

Supporting Disabled Older Workers

**Insights for policy
and practice from
lived experience**

September 2025



in partnership with:

**THE
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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 take-up 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

Work can offer us purpose, security and connection with others. Yet for far too many Disabled people and people living with long-term health conditions in their fifties and sixties, unnecessary barriers keep these benefits out of reach.

While older workers with health conditions across much of Europe are making gains, the UK is falling behind ([Institute for Employment Studies](#)). Here, only 57% of people aged 50-65 with a long-term health condition are in work, compared with 73% of those aged 35-49. Overall, this means people in this age group are 60% more likely to be out of work, despite being no more likely to say their health limits their ability to work compared to the younger age group.

The perspectives of older Disabled people have not been prominent in the ongoing debates around disability benefit claimants, and Disabled people themselves are all too often positioned as a problem. Our aim in this research is to centre their voices and explore their diverse employment experiences through the lens of the [Social Model of Disability](#). This model highlights how societal barriers – rather than impairments or differences – create disability and thereby limit older Disabled people's work opportunities.

This research explores some of the human stories behind the numbers we see reported: of people persevering in jobs because they don't know if a new role would make the same accommodations, of applications going unanswered and interviews clouded by bias, jobs lost because the right support never came, and the pressures of managing health and caring responsibilities around work.

Among these stories are examples that highlight good practice to be built upon. They show what happens when employers look past assumptions and focus on 'ability, not inability'. They reveal the life-changing power of timely workplace adjustments, often the difference between being pushed into early retirement and thriving at work. Throughout, they highlight the immense value older Disabled people bring – not in spite of their experiences but because of them – as

Disabled people, as carers and as individuals in their fifties and sixties whose expertise strengthens the teams and organisations of which they are part.

At the heart of this project are the voices of lived experience. The Supporting Disabled Older Workers project has been led by a nine-member expert steering group, all older Disabled people or those with long-term health conditions. The steering group and peer researchers were crucial in designing and conducting this study. They have shaped every step of the journey – from selecting the Policy Institute as research partners to analysing the findings and pinpointing where real change is needed. Below, some of them share their hopes for how the research will influence policy and practice to better support Disabled older people like themselves.

“I would like to emphasise the agency, resourcefulness, and problem-solving skills of Disabled people and posit meaningful co-production as the best way to recognise and try to dismantle the barriers we experience.”

Martine Connolly

“I hope the report will help show employers that older and Disabled people can still offer real value in the workplace, especially when we are given the right support.”

John Holmes

“I’m hoping to see changes in the future which allow a person to freely express their concerns and needs for adjustments in the workplace, without negative judgement and feeling less than.”

Denise Rodgers

By embracing co-production – doing with, not to – we have uncovered not only some of the barriers but also some areas for positive change. Insights from the steering group, interviews and survey data further highlight the need for an age- and disability-positive, targeted and curious approach – so that more people in their fifties and sixties can find work, stay in work and flourish.

This report was supported by the Columbia Threadneedle Foundation. Established in 2013, the Columbia Threadneedle Foundation is a UK registered charity, which works with charities to improve individual lives while also driving fundamental social change through tackling critical social issues including employment, empowerment, inclusion, opportunity and mental health.

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Executive summary

About the research

This research explores the working lives of Disabled people aged 50 and over, placing their voices at the heart of the study. The project is co-designed and co-produced with nine people with lived experience. They formed an Experts by Experience Steering Group (EESG) who played a vital role in shaping the research, from developing the research questions and design, to selecting the Policy Institute at King's College London as the research organisation, collecting data, interpreting findings and identifying recommendations.

We conducted 36 semi-structured interviews across England, including nine interviews led by peer researchers from the EESG. Across the interviews, we heard from a diverse group of Disabled older workers across different sectors and backgrounds. Their stories reveal both the systemic barriers and the everyday resilience involved in starting, staying in or returning to work as a Disabled older person. To complement these qualitative insights, we also carried out a nationally representative online survey of 1,017 people aged 50-66, providing a broader picture of how widespread these experiences are among older people, including those who are Disabled.

The report concludes with practical, co-designed recommendations for policy-makers, employers and support providers. Shaped by Disabled older workers themselves, we hope these recommendations will be considered seriously, particularly by government, who has made it a mission to 'Get Britain Working', as well as by employers and employment support providers seeking to build a more inclusive and productive labour market.

Key findings and recommendations at a glance

The UK labour market is failing Disabled older people. Our research highlights how age and disability discrimination often overlap, creating deeper disadvantages for these workers and making it harder to stay in jobs or find new opportunities. According to our survey, 69% of UK adults aged 50-66 feel older age is a disadvantage in the UK job market, while 75% thought people with health conditions are disadvantaged. But such numbers only tell part of the story.

Our interviews show that Disabled older workers are navigating a constant minefield, weighing whether to declare health conditions, how to ask for adjustments and how to present themselves in a labour market that they feel often overlooks them or undervalues them. The daily negotiation takes a toll on confidence, wellbeing and long-term health, which is likely to exacerbate the disadvantages they face.

The stories in this report – alongside our survey findings – tell the story of how stigma, poor support and systemic barriers have contributed to the UK's growing economic inactivity crisis.

The recommendations below are based on the opportunities for change identified throughout this report. They highlight ways in which both government and employers could take action on policy and practice to better support Disabled older workers. These recommendations are intended as a starting point for further exploration and testing, rather than a definitive set of solutions. They reflect what has emerged from this piece of work so far and provide a framework for continued discussion, collaboration, and learning.

These recommendations have not been presented as a strict checklist for all employers as an acknowledgement that some actions may be harder for smaller organisations. However, we firmly believe that every employer should look at how they can better support Disabled older workers in a way that suits their own situation. This could bring huge benefits - not just for the workers and employers themselves, but for the UK economy as a whole.

Members of the EESG helped create these recommendations through a process of mind-mapping where members analysed emerging findings and, based on these, identified potential ways to improve employment experiences for Disabled older workers. We also discussed the recommendations in a stakeholder workshop with policymakers, academic experts, and employer representatives, as well as representatives from the Centre for Ageing Better, the Policy Institute, and EESG.

1. Internalised ableism can make it harder to ask for help

Stigma around age, disability, and asking for support prevents many Disabled older workers from accessing the adjustments they're entitled to. Barriers for participants included feelings of pride, fear of seeming weak, internalised ableism and uncertainty about how and when to speak up. Adjustments must be reframed as rights, not rewards, supporting efforts for a wider shift in attitudes across the workforce.

Employers should be supported and encouraged to:

Recommendation 1a: Actively promote access to workplace adjustments, and to address stigma related to age and disability.

Recommendation 1b: Actively promote the uptake and participation in peer-led networks for Disabled and older workers, enabling them to share experiences, challenge stigma and build confidence.

2. Disability and age discrimination is often compounded by other forms of inequality

Intersectionality matters. Workplace policies often fail to reflect the lived realities of ageing and disability, and how these intersect with other social identities such as gender. Participants highlighted a lack of support around menopause and other age-related health issues, alongside a broader absence of lived experience in shaping policy. Employers should be encouraged and supported to improve awareness and ensure those most affected are directly involved in designing the solutions.

Recommendation 2a: Employers should consider how workers with lived experience of intersecting inequalities – including age and disability – can be meaningfully involved in shaping workplace policies, practices and support.

Recommendation 2b: Managers should be supported to improve their awareness and understanding of experiences of ageing and disability, and how these intersect – including practical guidance on the menopause.

3. Stigma and low confidence hold many back from applying for jobs

Disabled older workers often face barriers before they reach the workplace. Of Disabled people aged 50-66, 44% felt they had experienced negative treatment when applying for jobs or promotions in the past five years, compared to 25% of non-disabled people. Many interview participants suspected discrimination based on age or disability, particularly when faced with vague feedback or repeated rejections. Fear of stigma and uncertainty about how applications would be received left many lacking the confidence to apply. Employers and government have a responsibility to create clear, supportive processes that allow candidates to disclose impairments safely, feel confident in applying, and to trust that any information shared will be treated with care and transparency.

Employers should be supported and encouraged to:

Recommendation 3a: Adopt name-, age-, and disability-anonymised recruitment processes, and to ensure that any selection tests used are inclusive.

Recommendation 3b: Clearly explain how health information and adjustment requests will be used and handled during recruitment and onboarding, to build trust and support effective working relationship between employee and employer from the start.

Recommendation 3c: Include as much information as feasible about available adjustments in job adverts, while making clear that they are open to further conversations depending on applicants' needs.

The UK Government should:

Recommendation 3d: Ensure that accessible recruitment guidance is available for both applicants and employers, focused on supporting Disabled older workers.

Recommendation 3e: Build on existing initiatives by encouraging disability pay gap reporting for large employers, the publication of diversity data and adoption of inclusive hiring practices.

4. Jobcentre Plus currently struggles to provide the tailored support older Disabled individuals need

When asked about employment support services, many participants spoke about their experiences with Jobcentre Plus, describing it as frustrating and bureaucratic, with staff lacking in empathy and understanding of specific health conditions or older workers' needs. When support was provided, for instance through Access to Work, participants described it as critical in supporting them to stay in work, but awareness was low, leading one participant to describe Access to Work as 'the government's best kept secret.' Employment support reform must be guided by lived experience, with a particular focus on Jobcentre Plus as a 'front door' for people to access support.

The UK Government should:

Recommendation 4a: Work collaboratively with users and other stakeholders to streamline the application process for Access to Work and improve its accessibility.

Recommendation 4b: Act to improve public and employer awareness of the employment support available to older Disabled people.

Recommendation 4c: Reform Jobcentre Plus and the National Careers Service, with a focus on culture, including specialist disability and age inclusive training.

5. Supportive managers and open communication shape early experiences of starting a job

Early support from line managers and good induction can help to set up workers for sustainable employment. Participants stressed the importance of normalising adjustments from day one, starting with inclusive onboarding and induction processes. Despite this, 21% of Disabled people aged 50-66, had not asked for adjustments in the past five years despite needing them. Tools like ‘Adjustment passports’ and clear, timely responses to support requests can help ensure older Disabled workers aren’t left waiting in limbo or left out altogether.

Employers should be supported and encouraged to:

Recommendation 5a: Integrate disability and age inclusion into induction and onboarding processes to normalise conversation about adjustments from day one.

Recommendation 5b: Ensure that older Disabled people feel confident in communicating their workplace needs to employers, for instance by promoting the use of ‘adjustment passports’.

Recommendation 5c: Provide timely responses, with clear communication, to requests for reasonable adjustments.

6. Remote work is a double-edged sword: a crucial adjustment for many, but sometimes comes with risks

Working from home was seen as a crucial adjustment by many. It helped manage fluctuating health conditions, reduce commuting stress and save energy. But it could also lead to isolation, blurred boundaries between work and home life, and missed development opportunities and conversations in the office. When it comes to remote working, employers must ensure flexibility remains on the table and is treated as part of an inclusive, rights-based approach to employment.

Employers should be supported and encouraged to:

Recommendation 6a: Offer remote work as a choice wherever possible and recognise remote work as a reasonable adjustment.

Recommendation 6b: Ensure that remote workers have equal access to development and progression opportunities.

7. Good managers make a difference

Job satisfaction among Disabled older workers was closely tied to the quality of relationships with managers and colleagues. People thrived when managers or supervisors were supportive and inclusive, but job satisfaction could be undermined when managers lacked understanding of and empathy for participants' health conditions. Targeted training on disability, age, and inclusive leadership is essential to ensure they lead with confidence, empathy, and fairness.

Recommendation 7a: Employers should be supported and encouraged to improve training on disability, age, and inclusive leadership.

8. Positive workplaces are inclusive and flexible

Interview participants explained that positive workplaces were those with inclusive cultures; visible diversity among staff; inclusive and supportive colleagues, managers and policies; as well as access to both formal and informal adjustments. These environments made Disabled older workers feel respected and supported, ultimately helping them stay in the workplace. Employers having supportive policies on paper is not enough: they need to be clearly communicated, consistently upheld, and embedded in workplace culture.

Employers should be supported and encouraged to:

Recommendation 8a: Ensure disability- and age-related policies are well communicated, understood and upheld within the workplace.

Recommendation 8b: Create inclusive workplace cultures for older Disabled workers through training, networks and visible role models.

9. Life outside work affects work

Many Disabled older workers are balancing employment with caring responsibilities, often for both children and ageing relatives. This meant social activities and family were often sacrificed to prioritise recovering and resting for work, with some likening their experience to being a ‘hamster on a wheel’. Whilst part-time and flexible work helped regain work-life balance for some, not everyone could afford reduced hours. Both employers and government have a role in providing flexibility and broader support, creating conditions that make balancing work and life sustainable for Disabled older workers.

Recommendation 9a: Employers should be supported to facilitate flexible, remote and part-time working to help employees manage caregiving and health needs.

Recommendation 9b: The UK Government should commission further research on how to best reduce the burden on ‘sandwich generations’, for instance through reforms to childcare and social care.

10. Voices of those with lived experience

Our research approach demonstrates that people with lived experience can effectively be involved in conducting research, as well as shaping government and workplace policies and practices. Throughout this project, Disabled older people provided crucial insights that shaped our findings, from identifying key issues like work-life balance to influencing how themes were interpreted. We believe it is essential that future policies and practices are developed and shaped in close collaboration with people with lived experience, including those who are Disabled and aged over 50.

Recommendation 10a: Employers should be supported and encouraged to actively involve Disabled older workers in shaping and co-producing workplace policies and practices.

Recommendation 10b: The UK Government should actively involve Disabled older people in developing policies aimed at addressing economic inactivity.

Recommendation 10c: The Department for Work and Pensions and employment support providers should actively involve Disabled older workers in developing employment support programmes, producing guidance and training work coaches to develop an understanding of specific health conditions and improve outcomes for the cohort.



1. Introduction

1.1 Background and aims

The UK has seen an unprecedented rise in economic inactivity, largely driven by an increase in people out of work due to long-term ill-health. Data from the Department for Work and Pensions (DWP) paints a concerning picture: as of early 2024, the disability employment rate was 53.1%, compared to 81.6% for non-disabled people – a gap of 28.5 percentage points. Among 50-64 year olds, this gap widens to 31.5 percentage points, the largest of any group ([DWP, 2025](#)).

The scale and pace of change are striking. The COVID-19 pandemic accelerated claims for disability benefits, with spending on working-age health-related benefits increasing from £36 billion in 2019-20 to £48 billion in 2023-24 ([IFS, 2024](#)). This may be the result of increasing numbers of people developing impairments and long-term health conditions, but it may also be due to a greater legitimate take-up rate, as people claim benefits they were always entitled to but were previously unaware of or unwilling to claim ([NEF, 2025](#)). The ongoing cost-of-living crisis has likely intensified the trend.

Much media and policy attention has focused on younger people's mental health, but claims have also been rising significantly among older adults. Between 2019 and 2022, the number of 50-64 year olds claiming the main types of benefits related to long-term illness or disability increased by around 400,000, from around 2.3 million to 2.7 million claimants ([Kirk-Wade and Harker, 2023](#)). Key benefits include Personal Independence Payment (PIP), which helps with extra costs of a long-term health condition, and Universal Credit (UC), which may include a health element for those who have a limited capability for work due to health issues.

Policy-makers are increasingly focused on ensuring sustainability and affordability, especially given that disability benefit spending is

predicted to rise to £58 billion by 2028-29 ([OBR, 2024](#)). The November 2024 ‘[Get Britain Working](#)’ White Paper identified rising claims and economic inactivity as major issues to address through fundamental reforms, for instance new measures to support people with long-term health conditions and illnesses to stay in or return to work. [The Mayfield Review](#), launched the same month and expected to report in early autumn 2025, is exploring the role of employers and government to support those with ill-health and health conditions.

Beyond the economic impact, unemployment carries a personal and emotional toll. Many Disabled people who leave the workforce before retirement age report doing so involuntarily, reporting financial struggles stemming from their loss of work and feared poverty ([Demos, 2022](#)). Barriers to accessing support remain high, with many unaware of their entitlements or deterred by stigma. Research has consistently found that the stigma surrounding social security in the UK prevents people from accessing the support they need ([JRF, 2024](#)).

While there is existing research on the employment experiences of Disabled people, a recent evidence review ([Croft, Olsen, and Blackmore, 2025](#)) highlighted gaps, particularly in intersectional approaches that consider how disability interacts with other characteristics. Age is one such understudied factor. This research seeks to fill that gap by focusing on the lived experiences of Disabled older workers, examining how age and ageism shape employment opportunities and outcomes of Disabled workers.

In this context, the Centre for Ageing Better, led by an Expert by Experience Steering Group (EESG), commissioned the Policy Institute at King’s College London to explore the lived experiences of Disabled people in their fifties and sixties. The aim is to inform new policy and practice to better support older adults with long-term health conditions to find and stay in work.

1.2 Co-design approach

Our overall aim was that the research centred the voices of Disabled older people themselves, and to ensure that the research was conducted with Disabled older people, rather than about them.

Therefore, this research adopted a relatively intensive and in-depth co-design approach, working closely with the EESG, who contributed to all aspects of the project's design and delivery. The EESG consisted of nine individuals aged 50 and over, all with one or more impairments or long-term health conditions. They were recruited by the Centre for Ageing Better to reflect a variety of health conditions, locations and personal circumstances, and they were remunerated for their participation.

The EESG members contributed to key decisions, from appointing the research organisation and articulating the aims and objectives of the research, to designing topic guides and sampling criteria, as well as analysing and producing recommendations. They will also be involved in the dissemination of the project findings.

EESG members contributed through regular online group meetings that discussed different aspects of the project, as well as providing written feedback on an ad hoc basis.

Additional information about our approach to co-design can be found in the appendices:

- [Appendix A: Co-design approach](#)

1.3 Methodology

We used a mixed-methods design consisting of qualitative interviews with Disabled workers aged 50-69, peer research and a nationally representative survey with UK adults aged 50-66.

We conducted 36 semi-structured interviews with Disabled people aged 50 and over, each lasting around 60 minutes. Of these:

1. Introduction

- Twenty-seven interviews were conducted by researchers from the Policy Institute. Participants were recruited through professional recruitment company Criteria, using sampling quotas to ensure diversity in health conditions, employment status, demographic backgrounds and regions across England. The sample was deliberately skewed towards people currently in work to focus on experiences in work, though it also included those who had recently left work to explore barriers to staying in work.
- Nine interviews were conducted by six peer researchers drawn from the EESG. Peer researchers were trained by the research team and supported throughout by a designated ‘buddy’ from the research team. Peer researchers recruited participants from their local networks, such as friends, family members or previous colleagues, though not existing colleagues due to concerns about potential power dynamics.

All interviews used a semi-structured topic guide, focusing on participants’ experiences of employment, recruitment and employment support services. Interviews were recorded with the permission of participants and transcribed by a professional transcription company. Themes were identified through a thematic analysis of the transcripts, through which key patterns and narratives emerged. For peer researcher interviews, findings were co-analysed through dedicated debrief sessions, which also helped generate in-depth participant stories that are presented throughout the report. All interview participants were paid £40 as a thank you for their time and contribution.

Finally, we conducted a nationally representative online survey through the survey provider Focalldata with 1,017 UK adults aged 50-66, weighted by sex, age and nation/region. The survey explored experiences of applying for jobs, asking for adjustments, job satisfaction, workplace culture and work-life balance. The survey fieldwork took place between 18-22 July 2025.

Throughout the report, we present the results for each of these survey questions, usually focusing on the difference in responses between ‘Disabled people’ and ‘non-disabled people’ aged 50-66, as well as the overall population of people aged 50-66. This distinction was

defined in accordance with the UK government's definition of disability ([Government Analysis Function, 2019](#)), which uses two questions. The first one asks whether respondents have any health conditions or illnesses that have lasted for 12 months or more. For those who answer yes, another question is asked about the extent to which these health conditions or illnesses have an impact on their ability to carry out day-to-day activities. If they answer 'yes, a lot' or 'yes, a little' to the second question, rather than 'not at all', they are defined as a Disabled person. Overall, the sample includes 28.9% who are Disabled and 71.1% who are non-disabled among 50-66 year olds.

Additional methodological information can be found in the appendices:

- [Appendix B: Methodology](#)
- [Appendix C: Interview topic guide](#)
- [Appendix D: Interview sample](#)
- [Appendix E: Survey questionnaire](#)

1.4 Report structure

Each chapter starts with a summary of key findings alongside a summary of where there are opportunities for change to improve policy and practice in that area. These opportunity areas for change are intended to identify areas where national and local government, employers and employment support providers could make changes that would allow more Disabled people in their fifties and sixties to access and remain in work. They form the backbone for the report's recommendations, which are described in detail in the conclusion and summarised in the executive summary.

Each chapter also includes stories from participants to illustrate key themes and amplify the voices and experiences of Disabled older workers. These are based on real experiences, with names and some details changed to protect anonymity.

The rest of this report is structured as follows:

Chapter 2: Internalised ableism and stigma – identifies how cultural norms and stigmas affect participants' experiences.

Chapter 3: Looking for work – explores participants' experiences of job searching and recruitment.

Chapter 4: Starting work – examines experiences in the first weeks and months in a new role.

Chapter 5: Support and adjustments – discusses workplace support and adjustments provided.

Chapter 6: Work location and commuting – examines work location of participants, with a focus on remote working as an adjustment.

Chapter 7: Job satisfaction – looks at how participants felt about their jobs.

Chapter 8: Workplace culture and discrimination – explores experiences of workplace culture, including perceptions of age and disability discrimination.

Chapter 9: Life outside work – explores work-life balance and how external responsibilities shape work experiences.

Chapter 10: Conclusion – sets out recommendations for policy-makers, employers and employment support providers.

1.5 A note on terminology

We broadly adopted the Social Model of Disability, which was the preferred framework of both the Centre for Ageing Better and, crucially, the EESG. According to this model, people are Disabled not by their impairments or health conditions, but by barriers that society places in their way ([Scope, 2025](#)).

These barriers can take many forms: physical barriers such as inaccessible buildings or transport systems; attitudinal barriers

stemming from stereotypes, assumptions and prejudices; and organisational barriers such as policies and practices.

The social model reframes the problem so it is not the person who is the issue, but the environment, attitudes and systems that are disabling.

The word 'Disabled' is capitalised throughout the report. This emphasises disability as an identity that is not simply about a medical condition, but about belonging to a group with shared experiences of exclusion, discrimination and negative treatment. It mirrors how other identity groups are sometimes capitalised, such as Black, Deaf and Indigenous.

At the same time, we have intentionally kept the language used by interview participants, even when this does not align with the social model. This was important to ensure that their voices were represented accurately and authentically, and with respect.



2. Internalised ableism and stigma

Chapter findings: This chapter focuses on the way that the cultural context was expressed by participants throughout the interviews. The findings show that Disabled older workers can sometimes be reluctant to ask for help and adjustments due to a range of cultural factors. Common barriers were a sense of pride, being embarrassed to ask for help and fearing being seen as weak. Internalised ableism also played a role, with participants avoiding taking sick leave or claiming benefits to distance themselves from negative stereotypes. Some struggled to identify as older or Disabled, or both, preventing them from recognising their right to support. A few acknowledged that they were still ‘in denial’ about their health condition, particularly if it was newly diagnosed. Many participants had low expectations of support from employers, expressing gratitude for basic rights or attributing support to their strong performance or personality. In this way, many – perhaps subconsciously – seemed to view support to Disabled older workers as earned, rather than as an employment right. Finally, some participants’ experiences were also shaped by intersecting identities, such as ethnicity, gender and sexuality, exacerbating the disadvantages they were experiencing in the workplace. These factors together highlight the complex reasons, shaped by a stigmatised cultural context, why Disabled older workers may not seek the help or adjustments they need.

Opportunities for change: There is a need to address and challenge broader societal attitudes around disability and age that permeate the workplace and affect the experiences of Disabled older workers. In particular, there should be a focus on changing the conversations and attitudes around disability and age within the workplace, for instance through campaigns to challenge stigma and reframing workplace adjustments from ‘earned’ to legal rights. Initiatives that help Disabled and older workers themselves to share experiences, challenge stigma and build confidence should be promoted, for instance through peer-

led networks. Finally, many workers face complex barriers caused by intersecting inequalities, so it is important to involve them in shaping workplace policies and support.

2.1 Social norms and stigma affect behaviour

Participants spoke about many factors that stopped them seeking additional support or adjustments, whether in the recruitment process, at work or at home. A common barrier was a sense of pride or being embarrassed to ask for help. This meant that some participants chose to ‘suffer in silence’ rather than seek support. For some male participants, this stoicism was linked to their sense of identity as a man:

“See, with me only being 52, 53 when I had it [a stroke] and it's embarrassing [...] I'd rather just play it down and I don't wanna, I don't really want us, any help from, I don't, if you know what I mean. It's just embarrassing. I'm only a youngster and I'm now like this. So, you look at it from my point of view, I've been the provider all my life, and now I can't. So, it's a bit of a, I suppose a manly thing. It's, I don't know, stiff upper lip.”

Male, fifties, retired HGV driver

It was also evident that some participants struggled with internalised ableism when they considered taking sick leave or accessing benefits. Some participants did not take sick leave because they did not want to be seen as ‘playing the [disability] card’, while others relayed media narratives about benefits fraud and stressed the difference between their own situation and people on benefits who are ‘taking the piss’. These participants were clearly concerned about stereotypes of Disabled people as ‘scroungers’ and felt the need to distinguish themselves from these narratives. Ricky’s story at the end of this chapter highlights how these social stigmas can act as barriers to Disabled older workers, preventing them from receiving the support they are entitled to.

