

# Centre for Ageing Better response to Work and Health Green Paper

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# Introduction

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This paper sets out the Centre for Ageing Better's response to the Work and Health Green Paper. We welcome the focus on promoting work as a health outcome, and the recognition that people with health conditions face particular barriers in relation to employment. Our response is structured against the chapters and specific consultation questions in the Green Paper.

Of all disabled people out of work, half (49%) are aged 50 to 64. Government and society cannot tackle the disability employment gap without addressing the specific barriers faced by older people with health conditions. Our response draws on our own research, the existing evidence and consultation with key stakeholders in the fields of health, employment and ageing to suggest specific measures and opportunities to do this more effectively.

We look forward to continuing to engage with the Work & Health Unit as it takes this policy area forward.

## About the Centre for Ageing Better

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The Centre for Ageing Better is an independent charitable foundation. We are funded by an endowment from the Big Lottery Fund. We are part of the network of What Works organisations that promote the better use of evidence.

Our vision is a society where everybody enjoys a good later life. We believe that more people living longer represents a huge opportunity for society. But changes are needed so more people enjoy good health, are financially secure, are socially connected and have a purpose in later life.

We bring about change for people in later life today and for future generations. Practical solutions, research about what works best and people's own insight are all sources that we draw on to help make this change. We share this information and support others to act on it. We also try out new approaches to improving later lives.

# Key messages and summary of recommendations

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**The disability employment gap cannot be tackled without recognising and addressing the distinctive needs and circumstances of older people with health conditions.**

**Policy must promote a personalised, multi-dimensional approach that is responsive to individual circumstances and characteristics.**

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## **Chapter 1: Tackling inequalities related to work, health and ageing**

- The Centre for Ageing Better has identified a range of opportunities for innovation (in relation to assessment, employment support and retention / preventive health support at work).
- We will continue to feed the evidence from our research and innovation to the Department, and we would like to explore an ongoing relationship with the Work & Health Unit to develop and communicate the evidence base on employment of older people with health conditions.

## **Chapter 2: Supporting older disabled people and those with health conditions into work**

- Government should target intensive retraining and re-employment support at specific occupations, sectors and places with higher risks of ill health and health-related exit.
- Government should continue to trial health-led approaches to employment support.
- Government should trial household-based approaches to health and employment support.
- Government should provide a specialised support offer to claimants aged 50 and over recognising the particular circumstances of this age group.
- Government should trial intermediate labour market interventions to incentivise employers

to 'take a chance' on workers with health conditions.

- Government must ensure that providers are appropriately incentivised to focus on sustained employment outcomes for workers with health conditions.

### Chapter 3: Older people in the working age benefits system

- Health and support assessments should be separate from the financial eligibility assessment, although decisions on financial support must be based on the health assessment.
- Health and support assessment should be focused on functional capability and addressing key barriers to employment. Government should consider providing this support through the NHS.
- Government should trial new approaches to holistic assessment of health and functional capability, such as the WorkAbility approach used in Scandinavia.
- Government should ensure that for people aged 50 and over, the benefit system acts to smooth the transition from working age disability or health-related benefits to State Pension.
- For example, government should explore allowing a form of early access to State Pension for older people with health conditions.
- Government should institute a flexible approach to blending employment income and benefits for people with health conditions.

### Chapter 4: Supporting employers to create age-friendly workplaces for older workers with health conditions

- Government should promote full and equal access to flexible working arrangements (hours, location and job roles) to help the whole workforce, including older workers, to manage health conditions at work.
- Government should promote full and equal access to workplace adaptations.
- Government should consider regulation, financial support, training and guidance and other incentives to encourage employers to take a preventive approach towards supporting older workers with health conditions.
- Government should explore ways to extend coverage of occupational health and wellbeing support to smaller employers and self-employed people, such as an NHS-led occupational health service for self-employed workers
- Government should stimulate innovation related to workplace-based prevention and management of slow-onset conditions.
- Government should introduce a right to return to work after a health-related absence.
- Government should trial approaches to promote earlier employer engagement and follow up with staff during a period of sickness absence.
- Government should clearly communicate to employers and the public that existing anti-discrimination legislation applies equally to all employees regardless of age.

- The Equalities & Human Rights Commission should seek to bring appropriate test cases to establish the duty to make reasonable adjustments for age-related impairments in case law.
- Government should explore extension of Statutory Sick Pay to people in self-employment.

## **Chapter 5: Supporting employment through health and high quality care for all**

- Government should incentivise health services to pursue sustainable employment outcomes.
- Government should trial new approaches to rehabilitation.
- Government should trial new approaches to holistic assessment of health and functional capability in place of the existing fit note certificate.

## **Chapter 6: Building a movement for change: taking action together**

- The existing Disability Confident campaign should include specific strands for older disabled people.
- Government should continue to promote and support the Business in the Community Age at Work target of 1 million more people aged 50 and over in fulfilling work.
- Public sector employers can take a lead in ensuring all staff have access to flexible working arrangements and preventive health support.

