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UNDERSTANDING 'EARLY EXITERS'

THE CASE FOR A
HEALTHY AGEING
WORKFORCE STRATEGY

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EXECUTIVE SUMMARY

Since the start of the Covid-19 pandemic in 2020, the UK has experienced what some have called an 'exodus' of over 50s from the labour force. An increasing number of older people are leaving work early (before state pension age) and becoming economically inactive - neither in work nor actively searching for work. International comparison shows that this trend in the UK is unusual: no other high-income country has seen a comparable sustained rise in over 50s remaining economically inactive since the start of the pandemic. The phenomenon of 'Early Exiters' is a very British one.

Poor health is one of the main drivers of this rise in economic inactivity among the over 50s. Compared to before the pandemic, there are around 100,000 more people aged 50-64 who say they are not in work because of a long-term health condition. There are a wide range of health conditions which are affecting people, both physical and mental. Polling commissioned for this report revealed that older people are most likely to say that stress, mental health conditions and musculoskeletal issues have prevented them from working or caused them to work fewer hours.

This trend has serious consequences for the UK economy. A rise in economic inactivity among over 50s has contributed to high vacancies and labour shortages during 2022. This will hold back economic growth in the UK, an objective which both the government and the opposition have said will be central to policy making in the years ahead. Long-term demographic changes mean that, should it continue, this issue will become even more important as the UK's population ages in future decades. Reducing the link between ageing and ill health will be crucial for the UK's long-term prosperity.

Those leaving work may experience negative consequences as well, since there is a strong evidence base showing that work is generally

good for people's physical and mental health and wellbeing. Many older people are also struggling financially as a result of leaving work early, something that is particularly concerning given the cost-of-living crisis the UK is currently experiencing. This was clearly a serious worry for many over 50s in the focus groups we conducted for this research. Some people said they could not afford to pay their bills, and there is a real risk of rising poverty among over 50s who have left work due to health conditions.

But people are not necessarily choosing to become 'Early Exiters'. Although some over 50s have chosen to retire early since the pandemic, in our focus groups almost all participants said they would have preferred to continue working if they could have. Most 'Early Exiters' we spoke to felt like they had no choice but to leave work early, despite the financial risks of doing so. This was due to experiences of ageism and ableism as well as insufficient support from their employers or the NHS. These are preventable drivers.

The ill health that many people in their 50s and 60s experience is not an inevitable part of ageing. Medical and physiological research has shown that, while ageing has some impact on health in and of itself, other risk factors that do not necessarily correspond with age affect people's health to a greater degree. These factors include physical inactivity, BMI/obesity, smoking, alcohol consumption and diet/nutrition. The implication for both policy makers and employers is that their focus should be less on people's chronological age, and more on maintaining and improving people's health.

Earlier this year, the government's Levelling Up White Paper included a 'mission' to increase healthy life expectancy by five years by 2035. Aiming to improve healthy life expectancy is a good ambition, as this will enable people to remain in good health for longer and continue to work if they want to do

so. However, the UK is not on track to achieve this mission: on current trends it would take 192 years to reach. Policy makers, employers and the NHS need to do much more to prevent ill health as people age and intervene earlier to improve or maintain physical and cognitive function in middle age; targeting healthy ageing is key to improving healthy life expectancy.

We recommend that the UK government, working with the devolved administrations, develops an Ageing Workforce Strategy. This is needed because intervention in this area will require effective cross-government working, and although it should be led by the government, employers have a crucial role to play (for instance by promoting healthy lifestyles for their employees, providing services such as occupational health support, and offering flexible working practices). To support cross-government policy making affecting older people, including an Ageing Workforce Strategy, the government should also appoint an Older People's Commissioner for England, as recommended by the Centre for Ageing Better.

We have identified four broad objectives (see box) which should shape this strategy in order to reduce the number of 'Early Exiters'. The 'Key recommendations' section summarises our recommendations supporting each objective.

OBJECTIVES FOR AN AGEING WORKFORCE STRATEGY

- 1.** Support older workers with health conditions to continue working.
- 2.** Help older people with health conditions to return to work.
- 3.** Medium-term prevention by improving the quality and design of work and the workplace so that they support older workers' health.
- 4.** Long-term prevention by improving public health over the course of people's lives, and by advancing scientific research, including physiological research, on ageing.

Preventing ill health and promoting healthy ageing must be at the heart of the Ageing Workforce Strategy. If, as a country, we want to improve economic growth, reduce pressures on the NHS and ensure everyone can maintain a healthy and happy life as they age, we cannot afford to wait until

problems have already arisen. A life-course approach that values the health and wellbeing of people of all ages is needed.

It is important that efforts to prevent ill health and promote healthy ageing are based on scientific and medical research. Research in physiology, for example, improves understanding of how the body works in health and how it responds and adapts to the challenges of everyday life. It underpins scientific understanding of the ageing process. Existing and future research should be used to improve public health messaging and guidance for employers to promote healthy lifestyles among their employees, ensuring that there is targeted, tailored and accessible advice, including for people who are already in old age as well as people with disabilities. Although this covers multiple areas, the evidence is clear that one of the most important messages to promote is to encourage people to be more physically active on a regular basis, as emphasised recently by the World Health Organization in its first ever global status report on physical activity. We recommend that public health messaging from the UK government and from employers should focus on the simple message of the benefit of regular physical activity or 'movement'.

Physiology has already played a valuable role in demonstrating the impact of interventions such as physical activity, diet and sleep for preventing or slowing down age-related decline in health. For example, physical activity can help people maintain cardiovascular health and higher levels of muscular capacity as they grow older. As part of the Ageing Workforce Strategy, we recommend that the UK takes the opportunity to harness scientific research to weaken the link between ill health and older age by investing in relevant medical and physiological research on healthy ageing and longevity. The UK is well placed globally to help lead this work, and "advancing the medical science and understanding of ageing" has been identified as a key area in the government's existing Life Sciences Vision. With the average age of societies around the world increasing, there are enormous potential benefits of longevity science which can help prevent or delay the onset of multiple illnesses as people grow older.

KEY RECOMMENDATIONS

OBJECTIVE	RECOMMENDATIONS
<p>Support older people with health conditions to continue working.</p>	<ul style="list-style-type: none">• The government should work with employers to improve access to occupational health services by removing the cost barriers for small and medium sized enterprises through reduced employer National Insurance Contributions for organisations that provide access to such support.• Occupational health providers and employers should aim to improve the quality of occupational health services by delivering continuity of care between professional and individual, and producing simple evidence-based employer guidelines for older people, rooted in the latest physiological and behavioural evidence.• The government should work with employers, relevant charities and older workers themselves to tackle ageism and ableism by developing guidance and training for workplaces in England with an emphasis on creating more inclusive workplace cultures and proactive line management.

OBJECTIVE	RECOMMENDATIONS
<p>Help older people with health conditions to return to work.</p>	<ul style="list-style-type: none"> • The government and employers should ensure job design and recruitment practices are age-inclusive and accessible to older people with health conditions. This should include providing employees with the right to flexible working patterns from day one so that older people with health conditions are able to adopt a working pattern that meets their needs. • The government, NHS England, regional and local tiers of government and employment support providers should work together to provide integrated health and employment support. This should offer tailored support to older people rooted in medical and physiological evidence that will help those who want to return to work to do so. • In the medium-term, reform of the wider employment support system is needed to improve outcomes for over 50s. In previous work Demos has proposed a ‘Universal Work Service’ that would provide support to everyone, including those who are already in work, with a coordinated referral system across a local area.
<p>Medium-term prevention by improving the quality and design of work and the workplace so that they support older workers’ health.</p>	<ul style="list-style-type: none"> • The government and employers should work together to integrate promoting healthy lifestyles into employers’ policies to help prevent ill health and support healthy ageing. Guidance for employers should include applied insights from medical and physiological research, and have tailored advice for older workers and those with health problems and disabilities.

OBJECTIVE	RECOMMENDATIONS
<p>Long-term prevention by improving public health over the course of people's lives, and by advancing scientific research, including physiological research, on ageing.</p>	<ul style="list-style-type: none"> • The UK government and research funders should invest more in scientific research on ageing, establishing a centre to coordinate UK and international research on healthy ageing. This would strengthen the medical and physiological evidence base required to weaken the link between ill health and older age, improve understanding of the underlying biology of ageing and increase effectiveness of interventions. • The government and the NHS should work together to improve public health advice and communications by ensuring that it is based on up-to-date medical and physiological research. This should include advice that is tailored towards and accessible for people who face barriers in trying to follow public health advice, including older people and those from lower socioeconomic backgrounds.

INTRODUCTION

The Covid-19 pandemic had a profound impact on people, businesses and economies. Millions were infected with Covid-19 in the UK, and many tragically died, while others avoided seeking health care to help reduce pressure on the NHS, or struggled with their mental health during a period of huge uncertainty. At the same time, many businesses failed and the UK's GDP fell by 9.9% in 2020 - the biggest annual decline in 300 years. One of the lessons the pandemic taught us is that people's health and the wider economy are tightly interwoven.

