

PENNELL NETWORK NEWSLETTER January 2007

Welcome to the first Pennell Network Newsletter. We hope the network becomes a lively forum for the exchange of news and views and that future newsletters include contributions from members. We look forward to working with you to help improve the work, health and well-being of women in mid-life.

Participate in the development of the NHS mid-life life check

The Department of Health (DH) has asked Help the Aged (HTA) to organise user groups to evaluate the prototype of a mid-life life check designed to support individuals to maintain and improve their health and well-being. The DH are keen to make sure that the mid-life check is designed in a way that the public wants.

HTA and TAEN – The Age and Employment Network are looking for 'key informants' (sorry about this official term!) to find 10 people aged between 45 and 60 willing to trial the prototype and then to discuss it with them. It will take a user around 10 minutes to work through the prototype. The informant will then follow up with a 15-minute interview which should ideally be conducted face-to-face or, if this is not possible, by phone.

Informants will then later take part in a half-day workshop where they will focus on the mid-life life check and the prototype trialled. The workshops will be scheduled between 19 March and 20 April.

Anyone interested in participating in the development project as a 'key informant' should contact:

Anna D'Agostino.

Tel: 020 7843 1579

anna.d'agostino@helptheaged.org.uk

Costs will be covered.

First authoritative statement on relationship between work and health

Is Work Good for your Health and Well-Being? by Gordon Waddell of Cardiff University and A Kim Burton of Huddersfield University, was published by the Department for Work and Pensions in the autumn. For the first time, there is an authoritative statement, based on a comprehensive study of the available scientific evidence, about the relationship between work, unemployment and health.

The report is carefully worded because it deals with sensitive territory. Circumstances that are good one week may shift marginally the next week to be negative. What is benign for one person may be harmful for another. Perceptions and attitudes, not hard facts, are hugely important.

With all those provisos, there is a positive message about the value of work and the negative impact of unemployment:

"Work is generally good for physical and mental health and well-being of healthy people, many disabled people and people with common health problems.....Sick and disabled people should wherever possible remain or

re-enter work as soon as possible. because it is therapeutic, promotes recovery, participation, quality of life and reduces poverty."

But for work to be beneficial it should be 'good' work, defined by safety, fairness, job security, personal fulfilment, job satisfaction, good communications, personal autonomy and a supportive environment.

The authors say that it is difficult to disentangle the health impact of work, unemployment or retirement from that of ageing and from the 'health selection' effects (those with health problems leaving the workforce). Early retirement may be a result of health problems, involuntary job loss or voluntary exit from the workforce, each of which may have different financial, social and health effects. But they conclude:

"The available evidence suggests that continuing to work, at least up to state retirement age, is not harmful to health or mortality in older workers."

Worklessness is associated with poorer health and well-being.

These conclusions apply equally to people with cardio-respiratory, musculo-skeletal and common mental health problems. They apply equally to manual and physical activities as to non-manual work. They apply to all ages. However, they also feature a major 'social gradient'.

Women, work and health

Hard on the heels of the November launch of the joint Help the Aged/TAEN evidence review **Older Women, Work and Health** available on www.taen.org.uk/resources/health, came the World Health Organization (WHO) publication: **Gender Equality, Work and Health**. Both reviews

highlight the gender bias in occupational health studies which largely exclude women and their concerns despite their increasing participation in the labour market.

According to the WHO review, researchers do not often consider sex-specific factors when designing studies and analysing data. The authors call for a change in methodology and collection of sex-disaggregated data to correct the 'gender-blind' nature of occupational health research. They also stress that women's work-related health cannot be understood unless interactions between the health hazards within the workplace and outside it are considered.

A copy of the publication is available on:

www.who.int/occupational_health/publications/genderwork/en/index.html

The impact of the menopause

The menopause is a little discussed subject at work although the number of older women in employment continues to grow. A 2006 research report **Women Police Officers: Ageing, Work & Health**, commissioned by the British Association of Women in Policing, explores the experience of ageing at work with particular reference to the menopause, and its impact on the well-being of women police officers aged 40+.

The report by Professor Amanda Griffiths and her colleagues at the Institute of Work, Health & Organisations at the University of Nottingham comprises a review of the scientific literature on work, health and ageing with reference to the menopause and the findings of a survey of 941 women police officers.

The aspects of the menopause which respondents felt most affected their capacity to function normally at work were fatigue and insomnia. Just under half reported perceived lower levels of physical fitness, loss of concentration and forgetfulness. Yet a large majority (87%) said they felt the Police Service had the same expectations of the physical capabilities of younger and older officers.

