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## **Living long, working well:**

Supporting older workers with health conditions to remain active at work

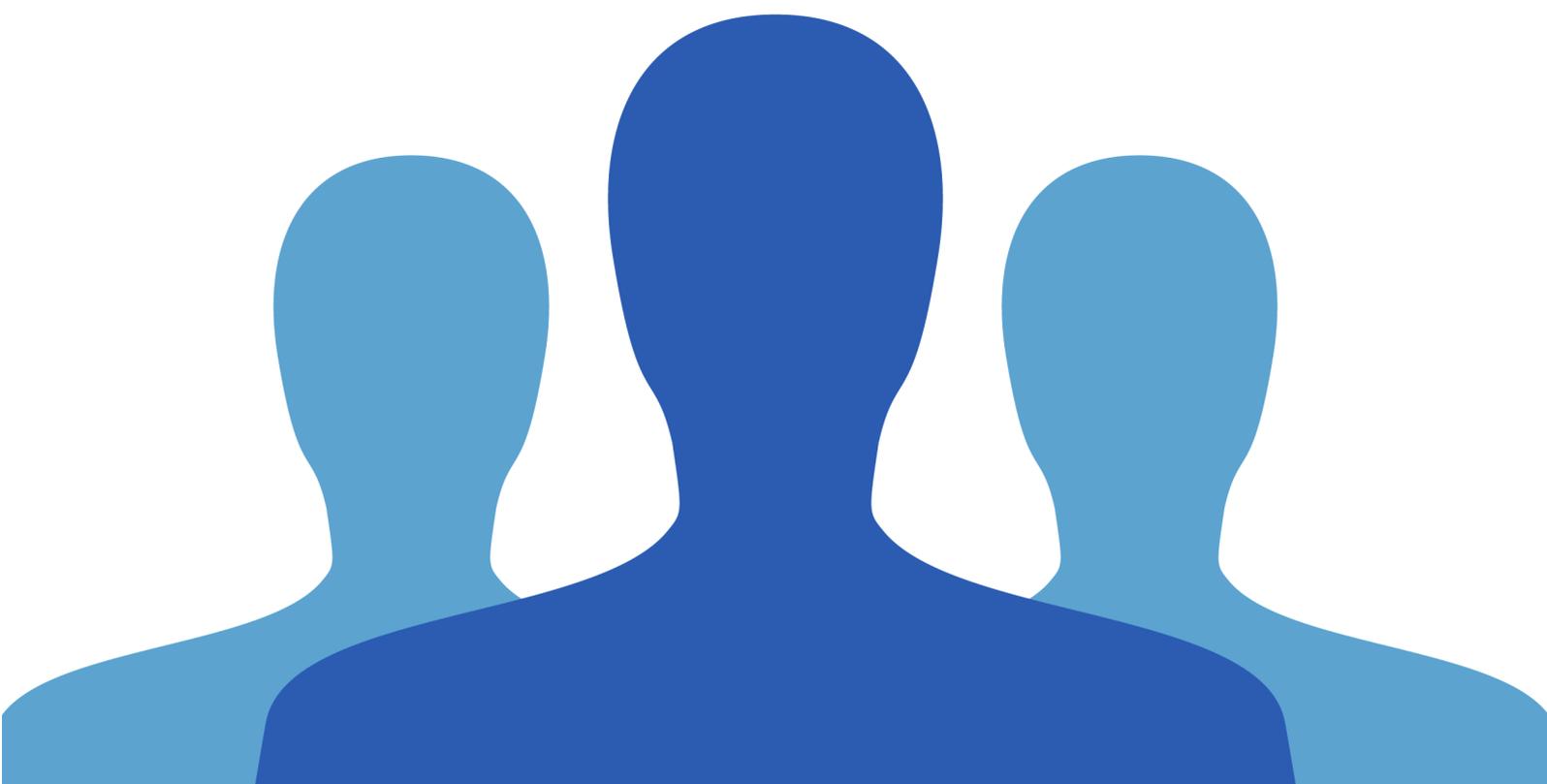
*The fourth white paper of the Health at Work Policy Unit*

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## About the Health at Work Policy Unit

The Health at Work Policy Unit (HWPU) provides evidence-based policy recommendations and commentary on contemporary issues around health, wellbeing and work. Based at The Work Foundation, it draws on The Work Foundation's substantial expertise in workforce health, its reputation in the health and wellbeing arena and its relationships with policy influencers. The HWPU aims to provide an independent, authoritative, evidence-based voice capable of articulating the views of all stakeholders.

The Work Foundation transforms people's experience of work and the labour market through high quality applied research that empowers individuals and influences public policies and organisational practices. For further details, please visit [www.theworkfoundation.com](http://www.theworkfoundation.com).

# Executive summary

## Introduction

As the number of working age adults has begun to decline and as pension provision remains inadequate for many, people need to carry on working longer. The numbers leaving work before state pension age are significant – on average, men leave the labour market earlier now than they did in the 1950s and 1960s. Many older workers have reported instances where they have been forced out of the workplace earlier than planned, due to circumstances beyond their control, such as declining health, and not receiving the right support to cope well enough to remain at work. As a result, ill health represents a major economic burden for society due to increased healthcare costs, lost productivity and sickness absence.

Overall, there is frequently a fundamental lack of planning to take account of the extent of the problem – the ways in which workplaces work and jobs are designed to accommodate the needs of older workers with health conditions will need to change to fit the future demographics of the population.

## Enablers and barriers of work

The need to prepare for the effects of an ageing workforce has been widely acknowledged by policymakers and researchers. During the last decade, several reports have been published in order to find solutions to one of the biggest challenges of the 21<sup>st</sup> century. The main focus of debate about the ageing workforce has been on finding effective ways to extend working lives and prevent early retirement.

An individual's experience of work is likely to be an important factor influencing any older worker's decision about whether to continue employment or to retire – but this is even more important when a health condition is added to the mix. A key factor which is likely to influence a worker's capability to continue working is the availability of employment which meets their personal needs and inclinations. This is particularly important for those wishing to change jobs later in their career or to take up a different type of role as part of a work transition in later life.

Many older workers are more likely to carry on working if there is flexibility of working arrangements, such as the opportunity to work from home, working part-time and flexible working hours. Flexible working policies are found to bring several benefits for workers; including a positive perception of work, home life and personal finances, enhanced self-reported goodwill and an increased commitment in the workplace.

Unfortunately, older workers often face negative attitudes in the labour market – from employers, colleagues or from the in-work and back to work services intended to support them. Negative attitudes towards older workers include a number of myths, stereotypes and

prejudices – commonly these include the idea that older workers are less productive than younger workers, slower, are less adaptable to technological changes, less able to learn new things, less motivated, resistant to management, and prone to untreatable and work-limiting conditions. It is likely that employers' negative attitudes have a direct impact on their intentions to hire someone older or to allow workplace adjustments or access to training to facilitate older employee to carry on working.

Despite these barriers, the number of people of state pension age and above in employment has nearly doubled over the last 30 years. Whilst economic considerations are a key factor for many older people to carry on working, personal fulfilment is also important to older workers, who are re-entering the workforce for enjoyment or for the social engagement work offers.