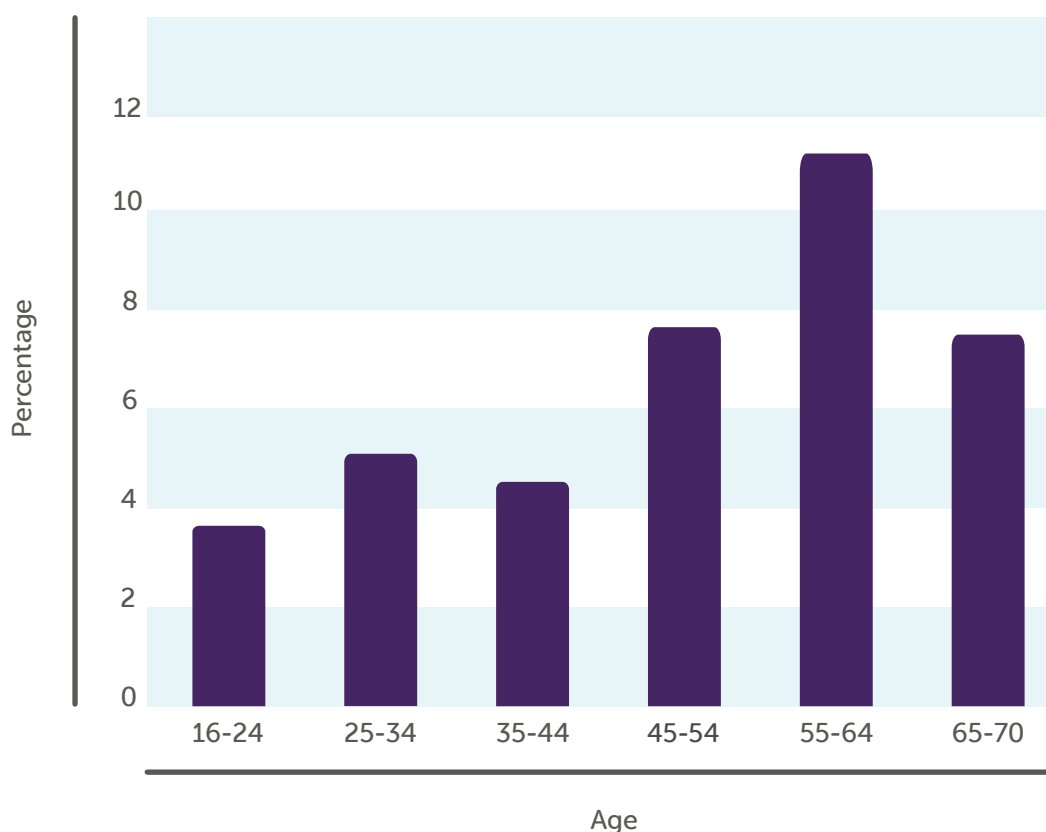
# Background: work, health and ageing

We are living longer and working longer. Good quality work in later life can contribute to better health, provided that work is suitable for individual conditions and circumstances (Waddell G & Burton K A, 2006). However, less than half of people are still in work the year before they reach (current) State Pension Age (DWP, 2017). Ill health is the single biggest factor that pushes older workers out of work, overriding other considerations (Marvell R & Cox A, 2017).

## Prevalence of health conditions increases with age, as does the impact of poor health on employment status:

- 44% of people aged between 50 and State Pension Age have at least one long-term health condition (DWP, 2017).
- While short-term sickness absence is no more likely among older workers, long-term absence is.

### Percentage of employees with a long term sickness absence by age

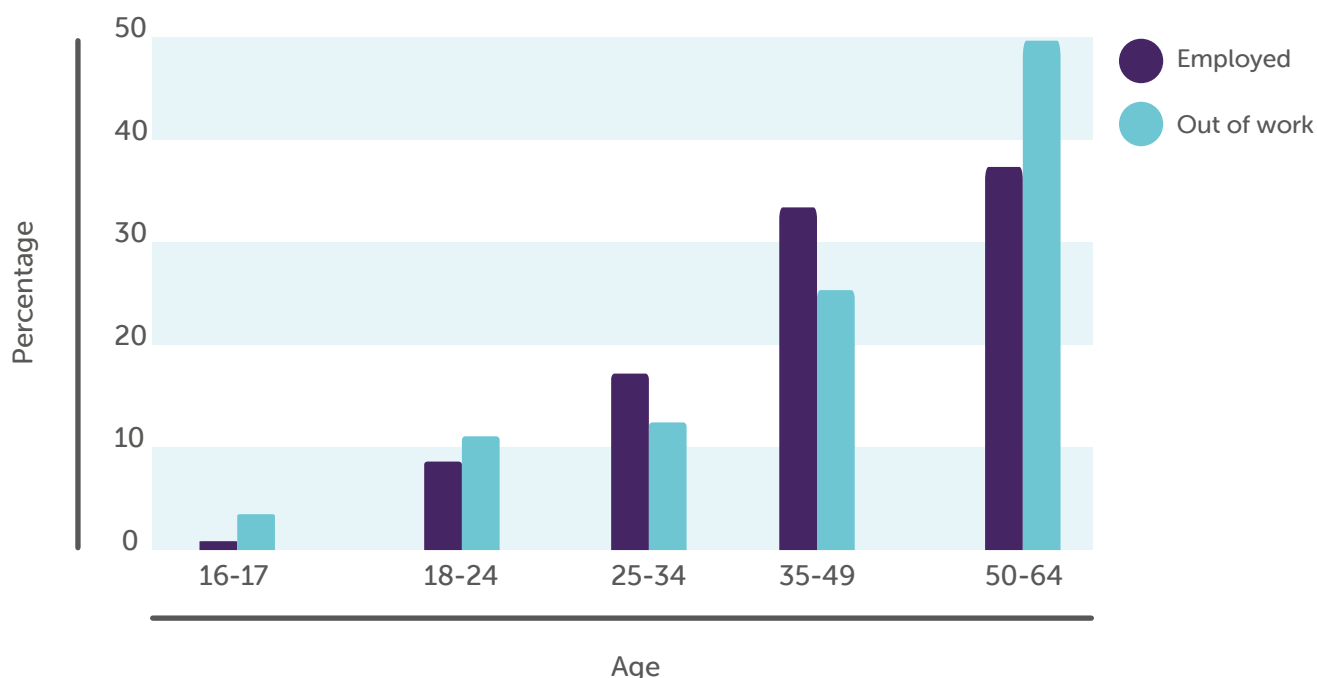


Source: Labour Force Survey 2014



- Of all disabled people out of work, half (49%) are aged 50-64.
- Most disabled people aged 25-49 are in work.
- Most disabled people aged 50-64 are not in work.

## Age of disabled people by employment status, UK Q2 2016



Source: Work and Health Unit Analysis of the APS, April 2015 – March 2016, UK

### Key Message:

The disability employment gap cannot be tackled without recognising and addressing the distinctive needs and circumstances of older people with health conditions.

# Chapter 1: Tackling inequalities related to work, health and ageing

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## Tackling 50+ Worklessness in Greater Manchester project

In partnership with the Greater Manchester Combined Authority, the Centre for Ageing Better has commissioned the Centre for Local Economic Strategies and the Learning and Work Institute to carry out [qualitative research and co-design work](#) with people aged 50 and over who are out of work or in insecure work. The aim of this project is to develop local responses to help people in this age group find suitable work. The research is taking place in five neighbourhoods within five Greater Manchester local authorities.

Unpublished interim findings provide useful insight into barriers and potential solutions:

- **High levels of disability and poor mental health** (depression, anxiety, low self-esteem and social isolation) were reported by respondents in all areas. For example, an interviewee explained that her physical health and the struggles she faces due to a lack of mobility often leaves her feeling depressed and anxious.
- **Physical ill health** acts both as a direct and indirect barrier to finding employment because it can prevent people from accessing services that could support them to build skills and find employment. For example, some interviewees viewed long courses and evening courses as unsuitable for people with pre-existing health conditions.
- **Reduction in availability of health services** at their local hospital meant a longer journey to medical appointments. Lack of access to health services could potentially further exacerbate health issues and takes up time that could alternatively be spent on employability activities.
- **Limited job options:** For many individuals, particularly as they got older, deteriorating physical health limited the types of work they felt they would be able to undertake. Shift work and physically challenging work were felt to be particularly difficult.
- **Lack of flexibility:** Respondents with health conditions often sought (but did not experience) more flexible working opportunities or reassurance that an employer would be understanding and flexible, for example in relation to attending health appointments or recognising that on occasion they may have a 'bad day'.
- **Poor transport options** were identified as a key challenge for people with health issues

who often rely on public transport to get around. Good transport links also facilitate access to work.

