year national GMB project funded by the Union Learning Fund. The project is being piloted in the GMB's Yorkshire and Southern regions in homes run by Southern Cross Healthcare, the third largest provider of long-term care in the country, with 10,000 staff in over 130 homes.

Source: www.unionlearningfund.org.uk

UNISON: ORMSKIRK HOSPITAL LEARNING CENTRE

Porters, catering and housekeeping staff and health care assistants are among the non-traditional learners being targeted by the scheme. They are supported in their learning by a network of union learning representatives, whose training needs and development are carefully linked to the employees' own learning needs.

UNISON has negotiated a deal in which the hourly wage of ancillary grades completing Level 2 goes up, thus highlighting the links between lifelong learning and income.

Source: www.unionlearningfund.org.uk www.unison.org.uk

North Yorkshire

Research (KPMG, 2002) that mapped the provision of learning opportunities in North Yorkshire found that issues of data collection, in relation to adults using training facilities, hampered any analysis of the provision in North Yorkshire for adult learners. Records that are made do not adequately capture the numbers and extent of the participation of older adults aged 50+ in further education colleges and other training activities. There are also issues about the provision of advice about learning and training. The research results suggested that the supply of education and training is not meeting the needs of people who seek advice on lifelong learning (KPMG, 2002).

However, within North Yorkshire there are several examples of programmes that aim to meet the needs of people aged 50+, run by the University of the Third Age (U3A) and the Workers Education Association (WEA). As well as running a wide range of courses and activities, the U3A is currently involved in a European project, called eLSe which is teaching information communications technology (ICT) skills to older isolated learners, and women. The project has developed an e-learning scheme specifically for older learners (eLSe website: <http://www.el-se.org/en/>).

The WEA runs three types of programmes: general programmes run by volunteers, community programmes funded through external funding and workplace learning. These provide some useful examples of how adult education can meet local needs in a predominantly rural area.

WORKERS EDUCATIONAL ASSOCIATION (WEA) NORTH YORKSHIRE

In North Yorkshire, the highest number of learning-at-work programmes is offered in Scarborough (18) and Ryedale (5). UNISON has collaborated with the WEA in North Yorkshire to provide training for low paid, low skilled employees in the healthcare sector. This is an example of collaboration between adult education, NHS and trade unions.

Computing for Farmers is a specialist WEA programme which operates in 18 locations in 7 districts. Farmers are offered information communications technology programmes at various levels.

For the future, the WEA in North Yorkshire is developing new programmes with Primary Care Trusts (PCTs). It is also beginning to build in voluntary support into the programmes through the Voluntary Education Adviser scheme where past students encourage and support current students. There is also a Voluntary Mentor Scheme where experienced Voluntary Education Advisers support the voluntary advisers.

Source: www.wea-yn.org.uk

Lifelong learning, employability and health

There are links between educational attainment, employability and good health. A poor basic education makes it more difficult to achieve well-paid employment, which affects an individual's ability to provide for family, and health needs. Household incomes will be lower. There will be fewer opportunities available and this will lead to the continuation of inter-generational inequalities (RPHS, 2004). There is a recognised relationship between income and learning. The estimated social rate of return for some one gaining level 3 numeracy is 13% increase in pay and 12% increase for a level 1 literacy (DFES). To address employability, training and health, a health dimension has to be incorporated into life long learning. The Department of Health/ Department for Education and Skills 'Skilled for Health' initiative is trying to build programmes that incorporate both learning and health

AGE CONCERN CALDERDALE

Age Concern in Calderdale is planning to work with older people, staff and volunteers in care settings - including day care, sheltered housing and residential care to deliver a 10 week 'Skilled for Health' programme. The programme will cover health and learning issues, providing health promotion activities with a learning component.

Source: [Skills for Health update](#), Department of Health/ Department for Education and Skills 2004

Skills development is an important part of any return-to-work strategy. Although there is commitment at national level to increasing skills development of the older working population, the implementation of current funding arrangements, means that opportunities for older learners may become increasingly restricted. More local opportunities are needed to encourage people who are currently not in employment to enter into life-long learning programmes. It is also part of a longer process of supporting people to return to work.