## **Recommendations**

Although there is mutual agreement about the positive effects and economical necessity to improve the labour market situation for older employees and job seekers; it still remains unanswered how this improved situation could best be achieved. A number of policy recommendations have been made, but only a few specifically targeted at older workers with health conditions have found their way into national policies.

In light of this we suggest a number of policy changes which would help to overcome barriers and would support older workers to stay in and to return to work.

## **Integrating specialist support for older workers into occupational health and back to work services**

### ***Recommendation 1: Fit For Work should be developed with specialist awareness of and provision for the needs of older workers***

The establishment of the new service, Fit For Work, offers the opportunity to tackle health issues causing sickness absence amongst older workers at an early stage, and also to monitor patterns in sickness absence amongst older workers.

In order for the service to respond to needs of older workers, there should be a specific directory of national and local services relevant to supporting older workers to stay in work to which Fit For Work Advisors could signpost. In particular, Fit For Work Advisors should be trained and aware of the challenges that may be facing older workers with a health condition and should signpost them to mid-life career reviews and training organisations where appropriate.

### ***Recommendation 2: Improving and expanding Access to Work's provision for older workers***

Access to Work covers any workplace adjustment which needs to be made for individuals with a health condition beyond those which are considered 'reasonable adjustments'. The 2014 Work and Pensions Committee Inquiry into Access to Work found that the programme is still not reaching sufficient numbers of people who might benefit from the service.

We feel that more should be done to promote the uptake of Access to Work amongst older workers with a health condition. This could be done through more effective signposting from other services – for example from Fit For Work assessments (see recommendation 1) and mid-life career reviews (see recommendation 4).

***Recommendation 3: When current Work Programme contracts run out re-commissioning should include smaller more specialist support for older jobseekers***

For those older workers with a health condition who have fallen out of the labour market, more specialist support is required to help them back into work. As Work Programme contracts run out in 2016, we anticipate that there is an opportunity to encourage further commissioning to include more specialist services tailored to meet the needs of older job seekers with health conditions.

This could be encouraged through greater consultation with local areas and local networks to inform the commissioning of the next round of the Work Programme. There is also a need to reform incentive structures within the Work Programme so that there is more payment upfront, to allow smaller providers the ability to deliver aspects of the programme.

**Encouraging individuals and employers to plan early on for the health challenges of working in later life**

***Recommendation 4: More employers should be encouraged to offer mid-life career reviews which include discussions about health as a matter of course***

The mid-life career review is an excellent example of how flexibility can be developed – it has proved valuable for whole workforces and has consequential benefits for the employer. Although some pilot schemes and employers are already offering the service including health-focused measures such as preventative action for common work-related conditions, condition management and occupational health provision, we feel that this should be a more uniform aspect of all mid-life career reviews.

In addition, as a result of new government contracts and funding arrangements, the National Careers Service (NCS) has taken older workers off its priority list. We recommend that the specific funding for the NCS to provide mid-life career reviews is increased so that this service is maintained despite current economic pressures. We also recommend that there is a targeted marketing campaign of the mid-life career review service being offered by the NCS in order to increase awareness and uptake. This should be targeted at individuals, employers, clinicians and the third sector to raise awareness and to ensure people are being directed to this service from a number of avenues.

Finally, the mid-life career review should also include advice about free NHS health-checks for 40 – 74 years olds – these health assessments are specifically tailored for older people and can allow individuals to identify and plan for any potential health risks which might affect their future employment.

### ***Recommendation 5: Access to training and re-skilling for older workers with a health condition should be expanded***

Older employees are far less likely to receive the same training and development opportunities as younger workers – despite a need and a desire by older workers for continuous learning. This means they are less likely to be able to keep up with the changing demands of roles and to be able to compete in the labour market. Therefore, following on from the need to increase access to mid-life career reviews – there is also call for greater access to appropriate and tailored training for older workers who may want to re-skill/up-skill, change roles or who are considering reassignment to other areas of a business.

To enhance access to training for older workers, we suggest that all training opportunities recommended as a result of a mid-life career review are subsidised through the tax system. This would help both those at risk of developing a health condition to start taking appropriate precautions to prevent this and those who may be already have a condition to better plan for their future working life.

## **Changing attitudes and creating an age friendly working environment**

### ***Recommendation 6: Expand opportunities for flexible working through the removal of the 26 week rule from right to request flexible working***

Since June 2014, all employees who have been in service for at least 26 weeks have had the right to ask for flexible working. We suggest that the decision about when an employee could request flexible working, however, should not be restricted to a certain amount of time – but this option should be presented upfront, starting from the recruitment stage. We therefore recommend that the government removes the 26 weeks rule so that a request for flexible working could be made at any time and agreed where the employer feels appropriate. This would better support older people with health conditions to enter the workforce and to retain their employment – allowing them to choose the best working habits to fit around the management of their condition. It could also give the employer more flexibility in hiring practices and work scheduling.

### ***Recommendation 7: The government should issue guidance about the types of gradual retirement opportunities employers should be providing***

Many employers in the UK are already offering a range of graduated retirement options – such as a gradual reduction in hours (or days) of work, part-time, seasonal and temporary work or job-sharing. This more flexible approach to retirement allows individuals to adjust their working patterns and gives them a number of options when it comes to retirement – allowing them to balance a desire to keep working with managing their condition, so that they are able to stay working for longer.

We suggest that as a part of the Fuller Working Lives programme, the government should build a bank of case studies about how gradual retirement has been managed effectively, including for those with health conditions. As a part of this we also recommend that the Fuller Working Lives team issues official guidance for employers about the types of gradual retirement options they should be offering and how best they should be managing this process.

***Recommendation 8: The government should introduce an “Age Confident” campaign in order to raise understanding and awareness of the benefits of employing older workers***

As suggested by Ros Altmann, the Business Champion for Older Workers, we support the call for the government to introduce an ‘Age Confident’ campaign. This would engage employers and be led by them in a bid to celebrate the positive contributions of older employees in the workplace in order to begin to challenge and alter negative attitudes.

# Contents

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<b>1</b>	<b>Introduction</b>	<b>9</b>
<b>2</b>	<b>Factors affecting older workers' capability to carry on working</b>	<b>11</b>
<b>3</b>	<b>Current policies and practices</b>	<b>14</b>
<b>4</b>	<b>Barriers and opportunities in the current policies</b>	<b>19</b>
<b>5</b>	<b>Recommendations</b>	<b>25</b>
	<b>Bibliography</b>	<b>30</b>
	<b>Acknowledgements</b>	<b>32</b>
	<b>Contact details</b>	<b>33</b>

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## Chapter 1 Introduction

The changing demographics of our society have attracted a lot of interest in recent policy debates as we grapple with the many challenges posed by an ageing population. A key challenge amongst this is that as the workforce ages, there is an increasing likelihood of poor health amongst them. It is widely accepted that having a working age population in good health is vital for economy and society – these changing demographics therefore mean that western societies are facing great challenges to maintain economic growth and competitiveness.

