Health warning for employers

Supporting older workers with health conditions

Centre for Ageing Better

April 2018

About the Centre for Ageing Better

The Centre for Ageing Better was set up in 2015 and is 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.

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.

Acknowledgements

Executive summary

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As the number of working age people with long-term health conditions rises, Government and employers need to improve workplaces and support systems to help people to manage their health conditions and continue to work. This report, based on research with over 1,000 people who are managing a health condition at work, highlights that:

- Older workers are more likely than younger workers to be **managing multiple long-term conditions**, in relation to both physical and mental health.
- **Health conditions are the main driver of older workers exiting the labour market** before they reach state pension age – and many people still in work are considering stopping work because of their health.
- **Disclosing a health condition** to your employer is a **stressful and repeated process**. Poor workplace culture and overly bureaucratic procedures result in many people **putting off health-related conversations** with their employer until absolutely necessary.
- **Access to support is highly variable**. Typically, older workers are less likely to access support to manage their health condition at work, and when they do, it is rarely sustained.
- **Early access to support, small adjustments** to the workplace and working patterns, and managers that **treat staff with empathy** can make all the difference in enabling individuals to manage their health at work.

> **"**
> I have asked if they'll get an air humidifier because we have no windows. The air conditioning makes my breathing worse, but nobody is helping with that, and nobody can agree.

There are significant opportunities to improve workplace-based prevention and management, especially of slow-onset, long-term conditions. Recommendations include:

Employers should:

- Normalise conversations around health at work and create a supportive, empathetic and open culture around managing health conditions at work.
- Ensure full and equal access to support for health at work, including flexible working and workplace adjustments for all employees. These adjustments are often small and inexpensive and employers should provide them proactively and consistently.
- Ensure adjustments and support are sustained.

Government should:

- Review regulation, training and guidance and other incentives to encourage a culture shift in relation to health promotion at work.
- Consider the needs of people with long-term, slow-onset conditions in delivering its actions from the 'Improving Lives: The Work, Health and Disability' White Paper, and in the promotion of existing schemes such as Access to Work.
- Develop improved workplace-based health services and recognition of work as a health outcome within the NHS. This includes providing access to early and independent support for individuals at risk of leaving work and their employers, and extend coverage of occupational health and wellbeing support to smaller employers and self-employed people.

Age related long-term health conditions
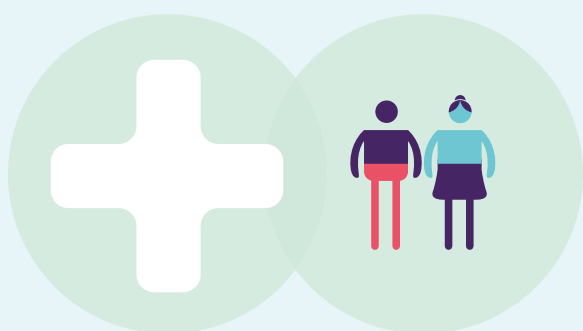
Nearly one quarter (23%) of 50-64 year olds report two or more long-term health conditions compared to only 15% of 25-49 year olds*

Source: APS July 2015 to June 2016, as cited in DWP (2017)

Introduction

We are living and working longer. There are now over 10 million people aged 50 and over in work, an increase of more than 2 million since 2008 (Office for National Statistics, 2018). Being in good quality work in later life has multiple benefits for the individual; financially, as it produces current income and savings for retirement, and in terms of wellbeing, given that fulfilling work is an important source of social connections and sense of purpose.

However, significant numbers of people are still missing out on the benefits of good work in later life. Less than half of us are still in work the year before we reach state pension age, and the drop-off in employment rates starts around age 53 (DWP, 2017). While many people choose to retire early, it has been estimated that there are 1 million people between the age of 50 and state pension age who want to be in work but aren't (Business in the Community, 2014), often because of challenges in combining work and a health condition. Falling out of work involuntarily leads to significant long-term problems for the individual. With average life expectancy at state pension age already around 85, leaving the labour market in your mid 50s means relying on very limited income for 30 years or more (Office for National Statistics, 2015).

The early exit of older workers from the workforce also has significant implications for both employers and Government. Over the next ten years, it is estimated there will be 13.5 million job vacancies but only 7 million young people entering the labour market to fill them (Business in the Community, 2016). Retaining older workers is essential for employers to bridge the skills gap and meet the country's future labour market demands.

The Department for Work and Pensions (DWP) spends more than £7 billion annually on the main out-of-work benefits for people aged 50-64, over 80% of which is on health-related Employment and Support Allowance (DWP, 2015). Modelling by DWP and the National Institute for Economic and Social Research suggests that halving the employment gap between workers aged 50 to state pension age and those in their late 40s could result in a 1% increase in nominal GDP (DWP, 2017) (equivalent to £20 billion per year at 2017 prices).

Martha, 59

Martha suffers from multiple health conditions, both mental and physical.

When her health issues first started, she decided not to tell her employer, as she didn't know how to broach the topic. However, she soon started to need to take days off and so eventually was forced to talk to her employer.

Her manager was not supportive, and soon after, she was put on a capability review and found 'incapable' of doing her job. Martha felt this was unfair and got her union involved. However, the stress and anxiety this caused left her feeling unable to stay in her role and so she moved to another job in a different department.

Her new manager was much more supportive, and so Martha felt able to talk to her. As her health conditions have developed, she has had open conversations with her manager and 'they suggested ways to support me, and I gave them some pointers too'.

Martha now finds work 'very manageable' – she manages her days and weeks around how she is feeling and can work from home when she needs to.

"

I guess, just somebody to come and visit you at the workplace and talk to the directors, or obviously the higher management, just to help people be aware that people do struggle and sometimes what you see on the surface can hide an awful lot of what's bubbling underneath.

Health and work in later life

The evidence shows that poor health is the most important driver pushing older people out of work, overriding all other factors or considerations (Marvell and Cox, 2017). Among people aged 50 and over, those who consider their health to be either 'good' or 'fair' are at least three times more likely to retire involuntarily than those who report themselves as having excellent health (Banks et al, 2016).