- **Ageism:** Many respondents reported that employers were not interested in older applicants. There was a sense that employment and skills support is heavily directed towards younger people. There was also some evidence of participants' own internalised ageism and limited assumptions in regards to what roles are appropriate for older workers. Some people reported they had 'given up' on work or considered themselves prematurely retired due to difficulties in securing employment.
- **Personal circumstances:** Participants described their concerns about the impact a change in work status could have on their benefits entitlements and household income. A number of respondents had caring responsibilities and faced particular challenges in balancing care and (often low-paid, short-term) work.

We will publish full findings later in 2017 and will share these with the Work & Health Unit.

### Promising areas for new approaches suggested by these initial findings include:

- **Integrated health assessment and support**, explicitly addressing co-morbidity and the interactions of multiple physical and/or mental health conditions. The findings also suggest that this assessment and support should have a much stronger focus on functional capability and linking health to work and other activities (see Chapters 3 and 5).
- **Flexible, community-based health and employability support** that can be tailored to individual circumstances and capability (see Chapters 2 and 5).
- **Direct engagement with and support to employers** to offer more flexible job roles and make appropriate adaptations to enable people with health conditions to return to work – for example, extending 'place and train' models such as Individualised Placement & Support to cover conditions other than mental health (see Chapters 2 and 5).
- **A health and employment support offer at a household** rather than individual claimant level, recognising the importance of caring responsibilities and the potential impact on household finances of changes in benefit status, and working with the whole household to develop solutions (see Chapter 2).

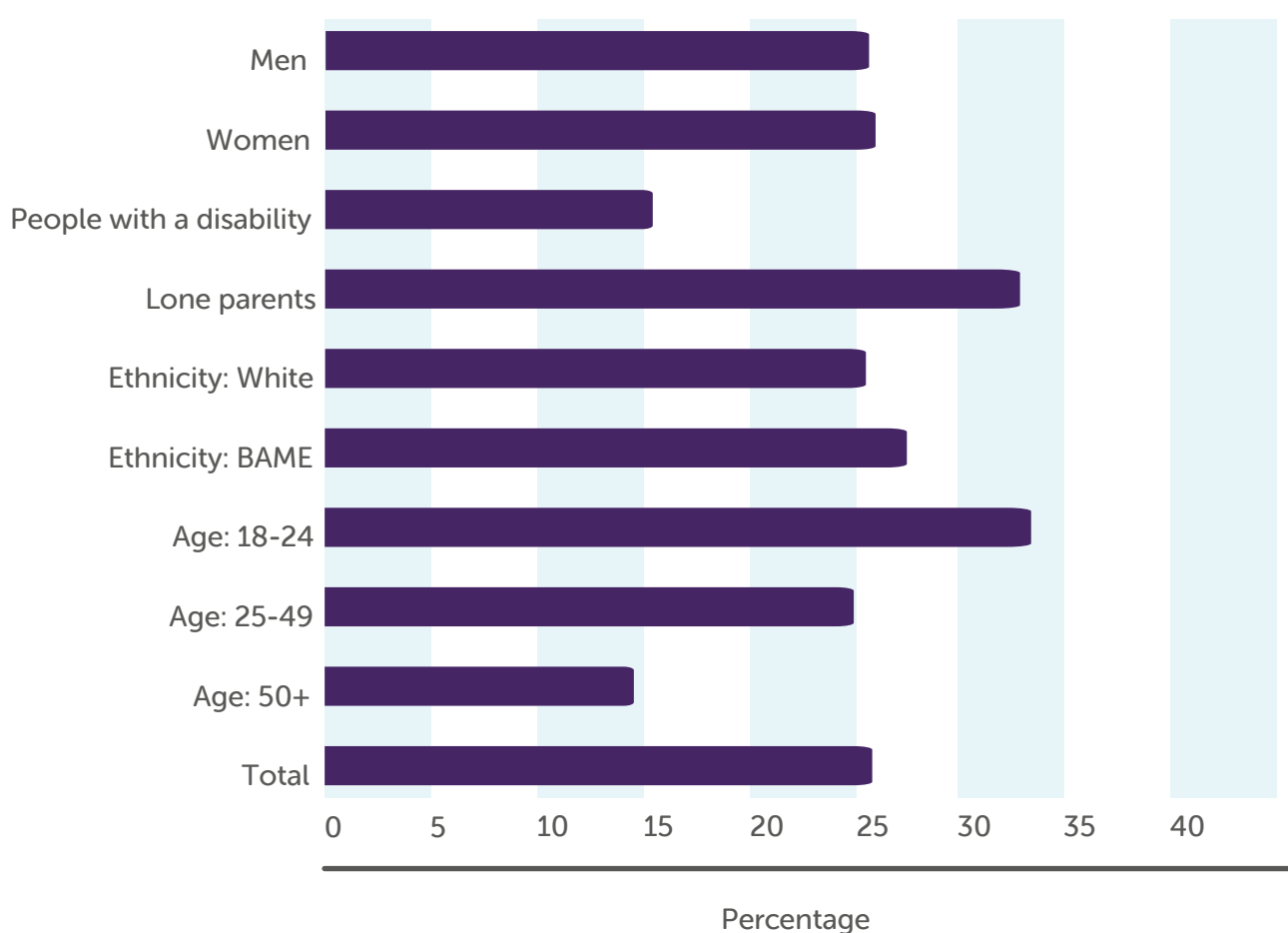
Overall, there is a clear argument for a **specialised support offer to claimants aged 50 and over**, recognising that their work history and expectations will often be very different from those of younger claimants, that the prevalence of health conditions is higher in this age group and that there may be particular skills issues and barriers within employers that need to be addressed in a more tailored way (see Chapter 2).

The Centre for Ageing Better is hoping to test the most promising ideas emerging from this process in the second half of this year. We would welcome the opportunity to partner with the Work & Health Unit on this process of prototyping and evaluation.

## Opportunities for innovation

There is a lack of evidence about what works to support people aged 50 and over to return to work. Fewer than one in seven Work Programme participants over the age of 50 have achieved a sustained job outcome. This is lower than for any other age group, and any other protected characteristic including disability (Work Programme statistics: Inclusion analysis, 2015).