In the UK it has been estimated that approximately one third of the labour force will be aged 50 or over by 2020 (Taylor, 2007). As the number of working age adults has begun to decline and as pension provision remains inadequate for many, people need to carry on working longer. In the UK, to enable the government to pay for an ageing economy, the state pension age (SPA) is projected to rise in line with life expectancy, with many of us likely to be working up until the age of 70 and beyond. The wider economy also depends heavily on the skills and experience of older workers. In the recent report *Missing Million – Recommendations for Action* (Business in the Community, 2015) it was estimated that between 2012 and 2022, 12.5 million jobs will be opened up through people leaving the workforce and an additional two million new jobs will be created, yet only seven million new young people will enter the workforce to fill these jobs. This represents significant a skills gap across the UK labour market.

The numbers leaving work before state pension age are significant – on average, men leave the labour market earlier now than they did in the 1950s and 1960s. Older people who fall out of the labour market are much less likely to find work again than younger people, although they are equally likely to be made redundant as younger people. Analysis by the DWP shows that 47 per cent of unemployed older people had been out of work for a year or more compared to 40 per cent of 25-49 year olds, and only 33 per cent of unemployed 18-24 year olds (Department for Work and Pensions, 2014). The effects of unemployment are seen in all age groups, but may be more devastating for older people. Research has shown that among those aged over 50 even a short period of unemployment increases the risk of mortality and a heart attack as much as smoking (Dupre, George, Liu, & Peterson, 2012; Meneton et al., 2014). In addition, many older workers have reported instances where they have been forced out of the workplace ahead of state pension age due to circumstances beyond their control, such as declining health, and not receiving the right support to cope with these circumstances and remain at work (Department for Work and Pensions, 2014).

As a result of the ageing workforce more people are living with a long standing health problem: according to the Labour Force Survey (Phillips, 2013), of the 7.2 million people aged 50-64 who are employed, 42% are living with a health condition or disability. Ill health

represents a major economic burden for society due to increased healthcare costs, lost productivity and sickness absence. Although absence rates have been falling in recent years, it has been estimated that the cost of sickness absence for UK businesses is nearly £14 billion a year (Vaughan-Jones & Barham, 2010). Although the largest cause of absenteeism at work is short-term, non-certified absence, both males and females over the age of 55 take more periods of long-term absence due to self-reported ill health caused or made worse by work. The most common sources of new cases of work-related illness reported were musculoskeletal complaints and stress, depression or anxiety, with those over 45 having the highest estimated prevalence rate (Crawford, Graveling, Cowie, & Dixon, 2010). Mental ill-health is associated with both physical and mental decline which is more common among older groups (The Government Office for Science, 2008). In addition, older people with health conditions are more likely to suffer from comorbidities than younger generations; studies showing increased likelihood of unemployment for those with several health conditions (Phillips, 2013; Schofield, Shrestha, Passey, Earnest, & Fletcher, 2008).

Despite these barriers, the number of employed people of state pension age and above has nearly doubled over the last 30 years, from 753,000 in 1993 to 1.4 million in 2011 (Phillips, 2013). Research by the Equality and Human Rights Commission (Smeaton, Vegeris, & Sahin-Dikmen, 2009) which surveyed 1,500 older workers found that 60% of older workers wanted to carry on working after retirement age either in the same or different jobs. This is often because they cannot afford to retire. Whilst economic considerations are a key factor, personal fulfilment is also important to older workers, who are re-entering the workforce for enjoyment or for the social engagement work offers (Parry & Harris, 2011).

Even though the importance of extending working lives is widely recognised and older employees themselves are increasingly looking to extend their working lives, relatively few initiatives by government or businesses have been established to explicitly support older employees with a long standing health problem or disability to carry on working.

In this, our Fourth White Paper from the Health and Work Policy Unit (HWPU), we consider how well existing support and advice meets the needs of the older workforce, and what else policymakers and employers could do to better support older employees with health conditions to enable them to carry on working and to maintain their work ability.

## Chapter 2 Factors affecting older workers' capability to carry on working

In a knowledge-based economy the tacit knowledge, skills, experience and know-how of older workers should be a major asset both to employers and the wider economy. While it remains largely an intangible asset to which it is hard to ascribe a financial value, it is clear that extending the productive working lives of older workers makes sense from both an economic and a social perspective.

In the UK there are increasing numbers of employees over the age of 60 and further increases are inevitable in the next decades. Several factors influence whether an individual in their 60s is likely to carry on working including, health condition(s), disability and the workplace. There are indeed a number of age-related physical and psychological changes, such as sensory abilities (hearing and vision) and aerobic capacity, which in older age are likely to affect one's ability to carry on working in certain roles if the correct support is not in place. In addition it has been shown that those working beyond the state pension age that are better educated, are in better health compared to their retired counterparts (Meadows, 2003). Most notably, older people in more disadvantaged social positions are more likely to have difficulty finding and keeping a job (UCL Institute of Health Equity, 2014).

Despite the challenges posed by some chronic illnesses to the functional capacity and work ability of some older workers, many conditions are now manageable and, with advances in clinical and rehabilitation interventions, many older workers can expect to continue to enjoy fulfilling working lives while managing their health condition.

While there is no single thing that can help older people who develop health conditions or impairments to stay in work, recent research and pilots give us some idea of the range of measures required. Amongst other things, they point to a need to raise awareness of long term health conditions and disability; the need to take preventative measures against work-related conditions and to build healthy workplaces; and, the need for effective management of sickness absence, availability of flexible working options and effective line-management and to match responsibilities with capabilities.

### **Workplace practices – flexible working, reasonable adjustments and health and wellbeing programmes**

Increased physical activity, intellectual activity and other lifestyle factors have been shown to help reduce the effects of physical and psychological changes – of which work is one example. Sensory abilities are subject to change – these are, and can be, catered for in the workplace through the special equipment or workplace adjustments. It is widely proven and accepted that with the correct workplace adjustments and support individuals with long term health conditions can stay in work and continue to make a positive contribution (Crawford et

al., 2010). Moreover, there is some evidence that interventions aimed at improving the health and lifestyle of older employees increase physical activity and prevent the onset of chronic disease (McDermott, Kazi, Munir, & Haslam, 2010). An evidence based review of the health, safety and health promotion needs of older workers (Crawford et al., 2010) identified that although age poses an increased risk of developing a disease, it is not a reason to exclude individuals from work. Certain diseases, such as heart disease or diabetes, can be controlled and reasonable adjustments can be made to keep the individual at work. Indeed, there is good evidence that supporting workers with chronic conditions to 'self-manage' their health at work can deliver good work outcomes such as job retention or return to work (Summers, Bajorek, & Bevan, 2014).

Older workers are hugely diverse in attitudes, skills, aspirations, health, family duties and financial circumstances, meaning there are wide variations in the capacity of different individuals to exercise choice over staying in work. For those who carry on working in older age, work has positively contributed to their self-esteem and identity; they also value friendships and personal relationships with colleagues and are strongly attached to the content and purpose of their work (McNair, 2006). In addition some older workers favour certain workplace factors: many are more likely to carry on working if there is flexibility of working arrangements, such as the opportunity to work from home, working part-time and flexible working hours. A survey of 50 employees across a variety of sectors who were offered flexible working policies found several benefits, including a positive perception of work, home life and personal finances, enhanced self-reported goodwill and an increased commitment in the workplace (Alden, 2012; Tishman, Van Looy, & Bruyere, 2012).