Some participants did not identify with being older or Disabled. Therefore, it either did not occur to them to request support, or they struggled to marry needing help with their sense of identity. Participants who spoke about not thinking about themselves as older were in their fifties, sixties and seventies. One participant, in her seventies, spoke of not requesting adjustments because she didn't want to think of herself as being old. Another participant in his early sixties felt that not thinking about his age had helped him keep up in the workplace. For others, the difficulty was in understanding that others saw them as older, despite not feeling that way themselves:

“I must admit, as I've got older, and this is one thing that I found really quite upsetting [...] I feel almost quite invisible sometimes. And that's partly I think, because of my age. [...]”

Female, fifties, teacher

Some participants also spoke about not accessing support as they were 'in denial' about being Disabled. For some participants who acquired their disability later in life, there was a process of accepting their new circumstances before they were ready to consider adjustments or support:

“I know there are various things [policies and initiatives at work] that I've seen for disabilities and things like that, but I've never really looked into it because up until recently, I wouldn't recognise that I do have a disability. I was probably a bit stubborn thinking, 'It doesn't affect me'.”

Female, fifties, administrator in the NHS

Fionn's story at the end of this chapter highlights how this denial can impact wellbeing and workplace adjustments.

2.2 Fair treatment seen as earned

Many participants who had positive experiences at different stages of their employment journey did not feel entitled to the treatment they received. They often spoke of being ‘lucky’, ‘honoured’, ‘grateful’, ‘privileged’ and ‘fortunate’ to have not faced barriers, or for having people around them who were supportive and understanding.

“I've always been paid [to attend medical appointments with my daughter], and I'm obviously always very grateful and he [my boss] says, ‘You know, you don't have to thank me. You know, this is your life, and this is your role in life’, and he does everything to facilitate that. But it hasn't always been like that, so I am grateful.”

Female, fifties, teacher

Similarly, some participants felt that they had earned good treatment by their employer due to a strong work history: ‘if you put into the bank, you can withdraw from the bank’. These participants spoke about being given more flexibility in their roles because they could be trusted to do a good job, rather than because they were entitled to adjustments.

Finally, some participants who stated that they had not experienced bias or discrimination attributed this to their own personal characteristics or choices. These participants used statements such as ‘because I am the way I am’, ‘because of my own personal choices’ and ‘I’ve not allowed it to hold me back’ to explain why they had not faced barriers in employment. These responses suggest that these participants are focused on age and disability discrimination at an individual level, rather than considering social or structural barriers.

2.3 Other inequalities shape experiences at work

As well as age and disability, some participants had experiences of bias and discrimination due to other personal characteristics, including sexuality, gender and ethnicity. These experiences highlight that the intersection of identities is important when considering people's experiences in the workforce. Several participants spoke about being discriminated against in the workplace on the basis of their sexuality:

“I’m not out publicly, but then I’ve never denied it. [...] We do pride week and celebrate that. There’s been, you know, messages to the head about that, you know, their children aren’t going to partake in that, as they as a family don’t agree with it [...] so at times I’ve not felt safe or secure in my position as a gay woman here.”

Female, fifties, teacher

Other participants identified the additional difficulties that older women face in the workforce due to perimenopause. Pauline’s story at the end of this chapter highlights the way that perimenopause can create additional barriers for older Disabled women.

Some participants from minoritised ethnicities also experienced bias and discrimination. Participants described a range of ways in which their ethnicity had shaped their experiences in the workforce. This included perceptions of discrimination in the recruitment process, lacking other people from minoritised ethnicities in positions of power in their workplaces, being stereotyped by colleagues or managers, and feeling more likely to receive negative treatment at work, such as being spoken down to or being more likely to receive disciplinary action. Maryam’s story at the end of this chapter explores how Disabled older workers from minoritised ethnic backgrounds experience additional bias and discrimination that affect experiences of the workplace.

2. Internalised ableism and stigma

Within these experiences, some participants identified how their other personal characteristics interacted with their disability to create additional disadvantages. For example, one participant spoke about her experience with other women in her workplace. The participant expected a supportive environment, but she felt that as her colleagues were all younger and neurotypical, that support had failed to materialise. Another participant highlighted that their organisation was currently conducting a round of redundancies, and all of the staff being made redundant were older black workers. However, one participant, though acknowledging the difficulties of intersectional discrimination, also felt that his intersectional identities were a strength in his role:

“I think I'm a little bit more compassionate. And there are times when it's just giving a different perspective, because you know, I don't, I'm not White, with the class, I'm not bougie. Yeah, I'm a Black man with a disability. Right? [...] Yeah, but I can give you that. I could give you, related to my own personal experiences and the shared experience you have with family members and friend.”

Male, sixties, civil servant

Ricky's story: not accessing support due to pride

Age: fifties

Employment: engineer

Key theme: Ricky's story illustrates how many participants, especially men, were reluctant to access support due to a sense of pride.

Ricky is in his fifties and works as an engineer. In his previous job in the armed forces, he injured his knee, forcing him to leave and enter civilian life. In an interview with his resettlement officer, he was given a green card which flagged his status as a Disabled veteran and told he could use this when interviewing with employers. He never used the card and is proud that he secured work 'off his own back'. His leg has continued to cause him pain, but he tries to ignore it and get on with things. He has had surgery on his leg in the past two years and has been told that he will need another operation in the near future.

"It became the norm. It was pain I was comfortable working with [...] I was struggling to sleep, so I was on painkillers for a while, but I didn't use the disability card."

His current job involves travelling across the country and working with a tight-knit team, which he really enjoys. However, the role requires him to move over uneven ground and carry heavy bags, which he often finds difficult due to his leg. When he interviewed for the job 20 years ago, he did not mention his disability, as he didn't think his employer needed to know. His managers are aware now as he had to take some sick leave when he had surgery. They were reluctant to

have him back in his current role after five months off, but he was adamant he was fit to do the job. In hindsight, he wishes that he'd arranged a phased return with occupational health, as he used up his annual leave ensuring that he didn't push himself too far when coming back to work.

“I managed, I coped. It was fine [...] What they should have done, what I should have done, was spoken to occupational Health [...] and said, ‘Look, I need to be staged back, perhaps three days a week [...] I'm happy to do it every week until my knee's back to normal.’”

He tries to ensure that his colleagues do not see him in pain. For instance, he avoids using the stairs in the office as someone might notice that he's struggling to climb them. Ricky has a blue badge, which means he can use Disabled parking, but other than this, he has never claimed any benefits and does not intend to.

“I have got a blue badge, but I've never had benefits. I've always worked since I've come out [of the army]. I know people in lesser injuries than myself that came out and they're sucking up every resource going. But it's not me, I need to be out.”

He is increasingly worried that he will have to give up his current role and transfer to a desk job, which is something he doesn't think he will enjoy.

Pauline's story: impact of perimenopause

Age: fifties

Work: teacher

Key theme: Pauline's story shows the importance of considering perimenopause when thinking about health and work for older female workers.

Pauline has a loss of vision in one eye, which can sometimes impact her ability to do her job as a teacher. She has also experienced issues arising from perimenopause, which she describes as having a bigger impact on her work than her visual impairment. She noticed from her early fifties onwards that she increasingly struggled with a loss of energy, and dropped down to part-time.

“As I've got older, obviously you know, my physical health is of a more mature woman, and so I've noticed from my fifties onwards, you know, things ache, and that sort of stuff. And obviously that's been impounded by the menopause.”

Even working part-time, Pauline has had to take time off for symptoms related to perimenopause. She occasionally gets terrible migraines, which she also feels is linked to her visual impairment, as she spends so much time looking at screens. When she was a younger teacher the loss of vision did not affect her very much, but as she has got older and her health changed, it feels like it now affects her more.

Pauline thinks education surrounding the menopause has improved in recent years. She feels that she is lucky to have a supportive management team in place, who are happy for her to take time off when needed. However, the system for managing absences is very rigid, so she has still had to attend meetings with senior management about her attendance, which she finds very frustrating.

“I know they've got to do their job, to tick boxes and fill in boxes, but [...] I can't actually help being a woman [...] There could be some more realistic sort of attitude towards that.”

Pauline sometimes experiences brain fog as a result perimenopause, which means that occasionally she forgets words or cannot finish a sentence. She worries that this makes colleagues or parents think of her as less intelligent.

“I do forget words. And I do forget sentences, you know, and all those sorts of things. And so that is really, really quite frustrating [...] You can't actually think of the word. So, you end up describing it, and then you feel foolish.”

She is currently looking at how many years of work would be required for a full pension and is concerned that her health will not allow her to work into her mid-sixties. She is therefore thinking about retiring in her late fifties on a smaller pension.

Fionn's story: not wanting to acknowledge health challenges

Age: mid-sixties

Work: retired social worker

Key theme: Fionn's story shows how stigma and denial about a health condition can make Disabled workers reluctant to ask for adjustments.

Fionn worked as a social worker for almost 40 years, holding himself to the highest standards and priding himself as an overachiever. But as a long-term health condition began affecting his mobility, hearing and memory, Fionn struggled to accept that he could no longer perform as he once did. Reflecting on this time, Fionn admits he was in denial.

“I was just dealing with it. Partly, I didn't want to acknowledge it. That's the issue.”

Fionn's identity was tightly bound to his role as a social worker, and he felt his worth was intrinsically tied to his performance. Driven by this strong professional identity, he pushed through pain and fatigue, unwilling to slow down or ask for adjustments. Admitting he needed help felt like a threat to his sense of competence. Fionn often absorbed what he called the 'ableism of disablism', internalising the belief that he should be able to perform at the same level as before, regardless of his condition.

“It was only when it became more visible that I was taken seriously.”

Even as his physical limitations became more evident, Fionn hesitated to request reasonable adjustments at work. He feared that doing so would undermine his professional identity and acknowledge his vulnerability. Instead, he continued to push through, refusing to accept that his health needed to be prioritised over his work. This

refusal to ask for adjustments stemmed from his fear of being seen as weak or unable to perform. He felt this was compounded by a workplace culture that, after someone else with a long-term condition was accused of taking advantage, viewed such requests with suspicion, which only added to the pressure he put on himself.

“Here we go, another one with a special request for a desk.”

At 60, Fionn finally began to allow himself to acknowledge his limitations. For the first time, he gave himself permission to slow down and reduce his workload, realising that he no longer needed to uphold the same performance standards he once did. Now retired, Fionn encourages others not to wait as long as he did.

“You’re never going to catch up, don’t drive yourself mad. Put yourself first and have a life outside work.”

Maryam's story: intersectional inequalities

Age: sixties

Work: works part-time at the local council

Key theme: Maryam's story shows how intersectional inequalities can compound Disabled older workers' experiences of harassment and discrimination

Maryam works part-time for her local council after giving up her previous full-time job due to ill-health. She has lymphedema and arthritis, both of which interfere with her mobility and can cause her significant pain. Maryam likes to keep busy and will apply for part-time roles and volunteer positions that look interesting and currently sits on an advisory panel. However, as a Disabled woman and a woman of colour, she sometimes feels like hiring panels don't take her seriously.

"I have to use a walking stick, but that's fine. Before I used to be thinking people judge you as you're walking with it, but it doesn't bother me anymore. I'm going to use it, because I've got to use it."

She often meets or exceeds the criteria in the job specification but finds that she is passed over. Through talking to other women in her community, she thinks that this is more common than anyone will admit. She also feels that as an older person, employers are almost always looking for someone younger than her.

"Sometimes they can see that if you've got an Asian name, or you're brown, they want somebody who is just [...] They want somebody White, even though you might have more experience."

Occasionally, she feels that other staff at the council look down on her due to her race and religion. Recent events in the Middle East have heightened tensions, resulting in pointed comments which she feels are directed towards her.

“It shouldn’t affect me personally, because why should it affect me? Because I’m not in Gaza, and I’m not causing the war, I’m not the one that has anything to do with Hamas, but then I’m being judged [...] I’m being singled out because of what’s happening in the world.”

A while ago there was an incident at work that was racially abusive, which necessitated police involvement. Ultimately, Maryam doesn’t feel that the council is doing enough to counter discrimination on the grounds of race or religion. Last year she was also subject to racial abuse on a bus and has struggled with anxiety around travelling since then. She was particularly upset that the bus driver refused to intervene, and that the police refused to follow up on the incident. She no longer feels comfortable using public transport, and cannot drive for health reasons, so she is now reliant on her husband and son for travelling to work.

“I’m quite a confident person. Well, I used to be very confident, but I think this incident really knocked me. That in a bus, broad daylight, somebody can attack you and do that.”



3. Looking for work

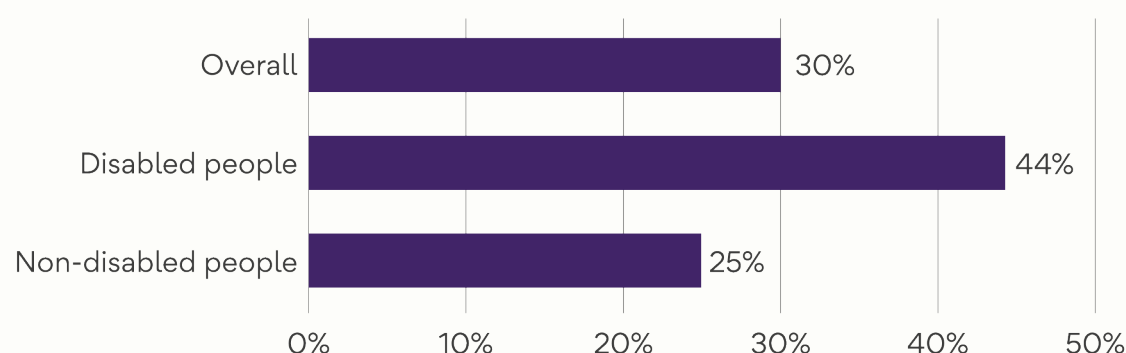
Chapter findings: This chapter describes Disabled older workers' experiences of the recruitment process and accessing employment support services. Of Disabled people aged 50-66, 44% reported experiencing negative treatment in the recruitment process in the last five years, compared to 25% among non-disabled people. A fifth (21%) of all people aged 50-66 reported negative treatment based on age. Interview participants explained that suspicions of discrimination were constantly there, especially when receiving vague feedback from unsuccessful applications or experiencing repeated rejections. It affected their decision-making and confidence, and age and disability weighed heavily when deciding whether to apply for a new role. Participants often anticipated they would be unsuccessful and sometimes avoided career changes due to fear of losing existing workplace adjustments. Many were unsure when or whether to share their health conditions or impairments, fearing it could disadvantage them. This led some to withhold key information or to avoid asking for adjustments. Participants often had negative experiences with employment support services provided by Jobcentre Plus, encountering what they felt to be excessive bureaucracy. A commonly reported issue was staff lacking understanding of the specific needs of older and Disabled jobseekers and failing to provide tailored and empathetic support.

Opportunities for change: There is a need to ensure that Disabled job candidates are fully informed about their rights, confident that sharing their impairments will not negatively affect their application and assured that any information shared during the recruitment process will be handled with care and transparency. Overall, initiatives should ensure that applicants become more confident in applying for jobs, without fearing discrimination. Employment support must be reformed, with a particular focus on Jobcentre Plus as a 'front door' for people to access support. That includes improving training, raising awareness, personalising advice and ensuring systems are designed around the real lives and language used by Disabled older people.

3.1 Negative treatment in recruitment

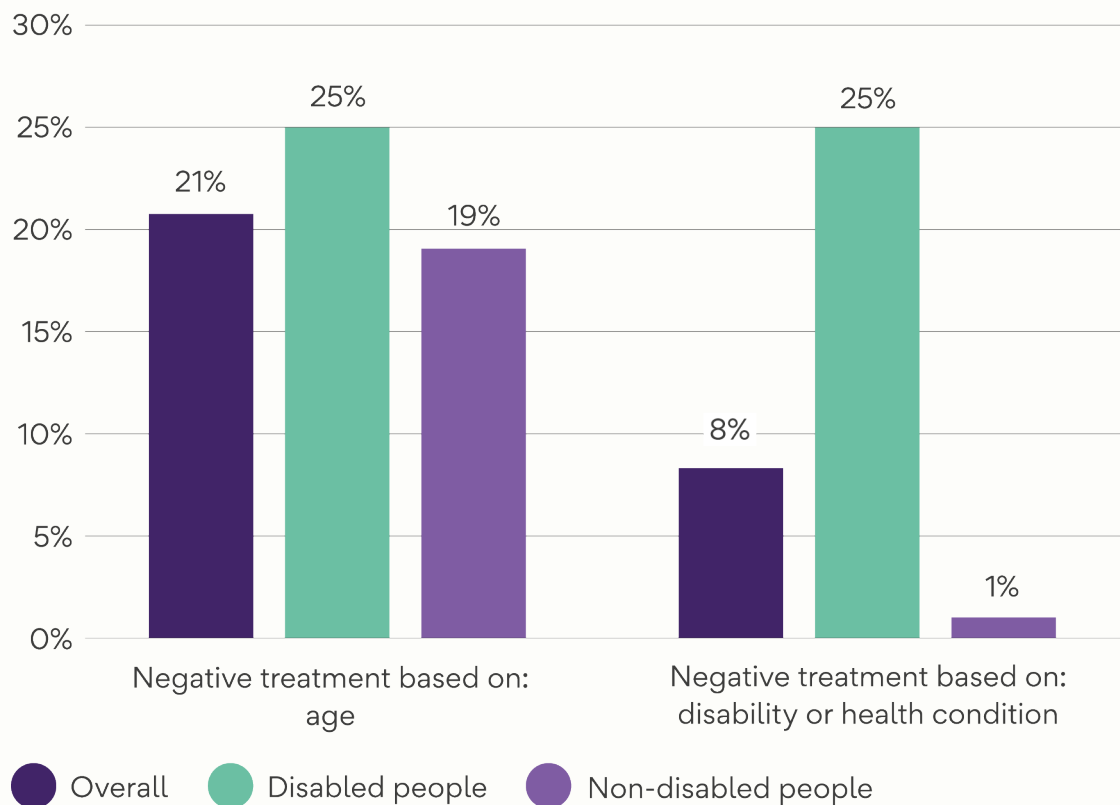
Our survey results show that a relatively large proportion of Disabled older people have experienced negative treatment in the last five years when applying for jobs or promotions (Figure 1). Among UK adults, 30% of those aged 50-66 have experienced negative treatment. The numbers are significantly higher for Disabled people (44%) than non-disabled people (25%).

Figure 1. Experience of negative treatment when applying for jobs or promotions in last five years



The difference is driven, in particular, by experiences of negative treatment based on health conditions or impairments (Figure 2). This is reported by a quarter (25%) of Disabled people aged 50-66. Disabled people were also more likely to report negative treatment based on age (25%) compared to non-disabled people (19%).

Figure 2. Experiences of negative treatment based on age and disability



Overall, many people aged 50-66 felt that older age and disability led to disadvantages in the job market. This was apparent among interview participants whose decisions and experiences in the recruitment process were often dominated by these perceptions even when they had not necessarily experienced concrete evidence of discrimination, as we will see in subsequent sections. This perception was backed up by the survey results:

- 69% of UK adults aged 50-66 felt people aged over 50 were at a disadvantage in recruitment, compared to 10% who felt they were at an advantage.
- 75% of UK adults aged 50-66 felt people with disabilities or health conditions were at a disadvantage, compared to 6% who felt they were at an advantage.

3.2 Deciding whether to apply for a role

For many participants, their age and disability were key factors when deciding whether to apply for a role. While some felt that their impairments had never held them back from applying for a job, or that their age may even be a benefit due to perceptions of experience and maturity, others shared a range of concerns that arose when considering whether to apply for a role or not.

Some participants worried about the impact of their impairment on their ability to meet the requirements of the role. Many of these participants seemed to make these considerations privately before applying for a job, without speaking with potential employers about their expectations and whether potential adjustments could be made. Other participants were concerned about the potential impacts of the role on their health, particularly for demanding jobs, and expressed a low appetite for risk. This included the location of the new role, especially if it meant having a long and tiring commute or if it was not offered as a remote position:

“So, although it was very distressing to be made redundant, after that I was getting sent details of jobs that were similar and I was just thinking, I can't, I cannot do it [...] it could flare up the pain, the dizziness, tiredness [...] and as you get older, you think, ‘Well, the odds [of having another stroke] don't get any better as you get older.’ And you know, you've got a long-standing condition that you have to manage.”

Male, fifties, education consultant

These concerns held some participants back from seeking new or different experiences. To illustrate, some participants in their early fifties spoke about reaching a phase in life where they might like to do something new. However, the impacts of their disability meant they were no longer pursuing a change, sometimes due to physical limitations or concerns about losing informal support and adjustments gained in their current job when moving to a new role.

“I was coming up to 50 thinking, I want to do something different but still within the sector because I love working with people [...] But now there's no way I could have been on my feet doing a 12-hour shift. So, it has stopped me from moving on.”

Female, fifties, child protection coordinator

Some participants did not proceed with applications because their confidence was low or because of anxieties around being in new environments with their existing impairments. Internal application processes, such as redeployments, helped mitigate this anxiety for some, as it meant they were familiar with the recruitment panel, and their disability and adjustments were already on record.

Participants also considered the adjustments in their current workplace prior to applying for new roles. Some participants were concerned about losing or seeking to extend both formal and informal adjustments, including flexibility, remote working and Access to Work:

“Access to Work was quite complicated and long-winded to set up but without any of that I wouldn't be able to do the job at all. So that would put me off getting another job knowing I needed that.”

Female, fifties, not working

Concerns about age and disability discrimination in the recruitment process were also apparent in the interviews. Some participants felt that even if they applied, they probably would not be successful due to prejudices against Disabled or older people. This sense of starting from a significant disadvantage led some participants to conclude that applying for new roles was simply not worth the effort.

“Yeah, obviously, age does hold you back because if there's somebody younger than you and you're 60, they're going to want the younger person, younger version, even though you've got experience. That's normal, age does hold you back.”

Female, sixties, school governor

Some participants suggested that the type of work sector was a consideration when it came to these concerns, with public sector employers seen to be more likely to provide positive working environments for Disabled older workers:

“I did not apply for jobs within the private sector. I didn’t feel comfortable. I didn’t feel that I would be treated with respect [...] I applied for jobs within education, and local government and [...] charities.”

Male, sixties, civil servant

Callum’s story at the end of this section explores some of the factors that can reduce Disabled older workers’ confidence and make them reluctant to apply for new roles.

Callum's story: reduced confidence in applying for new roles

Age: fifties

Employment: accountant in the public sector

Key theme: Callum's story shows that a health condition can reduce people's confidence in applying for new roles.

After having a stroke last year, Callum experienced long-term effects on his health, including severe fatigue, difficulty concentrating, seizures and headaches. He was on sick leave for over a year, but as his health has slowly improved, he has begun reconnecting with colleagues and undertaking light tasks.

“I suppose it keeps me occupied [...] I have a very good relationship with work, and I think just to not do anything would not be the sort of, right thing. It helps me trying to get back into some sort of a routine with things.”

Callum feels well supported by his current employer. They have enabled him to work from home, provided workstation equipment and offered flexibility to attend medical appointments. Despite enjoying the role, he fears that the effects of his stroke mean he won't be able to stay in the job in the long term, especially due to the long hours and sustained concentration it requires.

“I really like my job. And this is the frustrating thing, not being able to fully do it.”

While Callum was often looking for opportunities prior to his stroke, he now hesitates to pursue them. He is concerned about leaving his employer due to the support they provide and worries about declaring his disability to a new employer.

“There are lots of other job opportunities, I have been contacted by different agencies [before my stroke], whereas now I feel as though I couldn’t pursue those at the moment, I would certainly be limited and certainly find it difficult to have the conversations about my limitations, whereas I’ve been quite comfortable about having that conversation with my present employer.”

Callum is not concerned about his age, but fears employers will not view him as a strong candidate due to his health. For now, Callum will continue working on a part-time, flexible basis with his current employer. But he knows this is not a long-term solution. He anticipates needing to find a new role, likely at reduced hours and pay, and is coming to terms with the professional limitations imposed by his health.

“Thinking about what that [new role] would be is frustrating, really. Because, you know, I enjoy and was good at what I do. So, I do feel as though it’s limiting into the future.”

3.3 Going through the recruitment process

Participants had a wide range of experiences in applying for jobs. Some had remained in their roles for over a decade and so had little memory of the application process, while others had recent experiences they could call on during interviews.

Among those who had recently gone through a recruitment process, one of the main concerns discussed was whether – and when – to share a health condition with a prospective employer. For some, this consideration came early in the process when deciding whether to tick the relevant box sharing their health condition on their application form. Participants were concerned that recruiters would not want to hire someone with an impairment, and that by ticking that box they would automatically put themselves at a disadvantage. There were also concerns about who would see the disclosure information, and how it would affect perceptions of the applicant's ability to perform the role.

“Who sees that you’ve ticked that, you know? [...] everyone thinks God, if you’re Disabled, you’re not going to be in work, or you know that kind of thing. You have loads of time off sick, because they never ask you around your disability, cause they can’t ask you, you know, it’s that unanswered question.”

Female, fifties, job-seeking, previous programme manager in the NHS

Other participants described withholding information about their impairments at the interview stage, including not asking for adjustments. They feared such disclosures would be perceived by recruiters as a ‘barrier’ to their performance in the job or would mean they were not seen as the ‘strongest candidate’. Others were unsure whether to declare or not as they did not feel they had adequate information about the job to know whether their impairment was relevant.

However, some participants who chose to share their health condition and ask for adjustments reported positive experiences. Some felt that sharing was good practice; for one participant, it allowed for framing their disability as a strength that could be a unique selling point in a recruitment process. Max's story at the end of this section shows such a view on the benefits of disclosure.