By 2030, 40% of the working age population will have a long-term condition (Public Health England, 2017). While health conditions are not inevitable with age, the likelihood of ill health does increase – especially conditions such as musculoskeletal conditions, circulatory problems and Type 2 diabetes. While 25% of 25-49 year olds have a long-term health condition, this figure rises dramatically to 44% of those aged 50-64. Nearly one quarter (23%) of 50-64 year olds report two or more long-term health conditions compared to only 15% of 25-49 year olds (**Chart 1**) (DWP, 2017).

Chart 1: Prevalence of long-term health conditions, by age and number of conditions
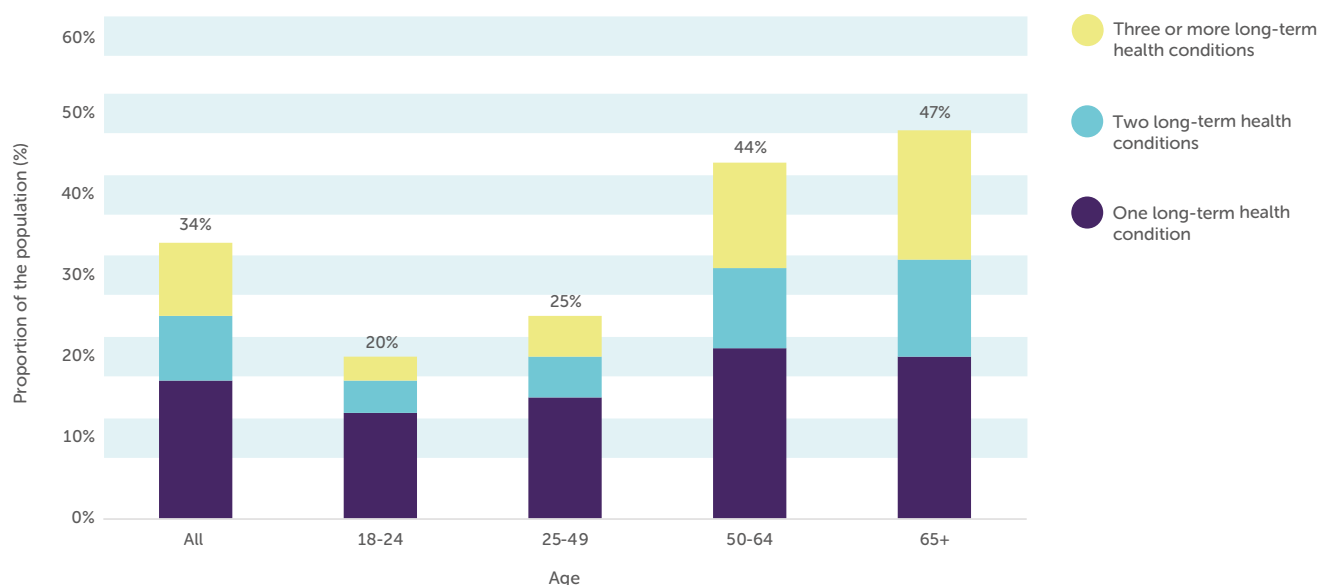
Of those with disabling, long-term conditions, people aged 50 and over are less likely to be in work than younger people. The majority of disabled people aged 25-49 are in work, but the majority of disabled people aged 50-64 are not (DWP, 2017).

Rise in number of people with long-term health conditions
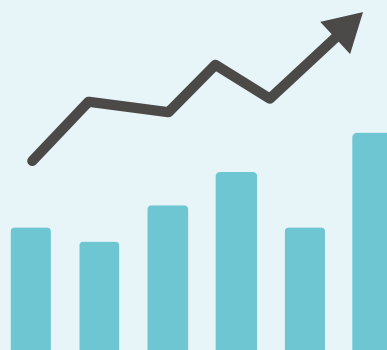
Increasing life expectancy and increases in the state pension age mean that the number of working age people with long-term health conditions will continue to rise. With 40% of the working age population predicted to have a long-term condition by 2030, health will play an ever larger role in determining people's ability to stay in work.

When state pension age increases to 66 in 2019, there will be approximately 700,000 65-year-olds who continue to be classed as 'working age'. If the proportion of people aged 65 or over who are unable to work due to a health condition matches that of 60-64 year olds currently, we might expect an additional 90,000 people to receive Employment and Support Allowance. In 2019, this could add approximately £500 million to the benefits bill.[1]

The Centre for Ageing Better (Ageing Better) recently undertook research to explore the complex challenges that over 50s face in returning to work once they have fallen out of the labour market (Centre for Ageing Better/CLES, 2017). We know that once out of work, older jobseekers have much greater difficulty than any other group in returning to work – 36% of unemployed individuals in the UK aged 50 and over have been unemployed for over 12 months, compared to 29% of 25-49 year olds and 19% of 18-24 year olds (Office for National Statistics, 2017a).

This challenge underlines the importance of taking a preventive approach, so that people over 50 do not fall out of work due to health conditions in the first place.

[1] Based on calculations by the Centre for Ageing Better using ONS data on claimant headcount and labour force statistics for 2016/17

About the research

In September 2017, Ageing Better commissioned research to better understand the experiences of people managing a long-term health condition at work, and to identify potential solutions.

This research was commissioned in part to inform the design of Greater Manchester's new Working Well Early Help programme. This report shares the findings from the research and makes recommendations to both Government and employers to improve the support available for managing health conditions in the workplace and tackle some of the systemic barriers we identified.

Greater Manchester: Working Well Early Help

Greater Manchester's Working Well Early Help is a new partnership programme between the Greater Manchester Combined Authority (GMCA) and the Greater Manchester Health and Social Care Partnership (GMHSCP). The aim of the programme is to develop and test an early intervention system for local residents in work who become ill and risk falling out of the labour market, or are newly unemployed due to health issues, in order to enable a more rapid and sustained return to the labour market.