An individual's experience of work is likely to be an important factor influencing any older worker's decision about whether to continue employment or to retire – but this is even more important when a health condition is added to the mix. A key factor which is likely to influence a worker's capability to continue working is the availability of employment which meets their personal needs and inclinations. This is particularly important for those wishing to change jobs later in their career or to take up a different type of role as part of a work transition in later life. The Greater Manchester Public Health Network's (GMPHN) pilots of the Work for Health programme ([http://www.ahpnw.nhs.uk/news-healthy\\_work\\_conversations\\_up\\_streaming\\_work\\_for\\_health.html](http://www.ahpnw.nhs.uk/news-healthy_work_conversations_up_streaming_work_for_health.html)) revealed that individuals make decisions to stay in work or return to work very early on following illness or injury and that the decision to stay in work is influenced by family, friends and a range of health and social care practitioners, who are well placed to provide anticipatory advice and support. Most importantly, employers have the ability to build workplaces which accommodate these needs and increase the retention and recruitment of older workers.

## **Awareness and understanding of older workers with health conditions**

Older workers often face negative attitudes in the labour market – from employers, colleagues or from the in-work and back to work services intended to support them. Negative attitudes towards older workers include a number of myths, stereotypes and prejudices – commonly these include the idea that older workers are less productive than younger

workers, slower, are less adaptable to technological changes, less able to learn new things, less motivated, resistant to management, and prone to untreatable and work-limiting conditions. However, these assumptions are largely undermined by the evidence about age-related changes to physical and cognitive capacities (The Parliamentary Office of Science and Technology, 2011). For example a Department of Trade and Industry review presented evidence to suggest that physical or mental decline associated with normal ageing, seldom impacted on performance in most lines of work, until age 70, with the exception of jobs requiring fast reactions or physical strength (Meadows, 2003).

It has been suggested that employers' negative attitudes have a direct impact on their intentions to hire someone older or to allow workplace adjustments to facilitate older employee to carry on working. A study group (Tinsley, 2012) applied for over 1,200 jobs as both an older and younger worker, using a randomisation process that ensured that the CVs received by potential employers were identical in every way apart from the date of birth. The responses showed a very large bias against older workers, the 51 year old applicant got less than half the number of positive responses than the 25 year old. In addition, employers have been reported as being less likely to offer older employees promotion or training opportunities. Employer's perceptions of older workers are likely to play a role in this; studies have found that employers perceive older workers as lacking confidence to train, harder to engage in training and less likely to identify their training needs than younger counterparts (Pillay, Kelly, & Tones, 2008).

Employers have been reported lacking knowledge and awareness of age management techniques and strategies which is likely to have an impact on their willingness to hire or accommodate older workers' needs (McNair, 2006; Tishman et al., 2012). A company may also experience operational pressures on business provision and a lack of effective communication between HR and an employee about work and retirement options. Factors that facilitate the implementation of flexible working and other workplace accommodations require adequate planning and resourcing and an organisational culture that embraces older staff as a part of a broader diversity policy (Tishman et al., 2012).

## Chapter 3 Current policies and practices

There are number of governmental policies and practices that have been designed to support older employees to retain their jobs and to find employment. Legislation has been produced in order to protect employees from discrimination; there are also governmental policies that have been set up to help employers to provide more flexibility in work patterns and to require them to make adjustments. The aim of these policies is also to make employers more responsible for employee health and to embrace age diversity in the workplace.

### Legislation

**The Equality Act 2010:** This was established to reform and harmonise equality law and restate the greater part of the enactments relating to discrimination and harassment related to certain personal characteristics. Protected characteristics includes, amongst others, age (<http://www.legislation.gov.uk/ukpga/2010/15/contents>). In the workplace, this means that every employee has the right not to be disadvantaged at work or when looking for work because of their age. Previously, an employer could refuse to consider candidates for jobs if they were over 65 (or the company's normal retirement age). Since the default retirement age was abolished under the Equality Act 2010 and started being phased out in April 2011, this could no longer be used as a justifiable reason for not hiring someone. Positive action is now lawful in certain situations, to help to ensure that groups of people with protected characteristics are not disadvantaged. For example, an employer may in some circumstances be able to justify their selection of one candidate over another who is equally well suited to the job because they are older or female, and the workplace currently has a lack of older or female employees. However, there are strict guidelines that employers must follow. Positive action can also be used in providing access to education and training facilities (<http://www.ageuk.org.uk/work-and-learning/discrimination-and-rights/ageism-in-recruitment/>).

**Health and safety legislation:** Employers must ensure, as far as is reasonably practicable, the health and safety of all their employees, irrespective of age. Employers must also provide adequate information, instruction, training and supervision to enable their employees to carry out their work safely. Under *Management of Health and Safety at Work Regulations 1999* (MHSWR) employers have a duty to make a suitable and sufficient assessment of the workplace risks to the health and safety of their employees. This includes identifying groups of workers who might be particularly at risk, which could include older workers (<http://www.hse.gov.uk/vulnerable-workers/older-workers.htm>).

Employers need to carry out *risk assessments* if anything significant changes, not just when an employee reaches a certain age. Employers should not assume that certain jobs are physically too demanding for older workers; nowadays many jobs are supported by technology, which can absorb the physical strain. As part of an overall risk assessment

employers may consider whether any changes are needed in order to support older employees. This might include, for example, allowing older workers more time to absorb health and safety information or training by introducing self-paced training; opportunities to choose to move to other types of work; or designing tasks that contain an element of manual handling in such a way that they eliminate or minimise the risk.

## Government policies

There are several governmental policies that are relevant to older employees with health conditions. The policies listed below are mainly targeted at those who are employed, but struggle to stay at work; some of the programmes are also relevant for those who want to find new employment. This list is not intended to be conclusive; there are other programmes as well which are not listed here, such as Work Programme or Care Act, but are considered less relevant for the aims of this paper.

**Fit For Work:** This new occupational health assessment and advice service is now provided across England and Wales – it provides both an occupational health assessment for individuals as well as general health and work advice for employees, employers and GPs. It is particularly designed for those employees who do not have access to an occupational health service via their employer and those who struggle to remain at work, for example, because of health reasons.

Through pilot projects in Sheffield and Betsi Cadwaladr GPs are now also able to refer eligible patients (i.e. those who have been on sick leave for 4 weeks or more) for an occupational health assessment. Employers will receive Return to Work Plans for employees in areas where GPs are able to refer to Fit for Work.

**Mid-life career reviews:** The Department for Business, Innovation and Skills asked NIACE (National Voice for Lifelong Learning) to develop and implement a pilot project to look at the way a rounded career review could support people to make changes during mid-life in whatever direction they needed their lives to go. This could lead to better choices, longer working lives, better health and a wealthier retirement. The pilot involved 17 partners who delivered reviews to over 3,000 clients aged from 45 to 65. The results showed that there is a demand for mid-life career reviews, but people need to be better informed of the benefits to take up the offer and that the 'offer' should be tailored to meet individual needs. Partnership working is key to the delivery of the mid-life career review approach; the approach can be embedded into provision by career guidance and learning providers, as well as by employers and can be supported by peer and voluntary efforts (NIACE, 2014).