### Job outcomes as a proportion of referrals by participant characteristics (June 2011 - June 2015)

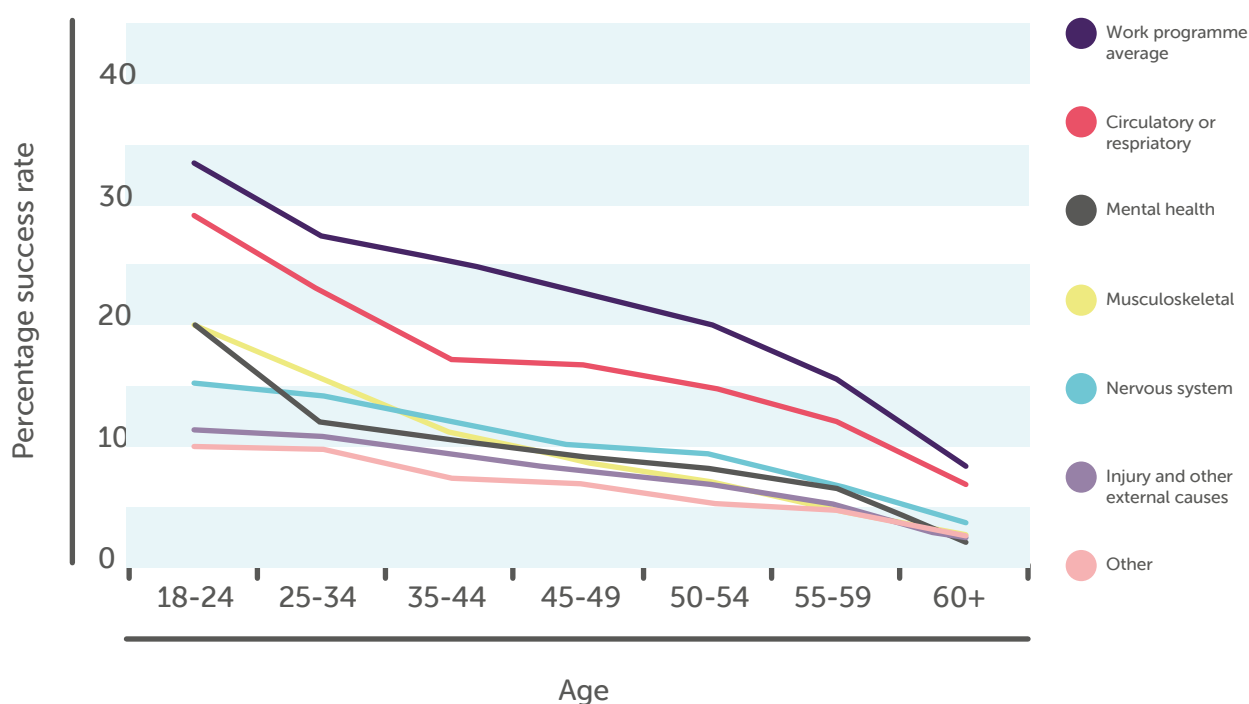


Source: DWP: Information, Governance and Security Directorate; Inclusion calculations

The combination of age and a health condition is correlated with a considerably lower success rate on the Work Programme. In highly prevalent conditions such as musculoskeletal disorders, the Work Programme has a success rate of less than 10% among over 50s, and less than 5% for over 60s (Age UK, 2016).



## Successful job outcome rate by primary health condition and age



Source: Age UK, Helping 50+ jobseekers back to work: lessons for the Work and Health Programme

As part of the consultation process on the Green Paper, the Centre for Ageing Better hosted a roundtable for the Work & Health Unit with a range of specialist organisations in the area of health, employment and ageing. Several key gaps and opportunities for more innovative approaches emerged strongly from this discussion.

## Recommendations:

Based on the evidence and insights outlined above, we have identified a number of opportunities for Government to stimulate and trial more innovative approaches:

### Assessment

- Holistic approaches to assessment of health and functional capability linked to work and daily living, such as WorkAbility (see above and Chapters 3 and 5)

### Employment Support

- Health-led approaches to employment support, such as Individual Placement & Support models for conditions that are more prevalent among older workers (see above and Chapters 2 and 5)

- **Integration of health into existing employment support models**, such as Sector Based Work Academies for over 50s and new approaches to integrated commissioning (see Chapters 2, 4 and 5)
- **Household-based approaches to employment support** along the lines of existing models in e.g. children's services (see above and Chapter 2)
- **A specialised employment support offer for claimants aged 50 and over** recognising the barriers faced by this age group, drawing on evidence of what works and involving active engagement and job brokerage with employers (see above and Chapter 2)
- **Intermediate labour market interventions to incentivise** employers and de-risk recruitment of workers with health conditions (see Chapter 2)

## Retention

- Innovative approaches to **early identification and effective management of slow-onset conditions in the workplace** (see Chapter 4)
- Innovative approaches to promote **earlier employer engagement and follow up with staff during periods of sickness absence** before these trigger exit from the workforce (see Chapter 4)
- **An NHS-led occupational health offer for self-employed workers** and other models to extend preventive occupational health support across the labour market (see Chapter 4)
- **Community-based approaches to rehabilitation** with a focus on employment and other activities (see Chapter 5)

The Centre for Ageing Better is ready to feed this and further evidence into the Work & Health Unit, and otherwise support the scoping and delivery of future innovation funding.

As a What Works Centre, the Centre for Ageing Better was established to promote the use of evidence to inform decisions. We are ready to support the Work & Health Unit on an ongoing basis to develop and communicate the evidence base on employment of older people with health conditions.

# Chapter 2: Supporting older disabled people and those with health conditions into work

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Reviews of previous employment support programmes suggest that tailored, specialist support can be effective for people aged 50 and over, with or without health conditions (Moss N & Arrowsmith J, 2003; Phillipson C & Smith A, 2005; Hasluck and Green, 2007). Older claimants benefited particularly from:

- Provision of personal advisory support, especially from advisors of a similar age. Ongoing support, with repeated contact and development of rapport was most helpful.
- Timely intervention. Multiple barriers to work, combined with the option of psychologically reorienting toward retirement, can quickly undermine confidence and motivation.
- Flexible training opportunities. An evaluation of Work-Based Learning indicated that both short, job focused training and longer occupational training had a significant positive impact on employment participation outcomes for people over the age of 50.
- Exposure to jobs through Work Trials was found to be effective in encouraging employers to hire older workers, particularly those who were long-term unemployed or with little direct experience of the specific role or sector.

The New Deal for 50+ was a voluntary welfare to work programme aimed at individuals aged 50 or over who had been receiving employment-related benefits for six months or more. A wage supplement was paid to individuals during their first year back at work. Participants were offered a range of practical help including one-to-one support from a specialist advisor based at their local Jobcentre. A training grant of up to £1,500 was available to individuals who had started work; £1,200 of this could be used to improve an individual's existing skills and up to £300 could be used to learn new skills to help them stay in work (Grattan P, 2009).

There is further evidence from the UK and other European countries that **intermediate labour market** interventions can be effective in supporting disadvantaged people back into work, including people who are long-term unemployed (Hendra R et al, 2011).