Greater Manchester has a strong track record of supporting people with health conditions who have been out of work for long periods, through the devolved Working Well Programme, working collaboratively with DWP. Partners in Greater Manchester are now testing an enhanced role for the health system in terms of health and employment-related support.

We commissioned two pieces of research:

1. **Quantitative:** An online survey of 1,008 working adults who either have or have had a long-term health condition that affected their ability to work was conducted by YouGov. The survey used a targeted sampling method to identify a random sample of respondents based on their working status and long-term health conditions.

2. **Qualitative:** Focus groups and interviews were conducted by Mustard Research. This research targeted people over the age of 50 with a health condition who live or work in Greater Manchester. The research involved two focus groups: one group with six respondents mainly with musculoskeletal conditions and one with eight respondents mainly with respiratory/breathing conditions. Individual in-depth telephone interviews were conducted with four respondents with mental health issues. Follow-up phone interviews were also conducted with four respondents from the focus groups to inform case studies and gather further information on their experiences. Each group included self-employed people and people working for both large and small employers.

Musculoskeletal conditions account for over a fifth of the 137 million working days lost annually to sickness or injury in the UK.

Key findings

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Prevalence and nature of health conditions

Older workers are more likely to be managing certain conditions

Our research identified that, of those surveyed, people over the age of 55 were more likely than younger people to experience conditions such as musculoskeletal disorders, heart and circulatory problems and respiratory issues – this is consistent with national survey data (DWP, 2017).

Of respondents with a long-term health condition that affected their ability to work, 45% of those aged 55 and over reported musculoskeletal disorders (MSK), such as back or joint pain, compared to 31% of those aged 35-44. Musculoskeletal conditions are a major cause of sickness absence and account for over a fifth of the 137 million working days lost annually to sickness or injury in the UK (Office for National Statistics, 2017b).

Older workers often manage more than one health condition at a time. Many of the participants we spoke to reported multiple health conditions, often reporting issues around both physical and mental health. In relation to mental health, nearly half (49%) of all survey respondents reported that they have or have had depression or anxiety that has affected their ability to work.

Our qualitative research also highlighted how the stress of managing health conditions at work can impact on people's mental health. This in turn could exacerbate other conditions and potentially lead to a situation where an individual can no longer manage work.

"

I kept it together for a long while, but the stress of trying to appear like nothing was wrong was damaging to my health.
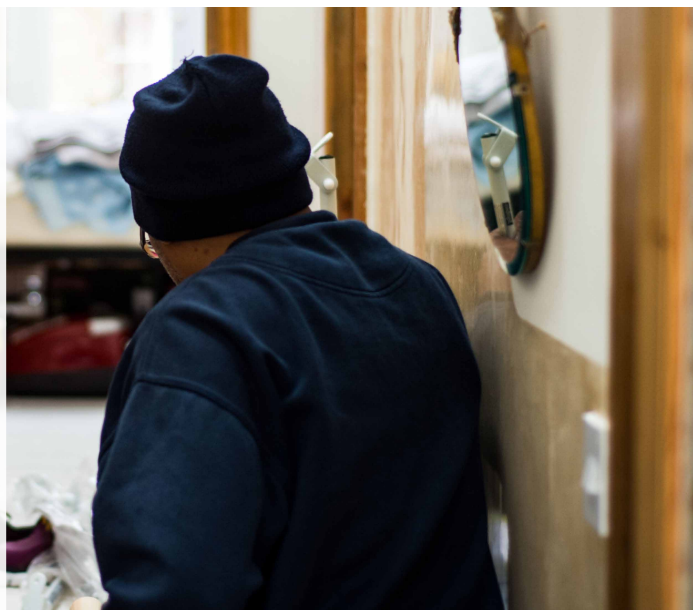
Older workers are struggling with 'invisible' health conditions

Participants in our qualitative research reported particular difficulties in dealing with the often unseen, slow-onset symptoms of their conditions. It was felt that it was much easier for an employer to recognise and respond to a broken leg, for example, than it was to provide support to those with mental health conditions or conditions such as musculoskeletal or breathing disorders, which often have far less visible or obvious symptoms.

"If you walk in with a walking stick, if you're limping, and if you've got your arm in a bandage they can see it happening, but when you've got a breathing problem or you're coming in day in, day out and something in your head isn't working right they can't see that, and they just want their money's worth out of you."

Stigma and fear of reprisal is common

There was also a concern that there is a stigma attached to long-term conditions. These were felt to be viewed less favourably by employers, as they could potentially lead to multiple, extended periods off work.

"People don't want to employ somebody who's ill, or they won't want to keep you there if they think you're going to be ill or off long-term sick."

Older workers are more likely to struggle on – until they no longer can

Consequently, a significant proportion of people were continuing to work in spite of the difficulties caused by their health conditions. This was particularly the case amongst older workers: 45% of respondents over the age of 55 had taken no days off work because of their health condition in the last six months, compared to 32% of workers aged 25-44.

This is reflected in other national data; short-term sickness absence is no more likely among older workers, although long-term absence is (Office for National Statistics, 2017b). Our qualitative insights suggest this is largely driven by fear of being negatively perceived or even dismissed as a result of having repeated periods off work.

Lacking support and fearful of the repercussions, many older workers struggle on until they reach a point where staying in employment no longer feels tenable. Our survey found that one-quarter of workers aged 55 and over with a health condition are currently considering stopping work because of their poor health – compared to just 8% of those aged 25-34.

25%

A quarter of workers aged 55 and over with a health condition are currently considering stopping work because of their poor health – this compares to just 8% of those aged 25-34.

Employers should:

- Take the lead in developing effective early warning, preventive and management interventions for age-related impairments such as musculoskeletal conditions. There is a major gap when it comes to **workplace-based prevention and management of slow-onset conditions**.