In June 2014, the Government announced plans to incorporate lessons learned from NIACE's mid-life career review pilots and integrate the '50+ delivery model' into existing partner practice, to ensure older workers can access an in-depth career review for the first time (<http://www.niace.org.uk/content/niace%E2%80%99s-mid-life-career-review-part-new-government-strategy>).

**Access to Work:** This scheme funds grants that can pay for practical support of people over

16 of age who have a disability, health or mental health condition to help them to start working, stay in work, or move into self-employment. Access to Work grants are available if the employer is based in England, Scotland or Wales. The money can pay for things like adaptations to the equipment or special equipment that is needed for someone to do their work, travel to work if a condition prevents an individual using public transport, a support worker or job coach to help at the workplace, disability awareness training for colleagues, or support services for people who are absent from work or finding it difficult to work due to a mental health condition.

**Healthy Work Conversations:** On behalf of the 10 Greater Manchester Councils' Directors of Public Health, the Greater Manchester Public Health Network (GMPHN) is developing the Work for Health Programme which encourages all healthcare practitioners to have early "Healthy Work Conversations". The programme is a stepped approach to identifying and addressing potential obstacles and facilitators that may impact on work-related health outcomes. Its focus is on speeding up recovery time and helping patients better manage their health conditions (mental and physical) and to help people to stay in work. The programme has been piloted in three local authorities in Greater Manchester (GM) and is currently being mainstreamed across the GM footprint ([http://www.ahpnw.nhs.uk/news-healthy\\_work\\_conversations\\_\\_up\\_streaming\\_work\\_for\\_health.html](http://www.ahpnw.nhs.uk/news-healthy_work_conversations__up_streaming_work_for_health.html)).

**Work Choice:** This scheme aims to help a person with a disability to get and keep a job. The type of support available depends on each individual's needs, but it can include training and developing skills, confidence building or interview coaching. *Work Entry Support* offers advice on work and personal skills to help an individual to find a job; it is available up to 6 months and can be extended by 3 or 6 months when there is a clear prospect of finding a job. *In-Work Support* aims to help with job retention; support is available for up to 2 years and even longer term support is available; the aim is to help people to eventually work without support.

**Support for the self-employed:** There are also programmes for those who are aiming to start their own business. The government offers a *New Enterprise Allowance* for those aged 18 or over who are currently on Jobseeker's Allowance or Employment and Support Allowance. A weekly allowance is paid for up to 26 weeks and eligible people can apply for a loan to help with start-up costs. In addition to the New Enterprise Allowance, there are several local programmes that offer support especially targeted for older people of working age. The "Second Success" project, funded by the European Social Fund, offers guidance and support for older job seekers with health conditions who are unemployed or facing redundancy (<http://ec.europa.eu/esf/main.jsp?catId=67&langId=en&newsId=8585>).

**Business champions for older workers:** Since April 2015, the government has been rolling out an 'older workers' champion scheme across the UK to tackle age discrimination and encourage employers to hire and retrain older employees. Work support is offered through the scheme starting with a 'career review' with a dedicated expert to recognise and champion older employees' transferable skills from previous careers, and to ensure jobseekers get the training needed to fill any skills gaps for a move to a new career. Digital

support is provided for older jobseekers to get online and give an opportunity to link-up with local small and medium sized businesses with open vacancies (<https://www.gov.uk/government/news/fundamental-reform-to-fight-ageism-in-the-workplace-older-workers-scheme-to-tackle-age-discrimination>).

## Employers

**Reasonable adjustments:** The benefits of retaining an experienced, skilled employee are usually greater than recruiting and training new staff. It is also good for the individual and the costs are often low. Reasonable adjustments can support an employee to continue working. According to the Equality Act 2010, employers are required to make reasonable adjustments to any elements of the job which place a disabled person at a substantial disadvantage compared to non-disabled people. The Act is relevant for exiting employees as well as new recruits. The employer and the disabled person need to discuss their circumstances in order to establish what is needed. Factors such as the cost and practicability of making an adjustment and the resources available to the employer may be relevant in deciding what is reasonable. If it is clear that there isn't an adjustment that can reasonably be made to avoid a disadvantage, then employer can lawfully decline the request (Government Equalities Office, 2012). In most of the cases, funding can be obtained from governmental schemes, such as "Access to Work".

**Flexible working:** As of June 2014, all employees have the legal right to request flexible working. Common kinds of flexible working include the following:

- *Flexitime* – This arrangement requires an employee to be at work during a specified core period, but lets them otherwise arrange their hours to suit themselves.
- *Compressed hours* – Here, employees work the same hours over fewer days.
- *Annual hours* – Employees agree they will work a given number of hours during the year, but the pattern of work can vary from week to week.
- *Staggered hours* – This allows employees start and finish work at different times. Employees may also take time off in lieu or take career breaks.
- *Job Sharing* – Job sharing is another form of flexible working where a job is shared between two or more people. They may wish to work alternate days, half weeks, or alternate weeks. It can even be one person working in the morning and one in the afternoon.

It means the employee as well as the employer has more choice and it can be a good way to make a gradual transition from work to retirement. For employers, it can allow them to retain experienced staff or to hire someone on a part-time basis who they otherwise may not have been able to afford hiring full-time.

Upon receipt of a request, the employer must hold a meeting to discuss the employee's

request and weigh up the potential advantages and disadvantages. They can only refuse an application if there is an objective business reason and an appeal process needs to be offered.

In addition to flexible working, many employers (such as NHS) offer **flexible retirement schemes** allowing employees to take benefits from their workplace pension before retiring. The scheme is designed for those who want to reduce their working hours but need some additional income to allow this. Flexible retirement schemes can allow staff to work longer by varying the nature or pattern of work in the lead-up to retirement. For employers, flexible retirement helps in retaining valuable skills and experience which can be passed on to other staff. Furthermore, in some occupations where there is high variation in labour supply, flexible retirement increases the amount of 'bank' staff available to cover high demand periods.

## Chapter 4      Barriers and opportunities in the current policies

The need to prepare for the effects of an ageing workforce has been widely acknowledged by policymakers and researchers. During the last decade, several reports have been published in order to find solutions to one of the biggest challenges of the 21<sup>st</sup> century. The main focus of debate about the ageing workforce has been on finding effective ways to extend working lives and prevent early retirement. In several reports, discrimination and negative attitudes towards older workers have been identified as the biggest barriers to finding jobs and remaining in work life. The most common ways age discrimination manifests itself are in denying access to training and promotion of older employees and in a lack of job opportunities for those looking for work.

For older workers with health conditions the situation is potentially even worse. Extensive research evidence shows those with health conditions (especially co-morbid health conditions) are at higher risk of unemployment and early retirement. Continued employment discrimination towards the over-50s suggests that better enforcement of regulation (and possibly stronger regulation) may be needed to tackle this issue. However, any increase in regulations around discrimination has the potential to discourage businesses from employing older workers in the first place because it limits the ways that they can manage their workforce (Tinsley, 2012). In addition, actions to reduce age discrimination in the labour market have been suggested, for example creating a working culture in which future plans are discussed throughout working life and not just in retirement (The Parliamentary Office of Science and Technology, 2011).