Following unsuccessful applications, many applicants spoke of receiving vague or generic feedback such as not being 'the right fit' for a role. This lack of specificity made many participants wonder about whether age or disability discrimination may have influenced the outcome. Peter's story at the end of this section demonstrates how Disabled older workers can perceive disability discrimination due to generic feedback. Other participants felt that certain feedback had coded messages, including for example references to their experience, including being 'too experienced', that were actually about them being older.

“With going for interviews and people are, you know, saying that it just wasn't the right fit. I'm starting to wonder, and you know, and they're saying, I've got all this experience. I'm starting to wonder if it's ageism as well.”

Female, fifties, job-seeking, previous programme manager in the NHS

Experiencing repeated rejections took its toll on participants, with some describing feeling 'demoralised'. In contrast, one participant discussed how receiving detailed and clear feedback helped build their confidence while applying for jobs.

“I walked away from that feeling quite good actually [...] I both got the interview and then got good feedback from the interview with a very pragmatic response [...] I walked away from that feeling kind of buoyed, kind of bolstered a little because I thought, 'Oh, actually I'm not floundering completely, I've actually put together a decent application'.”

Male, fifties, civil servant

Peter's story: perceived discrimination in recruitment

Age: fifties

Employment: recently retired, previously long career in consulting

Key theme: Peter felt he was overlooked for a job due to his illness

Peter took early retirement last year after being diagnosed with congestive heart failure in 2022. His health declined rapidly after diagnosis, and he found that his mobility was very limited due to fatigue and shortness of breath. Before retiring, he worked in the consulting industry for over 30 years, the last 20 years at the same firm. Not long after his diagnosis, he was made redundant, though he was confident that the redundancy was not related to his diagnosis. After the redundancy, a senior person in the firm suggested that Peter apply for an internal position that was open. He applied and interviewed and was confident that he was a very strong candidate for the role.

“There was a job managing this team which was, I’ll be honest, I could have done it with my eyes shut [...] and I knew I’d smashed the interview.”

However, Peter was ultimately unsuccessful in his application. He was told that this was due to him not holding a specific qualification which was required for the role, but he didn’t believe that this was true.

“You don’t need it to do the job. If you’ve been doing the job for two years and you’ve got that qualification, and I’ve been doing it for 20 without that qualification.”

Though Peter felt senior management valued his experience and demonstrated a strong interest in retaining him, he felt that his experience was not valued by the hiring manager, who was a younger member of staff. He felt the reason he didn't get the job was because of his illness.

“Yeah, I’ve not got that job because of my illness. 100% without a shadow of a doubt. [...] 100% someone told him, saying ‘Oh, what’s Peter like?’, they’ll have said ‘Yeah, good guy. But I thought he’s not very well.’”

Given his declining health, Peter had considered applying for long-term sick leave before the redundancy, so when he was unsuccessful in the internal role, he decided to take early retirement. Though he is disappointed with how his career ended and the unfair treatment he faced, he is happy in retirement.

“Fortunately, I had enough money to retire [...] I’ve got that money. So why would I wanna work? Why would I need to work?”

Max's story: believes telling employers about his health condition is important

Age: sixties

Employment: public relations manager

Key theme: Max's approach is to be open about his health condition and support needs, to help employers understand what support he might need.

Max is blind and fully relies on speech software and audio technology. He has worked for over 30 years in the communications sector and currently holds a senior position in public relations at a large organisation. Despite initial concerns about his career choice, he was determined to pursue his interest in the sector.

“I think there was some, understandably, at the time, raised eyebrows by people who may have felt, for understandable reasons, that it was going to be a challenge too far. But I was determined to do it.”

He is a strong advocate for declaring support needs in applications, seeing it as part of one's skill set, which he believes has improved his recruitment experiences.

“Without necessarily making a big song and dance about it, if there is a way of weaving that information into an application form or an interview answer, then you should, because it's part of who you are.”

Max feels this openness empowers employers to provide the necessary support rather than leaving them to second-guess. He feels it creates a stronger foundation for the future employer–employee relationship, including improving trust.

“If you hit people with a complete surprise on the day of an interview, in particular, and people aren’t prepared for it [...] it may just sort of build up issues around how much information you give, [and] whether people can trust you.”

He acknowledges that his blindness is relatively easy for others to understand, especially compared to less visible health conditions. He also acknowledges that his confidence to be proactive comes with experience, especially with age.

“That’s something that maybe when you’re in your late teens, early twenties, and applying for the first time to a job, you don’t recognise. You don’t want to consider that you might have a disability, but actually sometimes a disability in some ways can actually bring out strengths that you wouldn’t otherwise realise that you have.”

Overall, Max has experienced quick progression in his career and doesn’t feel his disability has hindered him. Since starting his career more than 30 years ago, he has benefited from advances in technology, such as screen reader speech software, and he feels societal awareness and attitudes towards disabilities have improved greatly.

3.4 Accessing employment support services

Participants had accessed a range of support services when job searching. These included informal support through social networks, such as being referred for roles, having applications reviewed, and practising interview questions with friends, family members and colleagues. Formal support came from both public services, including Jobcentre Plus and the NHS, and charities. In contrast, others spoke of not wanting help, either from a place of pride as discussed in more detail in Chapter 2 or because they had previously accessed support and found it unhelpful, and so no longer sought it out.

Those who had accessed support found out about what was available through two main avenues: health professionals such as nurses or consultants, or online searches. Many participants who had not sought employment support before stated that if they wanted support they would search for information and guidance online. Others instead expected to find information available from health services, Jobcentre Plus or through third-sector organisations such as Citizens Advice. Overall, awareness of what support was available was often low. Some participants were unsure about which services they had accessed but only knew that they had accessed services through Jobcentre Plus.

Among those who had sought support, there were a number of common barriers to doing so. For those who had attempted to get help through Jobcentre Plus, the level of bureaucracy within the service was seen as ‘unnecessary’ and ‘tedious’. In particular, participants spoke about the need to document proof of daily job searches and the high number of check-in appointments.

“I had to do so much paperwork to be filled in, yes. That’s what I found a bit challenging [...] I have to keep on going in, to sign in every week, just to say, I’m still unemployed, looking for work, but I wasn’t getting anything from them.”

Female, sixties, administrator in the NHS

Another common barrier with Jobcentre Plus was that participants felt their staff lacked knowledge about working with Disabled and older people and struggled to understand their specific employment needs. Building on this, because support was not personalised, it often felt like box ticking rather than being meaningfully tailored to their needs.

Some participants did speak of positive experiences with employment support from Jobcentre Plus, as well as from other organisations including their local NHS trust and charities. Where people had positive experiences with Jobcentre Plus, this was largely attributed to individual work coaches being supportive and understanding, rather than systems-level features. Susan's story at the end of this section demonstrates a positive experience of receiving personalised and tailored support from a work coach.

Participants who had accessed support through the NHS and charities spoke about the services fitting their needs and providing the support and skills they required for the recruitment process. For example, a neurodivergent participant was provided with a job broker through a programme at her local NHS trust. The job broker worked with her to identify appropriate job openings, prepare applications and practise for interviews, and sat with her during interviews to provide real-time support.

Some participants made suggestions for how employment support for Disabled older workers could be improved. This included introducing training for work coaches and other professionals on how to work with Disabled and older people, as well as providing older workers with more specialised training opportunities to help them remain in the workforce.

“They need to be thinking outside the box [...] They really need to be looking at the skills that are required for the new world that we’re living in and older people, Disabled people, younger people got a part to play in it [...] technology is the key now.”

Male, sixties, civil servant

Susan's story: positive experience of Jobcentre Plus

Age: sixties

Employment: receptionist at a beauty salon

Key theme: Susan's experiences show the importance of tailored and person-centred employment support.

Susan works as a part-time receptionist in a beauty salon. Previously, she worked as a restaurant manager but found it too physically demanding. Susan has fibromyalgia, osteoarthritis and ulcerative colitis, all of which can interfere with her ability to perform certain tasks. After a period of illness and multiple trips to the doctors, Susan made the difficult decision to leave the restaurant and find work elsewhere. Susan accessed support through her local Jobcentre Plus and was assigned a work coach who helped her look for a new job.

“Luckily, I had a woman [work coach] who was similar age and was quite sympathetic with my conditions and was trying to find me things that would work appropriately for me.”

Susan was very honest regarding what she could and could not do in the workplace. She needed a job that was less physical, which would allow her to sit down frequently and to access the toilet whenever she needed. She also needed to be part-time, fearing she would struggle with a full-time role.

“I fell lucky with a really, really nice adviser. I've heard horror stories about different people having advisers that never gave them the opportunity of doing what they wanted.”

Susan found out about the job at the salon through her work coach, who encouraged her to apply for it. She was reticent at first, thinking that working on reception was a job for a younger person. However, with support from her work coach, she went to the interview and discovered that she would be working with mostly older women, and the employer was willing to adjust for her conditions.

“At first, I thought ‘Oh God no!’ I can't at my age go and work as a receptionist. It's something a young girl should be doing. But there weren't many jobs around, and when I found out that the actual owner was older than me and still working there and a lot of the team were older women still working, it was the perfect scenario. So, I felt comfortable going for the interview, I wasn't intimidated.”

Overall, Susan feels happy to have been assigned an empathetic work coach at Jobcentre Plus. Susan's work coach was also female and was a similar age to her, which she felt helped the adviser understand some of what she was going through. Susan had a very open and friendly relationship with her work coach and describes herself as 'lucky' that she received high-quality employment support, as she knows many Disabled people struggle to access this.

4. Starting work



4. Starting work

Chapter findings: This chapter focuses on Disabled older workers' experiences of the onboarding process – that is, the period of settling into a new job, including induction, training and early support from employers. The findings show that participants' experiences varied. Many described positive experiences, highlighting welcoming workplaces, helpful colleagues and accessible training that helped them feel supported and confident in their new roles. Effective communication and supportive managers were key to a smooth transition. Colleagues were largely described as a positive element when starting jobs, with participants finding it particularly helpful when they felt there was space to ask questions. However, others reported negative experiences, finding the onboarding poorly organised, rushed, or physically and mentally demanding, especially when their health conditions weren't considered or where no formal induction took place.

Opportunities for change: Early support from line managers and good induction can help set up workers for sustainable employment. It is important we find ways to work with people with lived experience to capture best practice and develop guidance. Employers should be supported to integrate disability and age inclusion into induction and onboarding processes to normalise conversations about support and adjustment from day one.

4.1 Onboarding experiences

Many participants thought their induction process was excellent and praised how welcoming and supportive their new workplace was when starting a new job, allowing them to feel comfortable in their new role. Regular communication with colleagues and the ability to ask questions made the first weeks and months of new roles easier.

Participants with positive experiences often felt that they were given enough time to learn their new work environment's processes and procedures, praising when managers and colleagues were supportive and patient.

“They gave me the time, you know, because it’s not all about just going in at the deep end. They gave you time in order for you to build up momentum, [at] a speed that was comfortable for me. I didn’t feel as if I was rushed.”

Female, fifties, disability support worker

Those participants appreciated when managers and colleagues created a welcoming environment where you could ask any questions without feeling uncomfortable. Some participants felt this type of workplace culture had improved over time. For instance, an NHS administrator explained:

“I was never left on my own for that long. Even if I was, I was only a phone call away from any of the managers or supervisors, somebody would come to give me help [...] I keep on saying, I’m asking the same question over. They said, ‘No, don’t worry about it, just keep on asking, it’s better to be safe than sorry’, they were very helpful.”

Female, sixties, administrator in the NHS

However, there were also participants who found the onboarding process more difficult, sometimes describing it as a steep learning curve, as they needed time to understand new systems, procedures and the organisational culture. One participant, a now retired recruitment agent in her seventies, related this directly to her age, arguing it had played a factor in needing more time to learn new things:

“I think it takes you longer as you get older to take in new things and new processes and new procedures, and new languages. Because, you know, with the internet and, emails and things, the language and the way that people present information is different and that, as you get older, is really difficult to keep up with.”

Female, seventies, retired recruitment agent

A key part of participants' onboarding experience was centred on whether and how reasonable adjustments and support were offered and implemented in the early phases of employment. This will be described in more detail in [Chapter 5](#) on support and adjustments. When participants spoke about it in the context of their onboarding process, the themes were similar to what is described in the next chapter: employers and managers sometimes lacked understanding of specific health conditions and awareness of what support was available in the workplace, requiring participants to be proactive in explaining and asking for adjustments. An example of this is shown in Isla's story at the end of this chapter. Other participants reported delaying or avoiding declaring their health condition due to fear of jeopardising their job and being seen as incapable. The different approaches among workers led to inconsistency in the use of adjustments and in offers of support among participants.

4.2 Training and learning

Many participants discussed having a positive experience while completing their mandatory introductory training sessions and other early training. Some said they found the training appropriate for their role and were given ample explanation on how to successfully complete their tasks and how to use online systems. People described different formats for the initial training, for instance in person or online, and in groups or with a buddy or mentor.

Participants spoke particularly positively about buddies or mentors who shadowed them and showed practically how tasks were done. Participants found their mentors very helpful and understanding of their condition, often tailoring their training to their condition and learning preferences. Having someone to shadow also helped build confidence.

“The person who was like shadowing me, she was pretty good [...] because then I could say to her, ‘Well, you know, I find it difficult to sit this way on the floor. Is it all right if I go the other way?’, you know, things like that. [...] But you know, sometimes facing a certain way and just using your left or your right arm all the time is painful. So, you know, I have to fit around the other way.”

Female, sixties, supermarket assistant

Some participants, however, reported facing barriers during their induction. These participants felt that their new workplaces did not fully inform them of their expectations before starting a new role, or said that training was not made accessible, as highlighted in Isla’s story at the end of this chapter. Others also discussed the importance of being self-motivated to be able to successfully complete the training.

Isla's story: negative experience of onboarding

Age: sixties

Employment: part-time administrator in the civil service

Key theme: Isla's story shows how employers often put a significant onus on Disabled older workers themselves during the onboarding process.

Isla has dyslexia and dyscalculia. She recently started in the civil service as an administrative officer. She was required to complete four weeks of training. During the recruitment process Isla had a job broker and found this extremely helpful. However, despite being upfront about her adjustment needs, when she started the role, she found her new employer was not equipped to provide that support.

“I explained that I would need support. I explained the type of support I've had previously, and I also inquired what support could be put in when I started the job during my probationary period, [but] it didn't happen. I had to fight for it.”

She found her managers had a low level of knowledge about her conditions, putting a significant onus on Isla to explain and to organise her own adjustments.

“My team leader, she was a warm and welcoming woman, but she was completely ignorant [...] she's never heard the word neurodivergent. She didn't understand what dyslexia was, and she told me that.”

4. Starting work

Isla faced further barriers when starting her training, as the resources were inaccessible, and the trainer did not know how to work with someone who was neurodivergent. When she raised this, the organisation was unwilling to adjust the training sessions so that she could participate. Isla had to seek out the HR department herself and eventually obtained adjustments to complete training. However, she felt she was treated with hostility by management and was not offered alternative work to fill her time while her colleagues were in training. Even when adjustments were made, Isla felt they made her vulnerable amongst her colleagues.

“I was put in a separate room so that I could concentrate, but that opened up a catalogue of suspicion, ‘Why is Isla in that room?’”

The feeling of isolation was made worse by the fact that there were no older, Black or neurodivergent people in positions of power who Isla felt she could turn to. Overall, Isla felt that the onboarding had been very poor and is now hoping to leave her current role and move into a more positive working environment.

“Employers need to look at whether your age, the colour of your skin, the different levels of abilities, and think, ‘This person has something to offer’.”



5. Support and adjustments

Chapter findings: This chapter explores Disabled older workers' experiences of receiving or not receiving support and adjustments at work. For many participants, workplace adjustments were vital in enabling them to remain in employment, manage their symptoms, sustain their working hours and maintain productivity. However, access to support and adjustments was often inconsistent and uneven across workplaces. In many cases, participants reported that adjustments were not embedded in formal workplace processes, leaving provision dependent on individual line managers or ad hoc arrangements. A consistent theme was the absence of proactive communication from employers about available adjustments, leading to a lack of understanding among staff. The burden often fell on the individual to advocate for themselves, which required a certain level of both knowledge and confidence.

In our survey, less than 40% of people aged 50-66 reported a good understanding of adjustments and support available to them, with Disabled people reporting lower understanding than non-disabled. When participants had not received adjustments, they had sometimes never asked for any either.

Among Disabled workers aged 50-66, 21% have not asked for adjustments in the past five years despite needing them, and 30% of Disabled people report a lack of confidence in asking, compared to 20% among non-disabled people aged 50-66.

Interview participants explained that they had concerns about stigma, being perceived as less capable or becoming defined by their disability in professional settings. Others cited pragmatic barriers as they did not believe their employer would be able or willing to provide adjustments, for instance due to physical limitations in the workplace or due to overstretched teams or staff shortages.

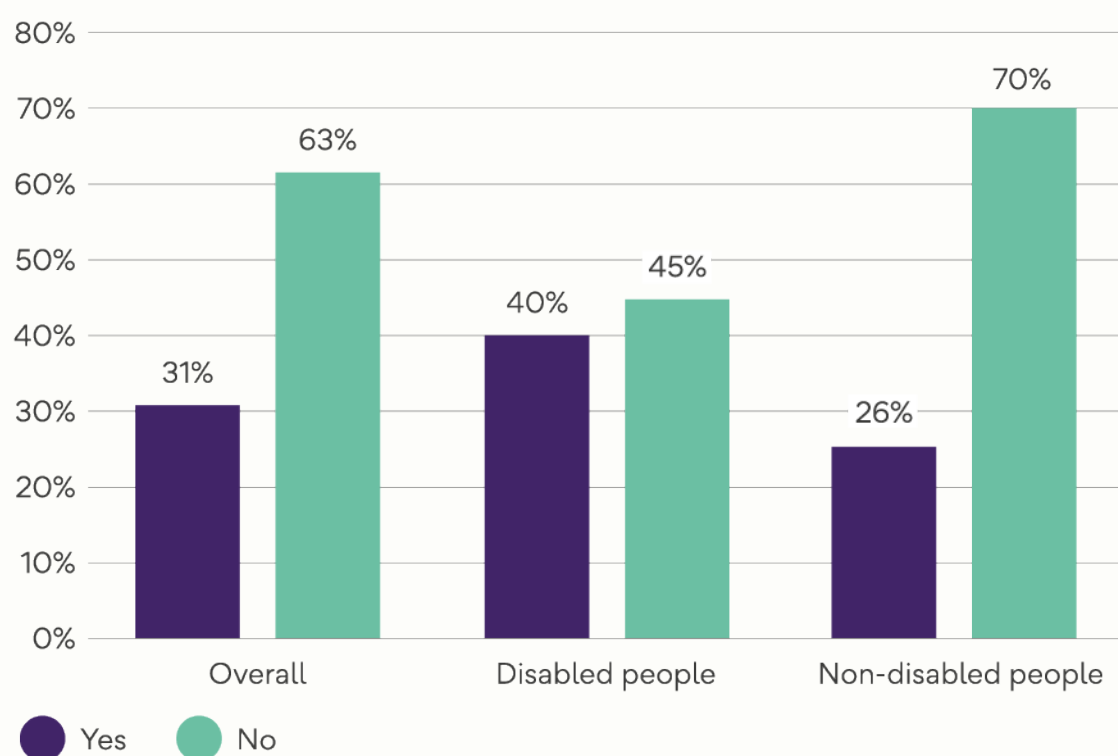
Opportunities for change: It is important to normalise conversations about adjustments to ensure that good practice is not reliant on proactive

line managers or confident Disabled older workers. Therefore, focus must be on initiatives and legislation that remove this burden from line managers and starters. Examples could be further promoting the uptake and use of ‘adjustment passports’ that allow workers to transfer adjustments between roles, and legislation that mandates timely responses to requests for reasonable adjustments.

5.1 Asking for support

We asked survey respondents whether they had asked an employer for support or adjustments in the past five years due to health, disability, age or caring responsibilities (Figure 3). Unsurprisingly, there are large variations between Disabled and non-disabled respondents. Among Disabled people aged 50-66, 40% had asked for support or adjustments, while 45% had not. Among non-disabled people, 26% had asked compared to 70% who hadn’t.

Figure 3. Whether asked an employer for support or adjustments in the past five years due to health, disability, age or caring responsibilities

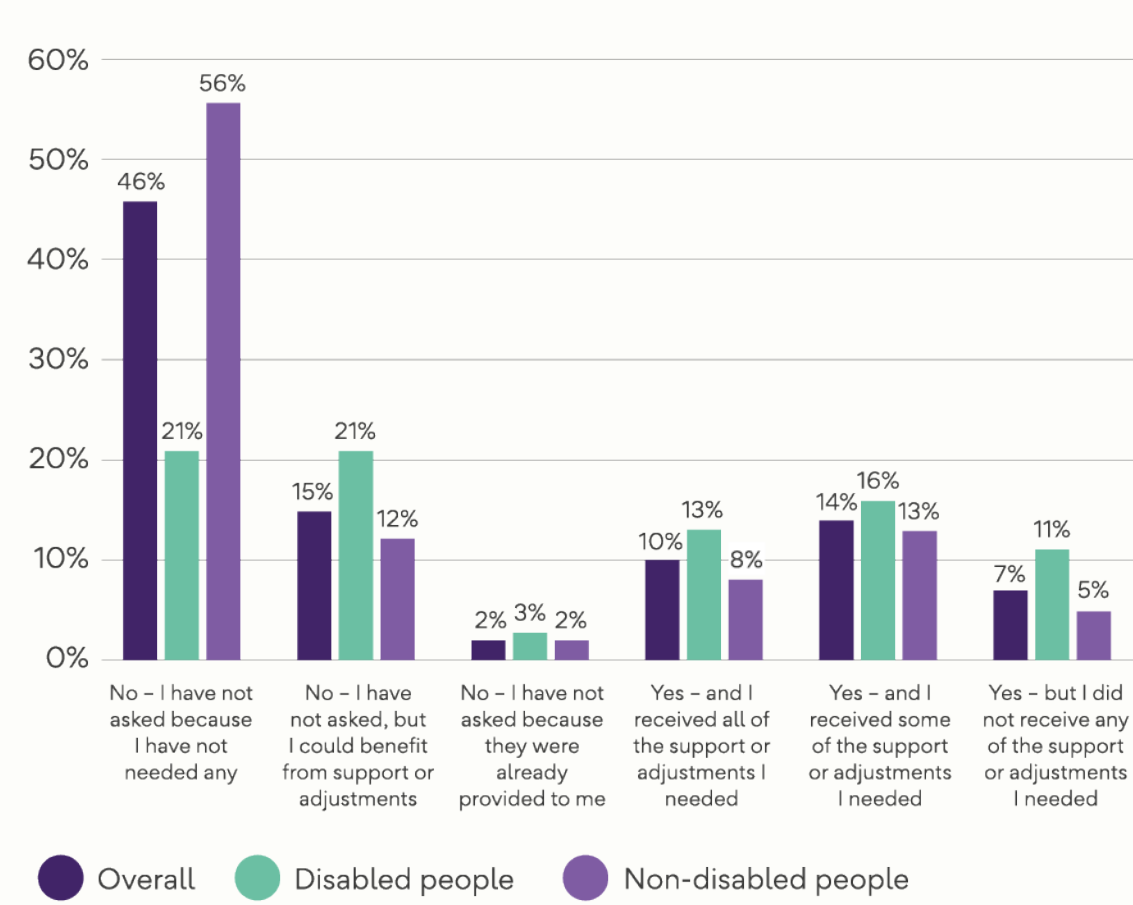


5. Support and adjustments

Respondents were given different choices for the reasons and consequences of asking or not asking for support or adjustments (Figure 4). Among Disabled people, 21% had not asked for support and adjustments despite feeling they could benefit from them. This chapter will explore this finding in much more depth, as interviewees spoke in detail about reasons for not asking for adjustments. Among Disabled people who had asked for adjustments, there was a fairly even split between those who had received all, some, or none of the support they had asked for.

Another takeaway from Figure 4 below, is that support and adjustments related to health, disability, age and caring responsibilities are not only relevant for Disabled older workers, suggesting that any improvements in this area have the potential to positively impact all workers over 50.

Figure 4. Reasons and outcomes of asking or not asking an employer for support or adjustments in the past five years



5.2 Types of adjustments made

Participants described a wide range of adjustments that supported them to stay in work or manage their conditions more effectively. These included:

- Workstation and equipment adaptations: larger screens, additional lighting, wall blockers or specialist chairs, both at home and in the office. However, some noted that remote workspaces were not always considered in the same way as office environments.
- Changes to roles and tasks: modifications to responsibilities and workloads.
- Alterations to working hours and patterns: phased returns following illness, and flexible or reduced hours.
- Adjustments to working location: hybrid or remote working options.

Flexible arrangements were especially appreciated by those with fluctuating and unpredictable symptoms. A business manager recovering from a brain tumour explained:

“There’s no prediction. I can wake up one morning and feel absolutely great. Then other days, I wake up and feel shocking, and that’s the frustrating part of it at the moment. There’s no consistency to anything in that way.”

Male, fifties, business manager

The routes to adjustments varied widely. Some participants accessed support through formal processes, such as occupational health or Access to Work. Others described informal arrangements made directly with managers.

Occupational health assessments were accessed in many different ways: during onboarding, after health changes, via self-referral or line manager-referral, or periodically as part of a routine process due to the nature of their job. Some found the process helpful and timely, while others described delays and inconsistent follow-through. Some

5. Support and adjustments

said they were not aware that these kinds of assessment existed and could be helpful.

Those participants who had received support from Access to Work generally described it as helpful, and several said that they would not be able to do their job without it. However, participants also said the process around Access to Work was excessively bureaucratic, describing it as ‘complicated’, ‘long-winded’ and ‘onerous’, which was seen as a barrier to its effectiveness.