Government should:

- Promote the existing **Access to Work scheme to older workers and people with long-term conditions** who may not consider themselves eligible for support.
- Support from the NHS must recognise that individuals are often managing multiple health conditions, frequently both physical and mental. Interventions to support a person's welfare at work should be **person-centred, not condition-centred. This should be a central consideration in the Government's planned review of the fit note.**
- **Trial innovative approaches within the NHS to improve the recognition of work as a health outcome** and the integration of work and health support across the health pathway. This could include occupational health training for primary care professionals and the trialling of holistic assessment of health and functional capability, such as the WorkAbility approach used in Scandinavia.

Disclosure

Disclosing a health condition is a major driver of stress in itself

The first step for many was telling their employer about their condition: 81% of respondents in our survey reported that their employer is aware of their condition, and over four in five (83%) of these had told their employer themselves.

Of the people who had not disclosed their health condition to their employer, 30% reported that it was because they were worried about their job security and 29% because they felt embarrassed and uncomfortable about discussing their health at work.

During the focus groups and interviews, it was evident that disclosing a condition had not been an easy process. People reported the experience as highly stressful, often citing this as the moment where they felt their ability to continue working was particularly at risk.

"I'd be wary about telling [my employer]. It gives you that impression that they would push you out in case you started taking sick days or being ill."

A key finding from our qualitative research is that disclosure is not a one-time only event. Changes in personnel, requirements to go through long internal processes and changes in health over time all mean that people have to repeatedly disclose and explain their condition and requirements to their employer.

"I did [disclose my condition] at one time, and one of the supervisors said 'don't worry, you won't be losing your job, I'll make sure of that.' But now he's gone elsewhere. So, there was nothing in writing. It was just a telephone call."

Previous bad experiences with disclosing a health condition also led to increased stress and anxiety around future disclosures, and contributed directly to feelings of wariness, mistrust and lack of job security. In several cases, this led to people delaying talking to their employer until it was absolutely necessary, often after an extended period of sickness leave.

Employers should:

- **Normalise conversations regarding health at work**. Employers need to be proactive in encouraging employees to discuss their requirements with their managers.
- Develop effective procedures for **documenting and maintaining information around employees' health needs** and their required adjustments so as to minimise the need for employees to repeatedly disclose their conditions and requirements.
- **Give employees ownership and control in this process**, with access to all documentation and records regarding the management of their health at work.

Government should:

- **Develop and promote good practice guidelines** for managing health at work – covering supportive conversations, information and advice, and documentation. This should include resources for use by employees as well as employers of all sizes.

Accessing support

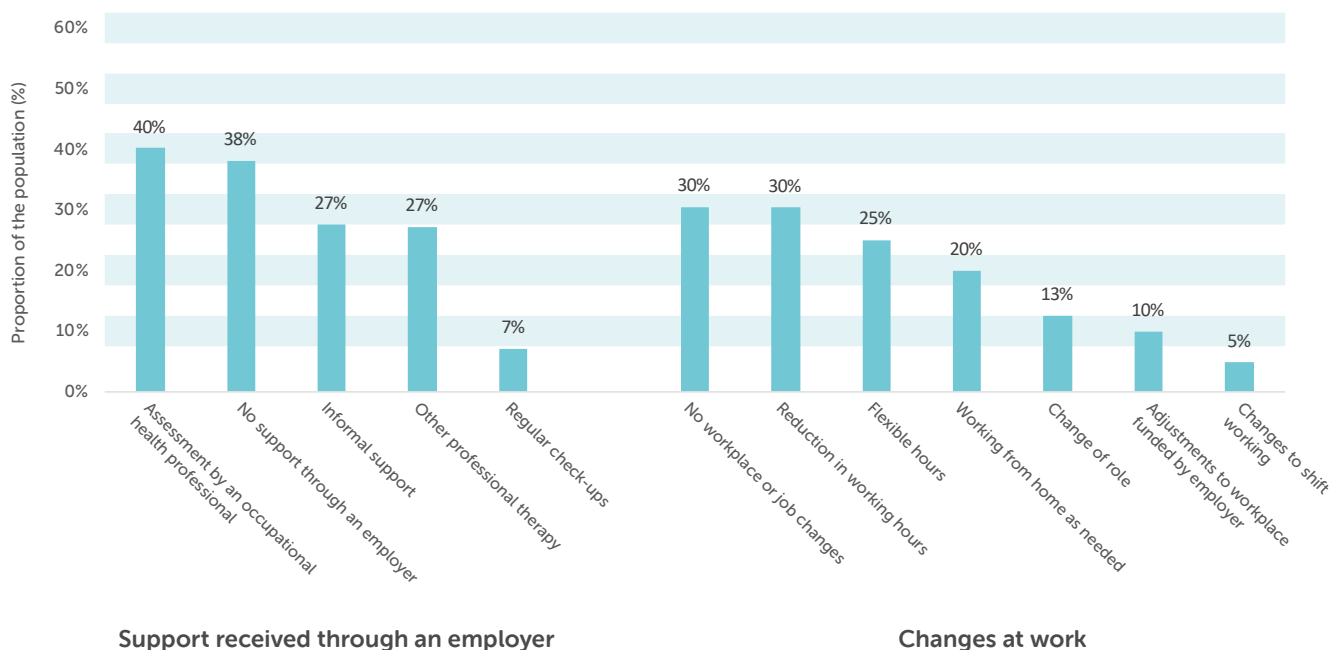## The availability of support is variable

Once a health condition is disclosed to an employer, the level, type and duration of support received by people is variable.

In our research, we found that almost two in five people (38%) had not received any support (such as assessment by an occupational health professional; regular check-ups; informal support about managing health conditions; or professional therapy such as counselling and physiotherapy) through an employer. Of those who had, the most common forms of support received were access to an occupational health professional (40%), informal support from their manager or colleagues (27%) or other professional therapy (27%) (**Chart 2**).