Several policy recommendations have been developed and taken up to increase job opportunities for older job seekers and to support older employees to remain in work life. A good example of this increasing interest is the “*Ageing Well in Work*” programme, a national strategy which aims to ensure that older people are able to realise the health benefits of remaining active in later life through employment, volunteering or other forms of civic participation. The strategy has been developed as result of a collaboration between the Greater Manchester Public Health Network (GMPHN) and Public Health England (PHE). As part of the strategy development, the programme aims to reduce the numbers of people who leave work because of health issues after the age of 50 years and also considers how best to maximise the number of healthy years an individual has after retirement (<http://www.gmphnetwork.org.uk/news/ageing-well-work/>).

Increasing flexible working opportunities has been commonly recommended, with many suggesting that a more flexible working pattern would be particularly beneficial for older workers because they may not be able to work full-time due to health issues or caring responsibilities (Altmann, 2015). For those looking for work, self-employment (The Parliamentary Office of Science and Technology, 2011) and volunteering (Tinsley, 2012)

have been found as potential options to re-enter into work life; self employment because it provides some scope for greater choice about working conditions and hours and volunteering because that would allow older job seekers to develop skills and confidence. However, with over 80,000 self-employed people in the UK moving out of work and onto ESA each year, it is likely that support for older self-employed people with chronic illness may need to be reviewed. Sadly, self-employed people are currently not eligible to use the new Fit for Work Service. There has also been concerns on how well the service responds in the needs of employees with long-term conditions that are fluctuating by nature, and do not reach the four week threshold to be entitled to receive support.

In addition to a lack of well coordinated services for older employees, there is a tendency to talk about older workers as a heterogeneous group, assuming that all the workers of older age have similar aspirations and problems in work life, even though the research evidence shows that several factors, such as gender, type of occupation, and health status strongly affect an individual's capability or motivation to carry on working. For example, older workers with health conditions may struggle to stay at work mainly because of the symptoms that their illness is causing them rather than their age. Research suggests that chronic disease and especially co-morbidity have stronger impact on labour force participation among older workers than increasing age (Schofield et al., 2008).

Following the abolition of the Default Retirement Age, some businesses are concerned that there has been no clear legal framework in which to initiate conversations about issues that older employees may have, without falling foul of age discrimination legislation (The Parliamentary Office of Science and Technology, 2011). According to the Equality Act 2010, employers are required to make reasonable adjustments for people with health disadvantages or disabilities in order to ensure that they have the same access to everything that involves gaining or keeping employment. There is often, however, lack of understanding among employers what is considered 'reasonable'. Every employee's experience of their illness is different – so two people with a diagnosis of depression, for example, may have very different symptoms and need different adjustments. This is often considered complex for employers to manage, but normally the person him/herself will be the expert on their own support needs. What adjustments are needed requires open discussion between the employee and employer. Even if a worker cannot continue working due to health reasons, for example, it does not necessarily mean that they need to leave work altogether. Measures to alter the design of jobs may be an option in some cases. Overall, there is frequently a fundamental lack of planning to take account of the extent of the problem – the whole way in which some workplaces work and jobs are designed to accommodate the needs of older workers with health conditions will need to change to fit the future demographics of the population.

#### **Box 4.1: BT – taking a preventative approach to Musculoskeletal Conditions**

BT is one of the world's leading communications services companies, it has a multigenerational workforce with 87,800 full time employees, two thirds of which are over 40 years of age, 35% are over 50 and 4.4% of the workforce are over 60. Many of these people need to be fit enough to do physical demanding roles such as repair phone lines or high cables, which may involve an elevated risk of strain or falls.

BT's workforce is mature and ageing, but this has not negatively affected productivity – in 2013/2014 the revenues were £18.3 billion.

In response to its ageing workforce, BT is developing an approach to health and wellbeing which can allow older workers with health conditions to stay in work for longer. BT has recognised the value of older workers, citing advantages such as loyalty, reliability, inspiring confidence in consumers and experience. The key challenge BT identified amongst older workers was musculoskeletal health. In response to this they are developing a strategy targeted at those with musculoskeletal disorders (MSDs). The strategy is multifaceted – taking both a preventive approach, as well as offering early intervention for those with MSDs and offering treatments.

- *Primary Engagement:* this strand of work is preventative – it involves introduction of ergonomic design to manage risk for older workers in the workplace, a pilot programme of 'physical demand analysis' of jobs carried out by some older workers which allows them to make preventative adjustments to reduce the risk of musculoskeletal injury and encourages the early identification of work capability problems through line manager training.
- *Secondary Intervention:* this strand focuses on early intervention through the Occupational Health Service (OHS) – it includes needs assessment and advice, access to BT physiotherapy and CBT services, appropriate activity management, and it seeks to address barriers to return to work and to influence illness behaviour and attitudes to rehabilitation. It also includes a pilot case management service for individuals with MSDs and mental health conditions who are off sick for more than 3 weeks.
- *Tertiary Resolution:* this strand consists of physiotherapy advice, a treatment service, a specialist support service and a 'functional restoration programme' which lasts 4-12 weeks and enables workers with MSDs to get back to work.

This strategy is helping BT to take an important preventative approach to supporting the health of older workers – in particular through things such as 'physical demand' analyses. It will provide BT with a number of benefits including reduced sickness absence, reduced presenteeism and intangible benefits such as improved recruitment and retention. In particular, this approach is already improving rehabilitation for those with MSDs – for example physiotherapy treatments for those with MSDs have had a 94% success rate in terms of full return to work duties.

## **Flexible working and other type of support for job retention**

It is not always realistic to expect older employees to carry on working full-time and flexible working has been suggested as key to accommodating older employees' needs. For those who wish to carry on working in the same job but working fewer hours, 'flexible' or 'phased retirement' may be a mutually beneficial option. The benefits of flexible retirement schemes includes an improved work life balance, freeing up time for caring or other responsibilities without taking the full financial penalty that can come with working part-time or leaving work altogether. This approach may have benefits in the self-management of a chronic condition, and may help with the management of chronic pain or fatigue which can often accompany some conditions and have a deleterious effect on quality of life. It is also a way of preparing towards full retirement rather than facing the 'cliff edge' of going straight from full-time work to full-time retirement. Employers widely claim to offer flexible working and retirement options, but flexibility means different things for example across income scales. At the upper end, skilled professionals may have a high degree of choice and control over their hours, but at the lower end, flexibility means low paid and low skilled work with little control over conditions (The Parliamentary Office of Science and Technology, 2011). There is little evidence, however, from employees' own perspectives on whether the options for flexibility offered are suitable for them in practice. Thus more research is needed among older employees of what flexible working patterns are beneficial for them.

Mid-life career reviews can help employees who are thinking of extending their working lives to make successful transitions in ways and at times that suit their lives best. The reviews have received criticism, however, that their health offer might be too general for older employees with complex needs, such as co-morbidities. NIACE pilots of the mid-life career reviews indeed showed that there is a demand for the reviews, but people need to be better informed of the benefits to take up the offer and the 'offer' should be tailored to meet individual needs.