Skills and training - key points

- The regional has low literacy and numeracy skill levels
- Both low skill levels and ill health contribute to economic inactivity
- Employed people tend to have more positive attitudes to learning than those not in work
- Many factors affect the attitude of adults towards learning
- Many people would like local opportunities to encourage participation in life long learning
- To reach people who have not recently participated in learning, programmes need to be organised by different groups and sectors working together

CARERS

The 2001 Census asked whether each person ‘*looked after or gave help or support to family members, friends, neighbours or others, because of long-term physical or mental ill-health or disability, or problems related to old age*’. Anything done as part of paid employment was not to be counted. This provides an important source of data about the extent of caring done by different groups in the population.

In Yorkshire and Humberside, 10.5% of the population provide varying degrees of care each week (9.1% of men and 11.9% of women). There is no breakdown of census data for the group aged 65-69, so the overall rate for those aged 50-74 will be considered. Map 12 shows the proportion of people aged between 50-74 providing unpaid care. The pattern is fairly consistent across the region, ranging from 16% to 21%. However there are gender differences in the levels of caring. Map 13 shows the ratio of men to women (aged 50-74) who provide some form of caring. Graph 8 shows the changes in level of caring by age and gender.

Map 12: Proportion of people between 50 and 74 providing unpaid care

Map 13: Ratio of women to men aged 50-74 providing some unpaid care

Graph 8: Level of caring by age and gender

Economic value of caring

In the last 15 years that has been a growing recognition of the extent of informal caring. In 1998, the Department of Health published a ‘National Carers’ Strategy’. There have also been attempts to calculate the economic values of informal caring. In 2002, Carers UK, a national voluntary organisation, attempted to calculate the value of informal caring, in order to compare it to the NHS, so demonstrating the effective public subsidy that informal carers provide. Age Concern (2004) did a similar exercise as part of a larger programme to value the contribution of older people to the economy.

The 2001 census results provide more detailed data about the extent of informal caring in terms of weekly hours of care. These can be used to calculate the economic value of the care delivered by people aged 50-74 in different local authorities in Yorkshire and Humber region. More details are set out in Appendix A: Carers Methodology.

Table 5 shows that the total value of care provided annually by people aged between 50 and 74 in Yorkshire and Humber region are £1,892.0 million. This figure is very similar to the figure estimated by Age Concern for Yorkshire and Humber region, which was £1,741 million.

In Leeds, North Yorkshire and Sheffield the annual value of informal caring is over £200 million in each authority. In Barnsley, Doncaster, East Riding of Yorkshire, Kirklees, Rotherham and Wakefield the value of informal caring is between £100 and £199 million in each authority. The value of informal caring in all other local authorities is at least £50 million per authority. If this care had to be delivered by public, private or non-profit providers then the cost would almost certainly be greater than £1,892.0 million because of the costs of organising and managing the care.

Table 5: Annual economic contribution of carers aged 50-74 in Yorkshire and Humber region