## Recommendations:

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Government should use employment data and horizon scanning to **target intensive retraining and re-employment support**, such as Sector Based Work Academies, at specific occupations, sectors and places with a higher prevalence of health conditions and/or a strong correlation between ill health and labour market exit. This support should include a specific offer, incorporating health as well as skills and employment support, for older workers who are both particularly at risk of falling out of work, and less likely to return subsequently (see Chapter 4).

Government should continue to trial **health-led approaches to employment support**, including 'place-and-support' models (along the lines of Individual Placement & Support for mental health) for conditions that are particularly prevalent among older workers, such as musculoskeletal, breathing / COPD and cardiovascular disorders. There would be value in testing workplace or community-based models (such as peer support) that could provide more accessible / flexible support.

Government should trial **household-based approaches to health and employment support**, taking into account the impact of changes in employment and benefit status on household income, tenure and caring responsibilities. There is a clear role for voluntary and community sector providers here, as well as registered social landlords and local authorities. There would be value in experimenting both with one-stop-shop / single points of contact such as Citizens Advice, or multi-agency approaches (such as the Family Group Conference model developed in Leeds for children's services).

Government should provide a **specialised support offer to claimants aged 50 and over** recognising the particular difficulties faced by this age group, which are typically very different from those of younger claimants. Evidence suggests that this offer should include:

- Specialist caseworkers able to provide personalised support tailored to claimants' work history, skills, personal circumstances and health conditions.
- Early referral to support services – evidence shows that older jobseekers are likely to spend longer out of work than younger people, and that the longer a person is unemployed the harder it is for them to re-enter the labour market. Early access to specialist support has been shown to be effective in helping older jobseekers return to work.
- Access to workplace-based training – evidence shows that this is more likely to lead to a job outcome at any age, and given the skills issues and other barriers faced by older jobseekers it would be particularly relevant for this age group.
- Active employer engagement – for example, building a network of age-friendly employers, or providing a job brokerage service, matching claimants to suitable vacancies and providing



employers with advice and support on appropriate adaptations (e.g. flexible working, use of Access to Work fund for adjustments and equipment).

Government should trial **intermediate labour market interventions** alongside these forms of targeted support to incentivise employers to 'take a chance' on workers with a health condition. These could include (time-limited) wage subsidies, National Insurance holidays, access to funds from the Apprenticeship Levy and/or 'blending' wage and benefits income (see Chapter 3).

Given the resource demands of this kind of support, Government must ensure that providers are **appropriately incentivised to focus on sustained employment outcomes**. For JCP, this would include developing and rewarding more specialist Work Coach roles and capabilities. For the NHS, it would entail building work outcomes into clinical pathways and outcomes data. For commissioned providers, it would mean additional payments for work outcomes for people aged 50 and over. Innovation funding should be used to establish the most effective forms of commissioning to encourage an integrated approach to health and employment outcomes.

# Chapter 3: Older people in the working age benefit system

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The Centre for Ageing Better recently hosted a consultation event on the Green Paper for the Work & Health Unit with a range of specialist organisations in the area of health, employment and ageing.

This discussion highlighted the need for a personalised and holistic assessment, focused on functional capability and identifying support needs in the round. There is a clear tension between this kind of dynamic, multidimensional and highly individual assessment, and a binary yes/no decision on eligibility for financial support.

## Recommendation:

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The health and support discussion should be separate from the financial eligibility assessment, although decisions on financial support must be based on the health assessment.

**Health and support assessment should be focused on functional capability and addressing key barriers to employment** – including at household level. These discussions should be led by specialist health professionals such as Occupational Therapists, with easy access to other disciplines such as psychiatry or social work. This could involve multidisciplinary assessment teams and/or efficient referral pathways.

There should be regular opportunities to reassess and update an individual's health, employment and other support. It is important to establish a therapeutic/rehabilitative focus, and so Government should consider **providing this support through the NHS**.

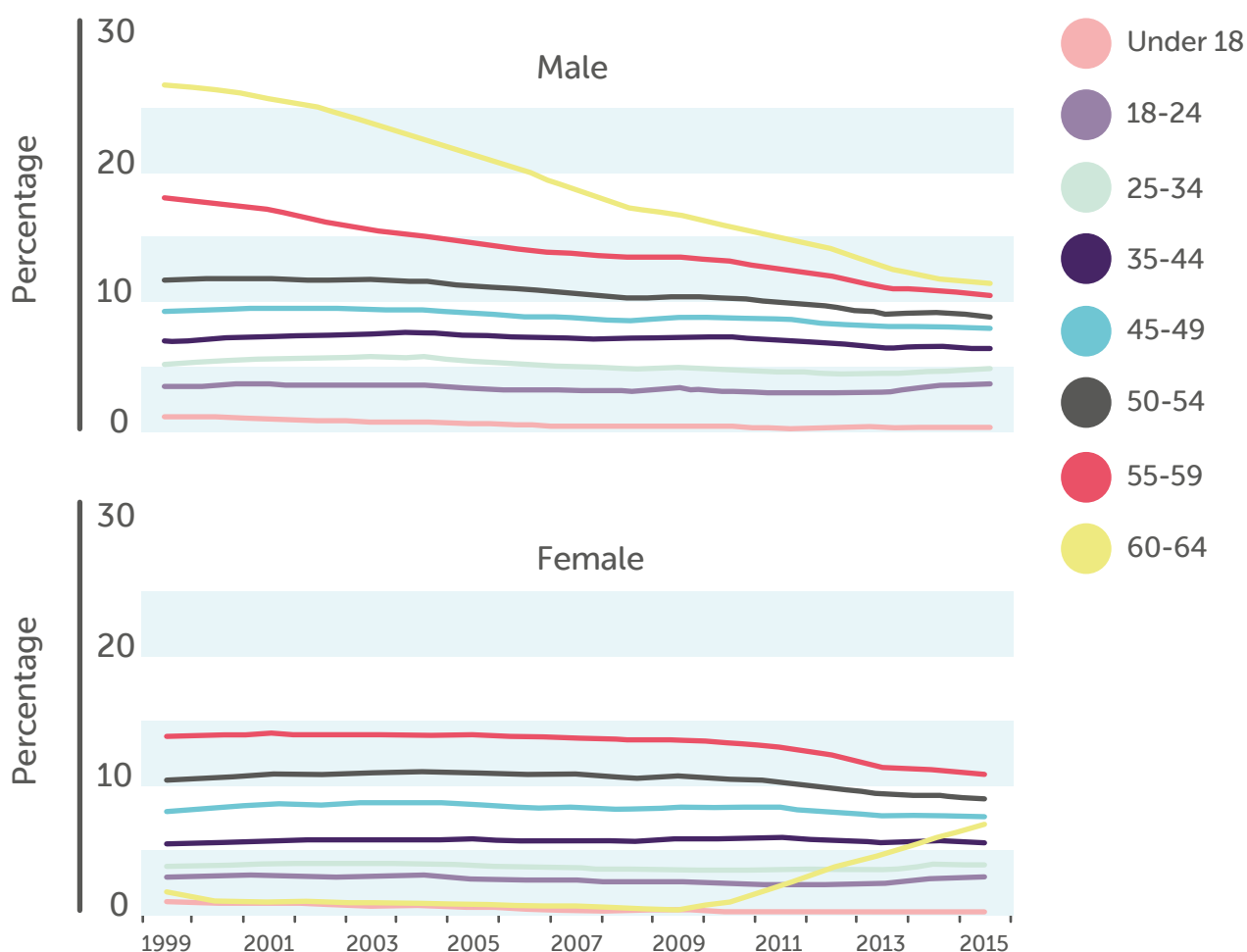
Government should trial **new approaches to holistic assessment of health and functional capability**, such as the WorkAbility approach used in Scandinavia.