This report shows that poor health is causing many over 50s to become 'Early Exiters' who leave work before they want to do so, reducing the UK's labour supply and preventing companies recruiting new staff and growing their businesses. At the same time, the UK is experiencing high inflation and a deep fall in living standards, with more and more people resorting to using food banks or skipping meals. We know that poverty and financial anxiety have negative impacts on people's health; there is a serious risk that the cost-of-living crisis causes more people to become ill and unable to work. A healthy population underpins a strong economy, and a strong economy can help improve people's health by boosting living standards. We should not think of health and the economy as separate issues, but recognise the way they are fundamentally interlinked.

This report looks at one particular aspect of the way in which health and the economy interact: over 50s leaving work due to health conditions. This is important for a number of reasons, two of which we have focused on here. The first is that the increase in older people leaving work since the pandemic has contributed to an unusual situation in the labour market in the last year: there have been high levels of vacancies and simultaneously very low unemployment. The second is that the UK has an ageing population, and around a third of the UK's workforce is over 50. In the long term, enabling people to remain healthy for longer and weakening the current link between ageing and poor health will be vital for the UK's future economic prosperity.

In this report, we focus on the age group 50-64, whom we also refer to as 'older workers'. This is

because we wanted to explore the reasons people left work before reaching state pension age. Although the state pension age is now 66, the Office for National Statistics (ONS) continues to publish data based on the traditional definition of 'working age' (16-64), and also publishes some data for the age group 50-64, hence our focus on this age group.

Methodologically, this report draws on the following sources:

- Three focus groups with people aged 50-64 who had left work in the last three years partly or wholly due to a health condition, conducted in August and September 2022
- A YouGov poll with a sample of 2,035 people aged 50+, weighted to be representative of all UK adults aged 50+, conducted online from 7-11 October 2022
- Analysis of labour market data from the ONS
- An evidence review on the links between age, health and work
- Input from an advisory group and a roundtable discussion with a range of stakeholders

SECTION 1 CONTEXT

Health is more important than age in affecting people's work

There is a complex relationship between age, health and work. While age does impact people's health to a certain extent, a range of evidence suggests that health, rather than age, is the more important factor in affecting people's work.

Poor health and/or disability are important factors affecting people's likelihood of working. Poor health is associated with a lower probability of being in work, both in the UK and other countries.¹ In the UK, the 'disability employment gap' - the difference between employment rates for people with and without a disability - currently stands at 28.4% (using the definition of a disability as a long-term physical or mental health condition which reduces an individual's ability to carry out day-to-day activities).² Health and work are also interrelated: according to the 2010 Marmot review, "unemployment contributes to ill health and poor health increases the likelihood of unemployment, and the two can become mutually reinforcing."³

In a recent paper by Jonathan Haskel and Josh Martin at the Bank of England, the authors assess which factors predict economic inactivity (that is, neither being in work nor looking for work) among people aged 16-64.⁴ Their research shows that

having a long-term health condition significantly increases the probability of being economically inactive for both men and women at all ages.⁵

A literature review by the Health and Safety Executive (HSE) concluded that "there is no consistent evidence that older workers are generally less productive than younger workers", and that older workers are no more likely to take sickness absence than younger workers.⁶ Similarly, according to a different literature review, "the literature does not conclusively support that ageing results directly in a negative effect on work performance."⁷ Even in more physically demanding jobs, research suggests that "age alone is not a definitive predictor of the performance of individuals... fitness appears to be a much stronger predictor of job performance."⁸ This is an example where physiological monitoring, assessment and (if needed) intervention can be of benefit to both the employer and employee.

The ageing process itself, while variable among individuals, shows some physiological and cognitive changes.⁹

- Respiratory and cardiovascular function (e.g. maximum heart rate) decline after about the age of 35, although physical activity can reduce the rate of decline associated with ageing.
- Muscle strength is gradually lost with age between

1 Milligan, G., Greig, C. and Tipton, M. *A Literature Review on the Ageing Workforce*. Energy Institute and University of Portsmouth, 2014, p. 19.

2 Department for Work and Pensions. *The employment of disabled people 2021*. GOV.UK, 11 February 2022. Available at www.gov.uk/government/statistics/the-employment-of-disabled-people-2021/the-employment-of-disabled-people-2021 [accessed 29/10/2022]

3 Marmot, M. and others. *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post-2010*. The Marmot Review, February 2010, p. 70. Available at www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf [accessed 25/10/2022]

4 Haskel, J. and Martin, J. *Economic inactivity and the labour market experience of the long-term sick [preliminary version]*. July 2022, Table 2. Available at www.imperial.ac.uk/people/j.haskel/document/9802/Haskel%20Martin%20sickness%20inactivity%20v2/?Haskel%20Martin%20sickness%20inactivity%20v2.pdf [accessed 25/10/2022]

5 Haskel and Martin. *Economic inactivity*. 2022. Figure 7.

6 Health and Safety Laboratory. *An update of the literature on age and employment*. Health and Safety Executive, 2011, p. vii. Available at www.hse.gov.uk/research/rrpdf/rr832.pdf [accessed 25/10/2022]

7 Milligan, Greig and Tipton. *Ageing Workforce*. 2014. p. 5.

8 Milligan, Greig and Tipton. *Ageing Workforce*. 2014. p. 22.

9 Milligan, Greig and Tipton. *Ageing Workforce*. 2014. pp. 13-18.

40-65. However, physical activity can help maintain higher levels of muscular capacity compared to being physically inactive.

- Some cognitive function (e.g. processing visual information) declines with age, but “the ageing brain compensates for decreases in cognitive performance by activating other areas without adversely affecting cognitive performance.”¹⁰ More serious cognitive decline typically only becomes apparent at around age 70.¹¹

These factors may affect older people’s ability to undertake some physically demanding jobs. However, overall, these physiological and cognitive changes specifically due to ageing do not seriously affect most people’s ability to work, including work which requires physical activity.¹²

According to a literature review, “poor health, chronic diseases, and lifestyle factors were the largest factors associated with being out of the labour market, not age.”¹³ There are significant health differences between individuals of the same chronological age, and it is their underlying health and fitness, rather than an individual’s age, that affects people’s work (before reaching state pension age). Healthier individuals are able to work for longer, and are not on average significantly different from younger workers.¹⁴ Rather than age in and of itself, other risk factors affect people’s health to a greater degree, including physical inactivity, BMI/obesity, smoking, alcohol consumption and diet/nutrition.^{15,16} The implication for employers and policy makers is that the focus should be on people’s health, rather than their chronological age.

This aligns well with evidence that improving people’s health enables more people to work. For example, recent modelling found that a 1% decrease in the proportion of workers off due to long-term sickness is associated with a 0.45% increase in the employment rate at the local authority level.¹⁷ This suggests that targeting health across the population, including improving the health of over 50s, could help achieve economic growth, a key aim of both the government and the opposition.

The UK has seen a significant increase in the number of people aged 50-64 leaving work since the pandemic

Since the pandemic, the UK has experienced what many have called an ‘exodus’ of over 50s from the labour force. These are the ‘Early Exiters’. An increasing number of older people are leaving work early (before state pension age) and becoming economically inactive. According to the ONS, economic inactivity has increased since the start of the pandemic and over 60% of this increase has been driven by 50-64 year olds.¹⁸ As of the latest data (October 2022), there are 374,000 more economically inactive people aged 50-64 in the UK, compared to before the pandemic.¹⁹

This has stark consequences for both the UK economy and older people themselves. A rise in economic inactivity among over 50s has contributed to the labour shortages seen in the economy during 2022; according to the Institute for Employment Studies, there are now 900,000 fewer people in work than there would have been were it not for the pandemic.²⁰ As will be discussed in more detail later, many older people are also facing significant financial difficulties as a result of having left the workforce early, largely due to not being able to access their full pension. This is particularly concerning in the light of the current cost of living crisis where people are facing rising costs of energy and essential items like food, and risks worsening socioeconomic inequalities in the UK. A decline in the financial circumstances of older economically inactive people is likely to create a vicious cycle with poorer health outcomes.