	Population with caring responsibilities (50-74)	Hours per week	Hours per year (millions)	Cost at £7/hour (£ millions)
Barnsley				
0-19 (av. 10)	6,919	69,190	3.5	£25.1
20-49 (av. 35)	1,596	55,860	2.9	£20.3
50+ (50)	3,472	173,600	9.0	£63.1
Total				£108.7
Bradford				
0-19 (av. 10)	6,079	60,790	3.1	£22.1
20-49 (av. 35)	957	33,495	1.7	£12.1
50+ (50)	2,103	105,150	5.4	£38.2
Total				£72.5
Calderdale				
0-19 (av. 10)	6,620	66,200	3.4	£24.0
20-49 (av. 35)	933	32,655	1.6	£11.8
50+ (50)	1,826	91,300	4.7	£33.2
Total				£69.2
Doncaster				
0-19 (av. 10)	8,913	89,130	4.6	£32.4
20-49 (av. 35)	1,903	66,605	3.4	£24.2
50+ (50)	4,201	210,050	10.9	£76.4
Total				£133.1
East Riding of Yorkshire				
0-19 (av. 10)	12,472	124,720	6.4	£45.3
20-49 (av. 35)	1,795	62,825	3.2	£22.8
50+ (50)	3,606	180,300	9.3	£65.6
Total				£133.8
Kingston upon Hull				
0-19 (av. 10)	5,403	54,030	2.8	£19.6
20-49 (av. 35)	1,347	47,145	2.4	£17.1
50+ (50)	3,191	159,550	8.2	£58.0
Total				£94.9
Kirklees				
0-19 (av. 10)	12,630	126,300	6.5	£45.9
20-49 (av. 35)	1,952	68,320	3.5	£24.8
50+ (50)	3,756	137,800	9.7	£68.3
Total				£139.2
Leeds				
0-19 (av. 10)	22,131	221,310	11.5	£80.5
20-49 (av. 35)	3,535	123,725	6.4	£45.0
50+ (50)	7,094	354,700	18.4	£129.1
Total				£254.6
NE Lincolnshire				
0-19 (av. 10)	4,829	48,290	2.5	£17.5
20-49 (av. 35)	793	27,755	1.4	£10.1

50+ (50)	1,812	90,600	4.7	£32.9
Total				£60.6
N Lincolnshire				
0-19 (av. 10)	5,142	51,420	2.6	£18.7
20-49 (av. 35)	929	32,515	1.6	£11.8
50+ (50)	1,940	97,000	5.0	£35.3
Total				£65.8
North Yorkshire				
0-19 (av. 10 hr/week)	21,875	218,750	11.3	£79.6
20-49 (av. 35 hr/week)	2,900	101,500	5.2	£36.9
50+ (50)	5,473	273,650	14.2	£99.6
Total				£216.1
Rotherham				
0-19 (av. 10)	8,786	87,860	4.5	£31.9
20-49 (av. 35)	1,788	62,580	3.2	£22.7
50+ (50)	3,793	189,650	9.8	£69.0
Total				£123.7
Sheffield				
0-19 (av. 10)	16,953	169,530	8.8	£61.7
20-49 (av. 35)	3,097	108,395	5.6	£39.4
50+ (50)	6,458	322,900	16.7	£117.5
Total				£218.6
Wakefield				
0-19 (av. 10)	9,700	97,000	5.0	£35.3
20-49 (av. 35)	2,096	73,360	3.8	£26.7
50+ (50)	4,451	222,550	11.5	£81.0
Total				£143.0
York				
0-19 (av. 10)	6,300	63,000	3.2	£22.9
20-49 (av. 35)	747	26,145	1.3	£9.5
50+ (50)	1,491	74,550	3.8	£27.1
Total				£59.5
Total value for Yorkshire and Humber region			268.2 million hours per year	£1,892 million per year

The estimated economic value of informal caring by people aged 50-74 in the Yorkshire and Humber region is significant. More research is needed to develop a more detailed profile of caring responsibilities for the age group 50-74. This would show the balance of caring for children and for older people. This information is needed because it would help to understand the type of support that carers' need to either re-enter the labour force or take part in life long learning.

Carers face many barriers if they want to continue in the labour market when taking on caring responsibilities or, when they no longer have these responsibilities. The implications of the extent of caring responsibilities for the 50-74 year age group need to inform the development of programmes for life-long learning and support for employment. Women aged 50-59 have considerable caring responsibilities. There has been much attention focused on childcare support needed if women are to participate in the labour force. Similar commitment is needed to support older people who are caring for older family members and friends.

