Well-being through work
Finnish population 1960-2075

Statistics Finland, estimate

In estimate:
1) *Birth rate* 1.85 child per woman
2) *Net immigration* 15,000 persons per year
3) *Mortality change* remains on observed level till 2060

- Growth in proportion of pensioners
- The number of active age people does not diminish

- = 65 +
- = 15-64 years old
- = 0-14 years old
Older age groups at work in Finland (%)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1994</th>
<th>2000</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>55-59 v.</td>
<td>48,7</td>
<td>59,3</td>
<td>72,7</td>
</tr>
<tr>
<td>60-64 v.</td>
<td>16,9</td>
<td>23,4</td>
<td>41,8</td>
</tr>
<tr>
<td>65-69 v</td>
<td>4,6</td>
<td>5,3</td>
<td>11,7</td>
</tr>
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E.g. education, profession, and economical trends in the beginning of one's career have an effect on careers.

Reference: Statistics Finland
The labour market confederations' agreement concerning the extension of work careers

The Government Programme in Finland includes an agreement on the intended increase of the average pension age to at least 62.4 years by the year 2025.
Measures related to the earnings-related pension scheme

• Increasing co-operation between pension providers and occupational health care (Ministry of Social Affairs and Health, labour market confederations, earnings-related pension institutions)

• “The ways in which authorised pension providers might more effectively support the collaborative early intervention activities of the workplace and occupational health care shall be clarified. The aim is to increase the interaction between collaborative occupational health care within the workplace and the expertise of the pension institutions and, thereby, to intervene, at an earlier phase, in cases running the risk of entering the sphere of disability pension. The key focus is on the efficacy of occupational health care and its assessment.”
• Acceleration of access to treatment based on work capacity criteria
  • The authorised pension providers would initiate a pilot project for the purpose of accelerating access to treatment. Specific criteria were to be set on treatment reimbursement.

• Creating the game rules for work wellness activities within the earnings-related pension scheme

• Developing functional rehabilitation processes
  • Occupational health care shall assume responsibility for the coordination of the rehabilitation (medical rehabilitation, vocational rehabilitation) as part of comprehensive care
• Developing occupational health care
  • Improving the availability of occupational health care services
  • Health care for small businesses
  • The possibilities to introduce the use of a monitoring tool ("chip card") that contains an employee’s health information shall be clarified.

• Developing occupational health care competence and co-operation
  • Increasing the knowledge of working life, work capacity assessment and social insurance as part of all basic training for health care personnel as a means of developing occupational health care competence
Promoting work wellness in the workplace

• Programmes for ageing workers and individual career plans - the labour market parties shall draft a common model for the initiation of programmes for ageing workers

• The elements of the workplace model include, among other things, flexible working hour arrangements, health examination programmes and training activities aimed at senior employees.

• The workplaces can ensure the application of these programmes on the individual level in the form of, for example, individualised career plans.

• The labour market confederations recommend that the member unions survey, within their own fields, the current situation as concerns work wellness activities and on that basis, draw up a general procedural programme. The labour market confederations will draft a general checklist of issues to consider.
Reforms entering into force 2014-2015

- Early old-age pension will be eliminated. At the same time, the status of those receiving a continued unemployment allowance will be clarified with regard to early old-age pension.

- The minimum age limit for part-time pension will be raised to 61 for those born in or after 1954 in 2015.
The Ministry of Employment and the Economy will set up a working group to prepare a strategy for the development of working life, which will be completed in early 2012.

The aim is to simultaneously improve the employment ratio, productivity of work, quality of working life, and wellbeing at work.
Cases
Utilizing the work ability a worker still has – a program in waste collection service etc.

• A program to manage work ability started at 2005

WHY
• Sickness absences and problems in work ability
• Personnel (N~8700) in physically demanding work in e.g. waste collection

HOW
• The model was created in co-operation of line management, personnel, occupational health personnel, and insurance companies
HOW

• Resources in work ability management were tripled:
  - a work ability controller hired
  - a sickness fund was established,
  - Occupational Health Care was centralized to one organization and to medical doctor
• Prevention
• Early interference
• Professional rehabilitation
  - analysis and tailoring of the task and working hours
• Occupational health surgery
Results

• Sick leaves decreased 24 %
• The costs of pensions due to work disability or accident decreased 40 %
• Number of work accidents decreased 50% 
• The mean age for workers leaving to the retirement pension has increased from 59,4 years to 62,4 years
• About 70 persons saved from work disability pension

Well-being At Work – project of the Technology Industries 2010-2013

• Project of social partners in technology industry

• Social partners have collectively agreed to improve well-being at work in companies of Technology Industries
  • pilot stage 2011
  • expansion stage 2012-2013
Main goals of the project

- Improving staff well-being in the companies
- Maintaining work ability
- Developing working life and cooperation
- Developing and spreading good instruments and practices
Thank You!