The UK is unusual among other high-income countries in that it has sustained this fall in economic activity among 50-64 year olds since the start of the pandemic, while other countries like Germany, Italy, the US and Canada have seen their rates of economic activity return to pre-pandemic levels.²¹ It is beyond the scope of this report to analyse why other high-income countries are not seeing this trend, but it does show that what is happening in the

10 Milligan, Greig and Tipton. *Ageing Workforce*. 2014. p. 17.

11 Milligan, Greig and Tipton. *Ageing Workforce*. 2014. p. 17.

12 Milligan, Greig and Tipton. *Ageing Workforce*. 2014. pp. 21-22.

13 Milligan, Greig and Tipton. *Ageing Workforce*. 2014. p. 5.

14 Milligan, Greig and Tipton. *Ageing Workforce*. 2014. p. 23.

15 Milligan, Greig and Tipton. *Ageing Workforce*. 2014. p. 5.

16 Health and Safety Laboratory. *Age and employment*. 2011. p. 61.

17 Richardson, B. and others. The link between investing in health and economic growth. Carnall Farrar, October 2022, p. 6. Available at

18 Office for National Statistics. *Employment in the UK: October 2022*. 11 October 2022. Available at www.ons.gov.uk/

[employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/employmentintheuk/october2022](http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/employmentintheuk/october2022) [accessed 25/10/2022]

19 Office for National Statistics. *Employment in the UK: October 2022*. 2022. Figure 7.

20 Institute for Employment Studies. *Labour Market Statistics*. July 2022. Available at www.employment-studies.co.uk/resource/labour-market-statistics-july-2022 [accessed 25/10/2022]

21 Evans, S. *The participation gap: The UK’s labour market through the pandemic in international context*. Learning and Work Institute, 11 July 2022, p. 17. Available at <https://learningandwork.org.uk/resources/research-and-reports/participation-gap-labour-market> [accessed 25/10/2022]

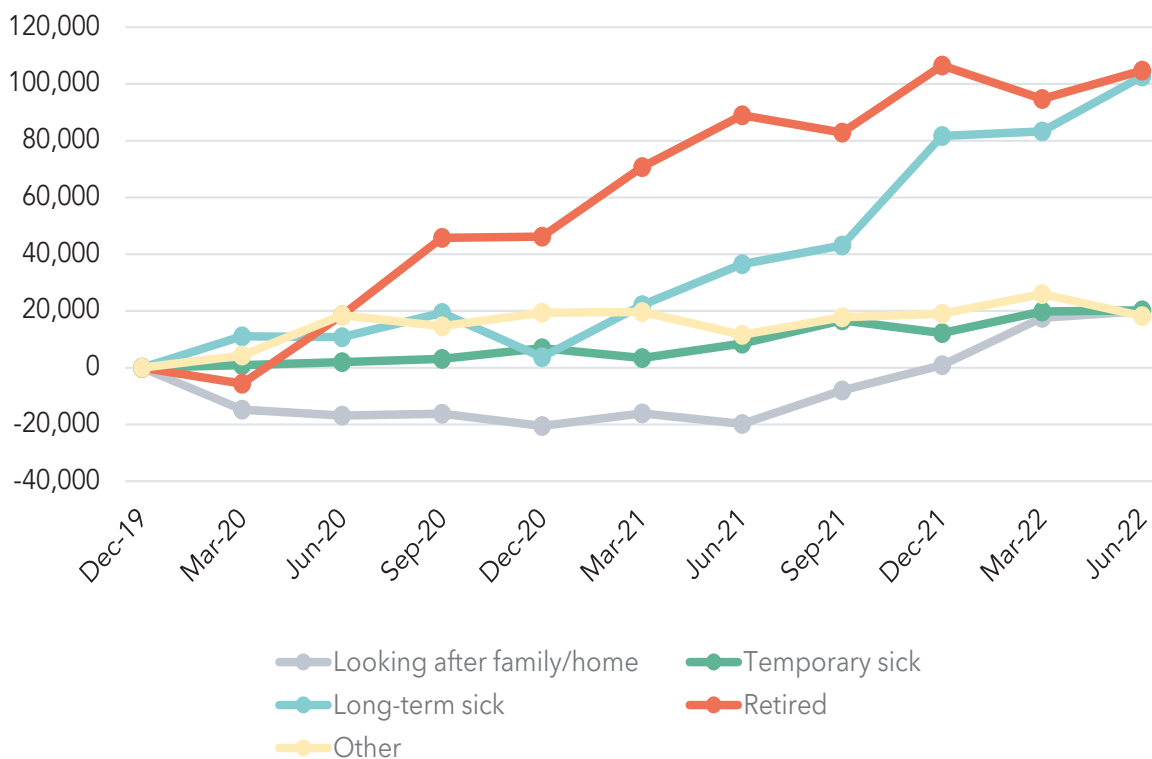
UK is not inevitable, and that urgent steps need to be taken to support older workers and reverse this trend in early exits among the over 50s.

Poor health is an important cause of economic inactivity among over 50s

Based on a range of evidence, it is clear that poor health is one of the main drivers of the rise in economic inactivity among older people since the pandemic. According to the latest ONS data, among over 50s who left work early, reasons for not returning to work include disability (12%), illness (10%), mental health issues (8%), stress (6%) and illness from Covid-19 (1%).²²

According to data from the ONS's Annual Population Survey, early retirement and ill health account for most of the growth in economic inactivity among the 50-64 age group since the pandemic. Taken together, those citing long-term sickness or temporary sickness as the main reason for not being in work outnumber those that cite early retirement.

FIGURE 1
CHANGE IN ECONOMIC INACTIVITY AMONG 50-64 AGE GROUP SINCE THE START OF THE COVID-19 PANDEMIC



22 Office for National Statistics. Reasons workers aged 50 years and over left and returned to work during the coronavirus (COVID-19) pandemic, Great Britain. 27 September 2022. Available at www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/reasonsworkersaged50yearsandoverleftandreturnedtoworkduringthecoronaviruscovid19pandemicgreatbritain [accessed 25/10/2022]

'Long Covid' is not perceived by older people to underlie choices to leave work and not return

80,000 withdrawals from employment directly attributable to Long COVID in the UK since the start of the pandemic, representing 0.3% of the employed workforce.²⁶

The role of 'Long Covid' in the trend of older people leaving work and not returning is complex. On the one hand, based on the survey data from the ONS cited above, only 1% of older people say that "an illness or disability resulting from coronavirus (Covid-19) infection" is a reason for them not returning to work.²³ (The survey does not include Long Covid as an option in the question about why people left work in the first place.) The figure of 1% suggests that health-related Long Covid has played only a minor role in the increase in older people leaving work and not returning. A study by the Institute for Fiscal Studies (IFS) used regression analysis to assess the effect of having Long Covid in March 2021 on labour market outcomes in September 2021: the study found a small fall in the number of people in work, but it was not statistically significant.²⁴ An additional reason for thinking that Long Covid is relatively unimportant in this specific context is comparison to other countries: as mentioned above, the UK is an outlier in seeing a rise in economic inactivity, especially among people over 50. If Long Covid was a key reason for the rise in economic inactivity, it is surprising that this is not observed in other countries which also had high rates of Covid-19 infections during the pandemic.²⁵

On the other hand, some researchers have suggested a direct impact of Long Covid on work exits. A paper by Darja Reuschke and Donald Houston used UK data in their analysis:

An estimated 11.4% of those 17-69-years-old who were in work prior to the pandemic and reported to have Long COVID between November 2020 and September 2021 had left employment. This compares to 7.7% in a comparison group who did not have Long COVID. Hence, the estimated 'excess' employment withdrawal due to Long COVID is at around 3.7%. Analysis of cumulative infection rates of Long COVID and the proportion leaving employment due to Long COVID above suggest some

Although 80,000 is a significant number, it is a relatively small proportion of the total rise in people leaving work in the UK. It is also worth noting that this is based on a slightly larger age group (17-69) than most other analyses (for example, ONS statistics). In addition, it does not align with people's self-reported survey responses. Speculatively, this could be because there are unobserved differences between the two groups identified in Reuschke and Houston's paper; or because 'Long Covid' is associated with the development of other types of health condition; or because of the 'scarring effects' of being out of work for a period of time.

By way of comparison to Reuschke and Houston's paper, recent research in the US has found that workers with week-long Covid-19 absences were 7% less likely to be in the labour force one year later compared to otherwise similar workers, which has reduced the US labour force by approximately 500,000 people (0.2% of adults).²⁷ (Unlike other research, this paper has the advantage of not relying on people self-reporting Long Covid.) This conclusion might initially suggest that Long Covid is more important than the other sources cited. However, the authors of the study state: "Our results are... best interpreted as identifying not 'Long Covid' in isolation but rather the overall labour-supply adjustment, across mechanisms, induced by Covid-19 illnesses."²⁸ One possibility is the so-called 'scarring' effect of being absent from work for a period of time, which is known to reduce the probability of an individual being in work afterwards. Another possibility could be people choosing to retire earlier than they otherwise would have done, but not necessarily because of a specific illness connected to a Covid-19 infection.²⁹ In the study, among workers 55 and over, health-related absences caused a significant long-term increase in the number of people who said they stopped working due to "retirement", but a much smaller increase in the number of people who said they stopped working due to "illness" or "disability".³⁰

23 The wording used by the ONS is: "I developed an illness or disability resulting from coronavirus (COVID-19) infection".