“I wouldn’t be able to do it all without Access to Work. And if it wasn’t put in place quickly, it’s yeah, it’s something I think employers actually get put off by it as well, and that you need access to it cause it can take time and it’s, and money. So yeah, it’s quite complicated.”

Female, fifties, not working

Some participants described that adjustments were sometimes implemented more informally, usually through ad hoc agreements and conversations with managers. For instance, an education consultant who was recovering from a stroke had received a key to the first aid room so he could use it when he felt unwell and needed to lie down. A white-goods delivery driver with scoliosis said his manager made allowances for him to take things more slowly on bad days, describing it as an ‘off-the-record thing’ that he only used if he had to. Some said their employer regularly checked in on them to see if everything was okay.

These informal measures were described as helpful and were clearly valued by participants, but a few also noted that informal arrangements created uncertainty and vulnerability. This was because the support could be revoked at any point, for instance it could hinge on their manager staying in their role or continuing to think it was important. For instance, a performing arts facilitator had recently come to a general agreement with his employer to follow a set of recommendations, but this was not put down in writing or documented formally. For now, he appreciated that the workplace

showed more consideration and had observed some improvements but was nervous whether this would be maintained in the long run.

“[I had to ask] if we could have an official type of assessment instead of just keeping it on an informal basis. It’s okay at the moment, [but I] kinda feel a bit vulnerable in that situation. So, I required that we have something official put in place.”

Male, fifties, performing arts facilitator

5.3 Reasons for not receiving adjustments

Not all participants that we interviewed received the adjustments that they needed. When employers declined or failed to act on requests for adjustments, participants reported frustrations, deteriorating health and decisions for early retirement. For instance, a bank cashier in her sixties with arthritis had been refused flexibility in job tasks which would have allowed her to switch positions during the day to manage her physical symptoms. She felt that standing at the reception desk or conducting interviews – tasks that she had previously done in her long career in banks and credit unions – could have provided her with the needed variety. Ultimately, she had to retire early.

“They were not open to discuss adjustments. They should have done a lot more to help me, but they didn’t.”

Female, sixties, retired bank assistant

Mollie’s story at the end of this chapter also highlights how not receiving adjustments can negatively impact on Disabled older workers’ experiences in the workplace. In Mollie’s case, being refused adjustments led to stress that exacerbated her symptoms.

Participants often said they were not sure why employers had declined to provide adjustments but had their suspicions as to the

5. Support and adjustments

underlying reasons. For instance, the bank cashier suspected her employer did not want to set a precedent or be seen to treat some employees ‘favourably’.

“If we did that for you, we’d have to do it for everyone, and they weren’t prepared to do it.”

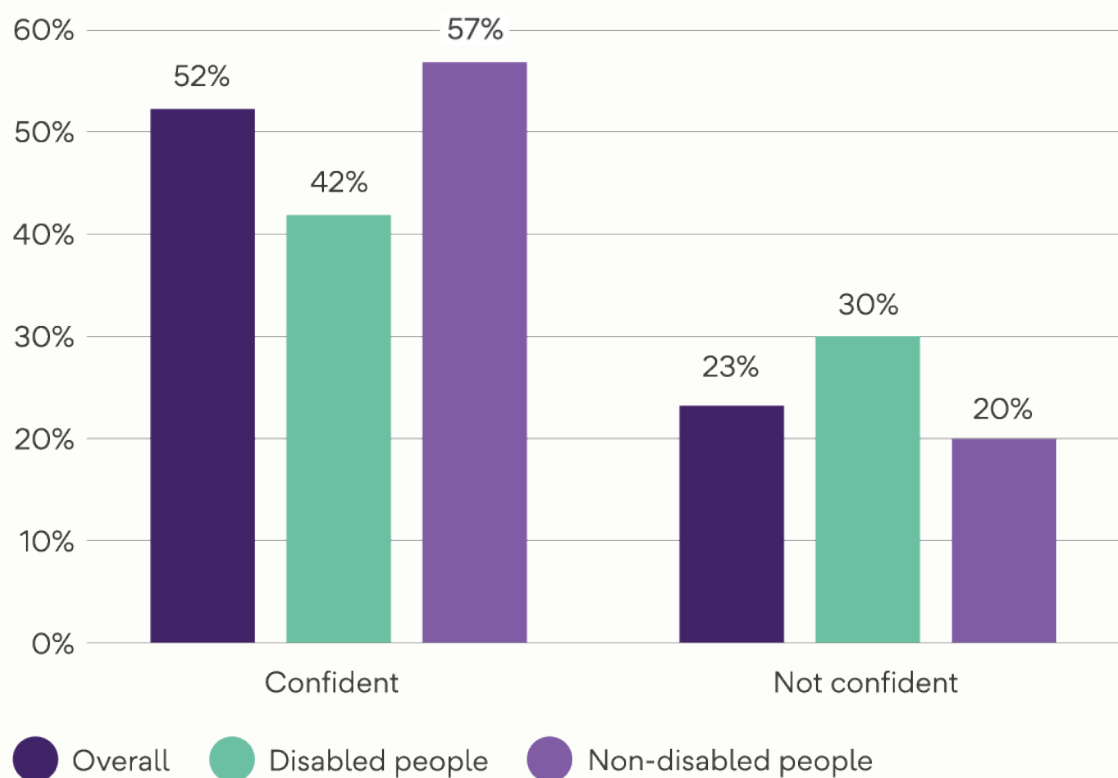
Female, sixties, retired bank assistant

A now retired social worker had the same suspicion when their employer had wanted people back in the office and refused to allow some people to attend meetings from home, fearing it would lead others to request the same. Others suspected employers were not prepared to spend the money required to make the necessary adjustments.

Some participants spoke about how they had never asked for adjustments or even declined those offered proactively by employers. Some did this because they felt they didn’t require any adjustments, either because they felt their symptoms were mild and manageable or because existing organisational arrangements already met their needs.

Others chose not to ask for support, even when they felt it might have helped them. In the survey, we asked how confident people feel, or would feel, asking their current or most recent employer for support or adjustments if they needed them. The results show there is a large difference between Disabled and non-disabled people aged 50-66. Only 42% of Disabled people reported confidence compared to 57% of non-disabled people. In contrast, 30% of Disabled people expressed lack of confidence compared to 20% among non-disabled people.

Figure 5. Confidence in asking employers for support or adjustments if needed



Interview participants reporting not asking for support despite needing it discussed concerns about stigma, being seen as incapable, or a desire to remain independent (these themes were explored in more detail in Chapter 2). For instance, a team leader in manufacturing explained that he didn't want to advertise his limitations to his employer, and therefore hadn't asked for adjustments when his health condition was affecting his work performance:

“Not many people will go to a manager or to their supervisor and say, ‘I’m incapable’ or ‘I can’t do the job’. I mean, so you sort of just knuckled down and got on with it the best you can.”

Male, sixties, retired team leader in manufacturing

5. Support and adjustments

Similarly, a caretaker in his sixties at a primary school didn't want to be seen as needy or troublesome by asking not to do key tasks that were part of his role:

“To be honest, I don't want to start saying, Oh, I don't want to do this, I don't want to do that', I'm one of them, I'd sooner get on and do it. I suffer in silence [...] and then I'll worry about it when I get home.”

Male, sixties, caretaker at a primary school

Others more generally spoke about not wanting to be defined by their disability, in either their personal or professional life. For instance, an office worker refused adjustments to his computer and chair because he didn't want colleagues to think he couldn't do things. For people with hidden disabilities this sometimes led them to avoid asking for assistance:

“I don't want this to define me. So, I would rather go through what I need to without having to resort to ask for any other assistance, as long as I can.”

Male, fifties, education consultant

Another reason participants chose not to request adjustments was to avoid conversations about their health conditions or illnesses, which they found stressful. A performing arts facilitator with multiple auto-immune conditions said that the general stress associated with managing his health conditions was enough for him and he wanted to avoid the additional stress related to having to discuss his health with other people:

“... you don't want to make too much of a fuss as well. You gotta keep lots of things kinda hidden. You don't wanna tell too many people in detail... You really do try to keep low, have a low profile as a person with an illness.”

Male, fifties, performing arts facilitator

Other participants said they had not asked for adjustments because they did not think their employers would be able to provide them. This could be due to the nature of the work where participants appreciated that their employer's hands were tied. The most concrete example of this was a lorry driver, who, as a result of government legislation, was no longer able to hold a heavy goods licence after a stroke. This participant's story is told at the end of this chapter. Similarly, a caretaker at a school reflected that a key part of his job involved walking around and doing some physical work, making it hard for the employer to offer adjustments:

“There’s not really a lot they can do, because I still got to do the walking. I’ve still got to go around and check all the doors and all the windows. So, there’s not really a lot that can be done to ease that.”

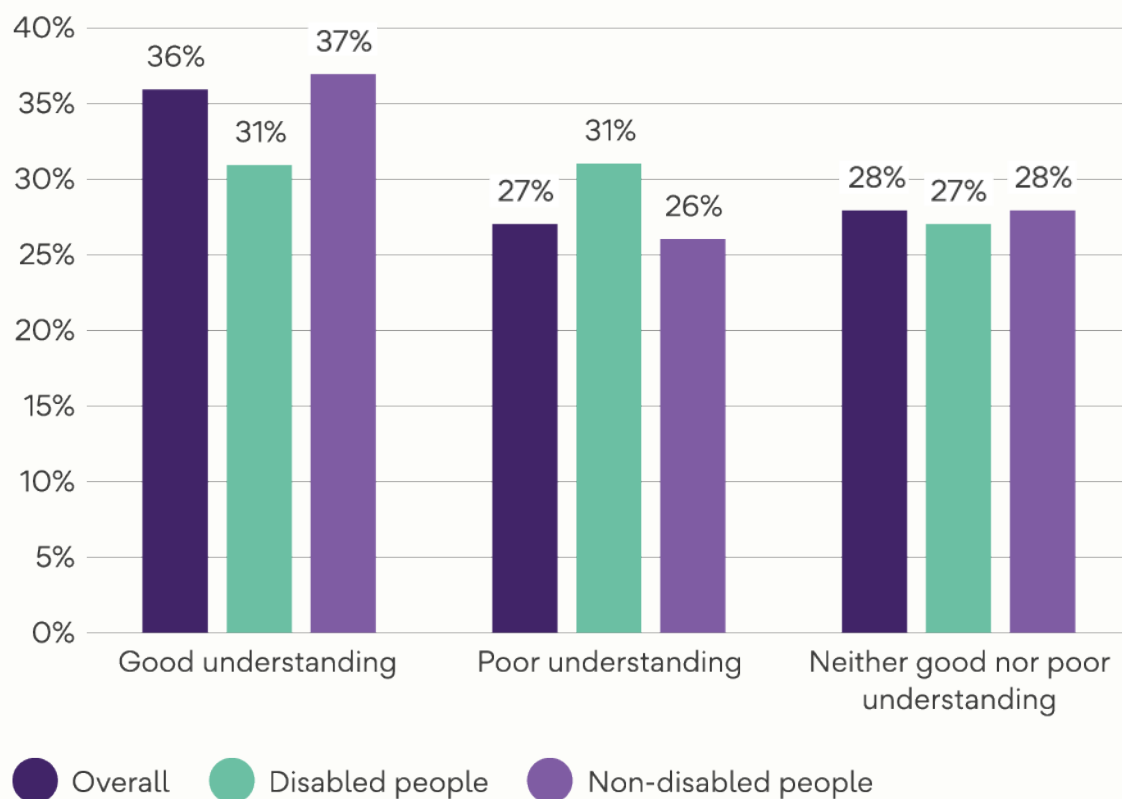
Male, sixties, caretaker at a primary school

Some participants also recognised that adjustments were constrained by the existing physical workspace or by employers who were too reluctant to accept adjustments such as reducing hours in the context of staffing shortages. For instance, an NHS administrator cited staffing shortages as the reason why she had not asked to reduce her hours, even though she felt it would be beneficial.

Another reason why interview participants hadn't asked to receive adjustments was that they lacked awareness of what they could be offered. Our survey also asked about people's understanding of support and adjustments available to Disabled and older workers in their current or most recent workplace.

In relation to support and adjustments aimed at people aged over 50 (Figure 6), only 36% of people aged 50-66 said they had a good understanding, compared to the slightly lower figure of 31% for Disabled respondents. More than a quarter (27%) of people aged 50-66 said they had a poor understanding, compared to the slightly higher figure of 31% for Disabled respondents.

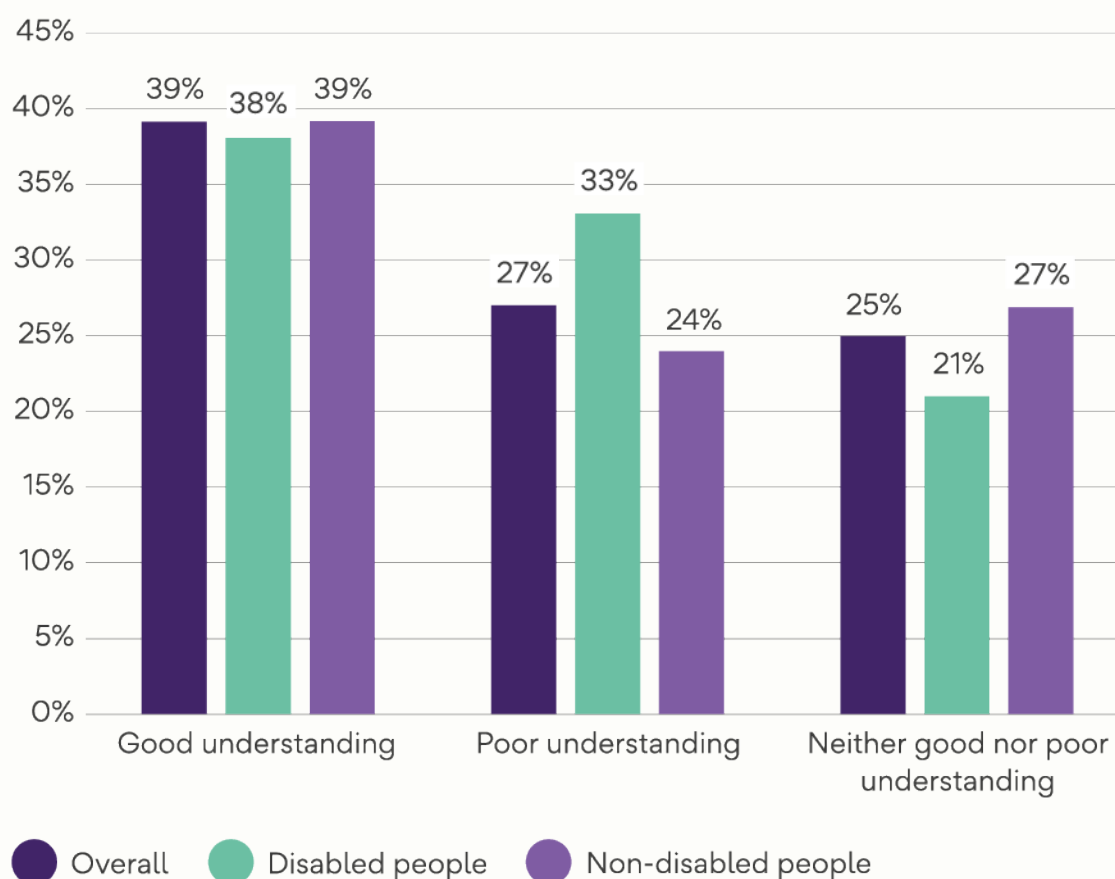
Figure 6. Understanding of support and adjustments available to people over 50 in the workplace



The same pattern emerges when looking at understanding of support and adjustments for Disabled people (Figure 7).

Most notably, a third (33%) of Disabled people aged 50-66 said they had a poor understanding of support and adjustments available to Disabled people in their workplace, more so than the poor understanding reported by non-disabled people (26%).

Figure 7. Understanding of support and adjustments available to Disabled people in the workplace



Interview participants gave many examples of lacking awareness or understanding of workplace support and adjustments available to them. For instance, an engineer recalled returning from a surgery and not seeking an occupational health assessment, simply due to his lack of awareness as to what was available.

“I should have spoken to [occupational health], but I didn’t know what was available. I’ve never dealt with occupational health. I didn’t even know it existed to be honest. I’ve just never had time off sick since... well, ever.”

Male, fifties, engineer

5. Support and adjustments

The lack of awareness extended to line managers and employers who didn't signpost or offer adjustments to employees. In these situations, participants felt that the burden was often on them to ask for adjustments and point line managers and employers in the right direction. This had a range of consequences.

Firstly, some participants didn't feel they were eligible for adjustments when they were not proactively offered to them. For instance, a supermarket assistant with sciatica felt not being offered adjustments gave her the impression that adjustments were not applicable to her circumstances, suggesting that the awareness gap was related not only to knowledge but also perceived entitlement.

“If they don't tell you, you think it's just not for you.”

Female, sixties, supermarket assistant

Secondly, others described the unequal uptake of adjustments among Disabled people depending on their level of knowledge and confidence, with both being required to effectively advocate for themselves. For instance, some said it was important to be able to ask the right questions and share the appropriate information with line managers, but not everyone knew what this meant in practice. Some reflected that Disabled people have varying levels of confidence or ability to 'stand up for themselves'. This was sometimes driven directly by the nature of their impairment, for instance if it was related to anxiety, or if they felt their impairment was not necessarily appropriate to ask for adjustments for, for instance if it was seen as less serious.

5.4 Impact of adjustments

Some participants reflected on the impact of receiving, or not receiving, adjustments. Where adjustments were made, they often helped individuals to stay in work or maintain their working hours. Sarah's story at the end of this chapter shows an example of this. In cases where employers and managers had been proactive, this made a huge difference. For instance, a civil servant with albinism, including sight loss, did not previously know about Access to Work when his new manager suggested that this could give him access to relevant software and equipment.

But even when adjustments were agreed, the impact could sometimes be limited if processes were not properly implemented. This was particularly prominent in cases when adjustments required broader staff buy-in and communication. For instance, a teacher in her fifties with sight loss said it was agreed to provide large-text printouts for meeting materials, but she was left feeling frustrated when this adjustment was implemented inconsistently. Similarly, a supermarket worker with arthritis described a lack of communication between floor managers, which meant she was regularly asked to stack shelves or to carry out other tasks that required heavy lifting which it had been agreed she would not do.

Adjustments being unavailable sometimes led to worsening symptoms, sick leave and ultimately participants having to leave work or retire early. The lack of adjustments for the bank cashier discussed above led to her retiring earlier than planned. For a community engagement worker who was not offered flexibility in her working hours to access treatment for arthritis, the lack of adjustments potentially worsened her condition, and also accounted for substantial mental stress and anxiety arising from the frustration with her manager and employer. Furthermore, the manager's unwillingness to let her work from home led to progressively worsening symptoms, leading her GP to sign her off for two weeks on sick leave. She felt this could have been avoided with relatively minimal adjustments.

Sarah's story: positive experience of adjustments

Age: fifties

Employment: nurse

Key theme: Sarah's story shows how workplace adjustments can help Disabled older workers stay in work when they otherwise might have left.

Sarah is in her fifties and has been a nurse in the NHS for over 20 years. In recent years she has developed rheumatoid arthritis and is showing signs of early stages of Parkinson's disease. She is very happy in her job and loves that she has the opportunity to help make people's lives better.

Sarah's role requires a lot of physical work such as long periods standing and wearing lead gowns during procedures that require x-rays. This was causing Sarah significant pain, and she often required additional painkillers to make it to the end of the workday. She was able to discuss this with her manager and organise to have a lighter lead gown ordered, as well as a change to her roster to ensure that she's not working on cases that require x-rays more than two days per week, with a day off in-between. She has also been able to reduce her time on the on-call roster from once a week to once a month to help manage her fatigue.

Having these changes has made a huge difference for Sarah and has meant that she has been able to remain in full-time work despite her health conditions.

“Until quite recently I was contemplating dropping a day at work [...] because that would be a day when I wouldn’t have to wear lead. So, I spoke to my manager, and she said, ‘Well, what if we do this, try it. And if it doesn’t work, then we’ll come back and talk about the possibility of you dropping a day’ [...] I don’t really want to drop a day because I enjoy my work.”

Sarah puts the availability of these adjustments down to her team. Though there are limitations to the changes that can be made to her working environment because of clinical requirements, Sarah’s manager and colleagues are supportive and willing to do what they can to help her manage her health alongside her work.

“I am very lucky. I’ve got very good colleagues and a good and excellent managers. I think if I didn’t have the manager that I’ve got, I think I would probably, definitely have dropped a day. Might even be thinking about leaving completely.”

In the future, Sarah would like to continue in her role. She believes that as an older worker she has a lot of value to contribute.

“You might not be able to do it as quick as what you did 30 years ago, but you’ve got that wealth of knowledge that is worth just as much.”

Mollie's story: negative experience of adjustments

Age: fifties

Employment: seeking work after being made redundant as an events planner

Key theme: Mollie's story shows how understanding and empathy of managers are critical in implementing workplace policies and adjustments.

Mollie is currently working in her last months as an events planner after being made redundant recently. She is not ready to retire and can't afford to, so she is looking for work. She does not feel her workplace is inclusive, describing her workplace culture as ageist.

"I definitely felt bullied by younger managers. And even though they know, as an older person you know more than them, they seem to treat you with disdain until it comes to a time when they want you to use your experience to get them through."

These experiences are also shaped by Mollie's identity as a Black woman. She feels that managers often speak down to Black workers and one of her previous employers acknowledged that they were not adequately providing progression opportunities for Black workers. They sent her and others on a career development programme where a mentor provided useful recommendations that were then never considered or implemented by management.

Mollie's difficulties at work intensified after her diagnosis with fibromyalgia. As part of her treatment, the NHS referred her to an eight-week programme involving daily one-hour sessions at the local hospital. As her working hours overlapped, she requested a temporary adjustment to work flexible hours, but her manager refused. As a

compromise, she switched to condensed hours, working 12-hour days, so she could attend treatment twice per week, though she still missed three sessions. She described feeling stuck, with the NHS thinking she wasn't committed to her treatment, and the employer acting like she didn't care about work. The lack of flexibility and empathy from her manager caused significant stress, which in turn worsened her physical symptoms. She contrasted this with supportive managers she had had in the past, arguing that they are critical to inclusivity and implementing workplace policies.

“I just think it's personalities. I just think lack of management, training and understanding. [...] A lot of time people don't care; it's not them who've been affected.”

Mollie was recommended assistive software and a new desk from Access to Work. However, her employer refused to order the desk, citing space constraints, and did not provide a new laptop even though her current one was too outdated to run the recommended software.

Mollie is now looking for a part-time job, preferably closer to home and offering hybrid working for days when her pain is severe, and when she needs space to manage it privately.

Daniel's story: wanted to work, but no suitable adjustments were available

Age: fifties

Employment: retired heavy goods vehicle driver

Key theme: Daniel loved his job and wanted to continue working, but his health made it impossible to continue in his role and no adjustments were available.

Daniel is in his late fifties and was a heavy goods driver for almost 40 years before taking early retirement about three years ago. After having a stroke during a procedure to treat a heart condition, Daniel was forced to retire. The side effects of the stroke meant that his heavy goods licence was revoked. Without his licence, he could not continue in his role. Though he loved his job, he was pragmatic about the change, noting that there was not much his employer could do, given his job was solely to drive and that was not possible without the license. Daniel's employer offered him an office-based role in the company, but it was located over 100 miles away from his home, so it wasn't a suitable option.

“So, it was a sad case of, ‘Sorry, we’ll have to let you go.’”

Fortunately, Daniel was well paid and was in a financial position to leave work. He and his wife were able to arrange their finances so that Daniel could retire early.

“We’ve downsized the house with no mortgage anymore [...] everything we’ve got we own because when I’ve been earning the money, we just bought things. We bought nice things. We’ve still got them. We’ve looked after them so that money goes well, we can make it stretch. So, we’re fine. We cut our cloth to suit.”

Though he's in a financial position to retire, Daniel would like to continue working and has looked into other roles that may be suitable given his skills. However, his health conditions have meant that he's not able to meet the health and safety requirements for these roles either.

“I’m on 13 tablets a day, two of which, when I’ve given them [potential employers] the list they were like, ‘We can’t insure you on site for them. Sorry, mate.’”

Daniel would like to return to work in a role that would fit his expertise and his physical limitations. After over 40 years in the transport industry, he believes he has valuable knowledge and expertise to contribute.

“I would hope there’ll be something in an office that’s to do with transport, because I’ve been doing it for the last 40 years. [...] Because my knowledge, of Europe as well, but my knowledge of the country, it would be beneficial to somebody somewhere, I’m sure.”



6. Work location and commuting

Chapter findings: This chapter focuses specifically on remote and hybrid working as an adjustment. For many interview participants, the option to work remotely was highly valued, and for many essential, particularly for its flexibility in managing health conditions, accommodating fluctuating symptoms and reducing the physical and emotional toll of commuting. Working from home enabled participants to conserve energy for both professional responsibilities and personal life. However, the findings also highlight important limitations of working from home. Participants frequently acknowledged that remote working could lead to feelings of social isolation, reduced interaction with colleagues and missed opportunities for informal learning, team building and professional development. Some also expressed concern that the desire or need to work remotely could limit their job choices or progression, effectively narrowing the pool of suitable job opportunities.

Opportunities for change: Remote and hybrid working can be a game changer for many Disabled older workers and therefore should be recognised as a legitimate and necessary adjustment, not a perk. At the same time, there is a need to develop stronger workplace practices that ensure remote workers have equal access to development and progression opportunities.

