

Why the over 50s are key to solving the health and work dilemma

October 2024



About us

Centre for Ageing Better

Everyone has the right to a good life as they get older and our whole society benefits when people are able to age well. But far too many people face huge barriers, and as a result are living in bad housing, dealing with poverty and poor health and made to feel invisible in their communities and society.

Ageism, including discrimination in employment, stark inequalities in people's health and financial circumstances, chronic underinvestment in helping people to age well and a lack of political focus – are all contributing to this growing and critical problem.

At the Centre for Ageing Better we are pioneering ways to make ageing better a reality for everyone. We aim to inspire and inform those in power to tackle the inequalities faced by older people, call out and challenge ageism in all its forms and encourage the widespread takeup of brilliant ideas and approaches that help people to age better.

Get it right and more of us can experience good health, financial security and be treated fairly and with respect as we grow older.

Help us make sure everyone can age better.

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Foreword, by Dame Carol Black

Why the over 50s are key to solving the Health and Work dilemma

“Clear evidence, for the first time since the industrial revolution, of poor health detracting from both growth and wellbeing.”

Andy Haldane, 2022, REAL Challenge Annual Lecture

Preventing health-related job loss was at the heart of my 2008 review *Working for a Healthier Tomorrow*, and is perhaps even more important today, as we hit record levels of working-age ill-health, and demographic change continues to alter the age profile of our population. Businesses, society and individuals will all lose out if we do not support prevention of poor health and make it easier for people with long-term health conditions and/or disabilities to remain in, and/or return to, work.

The government is now preparing to publish a white paper on employment, with a bold plan to join up health, skills and work and transform the Department for Work and Pensions (DWP) – currently a department for welfare, into a department for work. There is a large evidence-base to work from, and many policy proposals have been developed over the last 15 years to inspire action.

This report does not retrace that ground but points to the specific needs of a specific group: employed people in their fifties and sixties.

In order to hit its ambitious target of 80% employment, the government will need to see increasing employment rates in two cohorts: the 18-24s and the 50-64s. It has started to clarify its plans to improve the youth employment rate, and will also need to develop plans for the older cohort. Over half of all people out of work due to ill-health are aged 50 to 64.

Improving the disability employment rate requires lowering barriers to work for people aged 50 and over. This report sets out the key issues at hand, and proposes a way forward that we hope will inform and shape the agenda.

Executive summary and recommendations

The new government recognises that health and work are central to its growth mission. Achieving this mission will require an increase in workforce participation, with the government's stated aim being an 80% employment rate. To do this, it needs to support more people with long-term health conditions to thrive in work, and to increase the disability employment rate. It has committed to addressing this via its reform of employment support services, and the creation of local health, work and skills plans.

The cohort the government most needs to reach with these activities is people aged 50 and over. There are 10.75 million people working with a long-standing health condition in the UK – and 4.6 million (43%) of them are over 50. Of the 3 million people who are economically inactive due to long-term illness or disability, over half (53%) are between 50 and 65.

This means that, for the government's health and work initiatives to work overall, they need to work for people in their fifties and sixties. This will complement the drive to increase youth participation in the labour market, and together create a strong multigenerational workforce.

In the decades leading up to the pandemic, the UK's employment growth was largely driven by increasing the participation of workers aged 50 and over. This trend has now stalled. There are 470,000 people aged 50-65 with a long-standing health condition who are out of work but say they would like a job. Clearly, there is potential here for the government's interventions to encourage good practice and open up opportunities for a large number of people.

The prize here is clear. Increasing the employment rate for people aged 50-64 to 75% by 2030 would add £9 billion a year to the economy, and generate an additional £1.6 billion in national insurance and income tax contributions (Centre for Ageing Better, 2024a). Not to mention that research shows that multigenerational teams are more productive (OECD, 2021).

To reach that 75% target, we only need about 125,000 more workers aged 50-65 to re-enter the labour market. That is only slightly over 25% of those people who are out of work with a long-standing health condition who would like to work.

But there is a risk that older workers will be left behind. The health-related employment gap widens with age: just 57% of people aged 50-65 with a long-standing health condition are employed, compared with 73% aged 35-49. This means that people with a long-term health condition are 60% more likely to be out of work if they are aged 50-65 compared with 35-49.

Workers aged 50 and over – particularly those in their sixties – achieve the worst outcomes on employment support provision. The level of Access to Work provision (government-funded equipment and assistance to support people with long-term health conditions and disabilities to do their jobs) actually declines after the age of 55. These gaps reveal a clear mismatch between where we are now and where we need to be.

Evidence also shows that workers in their fifties and sixties who acquire new health conditions face challenges in securing and managing adjustments to the type and intensity of work, alongside an assumed age-related deterioration in their capacity to work. Tackling health-related economic inactivity among people aged 50 and over means tackling both the practical barriers faced by people with health conditions in the workplace and the ageist assumptions implying that it is not worth helping people in their fifties and sixties to stay in or return to the labour market.