24 Waters, T. and Wernham, T. *Long COVID and the labour market*. Institute for Fiscal Studies, 27 July 2022. Available at <https://ifs.org.uk/publications/long-covid-and-labour-market> [accessed 25/10/2022]

25 Burn-Murdoch, J. Half a million missing workers show modern Britain's failings. *Financial Times*, 7 October 2022. Available at www.ft.com/content/b197e9e0-dd53-4d77-a84f-a94824100ed5 [accessed 25/10/2022]

26 Reuschke, D. and Houston, D. The impact of Long COVID on the UK workforce. *Applied Economics Letters*, 6 July 2022. Available at <https://doi.org/10.1080/13504851.2022.2098239> [accessed 25/10/2022]

27 Godi, G. S. and Soltas, E. The Impacts of Covid-19 Illnesses on Workers. National Bureau of Economic Research, September 2022. Available at www.nber.org/papers/w30435 [accessed 25/10/2022]

28 Godi and Soltas. Impacts of Covid-19 Illnesses. 2022. p. 1.

29 Godi and Soltas. Impacts of Covid-19 Illnesses. 2022. p. 1.

30 Godi and Soltas. Impacts of Covid-19 Illnesses. 2022. p. 35.

Looking at all the evidence in the round, there is a degree of uncertainty about the precise impacts of Long Covid and how this relates to employment. Overall, however, our conclusion is that health-related Long Covid is less important than other reasons causing older people to leave work and not return. Health Foundation research independently reached the same conclusion that “Long Covid is playing a relatively minor role in the increase in inactivity.”³¹

health issues which have affected people’s work, as opposed to health conditions which caused people to leave work entirely.

As a caveat, it is important to differentiate between Long Covid and the broader circumstances of ‘the pandemic’ in general: it is clear that the circumstances of the pandemic did impact older people’s decisions about work in a number of different ways, including factors such as a ‘re-evaluation’ of the role of work in their lives and worries about being infected with Covid-19.

Poor mental health is the most commonly reported health-related reason which negatively affects older people’s work

In YouGov polling commissioned for this research, we asked over 50s the following question: “Which, if any, of the following condition(s) have ever prevented you from working/required you to work fewer hours?” The following table shows the most common conditions people gave among the age groups 50-54, 55-59 and 60-64. Note that these are

WHICH, IF ANY, OF THE FOLLOWING CONDITION(S) HAVE EVER PREVENTED YOU FROM WORKING/REQUIRED YOU TO WORK FEWER HOURS? (SELECTED ANSWERS)			
	AGE 50-54	AGE 55-59	AGE 60-64
Depression, stress or anxiety	17%	17%	17%
Other health problems or disabilities	9%	8%	10%
Mental illnesses	9%	5%	7%
Musculoskeletal problems	6%	7%	10%
Stomach, liver, kidney or digestive problems	5%	4%	5%
Chest or breathing problems, asthma, bronchitis	4%	4%	4%
Heart, blood pressure or blood circulation problems	3%	3%	4%
Progressive illnesses	3%	2%	2%
Infections or inflammatory diseases	2%	4%	4%
<i>Source: YouGov polling of UK adults over 50, October 2022, sample of 1,090 people aged 50-64</i>			

31 Tinson, A., Major, A. and Finch, D. Is poor health driving a rise in economic inactivity? The Health Foundation, 10 October 2022. Available at www.health.org.uk/news-and-comment/charts-and-infographics/is-poor-health-driving-a-rise-in-economic-inactivity [accessed 25/10/2022]

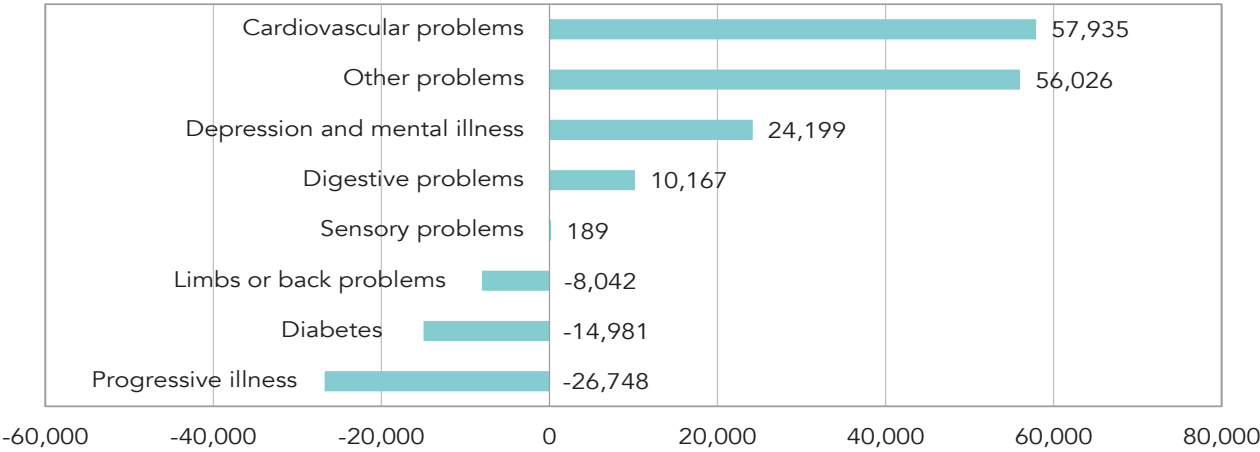
It is probably not surprising that “depression, stress or anxiety” is the most common reason people give which has prevented them from working, or caused them to work fewer hours, during their working lives: many people experience poor mental health, usually on a temporary basis. It is important to distinguish this from longer-term mental illnesses, which also negatively impact people’s work, but do not affect as many people according to our poll. However, the effects are likely to be more severe or longer-lasting in comparison to shorter-term stress or anxiety.

Of physical health conditions, musculoskeletal problems most commonly affect people’s work according to our poll. These problems include issues such as arthritis and back pain. Before the pandemic, according to the Office for National Statistics, the most common reasons for sickness absence from work were “minor illnesses” such as colds (38.5 million lost working days) and musculoskeletal problems (27.8 million lost working days).³² However, it is not clear to what extent musculoskeletal problems cause people to leave work entirely, as opposed to causing temporary absence or reduced hours worked.

Cardiovascular, ‘other’ and mental health issues have increased since the pandemic among older people who are economically inactive

While the previous section focused on health issues affecting people’s work in general, other analysis has focused on older people (in this instance, 50-69) who are economically inactive. Specifically, the Health Foundation has assessed changes in ‘main health conditions’ among this group since the pandemic: their analysis shows that there has been an increase in people reporting cardiovascular, ‘other’ and mental health issues among this group.³⁵

FIGURE 2
CHANGE IN THE NUMBER OF PEOPLE AGED 50-69 WHO ARE ECONOMICALLY INACTIVE BY MAIN REPORTED CONDITION, Q1 2020 TO Q1 2022



Source: Health Foundation analysis of the Labour Force Survey, ONS, 2022.³³

As the Health Foundation researchers note, the ‘other’ category may include some people with symptoms of Long Covid, although this is speculative.³⁴

32 Office for National Statistics. Sickness absence in the UK labour market: 2018. 6 November 2019. Available at www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2018 [accessed 25/10/2022]

33 Tinson, Major and Finch. Economic inactivity. 2022.

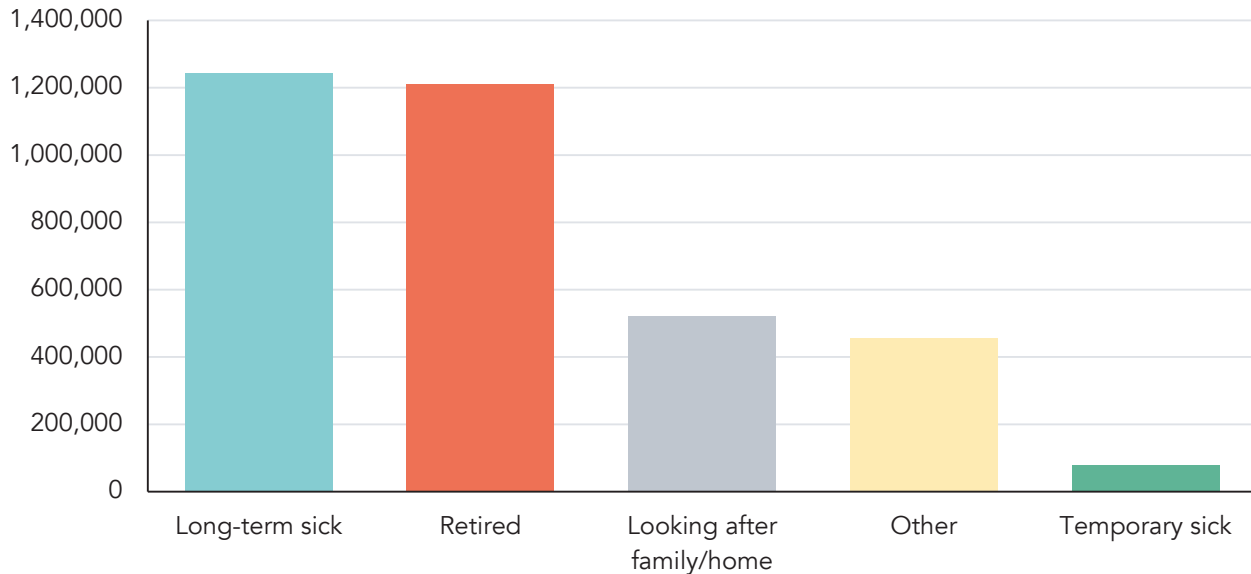
34 Tinson, Major and Finch. Economic inactivity. 2022.