Drawing on the respondents' suggestions for changes at work that would best help them, the authors recommended:

- Raising awareness of ageing and health issues in general, and the menopause in particular, among managers and colleagues (embarrassment and having male or younger managers were key barriers to disclosing menopausal status)
- Increasing access to informal (e.g. women's networks) and formal sources of support (e.g. Occupational Health)
- Improving aspects of the physical working environment (e.g. better general facilities including ventilation, provision of restrooms, access to cold drinking water; more comfortable uniforms and a reduction of weight of equipment to be carried when on foot)
- Allowing more flexibility in job roles and working arrangements.

See www.bwp.org for more detail.

Collaborating organisations sought for research project on coping with the menopause at work

Amanda Griffiths and her colleagues are now embarking on a project to identify the challenges the menopause poses for women in various working environments. With a grant from the British Occupational Health Research

Foundation, they aim to produce advice for women on how to cope with the transition and to provide information for employers about how women working through the menopause can be managed sensitively and sympathetically.

They are currently looking for collaborating organisations. The research process is not time-consuming and involves the completion of an anonymous, confidential questionnaire (ideally electronically). They hope to send the questionnaire out early this year after some initial piloting exercises. Each organisation would receive a full report detailing the results, and an executive summary as relevant to their own organisation, as well as an overall (anonymised) report from the overall project. Key stakeholders will be invited to collaborate in the progress and approval of the project at all stages.

Anyone who would like to know more about this important study, and who might like to join them should contact:

Professor Amanda Griffiths:
amanda.griffiths@nottingham.ac.uk
Tel 0115 846 6637 or Dr Sara Cox:
sara.cox@nottingham.ac.uk Tel 0115 846 6637

First National Director for Health and Work

Dame Carol Black, a former President of the Royal College of Physicians, took up her post as the first National Director for Health and work in late August 2006. Her role is to spearhead initiatives promoting and improving health in the workplace, and ensuring people with health conditions and disabilities are supported to enter, return to and continue in work.

In an interview with *Occupational Health* magazine in October, she laid out a number of her priorities which included learning about employers' issues; persuading them to invest in Occupational Health (OH) services; encouraging GPs to develop an interest in OH; raising awareness among healthcare professionals of the benefits of work for health and recovery and the negative consequences of being out of work; and developing the OH evidence base.

Understanding the babyboomers

The IDeA Healthy Communities Knowledge Site has a section on understanding the mid-life generation in which Dr Gillian Granville looks at the implications for post-war baby boomers, and policies to address their needs as they face retirement.

See www.idea.gov.uk

Health and Safety in the changing workplace

The Health and Safety Executive (HSE) held its first horizon scanning conference - on health and safety in the changing workplace - in late November. Horizon scanning is the process by which the HSE ensures that it is aware of developments, trends and changes in the medium to long-term future that could have an impact on its ability to act as a promoter and regulator of health and safety in Britain.

For more details on the conference itself and reports on what HSE considers the current issues (which include demographics/age and ageing), visit the Horizon Scanning section of the HSE website: www.hse.gov.uk/horizons/index.htm

NICE draft guidance on osteoporosis

Help the Aged has expressed its deep concern over the recent recommendations made by the National Institute of Clinical Excellence (NICE) in their draft guidance for the primary prevention of osteoporosis. The recommendation that women under the age of 75 should not receive drug treatments to prevent broken bones due to osteoporosis is highly alarming.

The National Osteoporosis Society, in its submission to NICE, said:

"With HRT no longer offered to women at high risk of osteoporosis doctors really need some useful guidance on how to treat and manage women aged between 50 and 75 who are at risk of this disease. But the draft guidelines from NICE are not it. By limiting preventative treatments to the over-75s NICE is failing to acknowledge younger women whose absolute risk of breaking a bone may be just as high as that of older women. They exist and they are angry, if the correspondence we have received is anything to go by. In fact we are all appalled at NICE's complete failure to consider their needs."

Management of long-term sickness and incapacity: NICE public health guidance

NICE is currently inviting interested organisations to participate in the process of preparing guidance for primary care and employers on the management of long-term sickness and incapacity. A stakeholder meeting will be held in Central London on 19 February. More information on the programme can be found at: www.nice.org.uk/page.aspx?o=350209

The Work and Families Act 2006

New legislation extends the right to request flexible working to carers of adults from April 2007. This will help many women with responsibilities for looking after elderly and frail relatives.

Newsletter contributions

We welcome contributions to the newsletter. Please contact Corinna Stowell at TAEN or Anna d'Agostino at Help the Aged if you would like us to include a contribution or if you want to draw our attention to a news item, an event, an interesting development, piece of work or research.

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