In many jobs, flexible working may not be possible and therefore retraining might be a good option; an extensive amount of research shows the importance of maintaining skills as a part of lifelong learning to enable career transitions. Unfortunately older employees are often not offered or are denied training, which may be related to employers' perceptions of older workers and lack of understanding of their training needs. It has been claimed among employers, for example, that older workers are lacking confidence to train, are harder to engage in training and less likely to identify their training needs than younger counterparts (see chapter three for more information). There is some evidence, however, that the learning patterns of older employees may differ from those of their younger counterparts, for example in the time it takes to learn and also how training is delivered (Lee, Czaja, & Sharit, 2009). While employers should consider age as one factor affecting the type of training they offer, they should also keep in mind that research is scarce in this field and more information is needed on what type of training would be most effective for older employees.

## **Back to work support and self-employment**

Research has found convincing evidence for the adverse effects of short and long-term unemployment. It has been shown that older people are less likely to find employment when

facing redundancy than younger generations, but that they are also particularly vulnerable to the consequences of unemployment, research showing increased risk of mortality and cardiovascular disease among older unemployed people (see chapter two for more information). Whilst self-employment is not for everyone, it can provide flexibility that many older workers need. It can often fit around other commitments and starting a business in older age can make the most of years of experience or untapped talent. Encouragingly, older entrepreneurs are also more likely to succeed than younger counterparts (Altmann, 2015). There have been some schemes provided locally that have especially targeted to over 50s; offering training, information and financial support for older people wishing to start their own business. The government schemes on self-employment, even though not particularly targeted for older job seekers, have been very popular among older claimants: there has been a 140 per cent increase in over 65s running their own business since 2000 (Altmann, 2015). The New Enterprise Allowance, for example, is a successful scheme that supports people who wish to move off benefits and into self-employment by providing access to business mentoring and financial support. By the end of December 2013, 9,260 people aged 50 and over had started a new business with the help of the New Enterprise Allowance since it started on April 2011 (Department for Work and Pensions, 2014).

Some have suggested that volunteering could be a good option especially for those who have become detached from the workforce as this would allow them to develop skills and confidence. Indeed, any transition from worklessness into an activity, whether employment or volunteering, has a positive impact on psychological health and wellbeing (Thomas, Benzeval, & Stansfeld, 2005). However, a prolonged period of insecure employment is as harmful as unemployment. A recent large questionnaire study found that insecure employment was related to more psychological complaints and poorer self-rated health than short-term unemployment and secure permanent employment in older workers (Griep et al., 2015). Thus if secure, paid employment offers the real boost to health and wellbeing, volunteering should not indiscriminately be recommended as a favourable option for those older people who want to carry on working. There are a number of programmes and resources available to people over 50 that support a return to competitive employment.

Increasing employment opportunities for older people and making workplaces more welcoming for them would not only significantly improve health and wellbeing of this group, but it would also improve economic competitiveness and contribute to sustainable development.

**Box 4.2: ROPES – building capacity amongst back to work providers to support older jobseekers into employment**

ROPES (The Resourcing Older People's Employment Support project) is a 'train the trainers' initiative launched by a not-for-profit body, Wise Owls, with the aim of increasing the availability of good quality employment support for over-50s. Funded by the Trust for London, a ROPES pilot is offering training and support to organisations in six London boroughs: Hackney, Newham, Tower Hamlets, Lambeth, Lewisham and Southwark.

ROPES aims to:

- Identify, train, and support organisations not currently offering employment support to over-50s to a level where they feel confident to extend their services;
- Enhance existing employment support and organisations' understanding of, and responses to, over-50s seeking work in order to achieve more positive outcomes;
- Ensure that organisations have access to relevant practical information, tools and advice;
- Raise awareness of the issues affecting workless over-50s, and the benefits of employing older workers as part of an age-diverse workforce.

To achieve this, ROPES offers a specialised training programme which aims to build or extend an organisation's expertise in providing practical advice and signposting for older working age adults (50+) about issues such as re-employment, self-employment, and related needs. It seeks to increase the availability of accessible, one-to-one, empathetic, quality information, advice and support to enable older working age adults to enhance their employability and secure appropriate work and/or training. Organisations joining the ROPES project will receive 3 days of training, access to a comprehensive online resource manual and policy toolkit and regular policy briefings.

The project offers seven training modules that focus on creating a deeper understanding of the barriers facing the over-50s. Modules include: their current situation, ageism in recruitment and employment, finding work as an over-50 and mapping opportunities.

Having started in 2014, ROPES is still at an early stage, but there has already been positive feedback from organisations taking part in training and a growing interest amongst the back to work sector. ROPES have now provided training for over 25 organisations in the London area. In March 2015, ROPES held its 5<sup>th</sup> training programme which led a further 6 organisations to join the Wise Age London Age & Employment Experts Network (WALAEEN). As a result of this training, membership of WALAEEN now stands at a total of 31 organisations.

## Chapter 5 Recommendations

Although there is mutual agreement about the positive effects and economical necessity to improve the labour market situation for older employees and job seekers; it still remains unanswered how this improved situation could best be achieved. A number of policy recommendations have been made, but only a few specifically targeted at older workers have found their way into national policies.

In this final chapter we suggest how recent changes in policy and the policy levers which they afford, could be used to significantly improve the health and wellbeing of older workers and job seekers. We suggest a number of policy changes which would help to overcome barriers and would support older workers to stay in and to return to work, improving employment outcomes for the older workforce.

### **Integrating specialist support for older workers into occupational health and back to work services**

#### ***Recommendation 1: Fit For Work should be developed with specialist awareness of and provision for the needs of older workers***

The establishment of the new service, Fit For Work, offers the opportunity to tackle health issues causing sickness absence amongst older workers at an early stage, and also to monitor patterns in sickness absence amongst older workers.

We recommend that any training which the different Fit For Work providers are offering their advisors includes training about the multiple barriers which older workers with health conditions might be facing to staying in work. There should also be a specific directory of national and local services relevant to supporting older workers to stay in work to which Fit For Work Advisors could signpost – e.g. condition specific patient groups, ageing charities, housing charities and/or caring support. In particular Fit For Work Advisors should be trained and aware of the skills challenges that may be facing older workers with a health condition and should signpost to mid-life career reviews (see recommendation 4) and training organisations where appropriate.

It is recommended that provision be included in the evaluation of Fit For Work to allow specific identification of how well the needs of older service users are being met. To this end, specific outcome measures for older employees should be included, amongst other indicators about how the needs of various different groups are being met. As a new service, it is accepted that a period of time will be needed before it is possible to assess performance. However, it is important that this key area be monitored to inform future evidence-based adaptations of the service.

### ***Recommendation 2: Improving and expanding Access to Work's provision for older workers***

Access to Work covers any workplace adjustment which needs to be made for individuals with a health condition beyond those which are considered 'reasonable adjustments'. Access to Work is still not reaching sufficient numbers of people who might benefit from the service. The 2014 Work and Pensions Committee Inquiry into Access to Work found that despite reforms much more needs to be done to encourage uptake.

We suggest that more should be done in particular to promote the uptake of Access to Work amongst older workers with a health condition. This could be done through more effective signposting from other services – for example from Fit For Work assessments (see recommendation 1) and mid-life career reviews (see recommendation 4). Any professional carrying out these conversations should be made aware of Access to Work and flag this as a way to manage health conditions in older age in the workplace.