There are several projects funded through the European Social Fund in the region, which aim to provide opportunities for carers to consider options for the future including training and re-skilling. These include the Changing Lives Project in North Yorkshire and Action for Employment and Carers in West Yorkshire. A much more comprehensive programme of activities is needed throughout the region, if people aged 50+ with caring responsibilities are to have the opportunities to consider their futures.

THE CHANGING LIVES PROJECT

The project provides information and support for carers who would like to pursue an interest, activity or job of their own. It aims to build self-confidence and self-esteem of carers so that they can think about new options for the future. This might be a return to learning, vocational or recreational, or returning to paid employment.

The Changing Lives Project provides:

- One to one support
- Information on local learning opportunities
- Signposting to other organisations for information on learning or education, jobs, careers

The project works in the districts of Hambleton and Richmondshire

Source: <http://www.communicate.co.uk/ne/hrcarerscentre/index.phtml>

ACTION FOR CARERS AND EMPLOYMENT (ACE)

Kirklees Carers Gateway, a service that provides information and support to carers across Kirklees, runs a course that allows carers and former carers to participate in personal development, update knowledge and skills and assess options for the future.

The ACE club is not just about helping carers into paid employment, but also about providing information for carers who may wish to enrol on training courses, either vocational or recreational, or become involved in voluntary work. The course is offered in an informal and supportive environment and there is no pressure for carers to apply for jobs or further training.

Source: <http://www.kirklees.gov.uk/community/health-care/carers/ace.shtml>

Carers - key points

- Both women and men in the age group 50-74 provide over 269 million hours of informal caring each year
- The annual economic value of this care is at least £1,892 million
- Carers of older people need specific support in the same way women wanting to participate in the labour force are increasingly provided with childcare
- When caring responsibilities cease, people will need support to consider future options if they are to re-enter the labour market

THE SOCIAL ECONOMY

The concept of ‘social economy’ is becoming widely used to describe a sector that draws in people, resources and other assets from local communities to provide a range of service that can meet the needs of local people. This includes the voluntary and community sectors as well as community businesses. There is a growing recognition that the ‘social economy’ has an important role to play in the development and delivery of public services. It is already active in health and social care services. ‘*Social economy A Development Framework for Yorkshire and the Humber*’ identifies the potential role that the sector can play in the Regional Economic Strategy including providing employment, training and skills development.

The voluntary and community sectors already provide an important source of employment, voluntary work and services for older people. Recent research, ‘*Rural Lifelines Older*

People and Rural Social Enterprises (Plunkett, Prime, The Countryside Agency, Age Concern, 2005), found that rural social enterprises provide essential services for older people but that older people also contribute substantially to the running and delivery of these services through voluntary activities and as members of management boards. However the survey also found that support agencies do not “consciously measure the extent to which older people are either beneficiaries or participants of rural social enterprises” Very few agencies feel that services should be tailored to reflect this, but rather feel “it a virtue that their services are not tailored to the needs of specific groups” (Plunkett, Prime, The Countryside Agency, Age Concern, 2005). They do however, recognise differences between supporting urban and rural activities.

In the Yorkshire and Humber region, some of the largest Voluntary Action Councils (VAC) deliver several areas of work that directly affect people aged 50+. Voluntary Action Councils play an important role in providing support for carers, through facilitating self-help carers groups and working in partnership to obtaining funding for Carers Centres, for example, Hull, Doncaster. Most Voluntary Action Councils run a volunteer bureau, which provides information about local volunteering. Volunteer activities seem to be targeted to both younger people, encouraged by schemes such as Millennium volunteers, and older people. Doncaster Voluntary Action Council support a Community Health Action Forum, which provides a collective voice for user/ carers and voluntary/ community groups to work in local health services, so contributing to reducing health inequalities.

AGE CONCERN

In 2004/5, Age Concern had 24 active federation members in the Yorkshire and Humber region, working in all the main towns and cities. These independent voluntary organisations collectively employed over 1000 staff (full time and part-time post counted) and collectively over 2500 Volunteers registered supporting and developing service delivery across the region.