35 Tinson, Major and Finch. Economic inactivity. 2022.

Retirement and ill-health are related

Looking at the whole population of people aged 50-64 who are economically inactive, long-term health is the single most common reason which people give for not working, closely followed by retirement.

FIGURE 3
ECONOMIC INACTIVITY AMONG 50-64 AGE GROUP BY MAIN REASON, JUNE 2022



Among people leaving work before state pension age since the pandemic, retirement is the most common reason given for not returning to work, with ONS data showing that 47% of over 50s who had left work early gave this response.³⁶ However, the ONS data does not tell us exactly how many over 50s have not returned to work because of choosing to retire and also having a health problem. We know from our focus groups that ill-health and retirement can interact, with some people retiring due to a physical or mental health issue:

I ended up applying for the job at the university, because that was three days and it was quite flexible, but then my mental health was still suffering which is why I ultimately retired.

- Focus group participant

36 Office for National Statistics. Reasons workers aged 50 years and over left and returned to work. 2022.

With the brain tumour and the coronary problems, it wasn't feasible for me to carry on with my occupation. So I took a decision then at that stage, because I was self-employed, that I would retire.

- Focus group participant

"I was suicidal at that point, and I just knew that I had to get out of the situation that I was in. Then eventually ended up medically retired in November.

- Focus group participant

In our polling, we asked people who said their work had been affected by a health condition about what had happened as a result of this. This confirms that for some people, a health condition contributes to their decision to retire before state pension age.

YOU MENTIONED PREVIOUSLY CERTAIN CONDITION(S) HAVE IMPACTED YOUR ABILITY TO WORK. WHICH, IF ANY, OF THE FOLLOWING HAVE HAPPENED AS A RESULT OF THIS?			
	AGE 50-54	AGE 55-59	AGE 60-64
Left role	35%	32%	24%
Reduced working hours	23%	22%	18%
Changed how my role is undertaken (e.g. flexible working hours, accessibility requirements, etc.)	21%	20%	9%
Changed roles within my organisation	9%	7%	6%
Taken early retirement	5%	18%	30%
Other	22%	16%	22%
Don't know	14%	10%	9%

Source: YouGov polling of UK adults over 50, October 2022; sample of 383 people aged 50-64 who answered this question

The results show people have a range of responses to a health condition affecting their work. Some people choose to retire early, partly or wholly caused by ill health, while others reduce the number of hours they work and/or move or change jobs ("left role" or "changed roles within my organisation").

Other research supports these findings: in early 2022, the ONS conducted a set of qualitative interviews with over 50s, reporting that those who have left work early and not returned have done so due to complex and interrelated factors, including early retirement, poor health or disability, caring responsibilities or work-related stress.³⁷

³⁷ Office for National Statistics. Impact of coronavirus on people aged 50 to 70 years and their employment after the pandemic. 14 March 2022. Available at www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/articles/impactofcoronavirusonpeopleaged50to70yearsandtheiremploymentafterthepandemic/2022-03-14 [accessed 25/10/2022]

Haskel and Martin also suggest that the ONS data understates the number of working-age people (16-64) who are economically inactive partly or wholly due to a long-term health condition. Their paper states:

In the published data people cannot, for instance, be inactive due to both retirement and long-term sickness, thus understating the true degree of long-term sickness. This is why in the published data, there are 230,000 more inactive with sickness as the main reason since pre-pandemic, compared with 450,000 more inactive who self-report as long-term sick (main reason or otherwise).³⁸

More detailed data is needed to tell us exactly why older people who have chosen to retire early have done so. This would allow us to get a truer picture of the role health plays in the rise of economic inactivity among over 50s. However, the clear implication of ours and others' research is that health is likely to be *more* important than current data might suggest, given the role of health in causing some people to retire early.

People in their 50s are more likely to say that poor health caused them to leave work, compared to people in their 60s

The reasons for leaving and not returning to work vary among the over 50s. People in their 60s are less likely to cite poor health as a reason for becoming economically inactive and are more likely to cite early retirement - according to the latest ONS data, 48% of 60-65 year olds cited retirement as their main reason for leaving work early, in comparison to 25% of 50-59 year olds.³⁹ On the other hand, 50-59 year olds were more likely than 60-65 year olds to say that either stress, mental health, illness or disability was the main reason they left work.⁴⁰ One likely reason for this is that people in their 60s feel more confident that they are in a comfortable financial position to retire: more than half (55%) of those aged 60 to 65 years said they were confident that their retirement provisions will meet their needs compared with just over one-third (38%) of those aged 50 to 54. But given that we know health sometimes plays a role in people's decision to retire, it is probable that health issues contribute more frequently to people over 60 choosing to retire than the data currently shows. Nonetheless, it is important to recognise that the younger cohort in the over 50s age group

are more likely to become economically inactive due to ill health, so efforts to support older workers with health problems and reverse this increase in economic inactivity can respond appropriately.

Older people in low-paid occupations are more likely to leave work due to health problems

There is also a level of occupational inequality among over 50s leaving and not returning to work due to poor health - over 50s from low paying occupations are more likely to leave and not return to work because of health problems than those from higher paid occupations. According to the Trade Union Congress (TUC), among over 50s in the lower paid occupational groups of process, plant and machinery operatives and elementary occupations, the proportion who have left work for health reasons is around 40%. Further, 50-65 year olds whose last job was in caring, leisure and other service occupations and customer service occupations are disproportionately likely to be economically inactive because of health problems - these four low-paid occupation groups account for 57% of health-related labour force exits, despite employing just three in ten workers.⁴¹ In comparison, only 10% of older people who worked in managerial or professional occupations have left and not returned to work due to poor health.⁴² It is therefore integral that reducing health inequalities is incorporated into efforts to prevent older people leaving work early due to ill health.

38 Haskel and Martin. Economic inactivity. 2022. p. 2.

39 Office for National Statistics. Reasons for workers aged over 50 years leaving employment since the start of the coronavirus pandemic: wave 2. 27 September 2022. Available at www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/reasonsforworkersagedover50yearsleavingemploymentsincethestartofthecoronaviruspandemic/wave2 [accessed 25/10/2022]

40 Office for National Statistics. Reasons for workers aged over 50 years leaving employment. 2022.

41 Trades Union Congress. Older workers after the pandemic: creating an inclusive labour market. 23 February 2022. Available at www.tuc.org.uk/research-analysis/reports/older-workers-after-pandemic-creating-inclusive-labour-market [accessed 25/10/2022]

42 Trades Union Congress. Older workers after the pandemic. 2022.

SECTION 2

WHY DO OLDER PEOPLE WITH HEALTH CONDITIONS STOP WORKING?

Ageism and ableism in the workplace are making it difficult for older people with health problems to stay in work

From hostile work cultures to hidden biases, many older people experience a combination of ageism and ableism in the workplace. Previous Demos research, conducted in partnership with the Centre for Ageing Better and the National Institute of Economic and Social Research (NIESR), found a widespread perception of age discrimination among older people, both with respect to experiences in the workplace and in recruitment processes.⁴³

This discrimination manifests itself in different ways with some older workers experiencing explicit discrimination that makes it difficult for them to keep working. For example, two of our focus group participants told us that they experienced bullying from their younger managers which was related to their age and health problems. For one of these participants, the bullying made her existing mental health issues worse, while for the other, it was the 'last straw' that eventually made her feel like she had no choice but to stop working.

So, I went from having migraines to the brain fog situation, to the management actually bullying me, in front of other people. Which actually just wears you down... I'd had enough in the end.

- Focus group participant

My back pain's always going to be there, and it was just, like, no, the mixture of the pain and the bullying and the abuse from the landlady at the pub, I just left.

- Focus group participant

Much of the time, however, the ageism and ableism older workers experience is not as obvious as this. Research by the Centre for Ageing Better has found that 'hidden ableism' is a common problem faced by older workers - the assumption that health problems and impaired capacity are 'normal' in old age, which can lead to older workers being undervalued. It can also prevent those with long-term health problems

43 Runge, J. and others. *Good Recruitment of Older Workers: Understanding Individuals' Recruitment Experiences*. Centre for Ageing Better, February 2021. Available at <https://ageing-better.org.uk/sites/default/files/2021-02/GROW-experiences-full-report.pdf> [accessed 25/10/2022]

from getting the support they need, because their issues are not thought of as disabilities but rather a 'normal' part of ageing.⁴⁴ There is an opportunity here to use physiological research to inform and challenge ideas about ageing, including the misconception that people are naturally less capable as they get older.

Similar hidden biases were experienced by many of our focus group participants. For example, one participant said that her managers had little understanding of menopause and the impact that the resulting "brain fog" had on her at work - she felt "sidelined" and her attempts to ask for support were not taken seriously because her managers were not understanding. This kind of disregard for older workers' health problems prevents them from getting the support they need from their employers to stay in work.

Many employers are failing to provide sufficient adjustments and support to older workers with health problems

I was in an environment that doesn't really give people with health conditions or disabilities the kind of help and support that they need to be fully effective.