We know we can do better. Based on analysis by the International Monetary Fund (IMF), the UK workforce has a 50% higher rate of inactivity due to illness among those aged 50-64 who want to work than Germany does (Li & Grandos, 2023). This equates to about 192,000 extra people in that age group who are not working and would like to and have long-standing health problems. So, if we could match the equivalent German inactivity rate, this would yield about £13 billion in gross domestic product (GDP) a year and £2.5 billion in additional income tax and national insurance revenues.

This report is based on a comprehensive review of the literature on health, work and older age, with a particular focus on the drivers behind and interventions to tackle health-related worklessness among people aged 50 and over. We found that there is a lack of research around what employment support works for this age group. Previous evaluations of health and work interventions – which are not numerous – have rarely taken an age lens, and little evidence exists on the gap in effectiveness of employment support provision for people aged 50 and over.

That is why our key recommendation to government at this stage is not major additional spending. Instead, we recommend that the government put in place strategies and structures to hold the overall system to account for delivering better outcomes for people aged 50 and over, and focus on learning what works.

One thing is clear: with the state pension age set to rise again to 67 by the end of this parliament, we cannot continue to accept that poor labour market outcomes for people in their sixties with long-term health conditions are inevitable.

Recommendations

We therefore recommend that the government take an age-positive, age-curious and age-targeted approach to its planned reforms to the employment landscape, and efforts to shrink the disability employment rate:

- **Age-positive:** The first step is to raise our ambitions for employment of people aged 50 and over and for the performance of health and work programmes (and the new work and careers service overall). The aim should be for people in their fifties and sixties to achieve similar outcomes to people in their forties. The government should:
 - commit to an employment rate target of 75% for people aged 50-64 by 2030
 - set clear and ambitious performance targets for cohorts of people aged 50-59, and 60-65, for all DWP-funded employment support and health and work interventions
- **Age-curious:** The state of the evidence on what works to support people aged 50 and over with health conditions to remain in or return to work is weak. The DWP has not exploited all the opportunities it has to learn from what it is already doing. The government should:
 - publish performance data for all health and work interventions broken down by age
 - include a specific focus on people aged 50-59 and 60-65 in all evaluations of health and work interventions
 - encourage innovation in the sector – supporting providers to try new interventions for older participants in order to achieve the ambitious performance targets
- **Age-targeted:** An age-neutral approach is not working. We need in-work interventions that specifically support people aged 50 and over who are reluctant to disclose emerging health problems, and age-targeted employment support interventions designed to overcome both external and internalised ageism. The government should:
 - restart and expand the Midlife MOT pilot programme, making the most of this early opportunity to make adjustments that could keep people in work
 - expand and improve the 50 Plus Champions scheme within Jobcentre Plus, and support collaboration between 50 Plus Champions and Disability Champions – both of which should be supported to bolster employer engagement within Jobcentre Plus and support local employers to implement reasonable adjustments, create accessible jobs, and develop inclusive recruitment practices

- pilot targeted, specialist interventions to support people in their fifties and sixties with health conditions to return to the workforce.

Almost all of this can be delivered without additional spending: the most crucial steps will be to set high standards for service providers to respond to, and to make sure that the opportunities DWP should learn from the services it is already funding are being fully exploited.

The potential gain to the Exchequer – around £1.6 billion a year – is significant (Centre for Ageing Better, 2024a). A £50 million investment in a new innovation fund or series of test-and-learn initiatives to better support older workers with long-term health conditions would cost just 1% of the estimated £4.9 billion savings made from increasing the state pension age from 65 to 66 (Cribb & O'Brien, 2022).