## Assessing financial support in the context of rising State Pension Age

It is important to recognise that some individuals nearing State Pension Age will not be able to continue working until 65 (or beyond) due to poor health or disability. With forthcoming legislated increases in State Pension Age, we expect to see a jump in the number of older people transferring to pre-State Pension Age sickness and disability benefits.

A similar effect was seen with the equalisation of the female State Pension Age in 2010, which meant that women aged 60-64 were no longer able to claim State Pension. This pushed a sizeable proportion of women in this age group to claim out-of-work disability benefit (see chart).

### Proportion of men and women claiming incapacity benefit by age group



Source: DWP, OBR from OBR welfare trends report 2016

When State Pension Age increases for both men and women in 2019, a cohort of approximately 700,000 65-year-olds (who would have previously been eligible for State Pension) will remain part of the working age benefit system. If the proportion who are unable to work due to a health condition matches that of 60-64-year-olds, we might expect an additional 90,000 people to claim or continue to receive Employment and Support Allowance.

## Recommendation:

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Government must consider how people in this age group should be treated in the benefit system and how they should be included in the new Work and Health Programme and assessment regime. Any new system should seek to smooth the transition from working age disability or health-related benefits to State Pension for these individuals.

Government should explore allowing a form of **early access to State Pension** under certain conditions, for example if someone is close to State Pension Age and other attempts to rehabilitate or return to work have failed. Given that these individuals are likely to face shorter life expectancy, we see no strong reason for them to draw a lower rate than those retiring at a later age.

People with health conditions are likely to need flexible work, often entailing either reduced hours or the ability to change their working pattern in response to changes in their condition. Government should ensure that people are not penalised for working in ways that enable them to best manage their health conditions. To this end, Government should institute **a flexible approach to blending employment income and benefits for people with health conditions**. This should cover out-of-work payments (such as ESA and UC) and in-work payments (such as Tax Credits and Statutory Sick Pay). This approach should be designed to allow people to 'layer' different sources of income in a way that smooths the impact of changes in working hours.



# Chapter 4: Supporting employers to create age-friendly workplaces for older workers with health conditions

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## A supportive, age-friendly workplace

The Centre for Ageing Better recently published a report: [Fulfilling work: what do older workers value about work and why?](#) which identifies the characteristics of work that are important to people aged 50 and over and explores how to develop more age-friendly workplaces. We are working in partnership with Business in the Community to identify and test what works to recruit, retrain and retain older workers and to help employers create age-friendly workplaces.

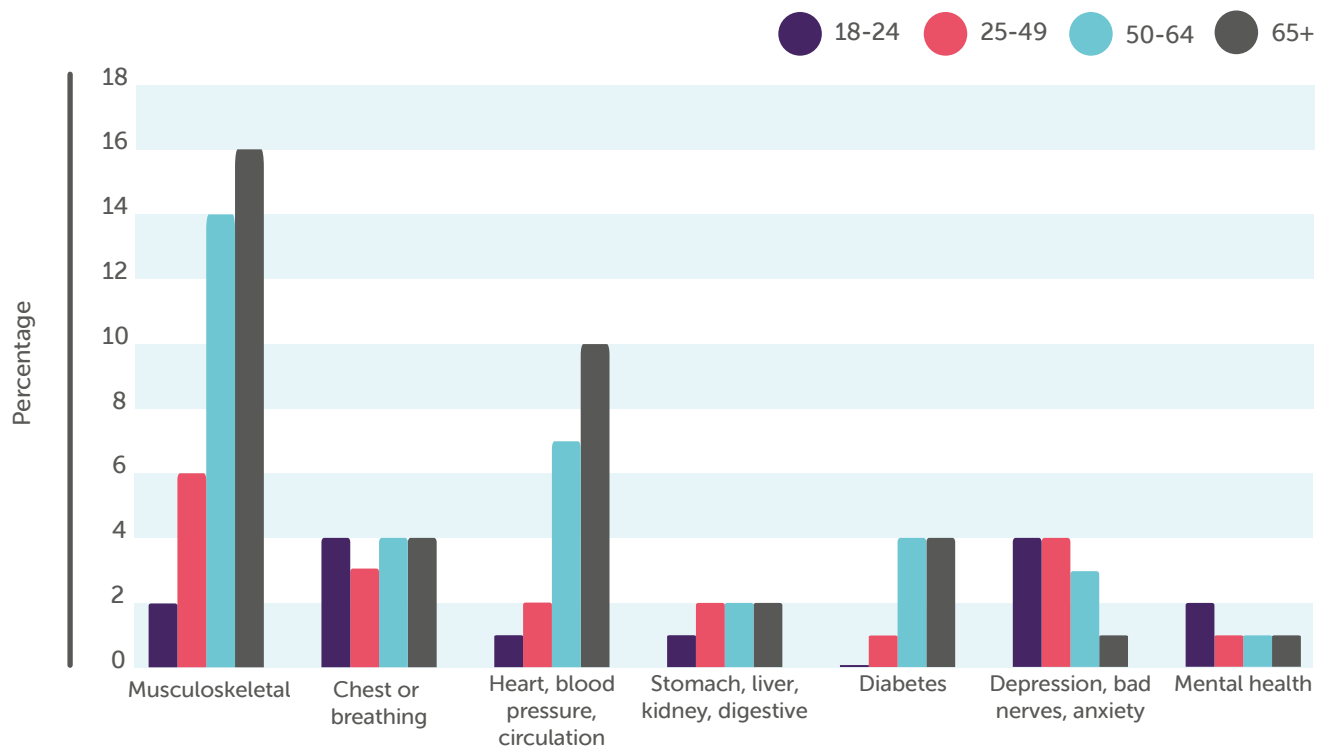
Although older workers largely value the same things about work as younger workers, the evidence suggests that they often have less access to opportunities and support. As health conditions, disabilities and caring responsibilities become more prevalent with age, older workers place particular importance on flexible employment and appropriate adaptations (de Preter H et al, 2010; Hellemans C & Closon C, 2013; Duffield C et al, 2015; Lowis M J et al, 2010; CIPD, 2011; Business in the Community, 2015; Rudolph C & Baltes B, 2016; Pagán R, 2012; Büsch V, Dittrich D & Lieberum U, 2012). As well as enabling them to manage their health more effectively, free and equal access to workplace adjustments also signals that older workers are valued and encourages them to stay in work (Carmichael F et al, 2013; CIPD, 2011; CIPD, 2014; Harms R et al, 2014; NIACE, 2015; Pengcharoen C & Shultz K S, 2010; Pagán R, 2012). Conversely, unsuitable roles, lack of support and excessive job demands can exacerbate stress and physical conditions, driving older people to leave work altogether (Geuskens G et al, 2012; Brown M et al, 2014; Nilsson K et al, 2011; Eurofound, 2012).