6.1 Flexibility in work location

Interview participants described a range of working arrangements, including on-site, remote or hybrid working. They reported varying levels of autonomy in choosing where they worked. Some participants had at least some flexibility to determine how often they worked from home or the office. It was common among these participants to say that they appreciated this and felt lucky that their employer offered this flexibility. In some cases, the flexibility was in line with the options available to all staff, regardless of disability or age, while in other cases participants were offered remote or hybrid working specifically as an adjustment to help manage their health condition or disability.

Others had no flexibility. For some this was due to the nature of their job. For instance, an engineer said he had to be on-site, a teacher had to be in the classroom when teaching, and an NHS administrator was the first point of contact with patients in the hospital. In other cases, it was not strictly necessary due to the nature of the job but perceived to be an outcome of workplace expectations and a culture of presenteeism, which led to frustration. A civil servant described how progression opportunities in the civil service came with the requirement of office working. A teacher felt she should be able to join staff meetings online on her non-teaching day but was required to go into the school anyway. Others suggested that these rules seemed to be applied inconsistently, and sometimes more favourably for senior people.

6.2 Remote working

Remote working was seen as an important adjustment, making work easier and more flexible, enabling participants to manage health conditions at home, with better access to rest, medication and facilities like toilets. Some said it felt more comfortable working in their own space, especially on days when their symptoms were worse, while for those participants whose health condition or illness made it more difficult to interact with people, or to manage busy or noisy

places, working from home was a welcome respite. The opportunity to avoid a tiresome commute meant they could conserve energy for their work and personal life and reduce stress and irritation. More generally, and similar to other workers, remote working enabled participants to do more focused and uninterrupted work.

However, while home working was overall described in overwhelmingly positive terms, participants also acknowledged that there were negative impacts and challenges related to remote and hybrid working. In particular, participants said they missed the social interaction and described home working as ‘isolating’, ‘lonely’ and even ‘depressing’. Some people missed the collegiality of the office, and prioritised socialising with colleagues on their office days.

“I think working remotely, sometimes you can get in your own head, if you are working by yourself all the time. And like when my illnesses are at their worst, I don’t want to go anywhere. And I don’t want to see anyone, because I’m just trying to get through each day.”

Female, fifties, community engagement worker

In addition to the social aspect, participants recognised that they sometimes missed out on relationship and team building in the office, and informal learning through ad hoc conversations and observations in the office. For those with management responsibilities, it was noted that it could be difficult to run a team effectively without being regularly in the office. Some participants also noted that certain tasks could be more difficult at home, for instance IT issues could be harder to resolve remotely, and accessing some systems such as secure platforms could be more time-consuming.

Respondents with different health conditions reported different advantages and disadvantages of home working. For some, the physical demands of their condition made it a necessity to work from home, but they acknowledged the negative mental health impacts. For others, working from home was welcomed for mental health reasons, offering a more comfortable environment where they could

thrive on their own terms. And finally, a disability support worker made the point that as part of her experience of dyslexia, it meant that she thrived more as a sociable person, making it important for her to work in an office.

“I think for me, I’m a people’s person. I’ve always been a people’s person. I like to be around people, so I can’t work from home... I think I get disconnected from people. And I think that’s part of my dyslexia, or the way my personality works.”

Female, fifties, disability support worker

6.3 Commuting

Participants described a range of commuting methods, including driving themselves, taking taxis, using public transport, walking and receiving lifts from family or friends.

These choices were sometimes shaped by health conditions or older age. For instance, a woman in her fifties with arthritis drove to work rather than walking due to her ankles swelling when walking. A woman in her sixties with sciatica and diabetes said her ability to drive to work depended on her fluctuating symptoms and blood sugar levels, so sometimes she had to stay at home, or alternatively got a taxi or a lift. A man in his fifties experiencing seizures following a stroke could no longer drive and now relied on other people for his commute. Some participants had changed to automatic cars due to mobility impairments. Some of those who had to use taxis described that their employer or Access to Work paid for these, while others paid themselves.

Some participants also reported increased difficulty in travelling and commuting, due to either their symptoms worsening or getting older. This was particularly the case with public transportation or active travel, which was often described as physically and mentally demanding.

Commuting didn’t always affect people’s ability to get to work and

home, but as noted by a now retired recruitment agent, it changed how much energy she had during and after work. Public transportation was described as stressful by some participants, especially when disruptions impacted participants' ability to manage symptoms or medication or required a large amount of planning and preparation. One participant described the particular challenges with longer-distance work trips:

“That stuff can be very, very difficult, because it has to be in advance. I have to find somewhere to dialyse, whatever hospital would take me, and then, yeah, all other logistics, you know, just tiredness and fatigue and travel.”

Male, fifties, performing arts facilitator

A woman in her fifties explained that the increasing difficulty in commuting had happened gradually as her symptoms had worsened prior to her diagnosis.

“I didn’t realise how much I struggled. I would often have to stop on the way back and just like, half an hour and just pull over and shut my eyes and have a rest.”

Female, fifties, job-seeking, previous programme manager in NHS

There were also many positive experiences of commuting and travelling, including those who noted they had short and easy commutes, and those who enjoyed using the commute to decompress after a long working day. A blind participant in his sixties noted that the assistance on the train network had improved markedly in the last 30 years. He said it still made for a better experience when you were proactive, so he always tried to make staff aware that he was there and would need assistance. However, broadly, the improvements in travel assistance meant he could travel independently without support and also gave him an opportunity to work on the train, though he recognised not all people with his condition could do so.

“I think I don’t consciously think about this, but just looking at it now, in the context of this interview, I feel proud that I am able to travel.”

Male, sixties, public relations manager

Finally, the ability to work from home had reduced overall commuting time, which for some had improved their ability to continue working as they had got older. Some said they wouldn’t have been able to maintain the level of travel they had previously done, with one describing the changed expectations of home working after the pandemic as a blessing.

Tina's story: remote working as a vital adjustment

Age: fifties

Employment: NHS administrator

Key theme: Tina's story illustrates the importance of working from home to help manage health conditions and to thrive at work.

Tina works as an administrator at her local hospital. She is employed for 30 hours per week over four days, with a hybrid arrangement that allows her to work from home two days a week. In her forties, Tina began to lose her hearing in both ears and now wears hearing aids. She recently invested in a new advanced model that connects directly to her mobile phone, allowing her to take calls through her hearing aid. This has been a significant improvement for her, as she had previously found it challenging to use phones and headsets at work. Despite this support, Tina continues to experience difficulties in noisy environments, which she finds overwhelming and cognitively draining.

“I'm in a noisy environment where you've got people talking, music in the background, people scraping chairs. All those things just really irritate my brain sometimes, some things are louder than others. I'm trying to concentrate on the person that's speaking in front of me, but if there's lots of background noise, it's really hard.”

Her ability to work from home allows some respite from this. At home, she can keep noise levels to a minimum and focus without distractions. She can also take calls through her hearing aids, compared to using workplace equipment which lacks compatibility with her devices.

“I think we’re a little bit behind on technology because I still can’t connect to Bluetooth on my laptop, or on my work computer, which is very frustrating [...] the NHS definitely needs to be more up to date to helping people like myself with hearing issues.”

Tina considers herself lucky to have remote working as an adjustment, as many NHS workers do not have this opportunity. While she sometimes misses face-to-face interaction, remote work enhances her productivity and wellbeing. She also appreciates being able to start early at home, responding to patient messages from the previous evening. Occasionally, her managers have made comments that suggest a reluctance towards her home working, but her immediate team has been supportive and accommodating. Overall, for Tina, remote work is not just a convenience, it is an essential adjustment, and she can’t imagine taking a job without it.

“I don’t think I would have the confidence now to move to another job. Just because of the anxiety that comes with being in a noisy environment, not being able to hear, not being able to understand people and coming across sometimes a little bit, not that intelligent, because I’m really struggling to process what’s going on.”



7. Job satisfaction

Chapter findings: This chapter explores the factors which lead to increased or reduced job satisfaction among older Disabled workers. Our survey shows that Disabled people report less satisfaction than non-disabled people aged 50-66 with pay and progression (30% vs 40%), training and development (39% vs 51%), roles and responsibilities (51% vs 62%) and line managers (43% vs 55%). Interview findings show that job satisfaction for Disabled older workers is strongly influenced by interpersonal relationships, for instance supportive and empathetic managers or supervisors who understood their health conditions and supported them in receiving necessary adjustments. Positive relationships with colleagues were also important, sometimes described as friendships or family bonds, and contributing to a sense of belonging. Many appreciated when they had autonomy and flexibility to manage their health conditions. Some also valued low-stress or physically less demanding roles to manage their health, while others were still looking for more demanding and stimulating responsibilities. Several factors were identified as reducing job satisfaction. For those who had physical impairments, jobs and tasks that were physically challenging or exhausting reduced job satisfaction. Mental health impacts were also mentioned, especially in emotionally taxing roles. Interpersonal relationships that improved satisfaction, as described above, could also detract from it. This was especially the case when managers lacked understanding or empathy, or imposed unrealistic policies based on having little practical experience. It could also arise from clients or students being rude or disrespectful. Heavy workloads and insufficient pay, relative to respondents' responsibilities, were other sources of their dissatisfaction.

Opportunities for change: Our findings show that line managers play a pivotal role in ensuring that Disabled older workers feel included and can thrive in the workplace. Line managers should be supported in a variety of ways to ensure they lead with confidence, empathy and fairness, for instance through targeted training on disability, age and inclusive leadership.

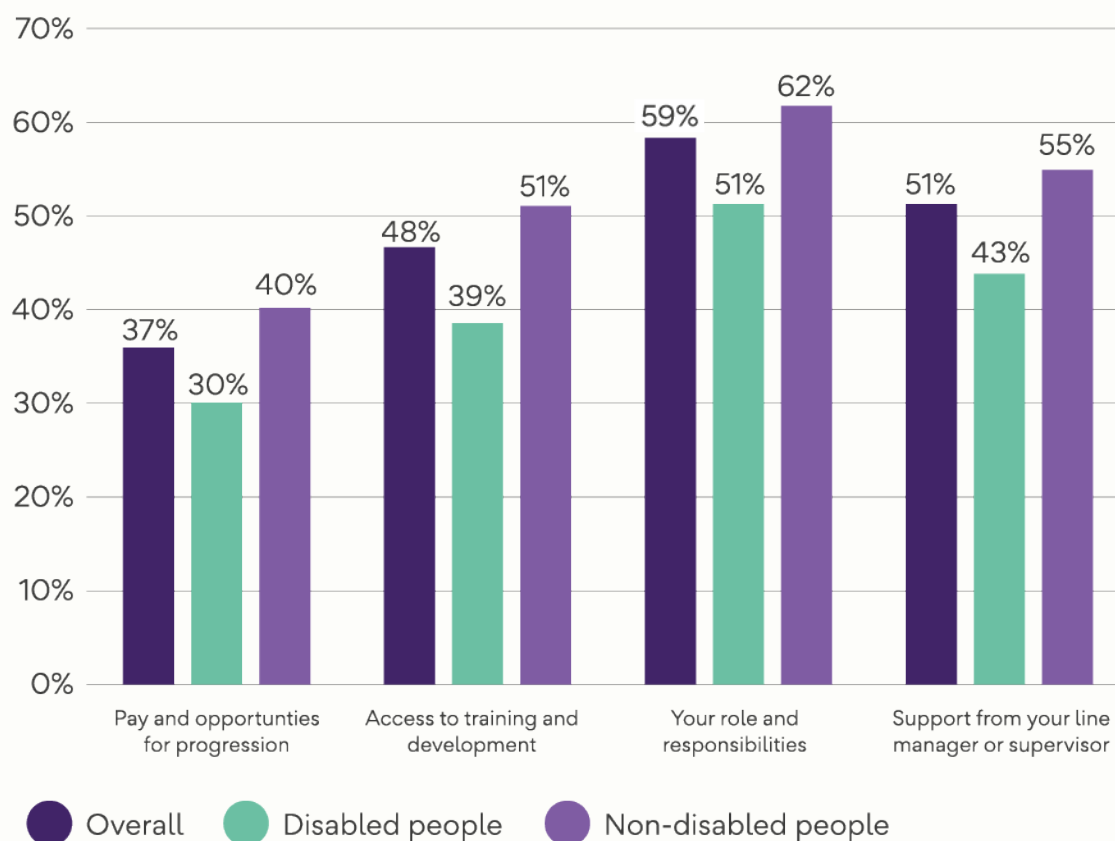
7.1 Lower job satisfaction among Disabled people

Our survey shows a stark picture of lower job satisfaction among Disabled people compared to non-disabled people aged 50-66 (Figure 8). There is a substantial difference on all aspects that we asked about in the survey. Among people aged 50-66:

- 30% of Disabled people reported positive satisfaction related to their pay and opportunities for progression, compared to 40% of non-disabled people.
- 39% of Disabled people reported positive satisfaction related to their access to training and development, compared to 51% of non-disabled people.
- 51% of Disabled people reported positive satisfaction about their role and responsibilities, compared to 62% of non-disabled people.
- 43% of Disabled people reported positive satisfaction with the support from their line manager or supervisor, compared to 55% of non-disabled people.

The following sections will explore why Disabled workers aged 50-66 have lower job satisfaction than others, based on the findings from our interviews.

Figure 8. Satisfaction on specific aspects of current or most recent paid job



7.2 Factors that increase job satisfaction

Many interviewed participants described how they derived job satisfaction from the people they worked with, whether that was good managers or colleagues, or customers, patients or clients. When managers were empathetic, supportive and understanding, this contributed to higher job satisfaction. Some said good managers demonstrated a sound understanding of their disability or health condition, and they supported them proactively in identifying and accessing potential adjustments to help them thrive in work. Some participants were positive about line managers when they had known them for years or when they came from the same background, meaning they felt they had a better understanding of their circumstances. For instance, some found it particularly positive to have line managers who were also over 50.

Colleagues were another source of job satisfaction. It was a common theme for participants to say that they loved the people they worked with or liked the team environment. They described their colleagues as nice and helpful, particularly appreciating when their colleagues understood their background and support needs. Some described their colleagues as friends or their team as a family and said they socialised outside work. These close relationships were something participants thought of as the best part of their job.

Many participants said they enjoyed working with customers, patients, clients or pupils, contributing to positive outcomes for them. Helping people also helped create a sense of purpose, another key theme among participants, whether that was teachers observing progress in learning among pupils or nurses seeing improving health outcomes among patients. Similarly, participants spoke about deriving job satisfaction from feeling good at what they did and receiving positive feedback from colleagues and clients. Participants said it improved their motivation and self-esteem.

Other participants spoke about factors related to the job itself. For instance, some said they were satisfied with their responsibilities, with some wanting to continue to challenge themselves in their fifties and sixties, and others happy to do jobs that they felt very confident in, and that were less stressful. This was one of many examples in our research demonstrating that Disabled older workers can't be treated as one group, as they have markedly different motivations and aspirations for the latter part of their careers. For both groups, autonomy and flexibility were often essential for job satisfaction. Some participants said they appreciated having a varied and interesting job, with different tasks available on different days. Others welcomed being busy and appreciated the fast-paced nature of their work, or enjoying being creative and solving problems.

7.3 Factors that reduced job satisfaction

Interview participants reported a number of factors reducing their job satisfaction. Physically challenging jobs were often quoted, with physically demanding tasks contributing to pain. This could be

exacerbated by age, with participants noting that tasks were getting harder, and they struggled to keep up with the pace of their colleagues. At other times, physical demands were exacerbated by participants' health conditions, for instance not being able to do the same lifting as before, struggling to sit down for long periods or finding it mentally draining to concentrate for a whole day. As an example, a teacher in her fifties felt her work was difficult given her age and health, saying she was exhausted after the end of a workday:

“I’m just getting really, really tired now. And I just need to, you know, pass it on to a young’un, well someone much younger than me. It’s a young person’s job. It’s not for somebody who’s, you know, older, and it’s particularly if you’ve got underlying health issues. It’s definitely not the job for you, no.”

Female, fifties, teacher

Some participants also said that work could take its toll on their mental health, especially participants in health and social care. These participants increasingly saw more traumatic cases, for instance those involving mental health, which had been on the rise since the COVID-19 pandemic, and those involving physical illnesses among younger people, which they felt had been on the rise as technology has improved early diagnosis.

Just as they could be a source of job satisfaction, relationships with colleagues, managers, customers, patients, clients and students could also prove to be challenging. Managers were often highlighted as reasons for frustration, including when there was a lack of team structure and limited communication, sometimes exacerbated by a high turnover of staff. Many participants complained when managers had no practical experience of the job and implemented new policies that were not realistic from a practical perspective. There were numerous examples of this, including an engineer who spoke critically of managers implementing longer shifts without having any practical experience of working on-site; a teacher feeling disgruntled about directives being made by people who aren't educators or don't work in the classroom; and finally, a nurse who felt there were too many

managers without practical experience in the NHS. These participants often reacted well to senior leaders when they had that practical experience. Similarly, customers, patients and students sometimes reduced participants' job satisfaction, especially if they were rude, something which could cause stress.

Finally, participants' job satisfaction was often affected by workload. Participants stated that their jobs could be stressful or relentless, and sometimes complained about having too much responsibility, for instance with employers asking them to do additional tasks or having high expectations. This could sometimes be indirectly related to age or having been at the same workplace for a long time, which meant they had valuable experience and became de facto responsible for ensuring consistency in practices and training new employees. This was appreciated by close colleagues but not always rewarded or valued by managers.

7.4 Pay and progression

Those who were unhappy about their pay often said their pay did not match their responsibilities, that other organisations paid the same workers more, or that it was frustrating that working in the public service came with a pay penalty.

Participants also discussed a range of factors that they felt impacted pay, including factors related to their disability or age. Some spoke about having to step back into more junior roles with fewer responsibilities due to the limitations imposed by their health condition. This often resulted in a pay cut, and for some, a reduced sense of worth as they no longer felt they performed or contributed to the best of their potential. For instance, Callum's story in Chapter 4 shows how he expected to take on a less senior role in the future due to the impact of his stroke.

Another factor that negatively impacted participants' overall pay package was the decision to work part-time. For instance, one participant said she had reduced her working hours to four days per week in her previous job, which was a significant help as an

adjustment, but she was conscious that it resulted in a pay cut.

Participants sometimes said that their health conditions meant they didn't go over and beyond compared to other colleagues, meaning that they felt they sometimes lost out on bonuses and progression. To illustrate, a white-goods delivery driver felt his health condition meant he wasn't achieving the same bonuses as some of his colleagues. A personal assistant in the NHS reflected on how her illness had affected her ambition and motivation to progress in the workplace, not necessarily because the current impacts of her condition would prevent her from taking on additional responsibilities, but more because of the uncertainty related to how the impact of her condition could fluctuate:

“I think if I hadn't had lupus, then maybe I would have been more ambitious or wanting to climb a career ladder [...] Although I have never been desperately ill with it, apart from cancer I was quite ill, but what I mean is at the time you don't know that. So, I didn't ever know, like if I did something or took a job, that was a big job if it coincided with lupus getting back.”

Female, sixties, personal assistant in the NHS

Similarly, an administrator in the NHS said she didn't have the same drive as she previously had:

“I don't feel I will progress, to be honest now, especially with being poorly. Because I haven't got the dedication to take on extra work, to take on extra sort of hours. I just haven't got that anymore.”

Female, fifties, administrator in the NHS

Sometimes, participants said they incurred costs related to their disability, which effectively reduced their disposable income. This was related to not receiving, or asking for, reasonable adjustments and instead taking on the cost themselves. For instance, a civil servant with sight loss spoke about taking taxis to work because he no longer

felt safe travelling on public transport. This was not a formal arrangement, so he was paying the costs from his own pocket.

Finally, in addition to pay, participants also noted that their health condition or age meant there were other financial considerations. Some participants spoke about deciding when to retire or whether they should take early retirement. Often, the decision was driven by whether they wanted to or not – and in many cases, participants wanted to continue working because they enjoyed it – and whether they could afford to retire early. Some said they have been lucky they were in a financial position where they could take early retirement. Others said their decision also depended on other financial factors, such as government policy on tax-free pension lump sums.

Others could not afford to retire early but had looked into how many years they still needed to work to get into that position. For some, it was frustrating when they felt they were discriminated against in the labour market due to age, because they still had many years left before retirement and they needed to work. For instance, a civil servant said:

“I need to work. I’m of working age. I’ve slowed down slightly, but you know, my brain’s still ticking, physically I can get from A to B. I drive and I walk. I want to work. I need to work, I have bills to pay.”

Female, sixties, civil servant

We also spoke to participants about the barriers they had faced with regard to their progression at work. One barrier was that progression could go hand in hand with a requirement for more in-office working, and thus more commuting. For instance, a civil servant said the grade above his current role required more office working and he was not sure he could obtain the same home-working adjustments in a new role, which dissuaded him from applying for any other work.

This potential loss of formal and informal adjustments people had in place was a common issue that hindered participants’ ability to progress, or their willingness to seek progression. Many participants

described hanging on to their current roles, despite wanting to move on, but felt that with their age and disability, it was more sensible to choose the safer option and remain with their current employer. For instance, a performing arts facilitator with lupus reflected on the much worse situations that many people with his health condition were in, making him nervous about applying for other roles which came with risks and uncertainty.

“You start to be like, ‘Okay, I’m just going to hang on to this, and at least it’s stable, and at least generally, it’s okay,’ and that type of thing. So, it affects your ability to, you know, get out there and progress through your career. So, you know, it would be good to get a different role... with my experience. But yeah, it’s a little bit... if I go to a new employer, are they going to be as understanding? Will it become more difficult? Will I have to leave? Will they find some way of getting me out?”

Male, fifties, performing arts facilitator

Some also felt nervous about what progression would involve. For instance, a supermarket assistant in her sixties with sciatica had asked herself whether the additional stress could negatively affect her health, exacerbate her condition, and trigger anxiety or depression. Generally, lack of self-confidence was a common theme among participants when they spoke about progression in work, whether that was acknowledged directly or indirectly by participants themselves. Someone who acknowledged it directly was a civil servant in his sixties with albinism who said he was not going for promotions:

“Partly it’s a confidence thing. Partly, I think it’s me holding myself back.”

Male, sixties, civil servant

Some anticipated that bias and discrimination held them back from progressing. For instance, a part-time exam invigilator in her sixties said:

“But I have a feeling that they would want somebody who was full-time and probably in their forties, that’s the kind of profile of the person that they would be looking for.”

Female, sixties, exam invigilator

Similarly, a disability support worker in her fifties said she had put herself forward for promotion, but was left frustrated when nothing happened:

“I felt that, you know, they didn’t really want me to be a senior, you know, they didn’t want me as someone with experience. [...] They covered it over by saying, well, I got an email from the service manager saying, ‘We’ll bear it in mind for the future.’ And the future never came. That’s why I left.”

Female, fifties, disability support worker

There were also participants who felt they hadn’t experienced any barriers to progression. Some explained how they had been offered and accepted opportunities throughout their career and highlighted the mentors and employers who had helped them along the way. Some noted that progression can be limited in some sectors, and individuals may reach a ceiling beyond which there are no further opportunities, for instance a retired HGV driver explained that the driver role was effectively the highest position available within his industry for someone with his skillset.

Others said they hadn’t experienced barriers but simply hadn’t been interested in progressing further. For instance, an engineer said he had been offered promotion three times and declined because he didn’t want to be office-based. Similarly, a now retired bricklayer said he had worked as a contractor and could have employed other bricklayers,

but he didn't want the stress associated with this and was happy simply earning his salary.

For some participants, the lack of interest in progression was directly related to their proximity to retirement. They explained that, as they were getting closer to retirement age, they were looking for something easier so they could get by until retirement. For instance, a school caretaker in his sixties said he would probably have applied for the role as site manager at another school if he had been younger and not so close to retirement:

“I'll just go in and do what I have to do and come home and collect the money. But if I'd been 12-13 years younger, I'd have probably gone for [the role as site manager] for my old school.”

Male, sixties, caretaker at a primary school

7.5 Training and development

Participants were also asked about their experiences of training and development when they were in a role. In terms of availability, some participants said there hadn't been opportunities available to them, for instance because they did not seek to climb the career ladder, or because they felt there were fewer training opportunities available as they had got more senior. Some felt more training could be provided, while others thought training mostly happened on the job.

Other participants spoke about various training and development opportunities that were available to them. This included mandatory and regular training courses, as well as courses that were identified on an ad hoc basis. In a couple of cases, current employers had committed to supporting participants to take courses to develop new skills. A nurse had been given the opportunity and time to do training to become an interpreter, which could potentially enable her to take up another role in the hospital in order to address the challenges related to the physical nature of her current role.

Some said training was available, but they hadn't accessed those opportunities. Sometimes, this was directly related to their health condition. For instance, an administrator in her sixties who was still recovering from cancer surgery said her current focus was on improving her health, though she would like to do a management or supervisory course at some point. For others, their reluctance to take up opportunities was related to their age and specifically how close they were to retirement.

“I haven't got the energy anymore to learn something new, spending three weeks learning something totally new.”

Male, sixties, small business owner (robotics)

Ricky's story: negative impact of work on health

Age: fifties

Employment: works as an engineer

Key theme: Ricky's story shows how job satisfaction can be reduced when work exacerbates existing health issues, including causing more pain and lack of sleep.

Ricky is in his fifties and works as an engineer. He previously left the armed forces due to a knee injury, which still troubles him and causes substantial pain.

Ricky's health issues are compounded by his current work, which requires him to carry heavy loads and move over unstable ground. While his old injury was localised to one knee, he has since damaged his other knee as well.

“It was my left knee that's knackered. But my right knee apparently has been compensating for the left knee so that one has been replaced. And, in the next few months, I'll be having the left knee replaced.”