Main report

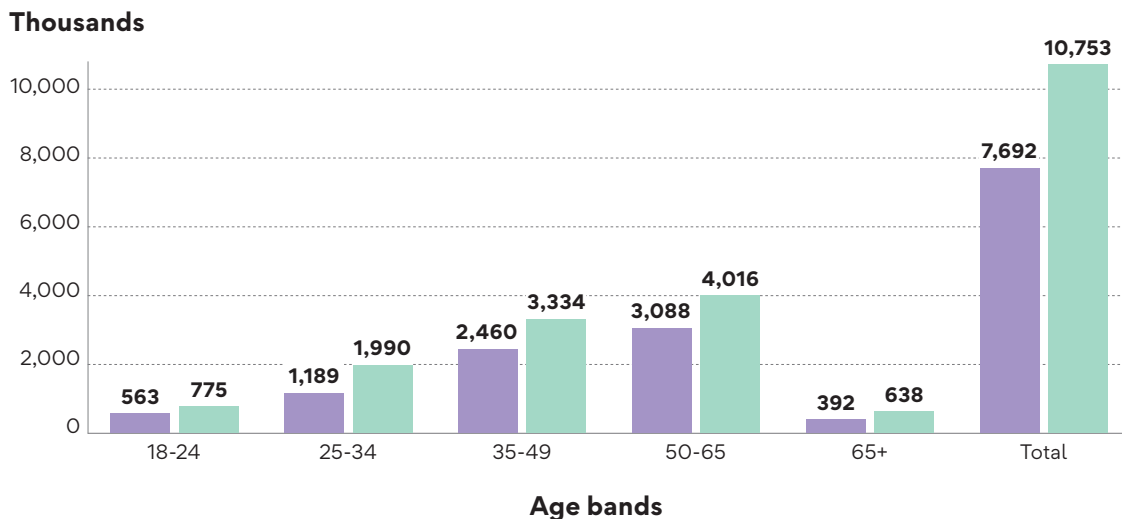
4 million people aged 50-SPA with a long-standing health condition are working

Figure 1

People aged 18 and over with long-standing health conditions and working by age-band, thousands, UK, Q1 2016 and 2024

State pension age = 66 currently

● 2016 ● 2024



Source: Quarterly Labour Force Survey, Q2 2016 and 2024 • CFAB analysis

It is not inevitable that people in their fifties and sixties with a long-term health condition will drop out of work. There are 10.75 million people with a long-standing health condition who are working. Of them, 2.7 million are aged 50-59, 1.3 million are 60-65 and 0.6 million are at or above the state pension age (SPA).

This represents an increase in both employment rates and absolute numbers working since 2016. Employment rates for people with long-term health conditions have risen across the board since 2016, with the largest increase in rates seen for those aged 60-65 (from 38% to 45%). Much of this will have been driven by increases in SPA during that period, creating a greater imperative to work among 65-year-olds (especially women).

The number of people working above SPA with a long-term health condition is particularly notable. Clearly, there are people working in jobs that meet their

health needs – so much so that they are willing and able to continue beyond SPA. Making those positions more widespread will be crucial to the growth agenda in the coming decade as this age group continues to grow in size.

People with a long-term health condition aged 50 to SPA are not substantially more likely to say that their condition is work-limiting, but they are much less likely to be in work

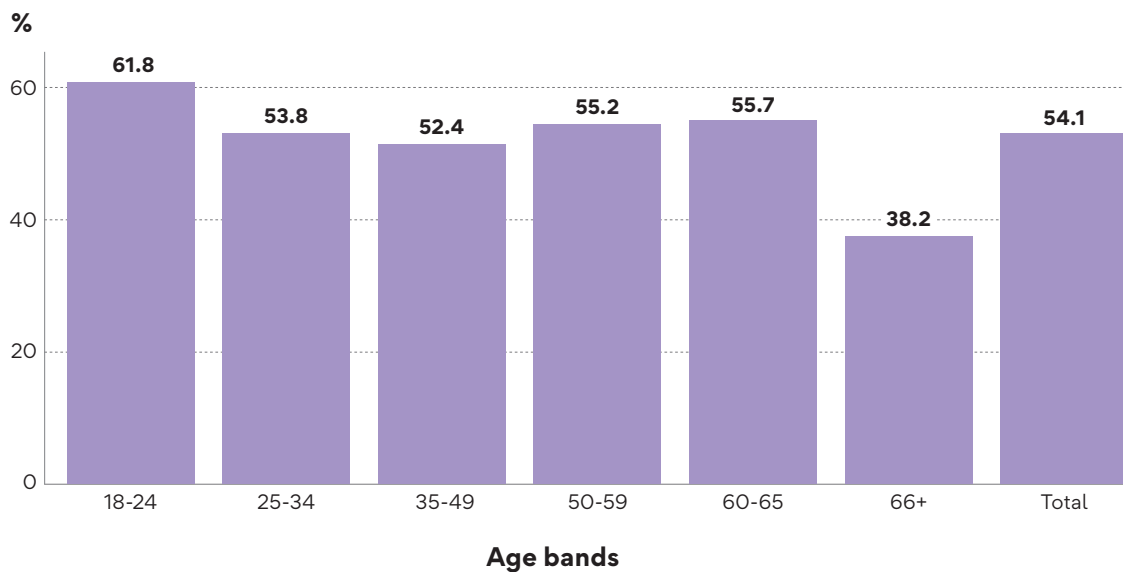
As we age, we become more likely to acquire a health condition and more likely to have multiple health conditions. But not all health conditions affect our ability to work. What matters more is whether or not they are ‘work-limiting’, which includes limitations to the type, amount and intensity of work someone can do.