The survey showed a clear difference in access to support across employers of different sizes. While 54% of people in large companies had had an assessment by an occupational health professional, just 17% in small companies had, suggesting that small companies may have fewer formal structures and procedures in place for managing health conditions.

Almost a third (30%) of respondents reported that no practical changes (such as changes to working hours or working location, adjustments to their working environment) had been made to accommodate their health condition(s) in the workplace. For those who had had adjustments made, the most common practical changes were changes to working hours – either a reduction (reported by 30% of respondents) or a move to flexible hours (reported by 25% of respondents) (**Chart 2**).

Chart 2: Access to support and workplace changes (all survey respondents)

Proportion of the population (%)

Support received through an employer:
- Assessment by an occupational health professional: 40%
- No support through an employer: 38%
- Informal support: 27%
- Other professional therapy: 27%
- Regular check-ups: 7%

Changes at work:
- No workplace or job changes: 30%
- Reduction in working hours: 30%
- Flexible hours: 25%
- Working from home as needed: 20%
- Change of role: 13%
- Adjustments to workplace funded by employer: 10%
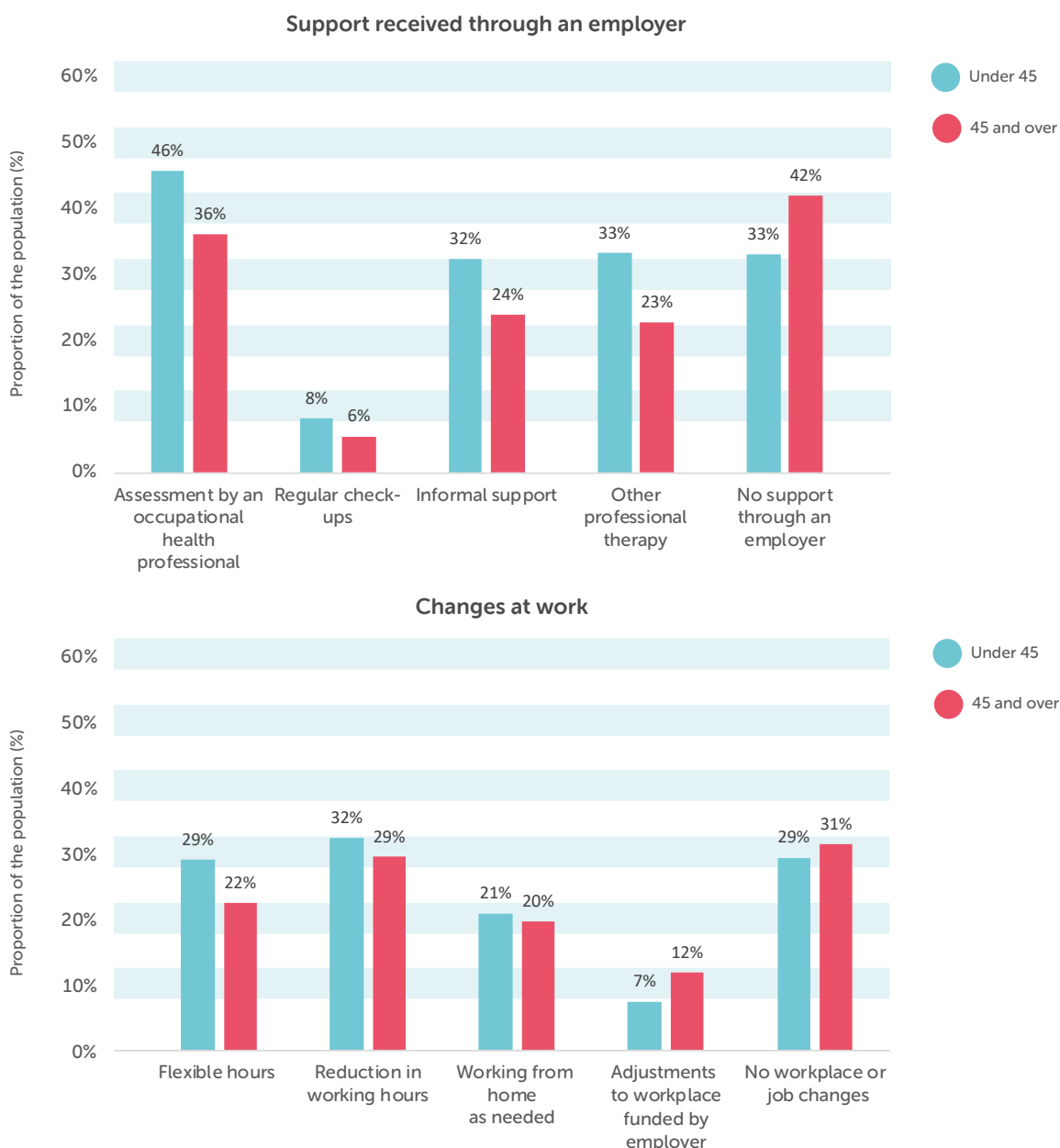- Changes to shift working: 5%

Source: YouGov

Overall, older workers are less likely to access support and adjustments to manage their health conditions

Of people who reported that they have received no support from an employer, 64% were aged 45 and over. More than two in five (44%) of over 55s reported that they had not had access to any support through an employer, compared with 40% of the 45-54 year olds and 28% of the 35-44 year olds.

Provision of workplace adjustments, such as changes to working hours or changes to the physical environment, was likewise variable by age. Overall, people aged 45 and over were less likely than those under the age of 45 to receive any form of support or adjustments from their employer, with the exception of adjustments to the workplace environment funded by the employer (**Chart 3**).