His recovery from surgery took longer than expected, and even with his right knee feeling better, his left knee still causes him pain. The surgeon said that normally a knee replacement will last for approximately 10 to 12 years, but with Ricky's work he may wear through it in four to five years. Ricky had four months off work after the surgery, after which he attempted to go back, but was told to take another month as he struggled with the physical aspects of the job. The protective gear that Ricky wears as part of his work means that he is often carrying quite a bit of weight, and he can feel the pressure on his knees.

Increasingly, the younger members of Ricky's team will help him with moving heavy objects. He's grateful that they are willing to help him like this, and he hopes that when they get older and struggle with mobility, they will have younger colleagues to help.

"I've struggled, and one of the younger ones is like, you know, he's [...] got his own kit on his suitcase on his shoulder, and he just says, 'Here, give it here,' and [...] he grabbed my suitcase, and he just shoots off."

Sometimes, the pain in Ricky's knees keep him up at night, and he is limited in terms of the painkillers he can take due to safety regulations at work. He has to try to manage it with paracetamol, while also ensuring he gets enough sleep to be awake and alert at work.



8. Workplace culture and discrimination

Chapter findings: This chapter explores positive and negative experiences of workplace culture and inclusivity. In our survey, 48% of Disabled people aged 50-66 felt their current or most recent workplace was inclusive to people like themselves, compared to 67% of non-disabled people. Interview participants who described their workplace cultures as positive highlighted that their workplaces had a welcoming atmosphere, a sense of inclusivity and availability of adjustments. In contrast, in our survey, 39% of Disabled people aged 50-66 reported not feeling their current or most recent workplace was inclusive to people like themselves, compared to 23% for non-disabled people. For interview participants who were unhappy with their workplace culture, there were two main factors: not feeling valued by organisational leadership and workplace environments that were not inclusive for Disabled older workers. Unfortunately, many participants had experienced workplace harassment or discrimination due to their age or disability. This ranged from negative comments from colleagues, social exclusion and encountering negative stereotypes and stigma. However, some participants did highlight that they felt employers had positive perceptions of older employers and viewed them as more experienced, mature and trustworthy than younger workers. Participants varied in their awareness of initiatives and policies in their workplaces for Disabled older workers. Some were not aware of any, others were aware of some and found them helpful, whereas others were aware of policies but felt that they were not always followed by their employer.

Opportunities for change: Our findings suggest that supportive employer policies on paper are not enough: they need to be clearly communicated, consistently upheld and embedded in workplace culture. Training, peer networks and visible role models can all play a vital role in making inclusion real rather than rhetorical.

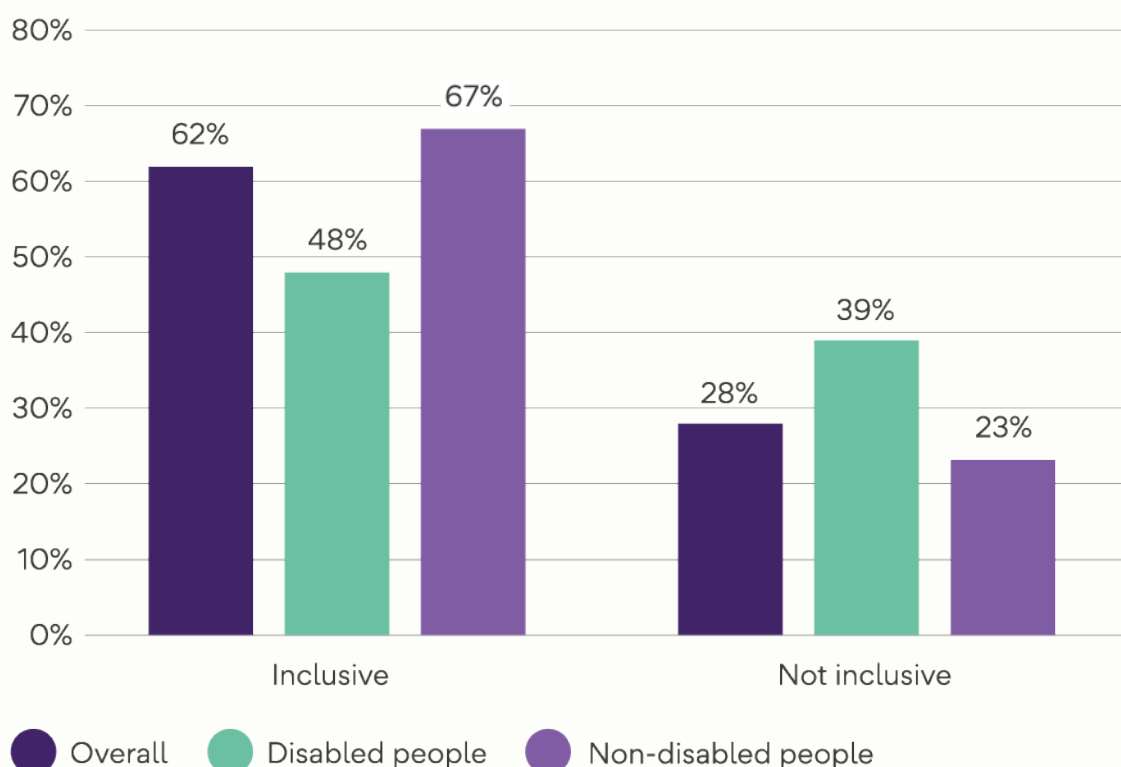
8.1 Workplace inclusivity

We asked survey respondents about how inclusive they felt their current or most recent workplace was towards people like themselves. We specified that this meant whether they felt their identity, background or circumstances were respected and supported. The results were markedly different for Disabled and non-disabled respondents:

- Only 48% of Disabled people aged 50-66 felt their workplace was inclusive, compared to 67% of non-disabled people.
- Similarly, 39% of Disabled people did not feel their workplace was inclusive, compared to 23% of non-disabled people.

The following sections dig deeper into the experiences of workplace culture and inclusivity among participants to explore these differences.

Figure 9. Whether people feel their current or most recent workplace is inclusive towards people like themselves



8.2 Positive experiences of workplace culture

There were a range of factors that contributed to participants feeling that their workplace had a positive culture. This included when workplaces had a welcoming atmosphere, a sense of inclusivity and availability of adjustments.

For participants who spoke about the value of a welcoming atmosphere, this was often attributed to supportive colleagues. One male participant referred to a ‘brotherhood’ amongst his team, while another participant spoke about being willing to tell her current colleagues that she is dyslexic because it was a welcoming environment, whereas in previous roles she didn’t feel comfortable to do so. Participants spoke about their colleagues supporting them to manage their health conditions in ways that did not make them feel like a ‘burden’.

“I can honestly say I was never made to feel that if they did refer to me as somebody who was blind or the blind manager, I was never made to feel that they did. And I was judged on the merit [of my work].”

Male, sixties, public relations manager

Feeling respected and supported by organisational leadership was also a contributor to viewing a workplace as welcoming. In particular, supportive managers who were willing to take participants’ age and disability into consideration were cited as key ingredients of shaping a positive workplace culture.

“Me and the manager, we just really hit it off [...] she was open to take me on as an older person with disabilities [...] and to go to the extent of spending that amount of money to get the [accessible] toilet done.”

Female, sixties, receptionist at a beauty salon

8. Workplace culture and discrimination

Other participants spoke about the value of inclusivity for developing a positive workplace culture. Some participants spoke about this in general terms, citing having a ‘mixed’, ‘diverse’ or ‘multicultural’ workforce. Others spoke about working alongside colleagues who were older than them or working with other Disabled people. For example, one participant who worked in manufacturing said the office layout was accommodating for colleagues who used wheelchairs, and a retired HGV driver highlighted that his workplace was ‘very accommodating’ for a former colleague with post-traumatic stress disorder. Working with other people who were older or had health conditions created a sense of shared experience that was seen as valuable.

“The team I work for are dominantly women [...] so I think we can all sort of help, especially with menopause [...] obviously as you are getting older and we’ve all got elderly parents as well, I think it’s helped being in that sort of environment because they understand.”

Female, fifties, child protection coordinator

Some participants attributed the inclusivity of their workplace to legislative requirements. This was seen as a positive external pressure on employers that had improved practices over time.

“I’ve been lucky to work in a large corporate organisation, they keep up with all the individual legislation [...] I think people are so aware now not to do it wrong, that, in a way, sometimes, you bend over backwards to make sure that they really do feel included. And I think I can probably go back, maybe 20 years prior [...] it’s got so much better.”

Female, seventies, retired recruitment agent

Finally, visibility of access to adjustments was seen as contributing to a positive workplace culture. Many participants shared that they were aware of a range of adjustments that were available from their

employer, either through seeing colleagues accessing adjustments or through their own experiences.

“They’re really good with people with bad backs, getting the desk that raises, you can work standing up and you can lower the desk. They cater for that. They’re really hot on fairness, on wellbeing, mental and physical, providing tools that any of us need. I can’t fault them on that side of things at all.”

Female, fifties, administrator in the NHS

However, as highlighted in [section 5.3](#), some participants felt adjustments seemed more readily available for visible impairments, or that the reality of the role meant some adjustments were simply not possible.

8.3 Important elements of workplace culture

Participants were asked what support they felt was most important to enable them to succeed in the workplace. Many factors were identified, with one of the most common being a sense of understanding. For some participants this was related to workplace culture with a general sense of understanding of their strengths as well as limitations as Disabled older workers.

“Just the understanding of what you’ve been through and what you’re capable of doing and what you’re not capable of doing. They seem to be doing that at the moment. I think that’s the main thing I take away is the fact that they have to be mindful of what you can’t do as well as what you can do.”

Male, sixties, caretaker at a primary school

8. Workplace culture and discrimination

Other participants felt that this understanding was particularly important from their manager. For many participants who identified this as the most important support, their manager was seen as the person who had the most influence over their working environment, and therefore the person best placed to offer them support or not.

“Most important support at work is an understanding [manager]. So if your manager is understanding and supportive, even if you don’t need any support, knowing that someone will support you if you need it, it is a great peace of mind.”

Female, sixties, personal assistant in the NHS

Understanding from their team or close colleagues was most important to some participants. Many who identified this spoke about the way that their colleagues ‘step up and carry me’ when they were struggling, allowing them some flexibility in managing their symptoms.

“Support from my little circle of colleagues, right? Because we sort of all like, we got a little group. We all work together, you know? And if one of us is feeling a bit rubbish, you know, we can, the other one will compensate or help. You know, they’ll say, ‘Oh, she ain’t very well today’, you know what I mean? They try to make your day at work a little easier.”

Female, sixties, supermarket assistant

Some participants highlighted reassurance as the most important support they needed to succeed at work. Participants wanted to be reassured that they had someone there to support them, and that the support would be ongoing. Other participants spoke about needing to be reassured that they were a valued member of staff, regardless of their age or disability.

“By far and away the most important thing that’s ever happened to me is that time when HR said, ‘You are valued member of staff, we don’t want you doing any work. You’ll be in trouble if you do any work. Your job is to recover.’ And [they] forced me to switch off.”

Male, fifties, education consultant

Feeling included in their workplace culture and activities was also commonly identified as important. Participants wanted to feel valued in the workplace, and for their employer to understand that though they may have different abilities to non-disabled or younger employees, they still have valuable contributions to make, and their differences can also be strengths.

Other participants identified workplace adjustments as the most important support they required. For some this was formal adjustments, in particular support and adjustments provided through Access to Work. Others spoke about informal adjustments their employer offered. Participants’ experiences of these adjustments are discussed further in Chapter 5.

8.4 Negative experiences of workplace culture

Though many participants shared positive experiences of their workplace culture, others reflected on poor culture in their current or past workplaces. There were two main influences identified. The first was not feeling valued by organisational leadership. This was usually referred to in general terms, for example feeling that management’s lack of specialist knowledge led to poor decision-making, rather than specifically due to age or disability.

The second was workplace environments that were not inclusive, for instance for older employees. Some participants felt that their workplace preferred younger employees. For example, one participant who worked for the civil service highlighted that there

were no older women in management positions. Others felt that their workplaces preferred to recruit younger people rather than older employees, potentially because younger people were less expensive to employ.

“Even though they’re short-staffed, they’re getting rid of them [older employees]. But I think they’ll bring in younger people to save money.”

Male, sixties, retired social worker

The lack of visibility of other older staff members contributed to participants feeling unwanted or unvalued in their workplaces.

“They were all like school people and sixth formers or people that were at university. They didn’t want old people at all. All the old people went.”

Female, fifties, looking for work, former NHS project manager

Others felt that their workplace focused on the limitations that came with their age, rather than the potential benefits, leading participants to feel that their contributions were not equally valued.

“You’ve got that font of knowledge that goes with [being older], and I don’t think they appreciate that enough, the knowledge that you bring. You might not physically be able to do it as quick as what you did 30 years ago, but you’ve got that wealth of knowledge that is worth just as much.”

Female, fifties, nurse

Some participants also spoke of their workplaces not feeling inclusive for Disabled people. These participants spoke about a lack of adjustments or flexibility from their workplace, leading them to feel that they were not valued by their employer.

“I felt that my workplace didn’t care about me or value me because I wasn’t trying to rob them of any hours, I just wanted to adjust my hours so that I could get my treatment, so I could get well, to be able to give my all to work.”

Female, fifties, community engagement worker

Another participant who described the culture in her workplace as ‘not very good’ spoke about a colleague who took time off due to a back condition, and how other people at work would ‘talk behind her back’. This contributed to the participant feeling that she was likely ‘looked down on’ for later needing to take sick leave herself to manage her condition.

8.5 Experiences of interpersonal discrimination

While some participants stated that they had not experienced any discrimination in the workplace, many participants described experiences of discrimination due to their age, their health condition or the combination both. Examples of interpersonal discrimination were particularly prominent among participants; that is, discrimination that occurred between colleagues, often through biased attitudes, behaviours or assumptions.

For instance, interview participants shared receiving negative comments from colleagues about their health condition. These comments were described as ‘snarky’ and ‘not sympathetic or understanding’. One participant, a civil servant with dyslexia, described a time that her manager, a younger woman, asked her how she had managed to get so far in her career. Another, a retired nurse, was encouraged by colleagues to retire multiple times due to her arthritis, despite performing well in her role and wanting to stay in work. Other participants spoke of comments being passed off as jokes, which was sometimes seen as a generational difference.

“One of the managers once said to me, because I said, ‘Oh, these cars can’t fit certain places,’ [...] he says, ‘Try and lose some weight then, if you weren’t so fat you would get around it.’ [...] I took it as a joke. He weren’t wrong, was he? [...] I’m from an age where a manager used to talk down to you like that.”

Male, fifties, retired HGV driver

Some participants discussed the challenges related to being socially excluded by their colleagues due to their health condition. One participant who worked in a bank shared that colleagues had not spoken to her when she returned from sick leave due to a mental health condition. Another, an administrator in the NHS with hearing loss, shared how her colleagues would get frustrated with her because they had to repeat themselves. Social exclusion led participants to feel that they ‘didn’t fit in’.

Participants also spoke of the impact of disability stigma in the workplace. For some participants, there were perceptions from colleagues that they were getting ‘an easier ride’ due to their health condition. Others felt that having a health condition came with ingrained stereotypes that they had to manage or fight back against.

“You know there can’t be discrimination on the basis of disability, but you always think that they might find ways to do that, to claw back something. There are relations and politics that have to be managed. You definitely don’t want to come across as too vulnerable.”

Male, fifties, performing arts facilitator

To avoid the stigma, some participants with invisible illnesses spoke about trying to hide their health condition at work. For example, a supermarket assistant described going into work when she was in ‘agony’ to avoid taking more time off work. Another participant with a mobility impairment described not wanting colleagues to know about his condition, so he made sure there was no one around when he had to use the stairs.

However, for those with very visible impairments, hiding their condition was not an option. One participant with albinism spoke about having to manage the negative stereotypes people often associated with his condition. This is explored in more detail in Ben's story at the end of this chapter.

For participants who reported experiences of age-based discrimination, this had occurred in a range of different ways. As with disability discrimination, some participants had experienced negative comments or social exclusion relating to their age.

One participant who was diagnosed with an autoimmune disease in his twenties hadn't felt much difference in how colleagues had treated him during his twenties, thirties and forties, but since turning 50 noted that younger colleagues now assumed he was not as sharp as they were. Another participant felt that she had simply become invisible since getting older, and found this difficult to reconcile with feeling that she still had valuable skills and experience to contribute within the workplace:

“I feel almost quite invisible sometimes. And that's partly, I think, because of my age. And I find that quite, not like I say upsetting, but really sort of quite shocking, because I've never experienced that before. But I still feel that I've got a huge amount of knowledge and a huge amount to give, but it's not necessarily acknowledged because I'm seen as an older person.”

Female, fifties, teacher

In contrast, some participants did acknowledge that they felt they had physically and mentally slowed down as they'd got older, and that they now faced limitations with work that they had not faced when they were younger. For some, they felt that their experience made up for these new limitations, while others felt that some jobs were simply less well suited to older workers.

“As I got older and older, everything started getting harder [...] I was getting too slow and couldn’t keep up with [my younger colleagues], so I had to jack it in.”

Male, sixties, retired bricklayer

Many participants did feel that their employer recognised the value of older workers’ experience and maturity, even if they had limitations related to their age. Participants spoke about their experience being seen as valuable by senior management, allowing them to share knowledge with younger colleagues, through both formal training and informal development. Others felt that their age was seen as an asset to their work; for example, a teacher felt that parents preferred an older teacher for their children, and a delivery driver noted that his employer felt older drivers were more responsible on the roads. Age was also seen as a benefit in terms of relationship building and working with other professionals, because participants felt their experience gave them credibility.

“I’m seen as more responsible [because of my age], been able to handle things a bit better and have more life understanding [...] I can cater and adjust to different needs.”

Male, fifties, white-goods delivery driver

8.6 Awareness of workplace policies or initiatives

Participants described a range of awareness with policies and initiatives in their workplaces to support Disabled older workers. Some did not know of any policies or initiatives, because they had not looked into it, or because they felt they did not exist. Participants who were aware of policies and initiatives in their workplace spoke about information being available on their employer’s intranet or being advertised through emails.

Where policies did not exist, some participants felt they would be a beneficial addition to the workplace.

“You know, it would be good [to have initiatives for people over 50]. There is, I mean, that’s kind of even more of a stigma almost of the two things [age and disability], because kind of everybody understands a bit to some extent getting older, or they have an idea about what that might mean.”

Male, fifties, performing arts facilitator

For those who were aware of policies or initiatives, some identified support networks for older or Disabled workers, which were seen as beneficial.

“The college did have regular meetings, and one of them was a staff group that talked about any kind of disability, you know that the staff would need support with [...] So we did have quite an active voice within the HR department.”

Female, sixties, exam invigilator

Participants were also aware of webinars or additional training that was available for a range of health conditions, including menopause, neurodiverse conditions and wellbeing. Wellbeing support was also available through counselling, wellbeing days and helplines.

Some participants identified that, although policies and initiatives existed to support Disabled older workers, they often were not followed. Some felt that the policies were performative, and that in ‘real life it’s not like that’. Others spoke about experiences of having to fight to have their employer follow policy.

When considering the policies and initiatives that were available or not available in their workplaces, some participants offered suggestions for what they would find helpful. The main suggestion was policies that allowed older Disabled workers to work more flexibly, such as reduced hours and options to work from home. This was seen as a

8. Workplace culture and discrimination

way to retain older Disabled people in the workforce which would also have wider benefits for individuals and employers.

“I don't think they're very good [for people over the age of 50] like that. I've had a couple of people in their sixties and they are going to retire in the next five years and want to reduce their hours or be a bit more flexible [but] they don't operate a flexible working policy. [...] They do penalise older people by not giving any flexibility because they've got all that experience and they'd rather seem to lose them and them go elsewhere to get a job than keep them on a different work timetable.”

Female, fifties, administrator in the NHS

Ben's story: experiences of stereotypes and bias

Age: sixties

Employment: works as a civil servant

Key theme: Ben's story shows how people with visible impairments must navigate stereotypes in the workplace.

Ben is 62 years old and has worked as a case manager in the civil service for almost 20 years. He is a Black man with albinism, a condition that affects the production of melanin, meaning he has very pale skin and very light hair. Ben's albinism has also caused eye problems, meaning he has had sight loss in both eyes from a young age. Prior to starting his current role, Ben worked in a local authority for over 20 years.

Ben has not always had positive experiences in the workplace. Due to the visibility of his disability Ben finds that people can find it difficult to know how to engage with him when they first meet.

“Because of my appearance sometimes people want to treat me differently [...] they don't know how to approach me on first appearance. So, I'm not necessarily the best at creating what is called, the so-called good impression.”

Ben has also experienced stereotyping at work, encountering people who have preconceived ideas about people with albinism. He has had to fight for respect against these negative perceptions.

“It is around attitudes based on misconceptions, based upon misunderstanding, based upon how people such as myself are depicted in literature. So, there is a negative stereotype.”

In general, Ben finds that being open and unassuming is the best way to counter stereotypes and bias.

“When a person wants to ask me about my disability, I’ll talk about it. I don’t expect anyone to know what it’s like to be me, living in the twenty-first century with a prominent disability.”

Alongside facing these challenges in work, Ben noted that he faces discrimination outside work. He feels that his disability makes him vulnerable in public, and this has worsened since being attacked several years ago. As he’s got older, he’s also started walking with a stick, which has made him feel less safe on public transport. These experiences outside work have affected his self-confidence, which also impacts his working life.

Despite the difficulties he has faced, Ben is proud of his work record.

“My work history, I don’t know how I’ve done it really, I’ve managed to work for 40 years straight through.”

Zara's story: positive workplace culture

Age: sixties

Employment: works as a supermarket assistant

Key theme: Zara's story shows the importance of an inclusive workplace culture, taking age and disability into consideration.

Zara is in her sixties and works at her local supermarket, where she's worked for over 20 years. Initially, she worked as a shelf-stacker. Unfortunately, since being diagnosed with sciatica, the physical work of shelf-stacking can trigger pain. About five years ago, she had to take a period of sick leave and seriously considered leaving her job. Instead, she changed roles within the supermarket, moving into a customer service role which involves working on the tills and assisting customers.

"I was able to sit down and stand up, sit down, stand up if I wanted to. Whereas before [in the shelf-stacking role], I couldn't all the time."

Zara felt that this process was handled well by her managers. While she was on sick leave, they kept in touch and allowed her to use her annual leave to take more time before coming back to work. They offered a change to less physical work and an occupational health assessment. She requested a trial period in a customer service role, which they provided. During this trial period, she received further training and had the chance to shadow a more senior colleague to help get her used to the new role. This colleague also helped her adapt the role to her health condition.

"I could say to her 'Well, you know, I find it difficult to sit this way on the floor. Is it all right if I go the other way?' You know, things like that... Sometimes facing a certain way and just using your left or your right arm all the time is painful."

She also had frequent meetings with management, and after several weeks they agreed to let her stay in customer service.

“Every six weeks we had to have a little meeting just to see what how I was feeling, and how I was getting on. And if that after about the eighth one, we decided, well, perhaps I ought to just stay on the tills.”

Several of Zara’s colleagues also have health conditions, and she says that her managers are quite good at providing adjustments such as ergonomic chairs.

“They like people to be in their job, where they’re paid to be, right? So, they like to help you back into work. And nine times out of ten, they will do whatever they can do or whatever occupational health says to do.”

Her immediate colleagues are also understanding and helpful. When something needs physically moving, they will step in and help so that Zara doesn’t have to risk her sciatica flaring up. Overall, she finds the supermarket to be a supportive and pleasant workplace and hopes to stay there until she retires in a few years.



9. Life outside work

Chapter findings: Many participants had substantial caring responsibilities, supporting children, grandchildren, older parents or partners, often while managing their own health conditions. These responsibilities were often described as meaningful and rewarding, but they could also be physically and emotionally draining. Participants in the ‘sandwich generation’ often felt they were holding families together, balancing multiple roles and describing themselves as the ‘family anchor’. The combined pressures of caregiving, health and employment often created a sense of being overwhelmed, with participants describing their experience as a ‘juggling act’ or like being ‘a hamster on a wheel’. Flexibility from employers helped some manage these demands more sustainably. Alongside caring roles, participants spoke of how work and health challenges left little time or energy for joy or social life. Fatigue, fluctuating symptoms and the demands of work meant they spent their time outside work recovering, isolating themselves or missing out on social activities.

Our survey showed that Disabled people aged 50-66 had found it hard, in the past 12 months, to manage their own health or attend medical appointments (27% of Disabled older people), had had to cancel or avoid social activities (19%), and struggled to manage caring responsibilities (16%). These numbers were lower but still relatively substantial for non-disabled people aged 50-66 (14%, 12% and 11%). This led to negative impact on people’s health. Our survey showed that 45% of Disabled people aged 50-66 felt work had a negative impact on their physical health, compared to 22% of non-disabled people. However, participants also made personal adjustments to improve their work-life balance, such as reducing hours, setting boundaries at work, or using flexible and remote working arrangements. When these adjustments were available, they could improve wellbeing outside work.

Opportunities for change: Without meaningful flexibility and wider social support, it can be impossible for Disabled older workers to balance employment with wider commitments, life circumstances and their own health needs. Action is needed to promote flexible working and explore policies that properly support those who are providing valuable unpaid labour to support themselves and others whilst also in paid work.