There are 50% more people with a long-standing health condition aged 50-65 compared with those aged 35-49. But, as shown in Figure 2, there are minimal differences in the proportion of people who say that their health condition is work-limiting across different age groups (below SPA).

Figure 2

Proportion of people with long-standing health conditions with work-limiting health conditions by age band, %, Q2 2024

State pension age = 66 currently



Source: Quarterly Labour Force Survey, Q2 2016 and 2024 • CFAB analysis

So the age profile of people whose long-term conditions are ‘work limiting’ is reasonably flat. But the employment rate is not. 73% of people aged 35-49 with a long-term health condition are employed, compared with 64% of 50-59s and 47% of 60-65s.

This points to an ‘age penalty’ when it comes to having a work-limiting health condition. This will not account for the whole difference in employment rate: the degree of work limitation may be greater amongst older than younger individuals. But it does indicate some capacity to increase employment rates for people aged 60 and over with the right support, the right jobs and better employer attitudes.

We need to prioritise support to catch people before they drop out of work – particularly for workers aged 60 and over

There are far more people aged 50 to SPA with a long-standing health condition in work than out of work. But, if people in this age cohort do fall out of work due to their health, they are less likely to return to the workforce – and even less likely the older they are (Thomas et al, 2023).

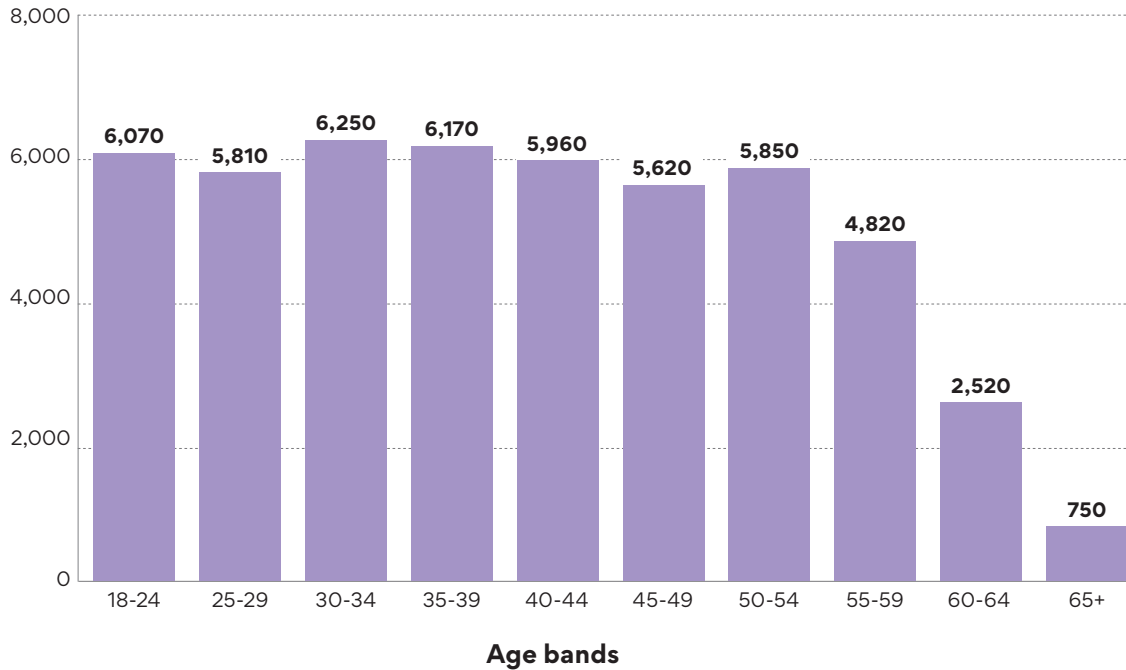
Retaining those 4 million people in work – by ensuring that their jobs and workplaces can be adapted to their needs – is therefore particularly important. But the evidence suggests that interventions designed to do just this are not working well for older workers.

The Access to Work scheme is a major part of the government’s attempt to help employers support workers with additional needs due to health or disability. Workers can apply for a grant to pay for support, such as specialist equipment, physical changes to a workplace or help with travel. It is not means-tested at the individual level, and so is open to anyone in work, including those who are self-employed.

Given the age gradient of health conditions, we would expect the provision of Access to Work support to rise with age. However, the data shows that the opposite is the case. While approvals are high among those aged 50-54, they drop significantly from the age of 60 (Figure 3). Even though people aged 60 and over make up 17% of workers with long-standing health conditions, they make up only 7% of people getting Access to Work provision. This suggests that there may be a sizable cohort of people who could be getting more support but are not.