Furthermore, it is recommended that Access to Work support be made available to carry out physical and/or psychological demand analysis of roles. The option of a physical/psychological demand analysis should be discussed where appropriate during mid-life career reviews (see recommendation 4) and older workers with a health condition should then be able to request that these are carried out in order to analyse the risk of staying in different types of roles into the future. This should inform the process of open conversations between line managers and individuals about which roles they wish to take on going forwards and any need for job redesign/reassignment which make up the mid-life career review process. This would allow early planning and adjustments to be made to ensure older workers are in jobs which meet their physical and psychological capabilities allowing rewarding and fulfilling work into later life.

### ***Recommendation 3: When current Work Programme contracts run out re-commissioning should include smaller more specialist support for older jobseekers***

For those older workers with a health condition who have fallen out of the labour market, more specialist support is required to help them back into work. The Work Programme is failing to improve employment rates for individuals with more complex needs, including for older jobseekers with a health condition who may be in the ESA work related activity group. As Work Programme contracts run out in 2016, we suggest that there is an opportunity to encourage further commissioning to include more specialist services tailored to meet the needs of older job seekers with health conditions.

This could be encouraged through greater consultation with local areas to inform the commissioning of the next round of the Work Programme. There is also a need to reform incentive structures within the Work Programme so that there is more payment upfront, to allow smaller providers the ability to deliver aspects of the programme. Local networks should also be used to support specialist local providers to become involved – so that those organisations with specialist knowledge and experience of helping older jobseekers become more likely candidates.

## Encouraging individuals and employers to plan early on for the health challenges of working in later life

### ***Recommendation 4: More employers should be encouraged to offer mid-life career reviews which include discussions about health as a matter of course***

The mid-life career review is an excellent example of how flexibility can be developed – it has proved valuable for whole workforces and has consequential benefits for the employer. In addition to financial and work-related factors, some pilot schemes and employers already offering the service include health-focused measures such as preventative action for common work-related conditions, condition management and occupational health provision, flexible employment opportunities and job redesign/reassignment as a part of the service, however we suggest this should be a more uniform aspect of all mid-life career reviews.

Incidentally, since the completion of mid-life career review pilots, the National Careers Service (NCS) has taken older workers off its priority list, partially as a result of new government contracts and funding arrangements. Reduced funding has meant that they now tend to focus more on the unemployed and especially younger workers. Lack of funding may also potentially mean that the providers are under pressure to consolidate their efforts on existing successes and those older workers in work who need to up-skill or who face the threat of redundancy will not be able to receive support.

We recommend therefore that the specific funding for the NCS to provide mid-life career reviews is increased so that this service is maintained despite current economic pressures. We also recommend that there is a targeted marketing campaign of the mid-life career review service being offered by the NCS, in order to increase awareness and uptake. This should be targeted at individuals, employers, clinicians and the third sector to raise awareness and to ensure people are being directed to this service from a number of avenues.

In addition we suggest that learning from the mid-life career review pilots is more widely publicised and shared with employers in the form of a 'mid-life career review' template which includes an element of health planning and signposting to health services. This would provide employers with a standardised format in order to support them in introducing this service in-house and prevent premature departure from work life. It would ensure that all mid-life career reviews are evidence based and provide a high-quality opportunity to have a productive conversation to plan working into later life and would encourage discussions about health as a matter of course.

As a part of these discussions about health, the mid life career review should include the offer of physical/psychological demand analysis where appropriate (see recommendation 2), funded by Access to Work where possible. It should also include advice about free NHS health-checks for 40 – 74 years olds – these health assessments are specifically tailored for older workers and can allow individuals to identify and plan for any potential health risks which might affect their future employment. Where employees give consent, these health checks may also offer the opportunity for large employers to access data in order to monitor

the types and scale of any health risks in their workforce, so that they can implement strategies to address these early enough.

***Recommendation 5: Access to training and re-skilling for older workers with a health condition should be expanded***

Older employees are far less likely to receive the same training and development opportunities as younger workers – despite a need and a desire by older workers for continuous learning. This means they are less likely to be able to keep up with the changing demands of roles and to be able to compete in the labour market. Therefore, following on from the need to increase access to mid-life career reviews – there is also call for greater access to appropriate and tailored training for older workers who may want to re-skill/up-skill, change roles or who are considering reassignment to other areas of a business.

We suggest therefore that all training opportunities recommended as a result of a mid-life career review are subsidised through the tax system. Employers should be incentivised to follow through on offering these training opportunities by receiving reduced National Insurance contributions. It should be a standard matter of course that any agreed training during a mid-life career review is followed through by the employer. This would help both those at risk of developing a health condition to start taking appropriate precautions to prevent this and those who may be already have a condition to better plan for their future working life.

## **Changing attitudes and creating an age friendly working environment**

***Recommendation 6: Expand opportunities for flexible working through the removal of the 26 week rule from right to request flexible working***

Since June 2014, all employees who have been in service for at least 26 weeks have had the right to ask for flexible working. Flexible working can be very beneficial especially for older employees with health conditions; it could also give the employer more flexibility in hiring practices and work scheduling. We suggest that the decision about when an employee could request flexible working, however, should not be restricted to a certain amount of time – but this option should be presented upfront, starting from the recruitment stage. We believe that the best people to decide when flexible working should be allowed are the employee and employer themselves. We therefore recommend that the government removes the 26 weeks rule so that a request for flexible working could be made at any time and agreed where the employer feels appropriate. This would better support older people with health conditions to enter the workforce and to retain their employment – allowing them to choose the best working habits to fit around the management of their condition.

***Recommendation 7: The government should issue guidance about the types of gradual retirement opportunities employers should be providing***

Many employers in the UK are already offering a range of graduated retirement options – such as a gradual reduction in hours (or days) of work, part-time, seasonal and temporary work or job-sharing.

We suggest that as a part of the Fuller Working Lives programme being led by Dr Ros Altmann, Business Champion for Older Workers, the government should build a bank of case studies about how gradual retirement has been managed effectively, including for those with health conditions. As a part of this we also suggest that the Fuller Working Lives team issues official guidance for employers about the types of gradual retirement options they should be offering and how best they should be managing this process – including consideration of how best to manage this process for individuals with a health condition. This more flexible approach to retirement allows individuals to adjust their working patterns and gives them a number of options when it comes to retirement – allowing them to balance a desire to keep working with managing their condition, so that they are able to stay working for longer.

***Recommendation 8: The government should introduce an “Age Confident” campaign in order to raise understanding and awareness of the benefits of employing older workers***

As suggested by Ros Altmann, the Business Champion for Older Workers, we support the call for the government to introduce an ‘Age Confident’ campaign. This would engage employers and be led by them in a bid to celebrate the positive contributions of older employees in the workplace in order to begin to challenge and alter negative attitudes. It would offer a range of resources and training in order to begin to raise awareness amongst employers both of the benefits of employing older workers, but also some more detailed information about the challenges older workers might face to staying in work, and how to handle these. We suggest that as a part of this campaign there is a strand of work to raise awareness and inform employers about the specific challenges faced by older workers with health conditions and how they might best accommodate and manage this. Case studies gathered should also showcase the positive contributions made by older workers with health conditions and examples of where such cases have been handled effectively.

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