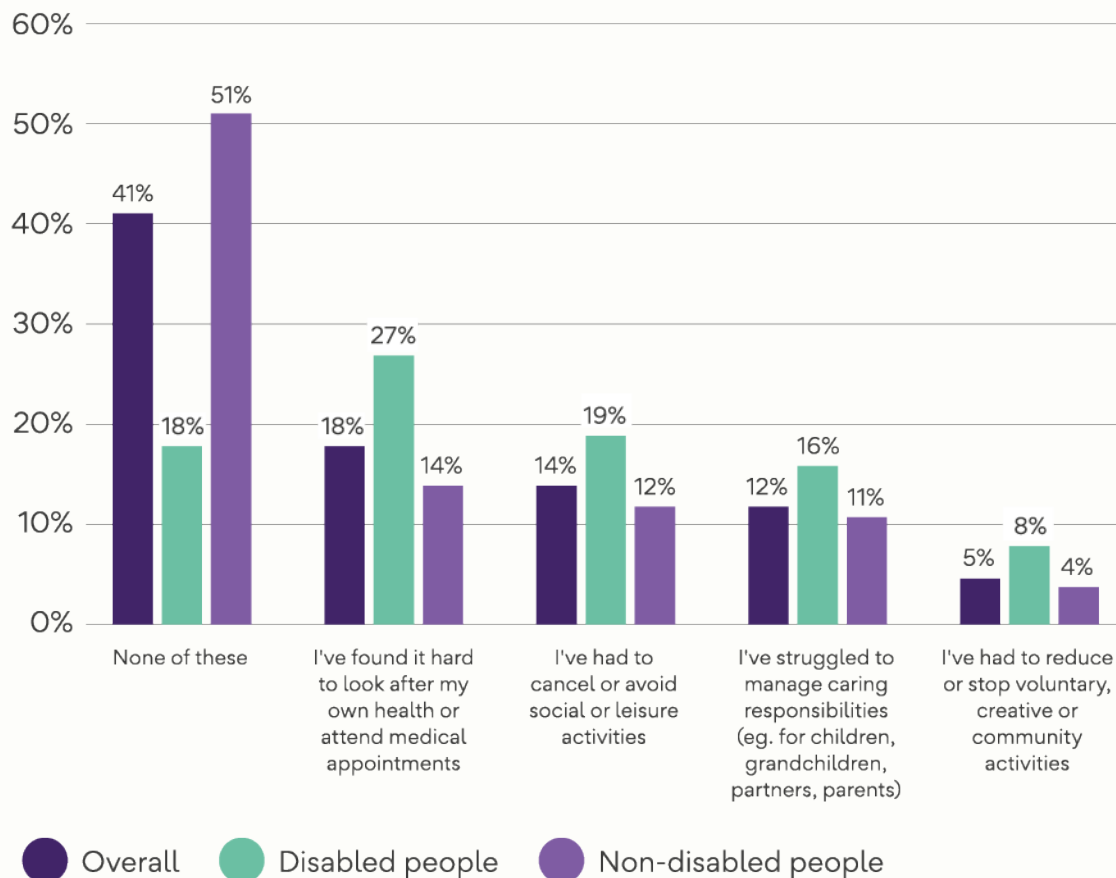
9.1 Balancing work with personal and social life

Our survey asked whether people, in the past 12 months, had found that the demands of paid work had made it difficult to manage a range of responsibilities and activities in their lives. This was a common theme among interview participants, described in detail in the subsequent sections.

The survey suggested that this is not only a relatively common experience among Disabled workers aged 50-66, but also higher than for non-disabled people (Figure 10). For instance, 19% of Disabled people reported having had to cancel or avoid social or leisure activities in the last 12 months, compared to 12% for non-disabled people. There were similar differences for finding it hard to look after their own health (27% vs 14%), managing caring responsibilities (16% vs 11%) and reducing or stopping involvement in voluntary, creative or community activities (8% vs 4%).

The remaining sections of this chapter will focus on the difficulties that interview participants often had in managing their work-life balance.

Figure 10. Whether the demands of work made it difficult to manage responsibilities and activities outside work



9.2. Caring responsibilities

Many interview participants shared having some level of caring responsibilities outside work. People reported caring for children, grandchildren, older parents, partners and extended families. It is important to mention that they often said it was rewarding and meaningful to support family members and loved ones.

However, participants also often described how caring responsibilities could be time-consuming and stressful, as well as physically and emotionally taxing. It was particularly challenging to manage work and caring commitments at the same time, sometimes described as a 'juggling act'.

“...it’s quite a mental strain, and physically, it’s quite tiring as well. You know, and so it feels like there’s a lot of weight on my shoulders all of the time.”

Female, fifties, teacher

Some noted their age was a key factor explaining their number of caring responsibilities. Many were in the so-called ‘sandwich generation’, where they cared for older parents as well as their own children or grandchildren. These participants sometimes described themselves as the ‘family anchor’ and reflected on how their own health impacted their ability to meet their caring responsibilities.

“...the bigger picture is if I’m not well, I can’t look after my son. I also have an elderly mum that I’ve had to put into a care home within the past 12 months because she is elderly, she’s had strokes, things like that. But I used to also support her in some way. But if I’m not well, then that lets my son down and my mum down, and then I’m not able to work as well.”

Female, fifties, administrator in the NHS

Exacerbating this, some participants had younger children with additional health needs of their own, which created extra pressures and stress. In contrast, those with older children described that some pressures eased as their own children had got older and were less dependent on them.

For participants struggling to manage many caring responsibilities with work, having a supportive employer who allowed for some flexibility sometimes made it easier to manage.

“With the flexibility from my boss, I’m like, ‘Look, I need to’, she’s like ‘[Name], it’s absolutely fine.’ But yeah, it’s like a juggling act all the time.”

Female, fifties, child protection coordinator

9.3 Little room for joy outside work

Some interview participants felt that work was an important element in leading a meaningful and fulfilling life and in providing structure. This meant that many did not want to give up work or retire early, and similarly, it was common after retirement to turn to volunteering to regain structure whilst continuing to help others.

But while work was generally valued, at the same time many participants described a life dominated by the dual responsibilities of managing work and their health condition, leaving little room for joy outside work and resulting in a loss of social life. Many found their job tiring and exhausting and typically found it difficult to engage in social activities afterwards, often preferring to go home and rest. For some participants, they spent their days off recovering from the exhaustion they experienced due to work, causing them to isolate and spend time alone, as well as missing social activities or healthy activities such as going to the gym. Some said they wanted to do more in their spare time but had resigned themselves to not always being able to do the things they wanted.

“By the time I come home, because of the nature of the work and my declining health [...] whether it is mental or my disability affecting me, I just come home, something to eat, go to bed, get up and start again the following day.”

Female, fifties, nurse

Some participants discussed the difficulties of making social plans due to fluctuating symptoms and energy levels. They were worried about experiencing a flare-up of symptoms and pain, or that their medication would not be effective enough to dampen their symptoms while socialising. As a result, they would often stay at home to avoid this.

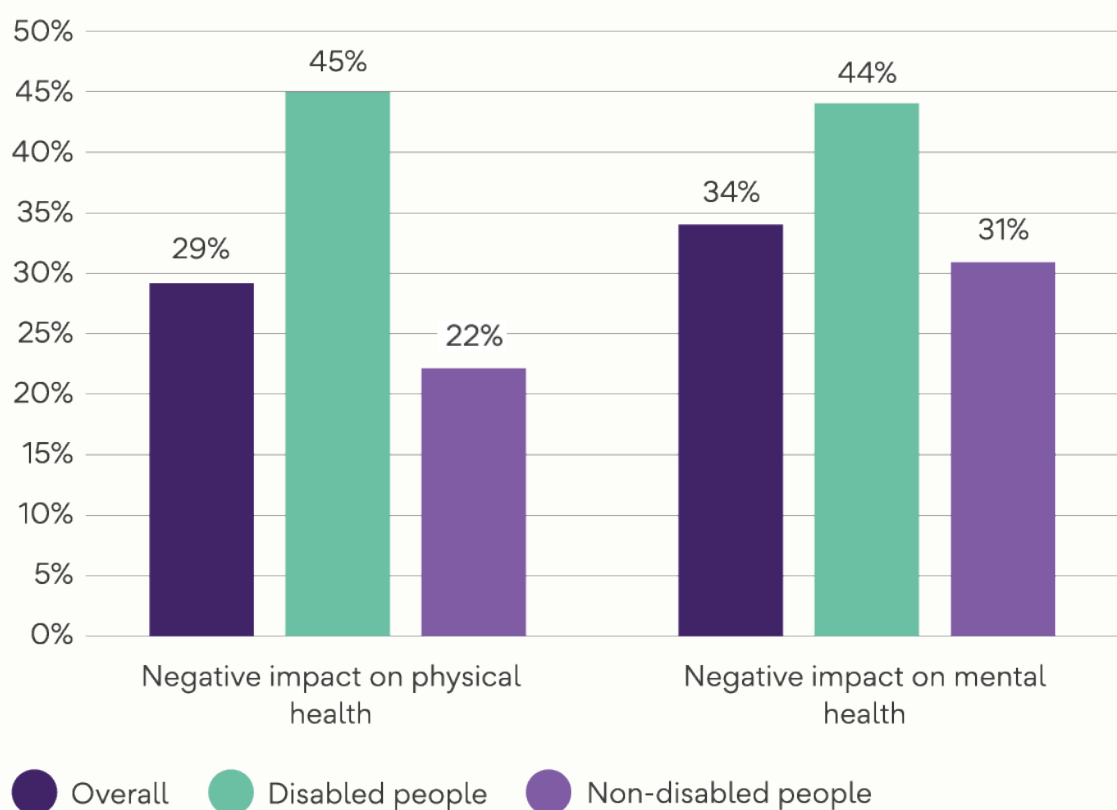
Some participants felt they needed to prioritise their job – which paid the mortgage and bills – over their personal and family life. This sometimes led to concerns and questions from their partners and

families about missing family events and overexerting themselves at work. In one extreme case, a participant recalled receiving calls from his employer reminding him of work deadlines even though the employer knew he was going through chemotherapy treatment. This highlighted to him how much he was sacrificing to succeed at work.

Others described how the dual pressures led to a worsening of their physical and mental symptoms. In our survey, we asked whether people's current or most recent experience of paid work had a positive or negative impact on their health. Disabled respondents aged 50-66 were much more likely to report negative impacts (Figure 11):

- 45% of Disabled people felt work had a negative impact on their physical health, compared to 22% of non-disabled people.
- 44% of Disabled people felt work had a negative impact on their mental health, compared to 31% for non-disabled people.

Figure 11. Negative impact of work on physical and mental health



The interview participants gave many examples of this. For instance, an education consultant recovering from a stroke said he had taken on extra work due to feeling guilty and acknowledged this had worsened his health:

“I would take things on, and that became problematic, more stressful. The more mental stress you get, the more physical stress. And when you’ve got, you know, underlying conditions as well, that manifests itself physically in a lot of pain. And also, the worry that you’re going to exacerbate the situation, that you’re going to make yourself ill, and something, you know, is going to happen again.”

Male, fifties, education consultant

In spite of these challenges, participants recognised how valuable socialising is for an enriching life. Some participants discussed their desire to improve their work–life balance, sharing that their main motivation for doing so was to spend more time with family members. Some participants described adjusting their routines and activities to accommodate their symptoms and allow them to make more space for life outside work. These adjustments included setting more boundaries at work, working part-time or flexible hours, and working from home.

“I’m not doing the full five days like I used to. I can have that time to sort all the things out as you do [...], needing to go shopping and things like that. Yes, I’ve got a really good balance now.”

Female, fifties, administrator in the NHS

When flexibility was not available, participants often struggled, making it more difficult to manage their health or meet caring responsibilities, which increased stress levels. However, some of these adjustments also came with downsides, such as working from home increasing feelings of isolation (discussed in more detail in Chapter 6) or working part-time, which reduced overall earnings (discussed in more detail in Chapter 7).

Debbie's story: impact of caring responsibilities

Age: fifties

Employment: works as a child protection coordinator

Key theme: Debbie's story shows how caring responsibilities can impact on Disabled older workers' ability to manage work commitments and health.

Debbie is in her fifties and works three days per week as a child protection coordinator in a local authority. Two years ago, she was diagnosed with osteoarthritis, and she had a knee replacement last year. Before her knee replacement, Debbie worked three set days each week. Since, she has worked more flexibly, spreading her hours over five days. This helps her manage her pain and gives her flexibility to attend appointments she requires for her continued recovery.

Debbie also uses this flexibility to support her family. Both of her parents are in declining health, and she has a teenage daughter with complex health needs. She has to manage these commitments alongside her work schedule and managing her own health, which can be overwhelming.

“I'm at this age group where I'm still, I've got a teenage daughter, I've got elderly parents. I've also got a grandchild. And it's like you become the parent and carer to everyone. It's, yeah, I don't like this age to be honest.”

Since returning to work, Debbie has mainly worked from home. This has helped her manage her various responsibilities outside work and aided her recovery. She is very appreciative of the support of her manager and colleagues and feels that her team have a strong understanding of the challenges she's facing.

“The team I work for are mainly women, and we’re all probably from about age 30-something till 60-something. So, I think we can all sort of help [...] we’ve all got elderly parents as well, I think it’s helped being in that sort of environment because they understand.”

However, she does find working from home difficult sometimes. As well as being isolating, she finds it difficult to switch off at the end of the day. She often works late to compensate for time that she’s had to take off during the workday to manage other commitments, and she worries about letting her team down. Between all the competing demands on her time, she often feels like a ‘hamster on a wheel’.

When she turned 50 a few years ago, Debbie started thinking that she would like a career change. However, she has decided that it’s not possible at this point.

“I want to be doing something completely different, I’m happy to take on new challenges. But I’m also psychologically thinking, ‘Right, okay, you’re not in the best of health. You’ve got mobility issues. You don’t know what the prognosis is going forward. You’ve got your daughter. You’ve got your parents.’”

Maria's story: balancing work, health and home life

Age: sixties

Employment: works part-time as an exam invigilator

Key theme: Maria's story shows the importance of workarounds that help balance work, health and home life.

Maria formerly worked as a teacher at a further education college. She retired at the age of 68 but decided to go back to work part-time as an exam invigilator. As an invigilator, she has lots of choice over which days she works, and it's been agreed that she will never work Friday afternoons as she looks after her grandchildren then. Maria has osteoarthritis in her knee, which makes moving difficult, which she worried might prove a problem as the college is split over several sites.

“I can move around in the classroom okay, and I can stand up – as long as I can sit down about every 15 minutes. I can't stand up for longer than 15 minutes because that really does impact my knees.”

She arranged with her managers that she would only invigilate exams in the two accessible buildings the college owns. They have also agreed that she will spend entire days at one site, instead of driving between sites in the lunch break between morning and afternoon exams. Once, when she was feeling unwell and didn't feel up to driving, the college arranged for her to get a taxi home and asked the driver to call her son when she arrived to make sure she was okay. Her son has agreed to be 'on call' in future if she needs help getting home.

If her knee is feeling sore, she can request to invigilate a smaller room with a single student rather than a large hall with multiple students.

This means she can sit down, and she doesn't have to walk between rows of students to supervise them. When she does invigilate a larger hall, she will have a colleague who she swaps with – one person sitting and one walking between students – to ensure that she is never on her feet for too long.

Maria finds the college to be a very supportive employer that has been really good about agreeing reasonable adjustments. She thinks it helps that the college has many Disabled students who require similar adjustments, and what is accessible for them is accessible for her.

Maria only intended to do exam invigilation for a year but has now done it for two years and intends to come back in the future. She loves her colleagues in the invigilation team, who all go out together when the exam season is over.



10. Conclusion and recommendations

This report has shared the labour market experiences of Disabled people in their fifties and sixties. Their stories reveal both the systemic barriers they face and the everyday resilience involved in starting, staying in or returning to work. Our Experts by Experience Group (EESG) hopes that these stories will be heard – and acted on – by both employers and policy-makers.

In this concluding chapter, we present a series of recommendations aimed at building a fairer, more inclusive employment landscape that recognises the skills, rights and potential of all workers. In doing so, we summarise the key findings and opportunities for change identified throughout the report.

Finally, our conclusion makes the case for embedding the voices of people with lived experience more proactively in research, workplace practices and the development of government policy.

10.1 Recommendations

The recommendations below are based on the opportunities for change identified throughout this report. They highlight ways in which both government and employers could take action on policy and practice to better support Disabled older workers. These recommendations are intended as a starting point for further exploration and testing, rather than a definitive set of solutions. They reflect what has emerged from this piece of work so far and provide a framework for continued discussion, collaboration and learning.

Members of the EESG helped create these recommendations through a process of mind-mapping where members analysed emerging findings and, based on these, identified potential ways to improve

employment experiences for Disabled older workers. We also discussed the recommendations in a stakeholder workshop with policy-makers, academic experts and employer representatives, as well as representatives from the Centre for Ageing Better, the Policy Institute and the EESG.

1. Internalised ableism can make it harder to ask for help

Stigma around age, disability, and asking for support prevents many Disabled older workers from accessing the adjustments they're entitled to. Barriers for participants included feelings of pride, fear of seeming weak, internalised ableism and uncertainty about how and when to speak up. Adjustments must be reframed as rights, not rewards, supporting efforts for a wider shift in attitudes across the workforce.

Employers should be supported and encouraged to:

Recommendation 1a: Actively promote access to workplace adjustments, and to address stigma related to age and disability.

Recommendation 1b: Actively promote the uptake and participation in peer-led networks for Disabled and older workers, enabling them to share experiences, challenge stigma and build confidence.

2. Disability and age discrimination is often compounded by other forms of inequality

Intersectionality matters. Workplace policies often fail to reflect the lived realities of ageing and disability, and how these intersect with other social identities such as gender. Participants highlighted a lack of support around menopause and other age-related health issues, alongside a broader absence of lived experience in shaping policy. Employers should be encouraged and supported to improve awareness and ensure those most affected are directly involved in designing the solutions.

Recommendation 2a: Employers should consider how workers with lived experience of intersecting inequalities – including age and disability – can be meaningfully involved in shaping workplace policies, practices and support.

Recommendation 2b: Managers should be supported to improve their awareness and understanding of experiences of ageing and disability, and how these intersect – including practical guidance on the menopause.

3. Stigma and low confidence hold many back from applying for jobs

Disabled older workers often face barriers before they reach the workplace. Of Disabled people aged 50-66, 44% felt they had experienced negative treatment when applying for jobs or promotions in the past five years, compared to 25% of non-disabled people. Many interview participants suspected discrimination based on age or disability, particularly when faced with vague feedback or repeated rejections. Fear of stigma and uncertainty about how applications would be received left many lacking the confidence to apply. Employers and government have a responsibility to create clear, supportive processes that allow candidates to disclose impairments safely, feel confident in applying, and to trust that any information shared will be treated with care and transparency.

Employers should be supported and encouraged to:

Recommendation 3a: Adopt name-, age-, and disability-anonymised recruitment processes, and to ensure that any selection tests used are inclusive.

Recommendation 3b: Clearly explain how health information and adjustment requests will be used and handled during recruitment and onboarding, to build trust and support effective working relationship between employee and employer from the start.

Recommendation 3c: Include as much information as feasible about available adjustments in job adverts, while making clear that they are open to further conversations depending on applicants' needs.

The UK Government should:

Recommendation 3d: Ensure that accessible recruitment guidance is available for both applicants and employers, focused on supporting Disabled older workers.

Recommendation 3e: Build on existing initiatives by encouraging disability pay gap reporting for large employers, the publication of diversity data and adoption of inclusive hiring practices.

4. Jobcentre Plus currently struggles to provide the tailored support older Disabled individuals need

When asked about employment support services, many participants spoke about their experiences with Jobcentre Plus, describing it as frustrating and bureaucratic, with staff lacking in empathy and understanding of specific health conditions or older workers' needs. When support was provided, for instance through Access to Work, participants described it as critical in supporting them to stay in work, but awareness was low, leading one participant to describe Access to Work as 'the government's best kept secret.' Employment support reform must be guided by lived experience, with a particular focus on Jobcentre Plus as a 'front door' for people to access support.

The UK Government should:

Recommendation 4a: Work collaboratively with users and other stakeholders to streamline the application process for Access to Work and improve its accessibility.

Recommendation 4b: Act to improve public and employer awareness of the employment support available to older Disabled people.

Recommendation 4c: Reform Jobcentre Plus and the National Careers Service, with a focus on culture, including specialist disability and age inclusive training.

5. Supportive managers and open communication shape early experiences of starting a job

Early support from line managers and good induction can help to set up workers for sustainable employment. Participants stressed the importance of normalising adjustments from day one, starting with inclusive onboarding and induction processes. Despite this, 21% of Disabled people aged 50-66, had not asked for adjustments in the past five years despite needing them. Tools like ‘Adjustment passports’ and clear, timely responses to support requests can help ensure older Disabled workers aren’t left waiting in limbo or left out altogether.

Employers should be supported and encouraged to:

Recommendation 5a: Integrate disability and age inclusion into induction and onboarding processes to normalise conversation about adjustments from day one.

Recommendation 5b: Ensure that older Disabled people feel confident in communicating their workplace needs to employers, for instance by promoting the use of ‘adjustment passports’.

Recommendation 5c: Provide timely responses, with clear communication, to requests for reasonable adjustments.

6. Remote work is a double-edged sword: a crucial adjustment for many, but sometimes comes with risks

Working from home was seen as a crucial adjustment by many. It helped manage fluctuating health conditions, reduce commuting stress and save energy. But it could also lead to isolation, blurred boundaries between work and home life, and missed development opportunities and conversations in the office. When it comes to remote working, employers must ensure flexibility remains on the table and is treated as part of an inclusive, rights-based approach to employment.

Employers should be supported and encouraged to:

Recommendation 6a: Offer remote work as a choice wherever possible and recognise remote work as a reasonable adjustment.

Recommendation 6b: Ensure that remote workers have equal access to development and progression opportunities.

7. Good managers make a difference

Job satisfaction among Disabled older workers was closely tied to the quality of relationships with managers and colleagues. People thrived when managers or supervisors were supportive and inclusive, but job satisfaction could be undermined when managers lacked understanding of and empathy for participants' health conditions. Targeted training on disability, age, and inclusive leadership is essential to ensure they lead with confidence, empathy, and fairness.

Recommendation 7a: Employers should be supported and encouraged to improve training on disability, age, and inclusive leadership.

8. Positive workplaces are inclusive and flexible

Interview participants explained that positive workplaces were those with inclusive cultures; visible diversity among staff; inclusive and supportive colleagues, managers and policies; as well as access to both formal and informal adjustments. These environments made Disabled older workers feel respected and supported, ultimately helping them stay in the workplace. Employers having supportive policies on paper is not enough: they need to be clearly communicated, consistently upheld, and embedded in workplace culture.

Employers should be supported and encouraged to:

Recommendation 8a: Ensure disability- and age-related policies are well communicated, understood and upheld within the workplace.

Recommendation 8b: Create inclusive workplace cultures for older Disabled workers through training, networks and visible role models.

9. Life outside work affects work

Many Disabled older workers are balancing employment with caring responsibilities, often for both children and ageing relatives. This meant social activities and family were often sacrificed to prioritise recovering and resting for work, with some likening their experience to being a 'hamster on a wheel'. Whilst part-time and flexible work helped regain work-life balance for some, not everyone could afford reduced hours. Both employers and government have a role in providing flexibility and broader support, creating conditions that make balancing work and life sustainable for Disabled older workers.

Recommendation 9a: Employers should be supported to facilitate flexible, remote and part-time working to help employees manage caregiving and health needs.

Recommendation 9b: The UK Government should commission further research on how to best reduce the burden on 'sandwich generations', for instance through reforms to childcare and social care.

10. Voices of those with lived experience

Our research approach demonstrates that people with lived experience can effectively be involved in conducting research, as well as shaping government and workplace policies and practices. Throughout this project, Disabled older people provided crucial insights that shaped our findings, from identifying key issues like work-life balance to influencing how themes were interpreted. We believe it is essential that future policies and practices are developed and shaped in close collaboration with people with lived experience, including those who are Disabled and aged over 50.

Overall, our research was shaped and driven by the lived experiences of Disabled older people, through the involvement of the EESG. Over the course of our project, they provided invaluable insights and shaped the research in ways that would not have been possible otherwise. Our Chapter 9 on ‘Life outside work’ is a brilliant example of their contributions. In the first instance, it was EESG members who identified that it was crucial to prioritise exploring how work impacted Disabled older workers’ personal and social lives, and vice versa. The resulting chapter is a powerful reminder that work-life balance can be particularly challenging for Disabled older workers. EESG members also provided important interpretations of key themes in this chapter, as in other chapters. For instance, when we report that there was ‘little room for joy outside work’, this was a specific wording used by EESG members in our co-analysis meeting, and not one that would necessarily have been adopted by a research team solely consisting of ‘professional’ researchers. Finally, EESG members will contribute substantively to disseminating our findings and hopefully ensuring impact. We have described in detail how we involved EESG members throughout the research project in Appendix 1.

Recommendation 10a: Employers should be supported and encouraged to actively involve Disabled older workers in shaping and co-producing workplace policies and practices.

Recommendation 10b: The UK Government should actively involve Disabled older people in developing policies aimed at addressing economic inactivity.

Recommendation 10c: The Department for Work and Pensions and employment support providers should actively involve Disabled older workers in developing employment support programmes, producing guidance and training work coaches to develop an understanding of specific health conditions and improve outcomes for the cohort.

Appendices

Appendix A: Co-design approach

In this appendix, we provide a comprehensive overview of the co-design approach used for this research. The co-design approach was fundamental to our work, ensuring that the project approach, research design, data collection and analysis accurately reflected the lived experiences of Disabled older workers. Our approach was built around a strong partnership between the researchers in the Policy Institute at King's College London, the Centre for Ageing Better and the Experts by Experience Steering Group (EESG). The EESG's active participation was integral at every stage, from project inception to dissemination.

EESG formation

Ageing Better recruited and assembled the EESG through its existing networks including the UK Network of Age-friendly Communities. The EESG included nine members aged 50 or older, with personal experience of at least one long-term health condition, and with a diversity of health conditions, locations and personal circumstances, ensuring their insights were wide-ranging and inclusive.