Figure 3

The number of people who had any Access to Work provision approved in 2022/23 by age



Source: Department for Work and Pensions, Access to Work Statistics

Access to occupational health, defined by the World Health Organization as “work... to promote and maintain highest degree of physical, mental and social well-being of workers in all occupations”, is not that widespread. Just under half (45%) of workers in Great Britain have access to occupational health via their employer. There are large inequalities within this: access among employees of larger firms is 92% compared with just 18% for small- and medium-sized enterprises (SMEs); access is higher for employees than the self-employed; access varies by region and social class and is higher for public sector workers than private sector ones (DWP, 2023).

The existence of support doesn’t necessarily mean older people will access it. Our own research (Mouland, 2018) shows that almost two-fifths (38%) of older workers declaring a health condition received no support at all. Overall, workers aged 45 and over in that survey were significantly less likely to receive support than those under 45. For those who did receive support, the most common forms accessed were: formal visit to an occupational health professional (40%), informal support from a manager or colleague (27%), and other professional therapy (27%). All of these were more common among those working for larger employers.

A 2010 literature review identified that there were few occupational health interventions specifically targeted at older workers (McDermott et al, 2010). There was, however, evidence to suggest that workplace health interventions aimed at health promotion, such as health checks, counselling

and health condition tests, are largely seen as positive by older workers, although there is no evidence on their impact on older workers' ability to work (Crawford et al, 2010).

However, more recent research suggests that 'multi-component' interventions (comprising multiple interventions including at least two of health service delivery, coordination of services and work modifications) are most effective for older workers in improving work participation (Steenstra et al, 2017). An even more recent systematic review found that a combination of exercise, equipment and education can have a positive effect on working with musculoskeletal pain, but 'single-component interventions', comprising just one of these, have little to no effect (Bentley et al, 2023). The same review also highlighted evidence on the beneficial health effects of workplace culture, leadership and management of older workers (ibid).

But cultural changes are needed alongside technical ones

Access to an intervention relies on disclosure of health conditions. But the research shows that a reluctance to disclose is widespread (Brouwers, 2020; Gignac et al, 2021), especially for older workers (Mouland, 2018). Worrying about whether to disclose health conditions to an employer can also be an additional form of stress, with one participant of our research saying, "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" (ibid).

Gender inequalities around disclosure exist, too, with menopause being especially likely not to be disclosed despite often having an impact on work (Nicholson et al, 2016). Unequal power dynamics within a workplace – for example, around contract status, ethnicity or sexuality – may also impact on disclosure.

One way to support early disclosure is to create new touchpoints where employees are given the opportunity to disclose any health needs to their employer in a safe environment. Midlife review interventions offer one such opportunity – where workers in midlife are specifically invited and supported to reflect on their needs and aspirations, with regards to both their career and their health. We encourage this government to continue the Midlife MOT pilots undertaken by the last government, to explore how these can be most effectively provided.

There are two factors at play here. One is the perceived (and real) discriminatory attitudes of managers and employers, which older workers with long-term health conditions face. But ageism and ableism can also be internalised – research shows that older workers with long-term health

conditions feel that they need to be in good health in order to participate in work (Van der Horst and Vickerstaff, 2022).

The strong cultural component to this issue presents both opportunities and challenges. If an attitudinal shift can be achieved, there is the opportunity to intervene much earlier. But achieving that attitudinal shift is not easy with a single government intervention. This is why we emphasize an age-positive tone from this government in its communications and actions.

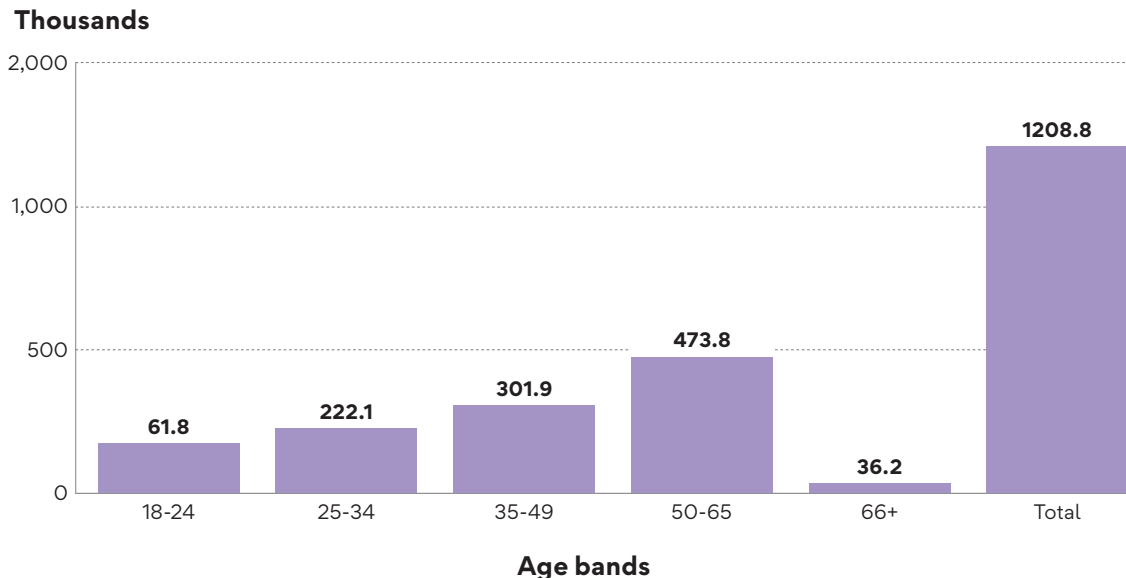
Setting high standards for its interventions to deliver for the over 50s age group will send a clear signal that older workers with long-term health conditions can and should be supported to access employment. Additionally, the government could amplify the message of the Centre for Ageing Better’s Age-friendly Employer Pledge via its own communication channels, as recommended in the recent Commission on the Future of Employment Support.