Older workers have a different profile of health conditions compared to younger workers. The burden of musculoskeletal conditions, stress and anxiety is particularly high among older workers. Musculoskeletal conditions can be made worse by activities such as heavy lifting, repetitive

movements, working fast or on night shifts. There is also a higher prevalence of cardiovascular conditions among older workers (Business in the Community, 2015; Buckle P, 2015).

## Age and prevalence of health conditions:

### Main long term health conditions by age group, total adult population



Source: Annual Population Survey (2015-16)

Since slow-onset conditions, such as musculoskeletal conditions, are more prevalent with increasing age, there is an opportunity to identify deterioration early on and take preventative action. However, in practice, ageism and a perception of inevitable decline with age contribute to both employers and employees failing to take early preventive action.

There is much to learn from the current legislative and policy framework for safety at work, which has had dramatic positive results in terms of reducing workplace injuries. Equal focus should also be given to preventing workplace ill-health.

## Comparing costs of work-related illness and workplace injury

	Work-related illness	Workplace injury
<b>Working days lost</b>	25.9 million working days lost due to work-related illness	4.5 million estimated working days lost due to nonfatal workplace injuries according to self-reports
<b>Number of workers affected</b>	1.3 million workers suffering from a work-related illness (new or long standing)	621,000
<b>Annual cost</b>	£9.3 billion	£4.8 billion

Source: Labour Force Survey in 2015/16 Summarised by Health and Safety Executive

Despite the higher costs of workplace illness compared to injury there is a much smaller focus in terms of resources on occupational health practitioners in comparison to safety practitioners.

### Recommendations:

Government should promote **full and equal access to flexible working arrangements** to help the whole workforce, including older workers, to manage health conditions at work. These include:

- **Flexible hours / location** to enable effective management of ongoing health conditions – reduced hours; ability to adjust the time and place of work; ability to increase hours with fluctuating health as well as reducing them.
- **Flexible job roles** designed around functional capability – reasonable adjustments to speed, volume of work, physical strain, emotional and psychological demands, working environment and duties that enable people with health conditions to maximise their contribution.

Government should promote full and equal access to **workplace adaptations**, equipment and appropriate physical / environmental adjustments. The existing Access to Work scheme should be promoted particularly for older workers and older recruits and employees should be encouraged to use the service.

Government should consider regulation, financial support, training and guidance and other incentives to encourage employers to take a **preventive approach towards supporting older workers with health conditions**, in the same way they already approach safety and reducing workplace injuries. Similarly, individuals must feel empowered to request flexibility and adaptations to manage both existing and incipient health conditions.

Government should also explore ways to extend coverage of **occupational health and wellbeing support** to smaller employers and self-employed people, for example through an NHS-led support offer, new insurance products / co-financing models or other innovations (see below).

There are significant opportunities for innovation related to **workplace-based prevention and management of slow-onset conditions**. These include enhancing employer, employee and health professional awareness that age-related impairments such as musculoskeletal conditions are not inevitable, as well as developing effective early warning, preventive and management interventions.



## Retaining disabled people and people with health conditions

There are significant missed opportunities around retention of people with health conditions. It is relatively less risky for employers to adapt to accommodate a known and trusted worker who develops a limiting condition, whereas once people have left the labour market as a result of ill health it is much harder for them to return. However, employers do not consistently take early action to remain engaged with staff who take sickness absence or to make appropriate adaptations.

Employers have reported an unwillingness to discuss age-related health conditions, including the possibility of flexibility and other adaptations, for fear of falling foul of age discrimination legislation. However, there is little evidence that these conversations – or subsequent workplace action – were previously widespread. It may therefore be more accurate to say that employers are not in general equipped or incentivised to consider these kinds of actions to recruit or retain older workers with health conditions.

### Recommendations:

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Government should introduce a **right to return to work after a health-related absence**, analogous to existing maternity rights.

Government should trial approaches to promote **earlier employer engagement and follow up** with staff who experience a new diagnosis, deterioration in an existing condition or another driver of extended sickness absence. These could include for example 'keeping in touch' days (analogous to parental leave measures), early referral to functional capability assessment or other employment-related support (see below) or trialling a 'blended' wage and benefits income model (see Chapter 3). Government should explore the option of making reimbursement of Statutory Sick Pay conditional on demonstrating early engagement.

Government should issue clear guidance to employers on the scope of **existing anti-discrimination legislation**. In particular, government should communicate to both employers and the public that the following rights apply equally to all employees regardless of age:

- The right to request flexible working
- The duty to make reasonable adjustments for a functional impairment
- Carers' rights

Government should clearly communicate to employers and the general public that the provisions of the 2010 Equality Act apply equally to age-related health conditions as to any other disability. These include the duty to make **reasonable adjustments** to enable people to take up and remain in work. The Equalities & Human Rights Commission should seek to bring appropriate test cases to establish this duty in case law.

## Sectoral and gender differences in ill health among older workers

Over the last eight years, among people leaving work aged 50-64, 25% of men and 19% of women left primarily because of health. This equates to 389,000 individuals. Health is even more of an important factor leading people to leave work within specific industries:

### Proportion of inactive men aged 50-64 who left work in last 8 years by the last industry worked:

	Proportion leaving for health reasons	Number leaving for health reasons
Construction	46%	82,000
Transportation and storage	39%	70,000
Wholesale and retail trade of vehicles	32%	68,000
Administrative and support service activities	37%	34,000
Accommodation and food service activities	38%	29,000

### Proportion of inactive women aged 50-64 who left work in last 8 years by the last industry worked:

	Proportion leaving for health reasons	Number leaving for health reasons
Accommodation and food service activities	31%	54,000
Administrative and support service activities	27%	45,000

Source: Annual Population Survey (APS) 2015-16; Fuller Working Lives Evidence Base 2017

Government must also support **self-employed workers** to access the same support to manage and prevent ill health as employees. The growth of self-employment has accelerated in recent years and much of this is due to self-employment of older workers. Without access to preventive support or the ability to cover costs of sickness absence, older self-employed workers with health conditions risk further decline in their own health and/or early exit from work.