- Focus group participant

Many older workers who leave work early due to health problems do so because their employers do not provide them with enough support and adequate reasonable adjustments. A survey by the Centre for Ageing Better found that more than two in five (44%) of over 55s had not had access to any support through an employer (including an occupational health assessment or informal support on managing a health condition), compared with 40% of 45-54 year olds and 28% of 35-44 year olds.⁴⁵ People aged 45 and over were also less likely than those under 45 to receive any form of support or adjustments from their employer.⁴⁶ Similarly, most of our focus group participants said that their employers didn't do enough to support them to stay in work - one participant said that they felt like employers just "want that tick" that allows them to claim that they are "disability positive", but in practice do little to

support their employees who have disabilities.

As discussed, employers' failures to put this support in place can often be explained by ageist and ableist attitudes. However, this is not always the case - many employers lack the resources and time needed to provide sufficient support. For example, one focus group participant - a former police officer who left his work due to severe mental health issues - said that earlier on in his career he got enough support from his employer to help him stay in work. More recently however, there had been less of this support available to him due to funding cuts.

There were systems in place...It was brilliant. And as a result of that, I managed to resume full duties....But then as the budgets were cut and people were slowly syphoned out of the organisation, whether they be support workers, rehabilitation staff, etc., the support went further and further down.

- Focus group participant

Smaller employers are particularly restricted in their ability to provide older employees with the support they need to stay in work. A 2021 survey of employers across Britain found that smaller employers are less likely than larger organisations to provide their employees with occupational health services - 92% of large employers provide occupational health services in comparison to 49% of medium employers and just 18% of small employers.⁴⁷ Our polling also found a significant difference across social grades in accessing occupational health: among people who said their health had affected their work, 24% of those from the ABC1 group said they had accessed occupational health services, compared to just 13% from the C2DE group.⁴⁸

In explaining what prevented them from providing adequate support to employees returning to work after long-term sick leave, smaller employers were more likely than larger employers to cite a lack of time or staff resources (64%) and a lack of capital to invest in more support (51%).⁴⁹ Employers' inability to provide support is preventing older people with health problems from staying in work, when they might otherwise have done so. More needs to be done to ensure that all older workers with health

44 Centre for Ageing Better. *Working well? How the pandemic changed work for people with health conditions*. 24 June 2021. Available at <https://ageing-better.org.uk/resources/working-well-how-pandemic-changed-work-people-health-conditions> [accessed 25/10/2022]

45 Centre for Ageing Better. *Health warning for employers: Supporting older workers with health conditions*. April 2018. Available at <https://ageing-better.org.uk/sites/default/files/2018-04/Health-warning-for-employers.pdf> [accessed 25/10/2022]

46 Centre for Ageing Better. *Health warning for employers*. 2018.

47 Tu, T., Maguire, K. and Shanmugarasa, T. *Sickness absence and health in the workplace: understanding employer behaviour and practice*. GOV.UK, 20 July 2021. Available at www.gov.uk/government/publications/sickness-absence-and-health-in-the-workplace-understanding-employer-behaviour-and-practice/sickness-absence-and-health-in-the-workplace-understanding-employer-behaviour-and-practice-summary [accessed 25/10/2022]

48 YouGov polling, October 2022, sample of 658 people aged over 50.

49 Tu, Maguire and Shanmugarasa. *Sickness absence and health*. 2021.

problems have access to reasonable adjustments and support, regardless of whether they are working for a small or large organisation.

Long waits for good quality NHS care are causing some older people to stop working

When it comes to accessing care from the NHS, many older people are not getting the support they need, which is hindering their ability to stay in work. According to ONS data from September 2022, one in three (35%) of 50-65 year olds who left their job for a health reason are currently on a waiting list.⁵⁰ Many focus group participants told us they faced long waits to get treatment from the NHS. For example, one person had been on a waiting list for hip replacement surgery for nearly two years; she eventually had to leave her job because it involved walking a lot, which was difficult for her due to the pain in her hip. Other focus group participants faced delays in getting an accurate diagnosis - one participant waited two years to get a diagnosis of fibromyalgia, for example. By the time she had got that diagnosis and was able to access treatment, her health problems had become so bad that she felt like there was nothing her employer could do to help her stay in work.

Then eventually last year the rigmarole of trying to persuade a GP that there was something wrong...that I was in pain, that I couldn't walk, I couldn't bend my knees, I couldn't lift my arms. I was eventually diagnosed with fibromyalgia, severe fibromyalgia, and osteoarthritis... So that took two years to get that diagnosis.

- Focus group participant

Even when people do access NHS care, many of our focus group participants said that the care they received was often disappointing. One problem raised by some of our focus group participants was that there was not enough ongoing care for people with chronic conditions, making it difficult for them to manage their health problems and stay in work.

And you get say physio, you get a block for a number of weeks, a few weeks and then you're given a few exercises and you're left and they don't come back to you... the NHS, I think,

is fantastic as an acute service. But it doesn't treat, sort of, ongoing things. You're left, pretty much, to your own devices

- Focus group participant

Further, one person we spoke to, who had a mental health condition, told us that the counsellors she saw kept changing during the course of her treatment, which made it difficult for her to trust and feel comfortable talking to them. Eventually, the stress caused by this made her mental health worse, hindering her ability to improve her health and stay in work.

I did CBT, but the counsellors kept changing... they wanted me to start all over again. It was such a stressful experience, when you are hearing yourself explaining what is going on with your life. You get to a point where you are trusting someone and you are actually trying to make progress and trying to work through all the CBT, and then they want you to start all over again... I just gave up on it in the end.

- Focus group participant

Research by the Nuffield Trust has found that seeing the same primary care practitioner is strongly associated with improved patient outcomes and increased satisfaction among patients who want this continuity of care.⁵¹ Older patients and patients with chronic physical and mental health conditions have been found to particularly value being able to see the same practitioner.⁵² It is unsurprising then that some of the older people we spoke to have been unsatisfied with the lack of ongoing care they received from the NHS and have found it difficult to manage their conditions and stay in work without greater continuity of care.

While long waiting times and poor quality care affect many NHS patients, not just older people, insufficient NHS care does mean that even if employers put reasonable adjustments in place, people's health problems can deteriorate to the point where these adjustments will not be enough. Therefore, if the number of older workers leaving work early is to be reduced, it is imperative that older workers with long-term health problems are

50 Office for National Statistics. Reasons for workers aged over 50 years leaving employment. 2022.

51 Palmer, W. and others. *Improving access and continuity in general practice: Practical and policy lessons*. Nuffield Trust, November 2018. Available at www.nuffieldtrust.org.uk/files/2019-01/continuing-care-summary-final-.pdf [accessed 25/10/2022]

52 Palmer and others. *Improving access and continuity*. 2018.

able to access timely and appropriate health care. It is also important to support people's health while on a waiting list and before treatment: for example, 'prehabilitation', enhancing an individual's functional capacity before treatment or surgery, is associated with improved outcomes, and is informed by physiological research.⁵³

Many older people with health conditions do not want to retire early, although it is the right option for some people

It was clear from our focus groups that people's decisions regarding retirement involved weighing up a complex range of factors, including their age, physical health, mental health, financial circumstances, family circumstances and caring responsibilities and the type of occupation they had. Despite noting some benefits of retirement, such as more time to spend with family, most people told us they did not want to leave work, and many expressed frustration at feeling forced to do so.

My decision to leave work was a bit devastating for myself... I was quite resentful about having to leave, but felt I had no other option because of my mental state at the time.

- Focus group participant

I didn't want to leave. I loved my job, completely loved it... but eventually the decision came that day... That is the last time. I can't do this anymore. It will end up killing me.

- Focus group participant

Although my intention was to work until the normal, sort of, well I say 'normal' retirement age, it just brought it to a head and brought things that much earlier on.

- Focus group participant

And so, it was, kind of like, in some ways I felt the decision was taken out of my hands.

- Focus group participant

However, for some older people with health conditions, early retirement is the right option, enabling them to manage their health and improve their overall wellbeing. A few focus

group participants said they had found retirement beneficial.

I was relieved, because it was a lot of pressure trying to juggle work and looking after my health as well. I feel happy that I've got a lot of freedom now. I don't have to work, I'm not tied to it.

- Focus group participant

I'm quite enjoying it - I'm able to meet up with friends, who are also not working for other reasons... I can do some things, so I can manage to have a bit of a life. So, I'm happy about that, and I can do that during the week, instead of the weekends when it's busy. It's much easier, much freer.

- Focus group participant

I have got to know a lot more people in my area now, so I have built up a close-knit neighbourhood friendship... I have a 90-year-old dad who is on his own, who... won't be with us forever. So it is nice that I get to spend some time with my dad.

- Focus group participant

It clearly would not be appropriate to imagine that everyone should work until state pension age, and it is important to acknowledge that retiring a year or two before state pension age is very different to retiring 10-15 years before state pension age. However, summarising from our focus groups, our participants' overall view was that everyone should be offered support to continue working if they want to do so, and that no one should be excluded from working because of their age or health.