There are 474,000 people aged 50-65 who are out of work with long-standing health problems who say they would like to work

Figure 4

People aged 18+ not working with long-standing health conditions who would like to work* by age band, thousands, UK, Q2 2024

*People with long-standing health conditions who are either unemployed, or inactive and seeking work or would like to work with long-term health conditions



Source: Quarterly Labour Force Survey, Q2 2016 and 2024 • CFAB analysis

There are around 1.2 million people with a long-standing health condition who are not in work but would like to be. Of that total, 42% (510,000) are aged 50 and over – more than in any other age cohort. So, as well as retaining people in work, there is clearly real capacity to bring many people back into the workforce, through effective provision of employment support.

This is only a small proportion of the people aged 50 and over who are out of work due to their health. There are 1.6 million people aged 50-65 who are economically inactive due to a long-term health condition: more than half of the total. Work will not be right for many of those people, but there may be more who would be willing to work if they felt the right opportunities and support were available. Our Supporting Disabled Older Workers project, led by experts-by-experience, will dig into these issues in the coming year.

Our age-neutral approach to back-to-work support is failing workers aged 50 and over who have long-term health conditions

The recent Commission on the Future of Employment Support made a strong, evidence-based argument for active labour market policies as a necessary element of the new government's growth mission: emphasising the marginal improvements needed to generate significant savings to the Treasury (Institute for Employment Studies, 2024). That commission also recommended “far greater use of specialist provision” for the 50-64 cohort particularly, as this group is currently underserved by existing employment support provision. Our own analysis suggests that the break-even success rate (i.e. the success rate that means the economic benefits exceed the costs) for such targeted provision (depending on the intensity) is between 1% and 10% (Centre for Ageing Better, 2024b).

We know that employment support services are not particularly accessible for older workers:

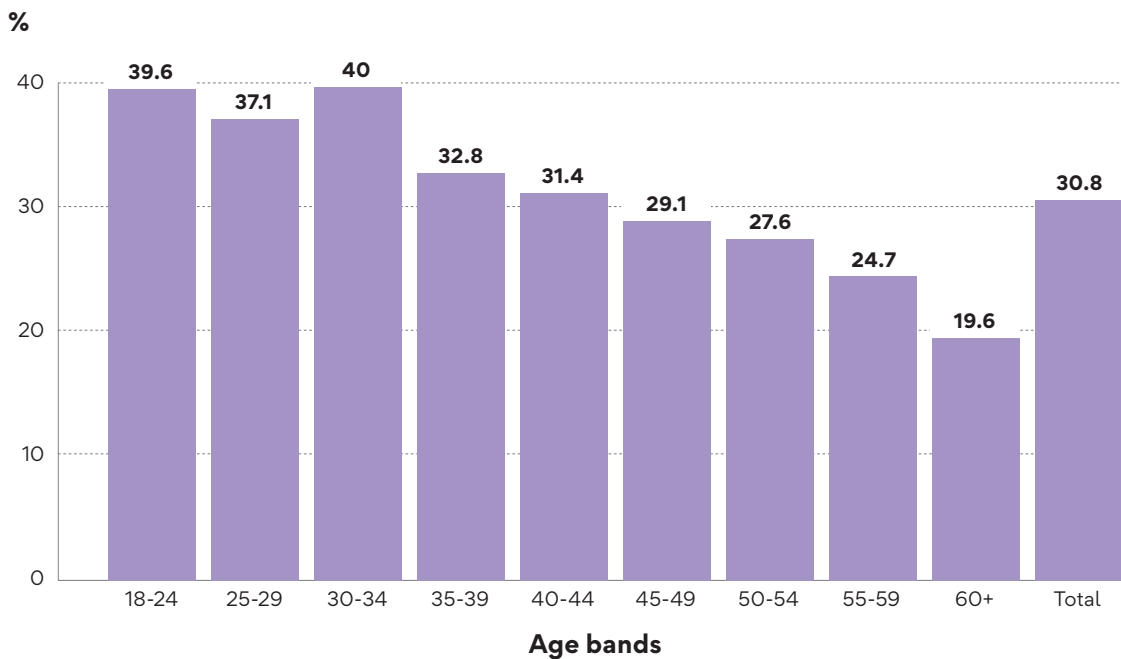
- Only one in ten out-of-work older and disabled people receive help from the government to find work each year, compared with one in three out-of-work young people (Evans and Vaid, 2023).
- Around one in four people starting on the Work and Health Programme ‘Pioneer’ are over 50. This is a ‘place and train’ programme launched in 2023, targeted at economically inactive disabled people and disadvantaged groups (DWP, 2024).