## Recommendations:

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Government should provide additional targeted support to sectors and occupations where there is a higher rate of exit from the labour market in the years leading up to State Pension Age for health reasons. Existing initiatives such as Sector Based Work Academies for over 50s could be rolled out further and extended to include health support (see Chapter 2 for further discussion).

Government should explore an NHS-led occupational health service for self-employed workers, and extension of Statutory Sick Pay to people in self-employment.

# Chapter 5: Supporting employment through health and high quality care for all

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The Centre for Ageing Better welcomes the attention in the Green Paper to changing mindsets and awareness of 'work as a health outcome' among health professionals. Our consultation roundtable for the Work & Health Unit confirmed that there is still much to be done in this regard.

It is important to understand that work is not necessarily a determinant of improved health beyond 65. Analysis of life course trajectories as part of the Work, Health, Retirement and the Lifecourse (WHERL) research programme (Di Gessa G et al, 2016) project shows that healthier people are more likely to work beyond State Pension Age, but working beyond State Pension Age does not necessarily maintain or improve health. This suggests a need to improve public health and workplace health in mid-life to support people to work for longer (see Chapter 4).

While the fit note is designed to focus on functional capability, it is typically completed following a relatively brief assessment by a GP, or by a consultant specialising in the condition that has received treatment. The roundtable discussion highlighted that these professionals are not necessarily well placed to conduct a holistic, work-focused assessment, or to take any co-morbidities into account.

Co-morbidity is more prevalent among older workers. 44% of 50-64 year olds have at least one long term health condition, with 13% having three or more. In comparison, the figures for 25-49 year olds are 25% and 5% respectively (Annual Population Survey July 2015 – June 2016).

## Proportion of population with long term health conditions, by age and number of conditions

	One	Two	Three or more
<b>Total</b>	17%	8%	9%
<b>18-24</b>	13%	4%	3%
<b>25-49</b>	15%	5%	5%
<b>50-64</b>	21%	10%	13%

Source: Annual Population Survey (June 2015-July 2016)

There is a need for a new approach that considers the individual's physical and mental health holistically, with a focus on rehabilitation – incorporating restoration of function, but also home and workplace adaptations that enable people with health conditions to maximise functional capability and manage their health condition on an ongoing basis.

### Recommendations:

Government should **encourage health services to pursue sustainable employment outcomes** – for example building these into clinical pathways, performance indicators and audit processes (see Chapter 2).

Government should also trial **new approaches to rehabilitation** such as multi-disciplinary, community-based teams to support people on discharge, incorporating occupational health, mental health and social work staff.

Government should trial **new approaches to holistic assessment of health and functional capability** in place of the existing fit note certificate. These could include:

- Different tools, such as the WorkAbility approach used in Scandinavia (see Chapter 3)
- Early assessment by an occupational health specialist with efficient referral pathways and/or a multi-disciplinary assessment team (see Chapter 3)
- Functional assessment at the workplace, involving the employer (see Chapter 4)



# Chapter 6: Building a movement for change: taking action together

As well as tackling the lack of attention to work among health professionals, it is equally important to raise awareness of the value of good work for health among employers and people with health conditions and disabled people themselves. While the overwhelming majority of older disabled people agree that 'Having a job would make me better off financially' (63% of those aged 55 and over), only 11% agree with the statement 'I am currently able to work', and only 15% agree with the statement 'Having a job would be beneficial for my health'. Older disabled people are significantly less likely to see work as positive for their health.

## Agree or strongly agree with the following statements

	18-34	35-54	55+
Having a job would be beneficial for my health	31%	25%	15%
Having a job would make me better off financially	61%	67%	63%
I am currently able to work	21%	14%	11%

Source: A survey of disabled working age benefit claimants (DWP, 2013)

More work is needed to understand the attitudes and motivations of this group and for their perspectives to drive policy and practice. Older disabled people who do not feel that work is a route to better health must be involved in the co-design of services and promotion of the benefits of work.

For work to represent a health outcome, it must be good work, with supportive workplace practice. The Centre for Ageing Better is working in partnership with Business in the Community to promote action by employers to recruit and retain older workers, including those with health conditions.

## Recommendations:

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Government should clearly communicate to employers and the public that **existing anti-discrimination legislation** applies equally to all employees regardless of age, including the right to request flexible working, carers' rights and the duty to make reasonable adjustments (see Chapter 4)

The existing **Disability Confident** campaign should include **specific strands for older disabled people** and involve older people with health conditions in its design and promotion. Tailored campaign messages should raise awareness of these issues and normalise requests for flexibility and adaptations among employers.

Government should continue to **promote and support the Business in the Community Age at Work target** of 1 million more people aged 50 and over in fulfilling work.

**Public sector employers** can take a lead in ensuring all staff have access to flexible working arrangements and preventive health support.

## A personalised approach

As outlined in the introduction, age is a major factor in determining whether or not someone with a health condition is in work or not. Failure to take account of the age dimension of the disability employment gap will lead to solutions that are both ineffective at a macro level, and unsuitable for older individuals.

Age is not the only protected characteristic that interacts with health and employment. Our qualitative research in Greater Manchester has highlighted some other key intersections such as race and gender. For example, discussions with older South Asian women suggest that lack of English language and literacy skills, extremely limited labour market engagement over the life course, caring responsibilities and cultural and social norms within the community all militate very strongly against women finding or even seeking work. Responses must reflect the interaction of these different factors.

In considering the total public and social impact of older people with health conditions re-turning to work, it is important to recognise the very significant caring roles of people aged 50 to State Pension Age. This is the peak age for caring, and there is a risk that an approach that is overly punitive or otherwise forces people into work will simply displace the cost to the state from employment-related benefits to social care, as well as potentially exacerbating long-term health inequalities.

## Recommendation:

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Policy must promote a **personalised, multi-dimensional approach that is responsive to individual circumstances**. Relevant recommendations from elsewhere in this response include:

- Holistic, multi-disciplinary assessment of functional capability that takes account of work and personal circumstances (see Chapters 3 and 5)
- Specialised employment support offer to claimants aged 50 and over (see Chapter 2)
- Household-based approaches to health and employment support (see Chapter 2)
- Intermediate labour market interventions for people facing multiple barriers to work (see Chapter 2)
- Targeted support for low paid, high risk sectors and occupations (see Chapters 2 and 4)
- Flexible approach to blending employment and benefit income (see Chapter 3)
- Early access to State Pension for individuals with health conditions who are close to State Pension Age (see Chapter 3)

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