Early involvement

At the outset of the project, the EESG came together for an introductory session to get to know each other, learn about the project aims and agree their own ways of working. This included establishing group norms, setting expectations for collaboration and identifying how they wanted to be involved across the different stages of the research.

The EESG then reconvened to review and provide feedback on the draft Invitation to Tender (ITT) questions, ensuring the research brief reflected the priorities and concerns of Disabled older workers. They also met to co-develop the interview questions, drawing on their lived experience to shape how questions were worded.

EESG members played a key role in the recruitment of the research partner. As part of the selection process, shortlisted applicants were asked to submit a short video outlining their approach and motivation for undertaking the research. EESG members reviewed the video submissions independently and provided feedback, which formed 20% of the overall scoring. This stage of the scoring process was led exclusively by the EESG, ensuring their perspectives directly influenced the appointment of the Policy Institute.

Meetings and collaboration with the Policy Institute

Over the course of the project, once the Policy Institute at King's College London was appointed as a research partner, we held eight meetings with the EESG, approximately every month during the project. These meetings were designed to encourage collaboration at every phase of the research, allowing for feedback loops that ensured the research was both responsive and inclusive. Each meeting focused on a different aspect of the project, facilitating ongoing collaboration and engagement. Around a week ahead of every meeting, EESG members received an agenda and briefing pack to read.

- Meeting 1: Introductions and project overview
- Meeting 2: Setting research questions and sampling
- Meeting 3: Introduction to peer research
- Meeting 4: Co-analysis
- Meeting 5: Co-production of recommendations
- Meeting 6: Planning impact and communication
- Meeting 7: Preparing report launch
- Meeting 8: Reflections and next steps

Each meeting was structured to ensure active engagement, offering the EESG an opportunity to contribute ideas, raise concerns and influence the direction of the research. In between meetings, EESG members were also asked for written comments on various outputs, including: research questions, topic guides, sampling criteria, the survey questionnaire and the draft report.

Below is a detailed summary of the eight meetings held with the EESG, outlining the objectives, topics discussed and outcomes of each meeting.

Meeting 1: Introduction and project overview

- Objective: To introduce the research project, set expectations and establish roles for the EESG members.
- Topics: Introducing the research team and EESG members to each other; agreeing ways of working; ensuring a shared understanding of project aims.

Meeting 2: Developing research questions and sampling strategy

- Objective: To refine the research questions and discuss the sampling strategy for the interviews.
- Topics: Refining research questions; informing the development of the topic guide; developing a sampling strategy and quotas.

Meeting 3: Introduction to peer research

- Objective: To introduce the concept of peer research and explain the role of potential peer researchers in the project.
- Topics: Outlining the process and expectations if EESG members decided to become peer researchers; discussing benefits and challenges with conducting peer research; giving EESG members the opportunity to ask questions.

Meeting 4: Co-analysis

- Objective: To conduct co-analysis of interview excerpts and discuss key emerging themes.
- Topics: Analysing different excerpts from interview transcripts to identify and interpret key themes and highlight gaps in the analysis. We focused on the following topic areas: life outside work, recruitment, discrimination in the workplace, employment support.

Meeting 5: Co-production of recommendations

- Objective: To generate and discuss recommendations, focusing on recruitment, employment support, and workplace support.
- Topics: Discussing draft recommendations and identifying new ones. We used techniques like mind-mapping, reverse brainstorming and wishing to generate ideas.

Meeting 6: Planning impact and communication

- Objective: To discuss how to communicate research findings and recommendations, plan for the launch event, and explore other potential outputs.
- Topics: Generating and discussing ideas for different types of outputs, with focus on written outputs, the launch event and more creative outputs, and different audiences such as national and local governments, employers, employment support providers and the general public.

Meeting 7: Preparing report launch

- Objective: To present and discuss final report findings and recommendations, and to make the last preparations for the launch of the report, including the in-person launch event.
- Topics: Presentation of the final report findings and recommendations to ensure a shared understanding; preparing for different activities during the launch event.

Meeting 8: Reflections and next steps

- Objective: To discuss overall experiences with the project, including the recent report launch, and to discuss next steps for impact and dissemination.
- Topics: Reflecting on experiences of working together and identifying opportunities for next steps.

Appendix B: Methodology

In this appendix, to complement the overview presented in the introduction to this report, we provide more details about our methodology, especially the peer research process, as well as some information about the strengths and limitations of the research, and the ethical approval process.

Peer research

We recruited and trained six peer researchers who were all members of the EESG, which meant they already had in-depth knowledge about the project aims and design. They all received a 'peer researcher handbook', attended two training sessions and were paired with a 'buddy' from the research team to support them throughout this process. The sessions, materials and support focused on training them in all aspects of the qualitative research process, including recruitment, interviewing, analysis, safeguarding, data protection and ethics.

The six peer researchers conducted a total of nine semi-structured interviews, lasting around 45-60 minutes each. With support from the research team and their buddies, peer researchers recruited participants from their local networks, such as friends, family members or previous colleagues, though not existing colleagues due to concerns about potential power dynamics.

Similar to their work for the EESG, peer researchers were remunerated £15 per hour for up to 16 hours of work. The interview participants were provided with a shopping voucher as a thank you for their time, including £40 for online interviews and £50 for in-person interviews, recognising additional time and costs of travelling.

The sampling criteria were exactly the same as the semi-structured interviews conducted by the Policy Institute. The only difference was that the peer research component excluded participants with learning

disabilities due to the potential complexities of receiving informed consent through peer researchers.

Most other aspects of the interviews were the same, including the topic guide used by peer researchers and the analysis approach. Peer researchers and ‘buddies’ had several meetings following each interview, including to debrief and address any safeguarding concerns immediately following interviews, to co-analyse findings and to produce a case study.

The nine interviews were analysed alongside the 27 interviews conducted by the research team with the findings included in this report.

The two training sessions were structured as follows:

Training Session 1 introduced peer researchers to their roles and responsibilities, discussed key practical information and outlined what was expected of them in the recruitment process. In particular, we trained peer researchers on how to approach potential participants, made them familiar with recruitment materials such as the information sheet and consent form, and explained how to ensure participants were fully informed before consenting to participate. Peer researchers were also introduced to their Policy Institute ‘buddy’, ensuring they had a point of contact for support and guidance going forward. It was reiterated that recruitment could not start until the completion of the second training day.

Training Session 2 trained peer researchers on conducting semi-structured interviews, handling distress or discomfort from participants, and ensuring ethical standards were maintained throughout the research process. Peer researchers were taught best practices for conducting interviews, including how to use open-ended and probing questions, and how to maintain neutrality while avoiding leading questions. We also emphasised the importance of active listening and creating a comfortable, non-judgemental environment. Peer researchers participated in role-play exercises where they practised conducting interviews with one another. These practice sessions provided valuable feedback on interview techniques and helped to build confidence before starting the actual interviews. We

also reviewed safeguarding and ethical considerations, including how to manage participant distress, confidentiality and informed consent. Peer researchers were instructed on the importance of maintaining participant safety and wellbeing throughout the interview process. We also trained them on how to provide resources for further support if needed and the steps to take if they identified any potential safeguarding concerns.

Strengths and limitations of the research methodology

The qualitative interviews –those conducted by both the Policy Institute and the peer researchers – provide rich, detailed insights into the lived experiences of Disabled older workers. The involvement of the EESG and peer researchers ensured that the research process remained grounded in real-world experiences, with the findings reflecting the perspectives of those directly impacted by the issues under investigation.

However, there are limitations to qualitative research generally, and the peer research approach more specifically. While semi-structured interviews provide rich and nuanced insights, they are not – and do not set out to be – representative of the entire population of Disabled older workers. The purposive sampling approach used, as well as the analysis, instead sets out to describe a range of experiences across this group. The survey complements this approach by exploring some of the themes with a larger, nationally representative sample, providing more generalisable findings about how certain aspects are experienced across the wider population of people aged 50 and over. Online surveys come with their own limitations, including limited depth of responses, social desirability bias in responses and sampling bias, for instance due to underrepresentation of digitally excluded groups and panellists becoming over-familiar with surveys.

The limitations with peer research are primarily related to the fact that peer researchers are not professional researchers and have not received the same training. Like professional researchers, they may have biases, but likely different ones due to their personal connections with participants, and their own lived experiences of the study under investigation. However, we believe that these factors are exactly what makes peer research powerful. While peer researchers may not always

prompt discussion in the same way as a professional interviewer, they can move the conversation in ways that are often based on an in-depth understanding of being a Disabled older worker, thus eliciting deeper insights.

Ethics

We submitted a high-risk ethics application to the King's College London Social Sciences, Humanities and Law Research Ethics Subcommittee. Ethical approval was granted on 22 January 2025, reference number HR/DP-24/25-45778.

Appendix C:

Interview topic guide

Introduction (3 mins)

A Policy Institute researcher will be on the online call when you introduce the research to the participant and will help you answer any questions.

- Thank you for taking part, we really appreciate it.
- I am [name] and I am a researcher at King's College London.
- The project is funded by the Centre for Ageing Better and carried out by the Policy Institute at King's College London, alongside a group of peer researchers with lived experience, including me.
- The research focuses on Disabled people or people with health conditions who are aged 50 and over. We will explore their experiences of employment, to inform how we can improve employment experiences among this group.
- The interview today will take around 60 minutes. I want to hear about your experiences and views, so there are no right or wrong answers, we just want to understand your views.
- All responses are anonymous. The recording from this interview, and all the information you have provided, will be kept on secure servers at King's College London only accessible to the research team. We will not identify you in any of the outputs from this research.
- Are you still happy to take part, and you understand that your participation is voluntary? Remember you can pause at any time or withdraw from the interview. If there are questions you don't want to answer, that's absolutely fine. Just say so, and we can move on to the next question.
- Are you still happy for me to digitally record? And happy to continue?

- Any questions before we begin?
- Give them the option of conducting the interview with the videos off or on. Explain some people prefer being able to see each other, while others prefer not having to think about how they look.

Background (5-10 minutes)

Let's start by getting to know you a bit more. Can you tell me a bit about yourself?

- **Living situation:** Where do you live? Who do you live with?
How long have you lived there?
- **Typical week:** What does a normal week look like for you?
Any regular routines, activities, or hobbies?
- **Employment [if currently working]:** Can you tell me a bit about your job? How long have you had the job for?
- **Employment history:** What kind of jobs have you done in the past?
 - [if not currently working]: How long have you not been working, and what led to that?

We are interested in hearing about how your disability or long-term health condition affects your experiences of employment. Would you be able to tell me a bit about any physical or mental health conditions you have, and how it affects your daily life?

Recruitment process (5-10 minutes)

Now, we will talk about your experiences with looking for and applying for jobs.

Can you describe the last time you applied for a job? (or considered applying)?

- What was the process like?

Do you feel you faced any barriers or challenges in the recruitment process?

- Can you describe those barriers or challenges?
- Were they related to your disability, age, or anything else?

- Has your disability ever stopped you from moving jobs or from applying?

Has anything helped you overcome some of these challenges?

- This could include adjustments or support, like Access to Work, GP support, reasonable adjustments (e.g., extra interview time)

Was there anything missing that would have helped you during recruitment?

[Note to interviewer: if needed, ask about specific stages of the recruitment process, e.g. job search, application, assessment, interviews, receiving the outcome]

Onboarding process (5 minutes)

Now, let's talk about what happened after you got the job.

Can you describe your experiences during the first few weeks or months in your most recent job?

- How was the induction and training?

Did you face any barriers or challenges during the initial time in the job?

- Were these related to your disability, age, or something else?
- What helped you during this process?
- Were there adjustments and support measures that made it easier?

Was there anything else that could have helped you during this time?

Experiences of the job itself (10-15 minutes)

Let's discuss your day-to-day experiences. [note for interviewer: if not currently working, talk about most recent/relevant job – interviewer to make judgement]

Can you walk me through what a typical workday looks like?

- What are your usual tasks?
- Are there things you particularly like about your work?
- Are there things you dislike or find difficult about your work?

Overall, how satisfied are you in your current role? Why/why not?

Probe:

- Do you find your job fulfilling? Why/why not?
- Are you happy with the amount of responsibility you have?
- How do you feel about your pay? Is it fair? Why/why not?
- How do you feel about the progression opportunities available to you within your current organisation?

What types of workplace adjustments are available to you, if any?

- This could include modified equipment, changes to workstations, flexible working hours, assistive technology or support staff.
- How useful are these adjustments?
- Are there any other adjustments you think would help, but haven't been offered to you?
- Do you know why these have not been offered to you?

Are you satisfied with your training and professional development opportunities?

- Are there opportunities you would like more of?
- Are there opportunities that you do not take up? Why?
- Are training opportunities accessible for older Disabled workers like you?

How would you describe the culture in your workplace?

- Do you feel it's welcoming and inclusive for Disabled workers over 50?
- Do you feel your employer values older Disabled workers' contribution in the workplace?
- Have you experienced stereotypes or biases related to your age or disability? Or other characteristics?

What are your career aspirations going forward? (probe: stay in job, progression in current job, promotion, new job, new sector)

- What barriers, if any, do you face in reaching them? (probe for factors related to disability and age)

Travel to and from work (5 minutes)

Let's talk about your experiences getting to and from work, or working remotely.

Do you work in the office, on-site or remotely? What has that been like for you?

- [if on-site]: How do you find travelling to and from work?
 - Do you face any challenges?
 - How does travel affect your ability to work?
 - How does travel affect your life outside work?
- [if remote]: What are the advantages and challenges of working remotely?
 - Has remote work been good or bad for your work and personal life? How?
- Do you have a choice in determining your working arrangements?

Direct questions about age, disability and other identities (5-10 minutes)

Let's talk more directly about how your age and disability may have affected your work life.

Thinking about your experiences at work, do you feel, or have you ever felt, that your disability/health condition has helped you or held you back at work?

- In what ways?

Do you feel, or have you ever felt, that your age has helped you or held you back at work?

- In what ways?

Have you ever experienced any bullying, harassment or unfair treatment at work because of your disability? Due to your age?

Have you experienced discrimination or unfair treatment at work for any reason other than disability or age? (probe for gender)

Are you aware of any initiatives/policies that your organisation has to support Disabled people? And to support people over 50?

– Any other initiatives/policies that would be useful?

Employment support (10 minutes)

Now, I will ask a few questions about employment support, for instance from Jobcentre Plus or from other organisations.

[note: Restart, Work and Health Programme, Intensive Personalised Employment Support (IPES), Access to Work, Jobcentre Disability Employment Advisors (DEAs), Fit for Work, housing association, union, community or faith groups, charities (e.g. Remploy, Shaw Trust, Scope), etc.]

Have you received any support from Jobcentre Plus or other organisations, that is, anyone else than employers themselves?

- How did you find out about them? How would you like to become aware of support services?
- How useful/not useful were these services?
- What barriers and challenges have you faced when using them?
- How could they be improved?
- Are you aware of other support services but haven't used them?
Why have you not used them?

Life outside work (5 minutes)

Finally, let's talk about your life outside work.

How easy do you find it to balance work with your life outside work?

- What helps with this? What would help with this?

Do you have responsibilities outside of work that significantly affect your life (or has this ever been this case in the past)?

- How do these responsibilities affect your experiences at work?
- What helps you manage these responsibilities?

Ending the interview (2-3 minutes)

We are almost done, but I have a few final questions.

What is the most important support you need to succeed at work?

What do you hope your working life will look like in the future?

Is there anything else you would like to mention that we haven't had the opportunity to discuss?

Thank you, and reiterate confidentiality.

Signpost for further information if any concerns about discussion:
citizensadvice.org.uk, samaritans.org

Incentive of £40 [if remote] and £50 [if in person] (£20/£30 for support person), as a 'thank you' from us for your time and contribution. Will be done through recruitment company that they have already been in touch with.

Appendix D:

Interview sample

The following tables provide details about the overall interview sample, including those recruited by the professional recruitment company and interviewed by the Policy Institute and those recruited and interviewed by the peer researchers, according to different characteristics.

Table 1: Interview respondents by sex

	Policy Institute	Peer researchers	Total
Male	13	3	16
Female	14	6	20

Table 2. Interview respondents by age group

	Policy Institute	Peer researchers	Total
50-54	10	1	11
55-59	5	1	6
60-64	8	7	15
65-69	3	0	3
70+	1	0	1

Table 3. Interview respondents by location

	Policy Institute	Peer researchers	Total
London	3	0	3
South	9	2	11
Midlands	7	3	10
North	7	4	11
East	1	0	1

Table 4. Interview respondents by ethnicity

	Policy Institute	Peer researchers	Total
White/White British	21	3	24
Black/African/Caribbean/Black British	4	4	8
Asian/Asian British	1	0	1
Mixed/Multiple ethnic groups	1	0	1
Other	0	2	2

Table 5. Interview respondents by working status

	Policy Institute	Peer researchers	Total
Currently in paid work	19	6	25
Not in paid work, but have been in paid work within the last 5 years	8	3	11

Table 6. Interview respondents by socioeconomic status

	Policy Institute
AB	9
C1	6
C2	8
DE	4

Note: only collected for Policy Institute interviews

Table 7. Interview respondents by type of area

	Policy Institute	Peer researchers	Total
Rural	3	1	4
Suburban	16	0	16
Urban	8	7	15
Don't know/prefer not to say	0	1	1

Table 8. Interview respondents by highest level of education

	Policy Institute	Peer researchers	Total
Below Level 2	4	0	4
Level 2 (GCSE equivalent)	9	0	9
Level 3 (A-level equivalent)	4	1	5
Level 4-5 (Higher National)	3	0	3
Level 6+ (Degree or higher)	7	8	15

Table 9. Interview respondents by age of first diagnosis

	Policy Institute	Peer researchers	Total
Before age 50	13	5	18
After age 50	14	3	17
Don't know/prefer not to say	0	1	1

Table 10. Interview respondents by type of benefits currently receiving

	Policy Institute
Child Benefit	4
Child Tax Credits	2
Universal Credit	2
Carers Allowance	1
Personal Independence Payment	11
Employment and Support Allowance	2
State Pension	2
Disability Benefit	1
Housing Benefit	2
None	2
N/A	11

Note: only collected for Policy Institute interviews

Table 11. Interview respondents by number of benefits currently receiving

One or more benefits	14
None	2
N/A	11

Note: only collected for Policy Institute interviews

Table 13. Interview respondents by physical or mental health conditions or access needs

	Policy Institute	Peer researchers	Total
Deafness/hearing loss	4	2	6
Blindness/sight loss	2	3	5
Neurodiverse related	1	1	2
Energy-limiting condition	6	1	7
Mobility impairment	16	5	21
Musculoskeletal	12	5	17
Dexterity related	7	2	9
Memory related	2	1	3
Mental health condition	5	1	6
Skin conditions	1	1	2
Speech impairment	1	0	1
Learning disability (e.g. Down's syndrome, Williams Syndrome, etc.)	0	0	0
Other long-standing health conditions or disabilities	6	3	9

Table 14. Interview respondents by personal experiences

	Policy Institute	Peer researchers	Total
Have faced challenges finding fulfilling work because of their age and/or disability	8	4	12
Have found that employment support doesn't meet their needs	5	4	9
Have recently left work (within last 5 years) because of challenges in the workplace related to their age and/or disability	7	0	7
Are in work but are facing challenges staying in work due to their disability/health	12	0	12
Are in work and have received health or disability-related support to stay	12	8	20

Table 15. Interview respondents by roles working in or have worked in

	Policy Institute	Peer researchers	Total
Public administration, education and health	13	4	17
Distribution, hotels, restaurants and retail	2	1	3
Banking and finance	4	0	4
Transport and communication	4	2	6
Manufacturing	1	0	1
Construction	2	0	2
Voluntary or third sector	1	2	3

Appendix E:

Survey questionnaire

The survey questionnaire was developed after analysis of the interview data, with feedback from Ageing Better and the EESG.

1. What is your sex?

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to say

2. What is your age?

- ☐ 18-29 [exclude]
- ☐ 30-39 [exclude]
- ☐ 40-49 [exclude]
- ☐ 50-54
- ☐ 55-59
- ☐ 60-64
- ☐ 65-66
- ☐ 67+ [exclude]

3. Which region or nation do you live in?

- ☐ North East England
- ☐ North West England
- ☐ East Midlands
- ☐ East of England
- ☐ Greater London
- ☐ South East England
- ☐ South West England
- ☐ Wales
- ☐ Scotland
- ☐ Northern Ireland
- ☐ Yorkshire and the Humber
- ☐ West Midlands

4. What is your ethnic group?

- ☐ White
- ☐ Mixed or multiple
- ☐ Asian or Asian British
- ☐ Black or Black British
- ☐ Other ethnic group

5. What is the highest level of education you have attained so far?

- ☐ Below degree level qualifications (e.g. no formal qualifications, GCSE, A-levels, higher education qualifications such as HNC or HND)
- ☐ Degree level or above qualifications (e.g. undergraduate degree, PGCE, master's, PhD, postgraduate qualifications)

6. What is your current employment status?

Please select the option that best describes your current situation.

- ☐ In paid work – full-time (30+ hours per week)
- ☐ In paid work – part-time (under 30 hours per week)
- ☐ Self-employed
- ☐ Retired
- ☐ Not working due to long-term illness or disability
- ☐ Not working due to caring responsibilities
- ☐ Unemployed and looking for work
- ☐ In education or training

7. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

8. [if yes in Q7]. Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

- ☐ Yes, a lot
- ☐ Yes, a little
- ☐ Not at all
- ☐ Don't know/not sure

9. [if yes to Q8]. For how long has your ability to carry out day-to-day activities been reduced?

- ☐ Less than 1 year
- ☐ 1 to 5 years
- ☐ 5 to 10 years
- ☐ 10 years or more
- ☐ All my life

10. In the past five years, do you feel you have experienced any negative treatment when applying for jobs or promotions, based on any of the following characteristics? Please select all that apply.

- ☐ Age
- ☐ Disability or health condition
- ☐ Ethnicity
- ☐ Sex
- ☐ Sexual orientation
- ☐ Gender identity
- ☐ Religion or belief
- ☐ Pregnancy or maternity
- ☐ Marriage or civil partnership
- ☐ Another characteristic
- ☐ I have not experienced any negative treatment
- ☐ Don't know/not sure

11. When applying for jobs, to what extent do you think people with the following characteristics are at an advantage or disadvantage?

Please select one answer for each group:

- People aged over 50
- People with a disability or health condition

- ☐ Strong advantage
- ☐ Advantage
- ☐ Neither advantage nor disadvantage
- ☐ Disadvantage
- ☐ Strong disadvantage
- ☐ Don't know/not sure

12. How confident do you feel – or would you feel – asking your current or most recent employer for support or adjustments if you needed them?

By adjustments, we mean changes to how you work (like flexible hours or working from home) or specialist equipment that helps you do your job (like an ergonomic chair or standing desk).

- ☐ Very confident
- ☐ Quite confident
- ☐ Not very confident
- ☐ Not confident at all
- ☐ Don't know/not sure

13. In the past five years, have you asked an employer for support or adjustments due to your health, disability, age or caring responsibilities, or any other reason?

Please select one option. If you have had more than one experience of this in the past five years, please select the response that applies to your most recent experience.

- ☐ Yes – but I did not receive any of the support or adjustments I needed
- ☐ Yes – and I received some of the support or adjustments I needed
- ☐ Yes – and I received all of the support or adjustments I needed
- ☐ No – I have not asked because I have not needed any
- ☐ No – I have not asked because they were already provided to me
- ☐ No – I have not asked, but I could benefit from support or adjustments
- ☐ Don't know/not sure

14. Thinking about your current or most recent workplace, how well do you understand the support and adjustments available to workers with the following characteristics?

Please select one answer for each group:

- People aged over 50
- People with a disability or health condition
- ☐ Very good understanding
- ☐ Good understanding
- ☐ Neither good nor poor understanding
- ☐ Poor understanding
- ☐ Very poor understanding
- ☐ Don't know/not sure

15. Thinking about your current or most recent paid job, how satisfied or dissatisfied are you with the following aspects?

Please select one answer for each of the following aspects:

- Pay and opportunities for progression
- Access to training and development
- Your role and responsibilities
- Support from your line manager or supervisor

☐ Very satisfied

☐ Quite satisfied

☐ Neither satisfied nor dissatisfied

☐ Quite dissatisfied

☐ Very dissatisfied

☐ Don't know/not sure

16. To what extent do you think your current or most recent experience of paid work has had a positive or negative impact on your physical and mental health?

Please select one answer for:

- Physical health
- Mental health
- ☐ Very positive impact
- ☐ Somewhat positive impact
- ☐ Neither positive nor negative impact
- ☐ Somewhat negative impact
- ☐ Very negative impact
- ☐ Don't know/not sure

17. How inclusive do you feel your current or most recent workplace is towards people like you? That is, do you feel your identity, background or circumstances are respected and supported?

- ☐ Very inclusive
- ☐ Quite inclusive
- ☐ Not very inclusive
- ☐ Not at all inclusive
- ☐ Don't know/not sure

18. In the past 12 months, have you found that the demands of paid work have made it difficult to manage any of the below responsibilities or activities in your life? Please select all that apply.

- ☐ I've had to cancel or avoid social or leisure activities
- ☐ I've struggled to manage caring responsibilities (e.g. for children, grandchildren, partner, parents)
- ☐ I've found it hard to look after my own health or attend medical appointments
- ☐ I've had to reduce or stop voluntary, creative or community activities
- ☐ None of these [exclusive response]
- ☐ I am not currently in paid work [exclusive response]
- ☐ Don't know/not sure [exclusive response]

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Let's make ageing better.

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