Perceptions of Jobcentre Plus are crucial for engagement levels. DWP research (Bloch et al, 2013) on older jobseekers suggested that older claimants tend to dislike Jobcentre Plus offices. The people interviewed as part of the study mentioned an unwelcoming reception from staff and the limited time available to discuss individual needs as key factors in their dissatisfaction. Similarly, advisers interviewed felt that claimants' perception of Jobcentre Plus could negatively affect their future engagement with statutory employment support. Our own qualitative research supports these findings (Mouland, 2018), with older jobseekers interviewed feeling that support services were not 'meant' for them and reporting instances of perceived ageism among service providers.

Not only is employment support hard to access, but it does not work particularly well for those who do access it. Analysis of Work and Health Programme outcomes data shows that the older people are, the less likely they are to find a job after 24 months on the programme (see Figure 5).

Figure 5

Work and Health Programme 24-month job outcomes by age band, UK, all starts to May 2022



Source: DWP Stat-Xplor Job Outcomes and WHP Starts to May 2022

Of course, these disappointing results are only a snapshot of one employment programme, but therein lies a bigger problem: not enough employment support (and in-work) support programmes are evaluated to a high enough quality and many do not report age breakdowns for outcomes.

Our research and innovation work over the past five years has identified the following features that are key to successfully engaging and supporting older jobseekers:

- **A caseworker-led approach**, with a single, named adviser who maintains frequent contact with the client. These advisers should have training and experience in supporting clients aged 50 and over. Their support should be tailored to individual needs, but we would expect it to include:
 - a supportive and empathetic approach, which takes into account clients' broader life experience
 - navigating online job search and application processes
 - confidence-building
 - identifying transferable skills from previous experience – including experience gained outside the workplace
 - referral to occupational health support where appropriate
 - support that takes place in environments where clients already feel comfortable, such as community hubs or cafes
 - support to re-train where appropriate
 - mixed engagement opportunities: 1:1 and group support
- **A digital element as part of the mix**. Opportunities to engage online will not be appropriate for everyone in this cohort, but it is important that they are part of the offering. Our co-design work suggests an online element of a back-to-work offer appeals to the desire for self-sufficiency, especially when explicitly targeted at people aged 50 and over. One in three people aged 50 or over who were either not working or considering early retirement said that they would rather access employment support services online than anywhere else.
- **A strong programme of employer engagement**, focused on the benefits of a multigenerational workforce and including the 'sell' of jobseekers aged 50 and over, as well as support to implement age-friendly employment practices. This is a specialist capability and should not be seen as the role of a work coach. We recommend that this is developed through a continuation and expansion of the 50 Plus Champions scheme.
- **A place-based approach**, giving local commissioners and service providers the autonomy to fit their activity to the local labour market.

- **Flexibility** to fit support and training around existing caring responsibilities or health conditions.
- **Access to work placements or job trial opportunities**, to help people with long careers in one sector become more comfortable in new environments.

Conclusion

As the evidence in this report has shown, any labour market policy agenda aimed at dealing with record levels of poor health in and out of work cannot succeed without an explicit focus on people in their fifties and sixties, and beyond. Previous governments have taken ‘age-neutral’ approaches that have largely not worked, leaving some older workers with health conditions to struggle on without the right support and many more ending up out of the labour market entirely.

We need a new approach. One that is age-positive, age-curious and age-targeted. Being age-positive requires setting high performance targets for those aged 50-59 and over, and those aged 60-65 on programmes, aiming to achieve outcomes for these groups that are similar to those for younger age groups. Age-curious means ensuring that we try to understand how interventions work for people of all ages, breaking down analysis in a much more granular way than is often done in existing evaluations. It means encouraging innovation in practice and continuously learning about what works, for whom, in what context and why. Age-targeted requires a small investment into age-specific pilots and ensuring that 50 Plus Champions and Disability Champions are working closely together in Jobcentre Plus.