ONS survey data supports the view that, although some older people are happy with their decision to retire, many would consider returning to work. Among those aged 50-65 who left work since the pandemic and have not returned, a majority (58%) are interested in returning to work.⁵⁴ There are clear differences by age: four in five (86%) of those aged 50-54 would consider returning to work, but this falls to two in five (44%) of those aged 60-65.⁵⁵

On some occasions, a narrative has been presented that the rise in older people leaving work reflects people taking comfortable early retirement as a

53 Banugo, P. and Amoako, D. Prehabilitation. *BJA Education*, 17 (12): 401-405, 1 December 2017. Available at <https://doi.org/10.1093/bjaed/mkx032> [accessed 25/10/2022]

54 Office for National Statistics. Reasons workers aged 50 years and over left and returned to work during the coronavirus (COVID-19) pandemic, wave 2 sub-group. 27 September 2022, Worksheet 13. Available at www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/datasets/reasonsworkersaged50yearsandoverleftandreturnedtoworkduringthecoronaviruscovid19pandemicwave2subgroup [accessed 25/10/2022]

55 Office for National Statistics. Wave 2 sub-group. 2022. Worksheet 13.

people, but the real picture is more nuanced: many of those who left work did not want to leave in the first place, and many would consider returning to work.

SECTION 3

THE IMPACT LEAVING WORK HAS ON OLDER PEOPLE

Many older people struggle financially after leaving work

In this research, the focus is on people leaving work before state pension age. One of the main concerns, therefore, for older people with health conditions leaving work is their financial security before reaching state pension age. (There are of course concerns about financial security for older people after state pension age, but that is outside the scope of this report.) Although there are some 'comfortable early retirees', there are also many people who are either already struggling financially, or who worry that they will be in the coming months given the cost of living crisis the UK is currently experiencing.

Almost all our focus group participants mentioned that they had seen a reduction in their income since leaving their job. However, the nature of the impact of this loss of income varied significantly for different people. While some people talked about not being able to spend as much as they used to on discretionary items and having to make lifestyle changes like buying fewer clothes and going on cheaper holidays, several of our focus group participants said they were struggling to meet essential needs as a result of leaving work.

It's actually put me in arrears with a lot of my priority bills. Now, I'm actually in receipt of limited work capacity allowance, and I've just

been awarded PIP at the advanced level on both. But I'm so far behind on bills.

- Focus group participant

The sources of income people were relying on were varied: some had private pensions which they were able to access before state pension age; others were relying on savings; some said that their partner had a job; and some people were receiving health or disability-related benefits. Most people also mentioned reducing spending in one way or another since leaving work.

Many focus group participants were concerned that the sharp increases in the cost of living would negatively impact their financial security. People mentioned inflation and rising energy bills as particular concerns, noting that their income was not increasing to match these rising costs. This was clearly a serious worry for many people, and there is a real risk of rising poverty among people in this age group who have left work due to health conditions.

But losing money, it's very difficult to catch up with that, especially with cost of living as it is now. My fuel bill's going up in the winter. I'm very reliant on the two pensions that I have, and benefits.

- Focus group participant

An adult who is over 25 on Universal Credit gets £343 a month to live on. That in total annually is £4116. We're looking at energy bills that are going to hit £5000 in January. And that's frightening. So, I can't even keep my roof over my head... I just feel like I'm stood, leaning into an abyss.

- Focus group participant

I'm on Universal Credit now. I get a limited capability for work, my top-up. But with the increase of everything, energy bills, fuel, food, I'm going day by day, now. So, my mental health is suffering from it. Because I was stressed out most of the time anyway, but now I just worry about, can I pay the next bill, and get food and fuel?

- Focus group participant

Similarly to our focus groups, according to the ONS data the three major sources of income which people aged 50-65 who have left work since the pandemic are relying on are a private pension (49%), savings (46%) and financial support from their partner (27%).⁵⁶ Only 9% say they receive state benefits, although this figure is likely to be higher among people with health conditions.⁵⁷

It is worth noting that on average this group faces lower housing costs than other groups in the UK's population. Two thirds (66%) own their home outright, although one in five (19%) have a mortgage, which is likely to increase in cost over the next few years based on the expected increase in interest rates.⁵⁸

Nonetheless, people are concerned about financial security in retirement. While one in two (55%) of those aged 60-65 feel confident that their retirement provisions will meet their needs, this falls to one in three (38%) among those aged 50-54.⁵⁹ This suggests that there is a significant level of concern about financial security for older people looking ahead, especially given the sharp increase in the cost of living.

Leaving work has a negative impact on many people's physical and mental health, but for some the relationship is complex

Evidence clearly shows that, on average, being in employment is beneficial for people's health and wellbeing, while being unemployed has a negative impact on people's health and wellbeing.⁶⁰ Being unemployed (which, it should be noted, is different to being retired) is associated with "increased rates of limiting long-term illness, mental illness and cardiovascular disease... higher use of medication and much worse prognosis and recovery rates."⁶¹ There are multiple reasons unemployment can lead to poor health - the resulting financial problems can lower people's living standards and also reduce social integration and people's self-esteem, for example.⁶²

However, while this is true on average, adverse working conditions, or poor job quality, can have a negative effect on people's health. This includes exposure to physical hazards or dangerous work, but it also includes many other factors such as job security, intensity of work, work hours and lack of control over work tasks. According to the 2010 Marmot Review, "a range of research relates issues such as job security, job satisfaction and supervisor and peer support to various psychological and physical health impacts, such as general ill health, depression, cardiovascular disease, coronary heart disease and musculoskeletal disorders."⁶³ The summary of the evidence is that "being in good employment is protective of health."⁶⁴ The concept of 'good employment' or 'good work' has been defined in several ways:

Good work is characterised by a living wage, having control over work, in-work development, flexibility, protection from adverse working conditions, ill health prevention and stress management strategies and support for sick and disabled people that facilitates a return to work.⁶⁵

'Good work' is defined as having a safe and secure job with good working hours and conditions, supportive management and opportunities for training and development. [...] [It] means having not only a work environment that is safe, but also having a sense of security, autonomy, good line

56 Office for National Statistics. Wave 2 sub-group. 2022. Worksheet 18.

57 Office for National Statistics. Wave 2 sub-group. 2022. Worksheet 18.

58 Office for National Statistics. Wave 2 sub-group. 2022. Worksheet 24.

59 Office for National Statistics. Wave 2 sub-group. 2022. Worksheet 21.

60 Marmot and others. *Fair Society, Healthy Lives*. 2010. p. 68.

61 Marmot and others. *Fair Society, Healthy Lives*. 2010. p. 68.

62 Marmot and others. *Fair Society, Healthy Lives*. 2010.

63 Marmot and others. *Fair Society, Healthy Lives*. 2010. p. 72.

64 Marmot and others. *Fair Society, Healthy Lives*. 2010. p. 26.

64 Marmot and others. *Fair Society, Healthy Lives*. 2010. p. 115.

*management and communication within an organisation.*⁶⁶

The evidence from the focus groups and surveys of older workers supports both of these findings. On the one hand, some people in our focus groups described situations which were clearly not 'good work' - for example, unsupportive line management, difficult work relationships, long working hours, work that caused a significant degree of stress or an ageist or ableist work environment. In this context, some people described their health improving after leaving work. On the other hand, some participants told us their physical or mental health had worsened since leaving work, revealing the complex relationship between health and work for older people with health conditions.

Our focus group participants also described a complex relationship between work and their mental health. Some participants described moderate to severe mental health problems which had forced them to leave work, and explained that after leaving work they had experienced improvements in their mental health. Reasons for this included no longer having to deal with a particularly stressful situation or relationship at work, or having more time to spend with family or friends.

However, other participants talked about the positive impact of work for their mental health, and conversely the negative impact of leaving work. This included factors such as feelings of social isolation or loneliness, or greater concern or worry about their financial circumstances.

Quite mixed feelings. In some, quite a relief, because I don't have the anxiety of work, or the risk of injury. But in others, missing the social side, the team I worked with, the feeling that you have a purpose. And wondering what to do with your time. And also, with the financial impact.

- Focus group participant

The ONS survey corroborates this finding. On the one hand, as noted above, stress and mental health issues are contributing factors to older people leaving work. On the other hand, among those who said they would consider returning to work, 36% said they would do this "to improve my mental health".⁶⁷ This aligns well with the views of focus group participants, who recognised that work can have either a positive or negative impact on mental health depending on individual circumstances.

Finally, other focus group participants talked about improvements in their physical health since leaving work. In particular, some people mentioned having more time for physical activity, while others talked about having more time to shop and cook, which had made it easier to eat more healthily. In the ONS survey, nearly two in five (18%) of those aged 50-65 who left work since the pandemic said that they haven't returned to work because of a "change in lifestyle" - our focus group gives some insight into the kinds of changes people may be thinking about. Nonetheless, most focus group participants said that ideally they would not have had to leave work in the first place: being able to work full time and live a healthy lifestyle should not be incompatible.