Chart 3: Access to support and workplace changes by age group (over and under 45)

Support received through an employer

	Under 45	45 and over
Assessment by an occupational health professional	46%	36%
Regular check-ups	8%	6%
Informal support	32%	24%
Other professional therapy	33%	23%
No support through an employer	33%	42%

Changes at work
Changes made at work

	Under 45	45 and over
Flexible hours	29%	22%
Reduction in working hours	32%	29%
Working from home as needed	21%	20%
Adjustments to workplace funded by employer	7%	12%
No workplace or job changes	29%	31%

Source: YouGov

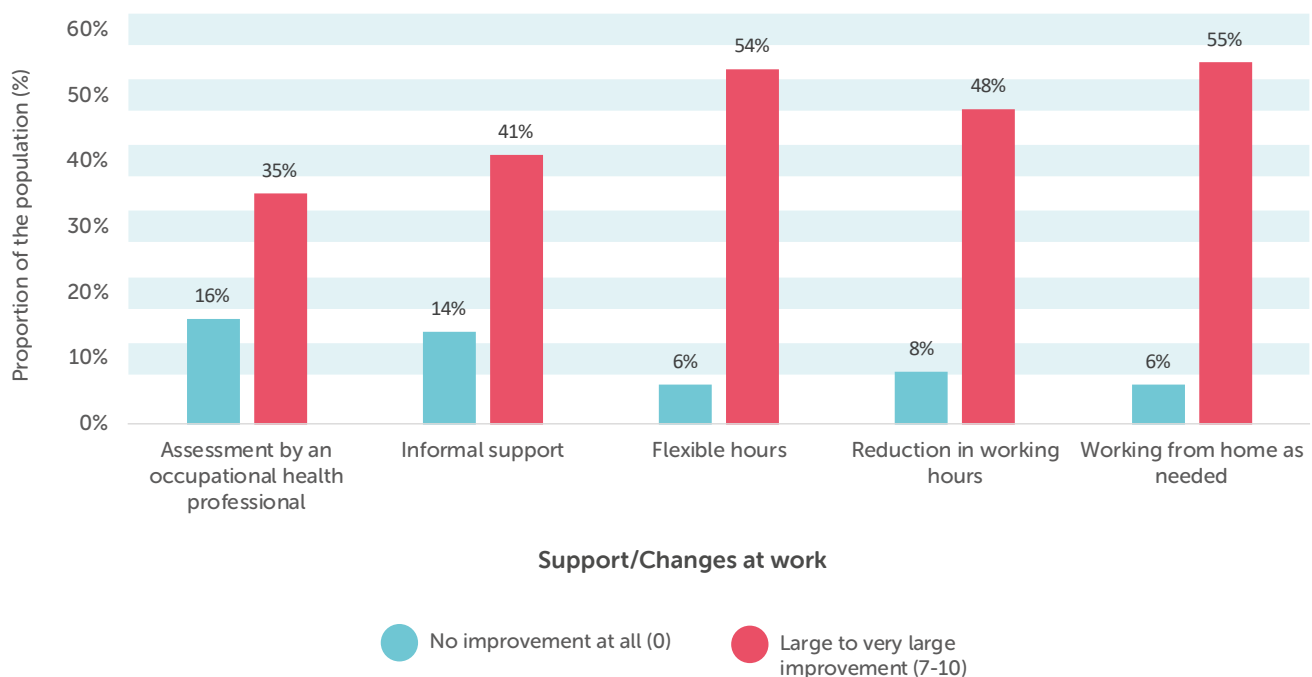# The impact of existing support is hugely variable

The impact of the support received was variable. While 16% of employees who had had an assessment by an occupational health professional reported that it had resulted in no improvement at all in their ability to do their job, around one-third (35%) of people felt that it had made a large to very large improvement. Similarly, among people who were given access to, and used, informal support from their employer about how to manage their health condition at work, 14% thought it had resulted in no improvement, and more than two in five (41%) in a large to very large improvement (**Chart 4**).

Flexible hours and the ability to work from home were the changes most likely to be reported as having made an improvement to an individual's ability to perform their job. More than half of people who were given flexible hours (54%) and the ability to work from home as needed (55%) found that these workplace adjustments made a large to very large improvement in their ability to do their jobs (**Chart 4**).

This shows a clear need for support and adjustments to be tailored to the individual's needs to ensure they are appropriate, and for ongoing feedback and monitoring to identify whether the support provided is effective and sufficient.

Chart 4: Assessment of improvement in ability to perform as a result of workplace changes (all survey respondents)

Improvement is measured on a scale from 0 (no improvement at all) to 10 (very large improvement). On this scale, the red bars indicate improvement of 7-10.

Proportion of the population (%)

Support/Changes at work	No improvement at all (0)	Large to very large improvement (7-10)
Assessment by an occupational health professional	16%	35%
Informal support	14%	41%
Flexible hours	6%	54%
Reduction in working hours	8%	48%
Working from home as needed	6%	55%

Support/Changes at work

● No improvement at all (0)   ● Large to very large improvement (7-10)

Source: YouGov

Support needs to be both adaptable and sustained over time

The focus groups and interviews found that for support and adjustments to be effective, they must be both sustained and adaptable over time. Participants described how their support needs were not only long-term but changeable. For some, the severity of their symptoms varied over time, with acute episodes when symptoms flare up and other times when they subside entirely.

However, regular and ongoing support is not readily available. Only 30% of survey respondents with long-term conditions reported ongoing support from their employer. Similarly, in our in-depth interviews, we found that adjustments made by the employer in response to employee health needs were often not sustained. It was evident that appropriate planning and monitoring of adjustments was frequently not in place.

. . . .

"I was pleased when some of my work was taken off me, portions of it. Unfortunately, due to circumstances it soon came back my way again... after three or four weeks I found myself back in a position of managing an unmanageable workload."

. . . .

Employers should:

- Proactively monitor, in conjunction with employees, the implementation and effectiveness of adjustments made. **Support and adjustments need to be effectively planned to ensure they can be sustained and adapted as necessary over time**.

Government should:

- **Require employers to publish** the numbers of people receiving Access to Work support as a step towards normalising workplace adaptations and encouraging uptake.
- 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 or new insurance products/co-financing models.
- Tighten the grounds on which employers can refuse a request for **flexible working** and consider introducing statutory reporting of requests and responses.