The first step is for the government to start applying an age lens to all the work it is undertaking to support greater participation in the workforce. These changes will allow us to unlock the talent of many who are struggling to work but still have much to offer, enabling individuals to be happier and healthier, ensuring employers have access to the right skills and experience, and ultimately driving economic growth.

References

Bentley T, et al (2023) A systematic review of literature on occupational health and safety interventions for older workers. *Ergonomics* 66(12): 1968–1983. Available at: <https://doi.org/10.1080/00140139.2023.2176550>.

Bloch A, et al (2013) The Jobcentre Plus Offer: Final evaluation report. Available at: <https://webarchive.nationalarchives.gov.uk/ukgwa/20160114164158/https://www.gov.uk/government/publications/the-jobcentre-plus-offer-final-evaluation-report>.

Brouwers EPM (2020) Social stigma is an underestimated contributing factor to unemployment in people with mental illness or mental health issues: Position paper and future directions. *BMC Psychology* 8(1). Available at: <https://doi.org/10.1186/s40359-020-00399-0>.

Centre for Ageing Better (2024a) Closing employment gap for older workers would generate £9 billion a year for economy. Available at: <https://ageing-better.org.uk/news/closing-employment-gap>.

Crawford JO, et al (2010) The health safety and health promotion needs of older workers. *Occupational Medicine* 60(3): 184–192. Available at: <https://doi.org/10.1093/occmed/kqq028>.

Cribb J and O'Brien L (2022) How did increasing the state pension age from 65 to 66 affect household incomes? Institute for Fiscal Studies. Available at: <https://ifs.org.uk/publications/how-did-increasing-state-pension-age-65-66-affect-household-incomes>.

DWP (2023) Employee research Phase 1: Sickness absence, reasonable adjustments and Occupational Health. DWP Research and Analysis. Available at: <https://www.gov.uk/government/publications/employee-research-phase-1-and-2/employee-research-phase-1-sickness-absence-reasonable-adjustments-and-occupational-health#executive-summary>.

DWP (2024) Chapter 2b: Participant Identification, Eligibility and Referral – WHP Pioneer. DWP Guidance. Available at: <https://www.gov.uk/government/publications/work-and-health-programme-including-jets-provider-guidance/chapter-2b-participant-identification-eligibility-and-referral-whp-pioneer>.

Evans S and Vaid L (2023) Understanding benefits: Assessing how many people receive out-of-work benefits. Learning and Work Institute. Available at: <https://learningandwork.org.uk/resources/research-and-reports/understanding-benefits/>.

Institute for Employment Studies (2024) Working for the Future: Final Report of the Commission on the Future of Employment Support – Executive Summary. Available at: <https://www.employment-studies.co.uk/resource/working-future-final-report-commission-future-employment-support>.

Li G and Granados CM (2023) The Recent Decline in United Kingdom Labor Force Participation: Causes and potential remedies. International Monetary Fund. Available at: <https://www.imf.org/en/Publications/selected-issues-papers/Issues/2023/07/13/The-Recent-Decline-in-United-Kingdom-Labor-Force-Participation-Causes-and-Potential-Remedies-536326>.

McDermott HJ, et al (2010) Developing occupational health services for active age management. *Occupational Medicine* 60(3): 193–204. Available at: <https://doi.org/10.1093/occmed/kqq026>.

References

- Mouland, J. (2018) Health warning for employers: Supporting older workers with health conditions. Centre for Ageing Better. Available at: <https://doi.org/10.31077/ageing.better.2018.04a>.
- Nicholson P, et al (2016) Ageing and the Workplace: A report from the BMA occupational committee. British Medical Association. Available at: https://www.bma.org.uk/media/4271/bma_ageing-and-the-workplace_oct_2019.pdf.
- OECD (2021) Good for Business: Age diversity in the workplace and productivity. OECD Publishing. Available at: <https://doi.org/10.1787/15f92878-en>.
- Steenstra I, et al (2017) A systematic review of interventions to promote work participation in older workers. Journal of Safety Research, 60: 93–102. Available at: <https://doi.org/10.1016/j.jsr.2016.12.004>.
- Thomas C, et al (2023) Healthy People, Healthy Lives: The First Interim Report of the IPPR Commission on Health and Prosperity. Available at: <https://www.ippr.org/articles/healthy-people-prosperous-lives>.
- Van der Horst M and Vickerstaff S (2022) Is part of ageism actually ableism? Ageing and Society 42(9): 1979–1990. Available at: <https://doi.org/10.1017/S0144686X20001890>.



Let's take action today for all our tomorrows.
Let's make ageing better.

The Centre for Ageing Better is tackling inequalities in ageing. We are working to make our workplaces, homes and communities inclusive of older people, as well as building an Age-friendly Movement so that society sees ageing in a more positive and realistic way.