The collective income of these organisations was over £11 million made up of approximately 60% inward investment, i.e. Local authority/ Primary Care Trust contracts and the rest from external sources of funding such as the Lottery, Europe, Trust funds and central Government sources.

Source: Kate Adams, Regional Co-ordinator Yorkshire and Humber region adamsk@ace.org.uk

There have been several studies commissioned by the voluntary sector to estimate the value of the sector to the local economy in the Yorkshire and Humber region. Lewis (2001) estimates that the number of voluntary organisations in the region is at least 20,000 and could be as high as 48,000. At least 45,000 people are employed in the sector with at least 300,000 people working as volunteers in the sector. This could be a much higher figure of 2.2 million. Lewis estimates that the economic contribution of volunteering is at least £48 million, which is based on an hourly rate of £5. The economic contribution of the voluntary sector to GDP is estimated at between 0.95% to 2.5% of regional GDP which is £0.5 - £1.3 billion in money terms.

Although these figures are estimates, they can be used to make some form of estimate of the contribution that older people make through volunteering in the sector. Assuming that almost half of all volunteers are over 50 (Plunkett, Prime, The Countryside Agency, Age Concern, 2005) this means that that the economic value of their voluntary work is about £24 million. The methodologies used to develop these estimates are problematic but they are useful in providing some sense of the value of the voluntary / community sector and of the contribution of older people.

Social economy - key points

- The social economy plays an important role in delivering services - health and social care - for older people
- Older people contribute to the sector through work as volunteers and management board members which in turn can be valued at over £24 million for the region

CONCLUSION

Overall conclusions

Population projections show that by 2021, over 50% of the population in the Yorkshire and Humber region will be aged 45+. The size of the older working population (45-64) is expected to increase to 23.1% of the population by 2011, a more rapid growth rate than for the UK. The Yorkshire and Humber region faces a rapid decrease in the size of the labour force due to retirement over the next decade in many sectors. There is also a growing demand for a higher level of skills, which will not easily be met in a region, which has low levels of literacy and numeracy skills.

The levels of economic inactivity among the age group 50+ are higher in the Yorkshire and Humber region than for the UK, with the main reasons being ill health and family responsibilities.

The region has relative high levels of limiting long-term illness and people reporting 'not good health'. Local authorities in South Yorkshire, West Yorkshire and Hull have the highest levels of limiting long-term illness for the 50-69 year age group. The highest levels of economic inactivity are also found in these districts. Both health and skills levels influence levels of participation in the regional labour market. The links between employment, income, health and education are becoming more widely recognised.

The changing population structure and the effect that this will have on the regional labour market means that different approaches will have to be taken to both keep people in the workforce for as long as possible and to support people, not currently working, to return. The role of education and training is recognised as central to the development of the regional economy and this will now have to be applied to strategies that actively support the 50-69 year age group.

The need for broader skills development and training is recognised at national level but there is still a strong emphasis on the younger population. This is reflected in the priorities set at regional level in the Framework for Regional Education and Skills Action (FRESA), which does not target the 50+ age group specifically. Research shows that if people are to be encouraged to take up new learning opportunities they have to be carefully planned and supported at local level, if they are deal with the many factors that contribute to making learning more difficult, for those excluded from the labour market.

There are high levels of informal caring throughout the region, partly a result of high levels of limiting long-term illness. The contribution that people aged 50-74 make to informal caring in the region is extensive and has been valued at £1,892 million per year. If formal care providers provided this care, the cost would be much greater. This needs to be recognised more widely and inform the development of initiatives that enable carers to take part in lifelong learning and re-enter the labour market. This is particularly important for women.

Policy implications

The findings of this report have implications for policy at national and regional level. Any policies targeted at the 50-69 year old group have to begin by distinguishing between those in the age group who are economically inactive on a voluntary basis and those who are not. Those who are inactive on a 'voluntary' basis would include, people who have taken early retirement in good health and have adequate occupational pensions and carers who are looking after children or older relatives. They have chosen to become inactive. People who are ill or disabled with low skills have not chosen to be inactive and so are not inactive on a 'voluntary' basis. The 'voluntary' inactive group would not be an appropriate target for helping people back into work. People who have long-term limiting illness or have disabilities with low skills are a clearer target for policies to support people back into work.