What people want

There is clear scope for improvement in the provision of support to enable people to manage their health conditions at work.

Early access to support can help prevent future decline

Our research shows that access to support at the earliest stage possible is key to preventing further deterioration in health. However, due to fears around disclosure and ineffective and inconsistent employer practice, support was often not accessed until a crisis point. By this time an individual was frequently already having to take time off work as a result of their health.

"If they have support in the beginning, it takes away all the stress, and the stress can aggravate so many symptoms."

A balance is needed between efficient support systems and overly bureaucratic procedures

Overly formalised, bureaucratic procedures were seen as both unhelpful and stressful. These were especially common in larger organisations. Sickness monitoring meetings were identified as a cause of significant stress. Employees felt such monitoring demonstrated a lack of trust on the part of the employer and led to continued feelings of having to justify their condition. The fit note process was cited as a particular example of this.

"I thought [the fit note] was very heavy on the admin. When I was very ill, I had to provide a fit note every month, which meant checking in with the doctor every month, and then I had to photocopy it and post it, but there was no way I was skiving. It's obvious I was ill. It is just crazy. It's putting pressure on the ill person all the time to be proactive, and you don't want to be proactive. You just want to get better."

There is a clear role for ensuring that some form of monitoring is in place to provide transparency and assurance of action for the employee and to ensure that adjustments are sustained and remain appropriate to the individual's needs. However, rather than relying on a formal policy or process for this, space for an informal, open and safe conversation around health is what many employees seek.

Empathy is important, but often lacking

Understanding and empathy from employers was identified as one of the most important enabling factors of successful management of a health condition at work. When survey respondents were asked for the three things that they felt would be most important in allowing them to perform their jobs, more than two in five (41%) stated understanding and empathy from their employer.

Notably, this was particularly in demand from employees within large organisations, with 49% of people in large companies expressing a desire for more understanding and empathy from their employer, compared to 29% in smaller companies. This likely reflects the over-reliance amongst larger employers on formal systems and processes, and the ability of smaller companies to provide a more personal approach to responding to employees' health needs.

"Being treated in the correct way can help an awful lot and not being sympathetic to it all, sort of brushing it all under the carpet can be very damaging."

Independent, third-party support may offer a solution

Access to some form of independent, third-party support was frequently cited as the most important gap. Participants reported difficulties in managing conversations with their employer and communicating their needs. There was also a sense that employers would benefit from support to help them identify and implement appropriate adjustments. As well as extending support so that it is available for employees working for small employers or who are self-employed, the offer must be improved to ensure it provides quick access to independent support.

"I think that people need an advocate in these kinds of meetings. When you're unwell they can be very difficult to navigate and your employer doesn't always get it."

41%
More than two in five people said that understanding and empathy from their employer would help them perform their job.

Small changes can have a big impact

One of the most striking findings of the research was that, in many cases, the adjustments needed and wanted by employees were very small. From physical adjustments such as a headset or a fan, through to taking scheduled breaks or being able to work flexibly in terms of hours and locations, small changes could make all the difference in enabling an individual to balance their health condition with their work.

> "For a while where I was holding the phone up, that really hurt my arm. Someone could maybe have got a headset or something."

> **"** I was only offered a phased return over six weeks, and they wouldn't entertain the idea of letting me come back part-time due to my health. I couldn't even walk the distance between the car park and my office at that point. It was impossible.

Lack of support is forcing some older workers to leave their jobs

A minority of individuals required more fundamental changes, such as role re-design or moving to a new position. However, in too many cases this did not happen, particularly in smaller organisations where it was felt there was less scope to accommodate these kinds of changes. Subsequently, individuals had to leave their jobs and were left struggling to access secure, quality work.

"Since then [leaving my job], I have gone from job to job. These jobs pay much less and are only part-time. These employers are sometimes suspect of my CV as I've held senior roles previously. I've just decided to leave a nursery worker job as I can't do the early starts, even if it is two and a half hours a day."

Employers should:

- Ensure managers and other staff responsible for health at work are **trained in how to have positive conversations with staff** about their health. These conversations must be **supportive and managers must express empathy and understanding**.
- Ensure that **all workers have full and equal access** to occupational health and wellbeing support and appropriate physical adjustments, equipment and flexible working arrangements. These adjustments are often **small and inexpensive**. Employers should proactively and consistently apply these and make full use of available support such as Access to Work.

Government should:

- Introduce a **right to return to work** after a health-related absence.
- Improve the support available to all workers, by providing access to **early and independent support** to manage health at work and wider issues around employment and careers. Greater Manchester's planned Working Well Early Help is a good example of a new approach to support for managing health at work differently.

Conclusions

As the number of working age people with long-term health conditions rises, Government and employers need to create workplaces, job roles and support systems that enable people to manage their health conditions and continue to work.

The slower onset and unseen nature of many of the conditions older workers develop mean they are far too frequently overlooked and left unaddressed, with **disastrous consequences for people's health and ability to work**.

Poor workplace cultures, processes and procedures around long-term health conditions currently lead to many people being inadequately supported. This can exacerbate existing conditions and leads to a significant number of older workers falling out of work.

Our research shows how **very small changes can often make a significant difference** to an individual's ability to manage their health condition(s) and continue to work. Employees have a right to such changes but fear, lack of a positive culture and inconsistent access to support mean too many are not given access to them.

Changes are needed in both government policy and employer practice to respond to this growing challenge.

With the ending of the Fit For Work Service, there is a need for joined-up, effective, evidence-based solutions to enable people to manage health conditions at work. The Government's 'Improving Lives: the Future of Work, Health and Disability' paper proposes a range of positive actions. Government should act swiftly to fulfil these commitments and consider **the implications of an ageing workforce in developing solutions**. Government must work with employers and health professionals to ensure that existing rights are met. The **voices of people with long-term health conditions must also be considered** in developing processes which enable access to appropriate support and adjustments, which are sustained and adapted as necessary over time.

Employers must take responsibility for creating an **open, positive culture around health at work**, in which it is normal for employees to discuss their health conditions, without fear of reprisal, judgement or job loss. Support needs to be structured so that it is **long-term and flexible**, with space for ongoing conversations between employees, health professionals and employers around the successful management of health conditions at work.

With these changes, the negative experiences we heard about through our research can be avoided, and more people in later life will be able to continue working well, for longer.

Bibliography

Banks J., Batty, G. D., Nazroo, J. and Steptoe A. (2016), 'The Dynamics of Ageing: Evidence from the English Longitudinal Study of Ageing 2002-15 (Wave 7), Institute for Fiscal Studies'. Available at: https://www.ifs.org.uk/publications/8696

Business in the Community (2014), 'The Missing Million. Illuminating the employment challenges of the over 50s'. Available at: https://age.bitc.org.uk/system/files/research/missing_millions_exec.pdf

Business in the Community (2016), 'Age in the Workplace: Retain, Retrain, Recruit'. Available at: https://age.bitc.org.uk/all-resources/research-articles/age-workplace-retain-retrain-recruit

Centre for Ageing Better and CLES (2017), 'Addressing worklessness and job insecurity among people aged 50 and over in Greater Manchester'. Available at: https://www.ageing-better.org.uk/publications/addressing-worklessness-and-job-insecurity-amongst-people-aged-50

Department for Work and Pensions (2015), 'Understanding the journeys from work to Employment and Support Allowance'. Available at: https://www.gov.uk/government/publications/understanding-the-journeys-from-work-to-employment-and-support-allowance

Department for Work and Pensions (2017), 'Fuller Working Lives: Evidence Base 2017'. Available at: https://www.gov.uk/government/publications/fuller-working-lives-evidence-base-2017

Marvell R and Cox A (2017). 'Fulfilling work: What do older workers value about work and why?' Available at: https://www.ageing-better.org.uk/publications/fulfilling-work-what-do-older-workers-value-about-work-and-why

Office for National Statistics (2015). 'Life Expectancy at Birth and at Age 65 by Local Areas in England and Wales: 2012 to 2014'. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/lifeexpectancyatbirthandatage65bylocalareasinenglandandwales/2015-11-04

Office for National Statistics (2017a), 'Labour Force Survey, Unemployment'. Available at: https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment

Office for National Statistics (2017b), 'Sickness absence in the labour market: 2016'. Available at: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2016

Office for National Statistics (2018), 'Dataset: A05 NSA: Employment, unemployment and economic inactivity by age group (not seasonally adjusted)'. Release date 21 February 2018. Available at: https://www.ons.gov.uk/employmentandlabourmarket/ peopleinwork/employmentandemployeetypes/datasets/ employmentunemploymentandeconomicinactivitybyagegroupnotseasonallyadjusteda05nsa

Public Health England (2017), 'Health and work: infographics'. Available at: https://www.gov.uk/government/publications/health-and-work-infographics

YouGov survey: total sample size was 1,008 workers that have/have had a long-term health condition that affected their ability to work. Fieldwork was undertaken between 26th September - 2nd October 2017. The survey was carried out online.

Explanation of terms

Employment Support Allowance (ESA)

Employment and Support Allowance (ESA) is a payment for qualifying people who have an illness, health condition or disability that makes it difficult or impossible to work. Universal Credit has been rolled out in some areas of the UK and will eventually replace income-related ESA in all areas.

Source: https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/employment-and-support-allowance/before-you-apply-for-esa/eligiblility-for-esa/

Occupational health

Services that focus on keeping people fit, healthy and safe while at work, both physically and mentally. Occupational health services also manage any risks in the workplace that are likely to give rise to ill-health. Access to occupational health services will depend on the size of your employing organisation and is not universally provided by all employers.

Source: http://www.nhshealthatwork.co.uk/what-is-oh.asp

Fit note

Provides a documented record of doctor's advice about an individual's health related fitness for work, when they are absent from work for more than seven days.

Source: https://www.gov.uk/government/publications/the-fit-note-a-guide-for-patients-and-employees

Access to Work (AtW)

A governmental discretionary grant programme aimed at supporting disabled people to take up or remain in work. Qualifying persons must be aged 16 or over and have a disability, mental health or long-term health condition that impacts on their ability to work and live in England Wales or Scotland.

Source: https://www.disabilityrightsuk.org/access-work

Work as a health outcome

The extensively researched concept that work contributes to health and health inequalities, in particular that unemployment and poor-quality work is linked to poor health outcomes. Commentators have varying interpretations of this concept.

Source: http://www.theworkfoundation.com/2017/02/15/work-health-outcome/

WorkAbility

An individual's capacity to succeed in the workplace. WorkAbility employer organisations offer workplaces committed to: personal development and training; self determination at work; and best practice employment activities and actively seek to ensure a decent quality of life and safe and inclusive working environment.

Source: http://www.workability-international.org/about-workability

Work Capability Assessment (WCA)

Used to determine an individual's entitlement for Employment and Support Allowance (ESA). The WCA assesses individuals against a set of descriptors to determine how their illness or disability affects their ability to work and takes into account the functional effects of fluctuating or progressive conditions. It has a similar function in Universal Credit, determining entitlement to LCW (Limited Capability for Work) or LCWRA (Limited Capability for Work Related Activity) additional components.

Source: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/663399/improving-lives-the-future-of-work-health-and-disability.PDF

What can you do to help?

Practitioners and people who make decisions tell us that not enough is being done to respond to the ageing population. There's a lot you can do with us to change this:

DEEPEN YOUR UNDERSTANDING

Share and apply insight and evidence of what people in later life want and what works in practice

MAKE A COMMITMENT

Prioritise ageing in your organisation – grasp the opportunities as well as tackle the challenges of demographic change

TAKE ACTION

Create change by trying out new approaches in partnership with us

We need to act now to improve later lives today and for future generations. **Join us in making that change.**

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