The New Deal policies are specifically aimed to provide both encouragement and inducements for people to return to work. There is some evidence to support the argument that people aged 50+ do face some specific barriers to re-entering the labour force if compared to younger workers. Skill levels and employment attitudes to training seem to be two issues that need addressing if older workers are to be encouraged to re-enter the workforce. Government policy has to start to address these issues and perhaps modify the existing New Deal framework.

Any New Deal for 50 + programme will need to be adequately resourced. Evidence shows that older workers returning to work after a long period out of the workforce need extensive support over a long period of time. People with limiting long-term illness also need support to manage their condition within a work environment. There are political arguments to support better resourcing for programmes for this older age group because of the changing population structure and the future demand for labour as well as concerns about pension provision.

There are a wide range of schemes and initiatives in the region that benefit older workers but there seems to be little monitoring of how this age group take-up services and training. Information gathering, research and systems of monitoring and evaluation need to be more actively aware of issues relating to age. Essential elements of age management programmes need to be more widely disseminated and understood, at all levels, so that policies, strategies and practice take into consideration the needs of different age groups. Specific age discrimination legislation would only be effective if there is a better-shared understanding and commitment to changes in employment practice.

The NHS has already started to play a more active role in drawing people into employment and training. Due to the large proportion of its workforce in the 50-59 year old age group, it has had to address issues of recruitment and retention for older workers. This type of approach could be adopted by other sector, including local authorities.

The 50-69 year age group also contributes to the voluntary and community sector through volunteering and other unpaid activities. This sector is undergoing extensive changes and evolving into a wider sector that includes community businesses as well as the longer established voluntary and community organisations. During this period of change, the sector should focus more on monitoring the roles that people aged 50+ play in the sector, so that they can benefit proportionately from capacity building and skills development programmes. This could then provide opportunities for the 50-69 year age group to take part in the development of new social enterprises.

Strong leadership at regional level is needed to address the needs of people aged 50+ in a more systematic and effective way. Initiatives that are taking place in different sectors in the region have to be drawn together and located within the regional planning framework. Regional agencies must target this age group more actively in regional skills and training strategies.

A series of indicators are set out below which would help to show whether changes were taking place to meet the needs of people aged 50-69 in the regional labour market.

Indicators showing regional labour market improvements

Age management strategies

- Increase in the number of public sector agencies that have active age management strategies
- Increased sharing of good practice in age management strategies between public and private sectors

- Regional public policies and strategies to reflect a stronger awareness of the needs of the 50-69 year age group

Health

- Increase preventive health programmes in workplaces that enable older people to continue working with long-term health conditions
- Promote further initiatives that support collaboration between primary care, local workplaces and occupational health services
- Further promotion of the NHS disease management programme

Education

- Targets for 50+ population included in the FRESA
- Introduce monitoring of course participation in FE colleges for different age groups, for example 16-18, 18-24, 25-49, 50-64, 64-75, 75+ (not just 16-18 year age group)
- More active lobbying by regional agencies of central government on the needs of 50+ age group for lifelong learning and appropriate funding
- An expansion of the number of local learning networks (e.g. Barnsley)
- Expand the workplace training projects that link skills development with increased pay

Carers

- An increase in the number of projects for carers that combine increased access to lifelong learning and employment, throughout the region

Social enterprise

- An increase in monitoring of 50+ participation in voluntary and community activities, including participation in capacity building
- An expansion of social enterprises that provide job brokerage/ recruitment services for older people (50+)

Public sector

- Extension of the NHS Employability project to local authorities in the region
- Dissemination of **Improving Working Lives** to local authorities
- Pre-retirement courses actively promoted and take up monitored in all public sector organisations