In summary, 'good work' can provide structure, social engagement and physical and mental stimulation. For some people, though not all, leaving work can have a negative impact on their health and wellbeing. Therefore employers which provide 'good work' can play a significant role in ensuring that older workers are supported to maintain their health into their later working lives.

65 Public Health England. Health matters: health and work. GOV.UK, 31 January 2019. Available at www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work [accessed 25/10/2022]

66 Office for National Statistics. Wave 2 sub-group. 2022. Worksheet 14.

SECTION 4 TOWARDS AN AGEING WORKFORCE STRATEGY

It is clear that there is a significant personal and economic cost of people becoming 'Early Exiters' due to health conditions. As well as potentially being detrimental to people's wellbeing and financial circumstances, this trend is currently reducing labour supply and in turn holding back UK economic growth, an objective of both the government and the opposition. Long-term demographic changes mean that this issue will become even more important as the UK's population ages in future decades. Reducing the link between ageing and ill health will be crucial for the UK's long-term prosperity.

There are four broad objectives which would help address this issue:

1. Support older people with health conditions to continue working.
2. Help older people with health conditions to return to work.
3. Medium-term prevention by improving the quality and design of work and the workplace so that they support older workers' health.
4. Long-term prevention by improving public health over the course of people's lives, and by advancing scientific research, including physiological research, on ageing.

In this section, we examine a number of areas which could help address one or more of these areas. However, our overall recommendation is that the UK government, working with the devolved administrations, should develop an Ageing Workforce Strategy. This is needed because

intervention in this area will require effective cross-government working, with employers also playing a crucial role. To support the delivery of this strategy, the government should appoint an Older People's Commissioner for England, as recommended by the Centre for Ageing Better.

If an Ageing Workforce Strategy is developed and implemented, we believe:

- Healthy life expectancy will increase, helping to reduce health care costs.
- More older people will stay in work for longer, increasing labour supply.
- Economic growth and productivity will improve.

An Ageing Workforce Strategy can complement existing government objectives on ageing and health, including the Levelling Up missions to raise employment and to improve healthy life expectancy across the UK, and the mission in the Life Sciences Vision to advance the medical science and understanding of ageing. Prevention should be a key part of an Ageing Workforce Strategy, and it therefore must go beyond short-term support for over 50s to include promotion of work practices and support which are beneficial to people's health across their lives. The strategy should also set out the different roles of various organisations which will need to work together effectively including the UK government and its various departments; devolved administrations; regional and local government; the four NHS systems across the UK;

medical and scientific researchers and research funders; employers; and organisations which offer employment support. This report includes initial suggestions for areas to consider, but we recognise that more detailed work is needed, hence the recommendation for an Ageing Workforce Strategy. If this is to be successful, it must be a cross-departmental priority objective; siloing it in one government department will not be sufficient to deliver significant improvements, especially on the medium- to long-term prevention agenda.

Supporting older people with health conditions to continue working

The UK government should work with employers, private occupational health services, NHS England and Integrated Care Systems to increase access to occupational health services in England

Occupational health (OH) staff support employers and employees by both providing support to people with health conditions so that they are able to stay in work, and managing risks where work might be harmful to people's health.

Access to occupational health services is subject to significant variation. As noted, SMEs are less likely than larger organisations to provide OH services with only 18% of small employers offering OH.⁶⁸ A third of employers cited cost as the main barrier, and smaller employers are more likely to just use the internet for advice in supporting older workers with health problems (47% compared to 25% of larger employers).⁶⁹

According to the ONS survey of those aged 50-65 who left work since the pandemic and have not returned, one in ten (14%) accessed occupational health services before leaving their previous job.⁷⁰ The ONS data also breaks this down by whether the individual has a physical or mental health condition or illness: among this group, one in five (20%) accessed occupational health before leaving their previous job, in comparison to less than one in ten (8%) of those with no health condition or illness.⁷¹ On the positive side, this shows that people with health conditions are more likely to access occupational health; on the other hand, it shows there is a significant potential gap in support, with the clear majority of people either not having access to, or not using, occupational health services before leaving their job.

To address this gap, the UK government should consider ways to incentivise employers to invest in occupational health support for their employees which is suited to their organisation. There are several ways in which this could be achieved. One would be through raising awareness of the business benefits of occupational health in relation to boosting productivity and reducing sickness-related absences; this could be accompanied by communications about the business costs of health conditions and sickness, especially among older workers. Another avenue to explore is to consider what role the government could play in helping to facilitate links between large and small employers, perhaps encouraging them to share the cost of OH services.

Providing financial incentives may also be important for SMEs who struggle to afford occupational health. The government should consider ways of removing the cost barriers to occupational health for these organisations. This could be done by providing greater financial support to SMEs to reduce the cost of providing occupational health to employees, or by reducing employer National Insurance Contributions (NICs) for organisations that provide their employees with occupational health services. The rationale for the latter is that taxes, including employer NICs, are used to pay for NHS services in the UK. If more businesses make use of effective occupational health services, this would not only benefit businesses themselves but also help to reduce the burden on the NHS by preventing ill health among workers.

In addition to central government, NHS England and England's new Integrated Care Systems (ICSs) should consider how they can support or promote access to occupational health. Although occupational health is not usually run directly by the NHS, the new ICSs have a wide scope and one of their four key objectives is to "improve outcomes in population health and healthcare".⁷² ICSs should consider reviewing how to make the best use of existing occupational health resources, and how to widen access to occupational health across their respective areas, as part of meeting the objective of improving outcomes in population health.

The occupational health workforce is clearly vital to supporting people effectively. In 2016, the All Party Parliamentary Group on Occupational Safety and Health published a report entitled *Occupational medicine workforce crisis*, which stated:

68 Tu, Maguire and Shanmugarasa. Sickness absence and health. 2021.

69 Tu, Maguire and Shanmugarasa. Sickness absence and health. 2021.

70 Office for National Statistics. Wave 2 sub-group. 2022. Worksheet 11.

71 Office for National Statistics. Adults aged 50 to 65 years who have left work since the coronavirus pandemic and not returned: additional analysis broken down by previous sector, household income, and illness. 27 September 2022, Worksheet 2. Available at <https://bit.ly/3DeHj4h> [accessed 25/10/2022]

72 NHS England. What are integrated care systems? (no date). Available at www.england.nhs.uk/integratedcare/what-is-integrated-care [accessed 25/10/2022]

The occupational physician is the most critically and immediately endangered member of the multidisciplinary team. The age demographic of these trained and experienced professionals is increasing, and retirement exceeds retention, impacting not only access to care but also the capacity to train and supervise new doctors. Urgent measures are required to address the supply issue if the level of capacity of the occupational medicine workforce is to meet the nation's needs.⁷³

Research with private providers of occupational health services confirms this finding. According to the results of a survey:

Just under half (44%) of OH providers had roles they were unable to fill, most commonly OH nurse or physician roles. They felt this was due to a decrease in medical professionals with OH experience in recent years.⁷⁴

We recognise that there would be significant difficulties involved in developing occupational health services at the same time as the NHS faces significant workforce shortages. However, occupational health services can help reduce direct pressures on the NHS if they provide help early and prevent physical or mental health problems becoming more acute. As a first step, we recommend that the UK government should work with OH services to gather data on current OH workforce numbers and vacancies, to ensure it has an accurate and up-to-date picture of the workforce shortage. The government should then work with providers to find ways to increase the number of funded OH training posts and incentivise people to undertake this training.

Employers, occupational health providers and training providers should work together to improve the quality and continuity of occupational health support

As well as increasing access to occupational health, it is also important to improve these services in order to deliver high-quality support. Several aspects of this were mentioned by participants in our focus groups. One point was around being able to access

ongoing or flexible support (if required), rather than being limited to a strict certain number of sessions or hours. Occupational health providers should consider how they might be able to offer more ongoing or flexible support as part of the packages they deliver for employers.

Another point was around continuity of care: several focus group participants mentioned that being able to see the same person regularly and build a strong and trusting relationship was important to them. Demos has highlighted the importance of recognising the value of continuity in the relationship between a professional and service user as part of a programme on relational public services.⁷⁵ A strong and trusting relationship can improve outcomes in a range of areas, including health care. Employers and occupational health providers should take this into account when structuring the provision of services, aiming for continuity between professionals and service users.

Finally, a few focus group participants who had accessed occupational health services criticised their quality: they said the people they had spoken to didn't fully understand their health needs. Health care education providers and occupational health training providers should ensure that training contains guidance, informed by relevant medical and physiological research, on supporting older workers with health problems, and ensure that occupational health physicians have the skills and knowledge they need to tailor their support to the needs of individuals. It is important that this training involves guidance on supporting older women with issues related to ageing that uniquely impact them, namely menopause. A survey by the British Menopause Society found that 45% of women felt that menopausal symptoms had a negative impact on their work.⁷⁶ As noted earlier, one of our female focus group participants told us that the impact menopause had on her at work, and the lack of support she got from her employer for it, played a role in her decision to leave work. To ensure that all workers receive effective occupational health care, gender differences in ageing must be taken into account when designing and delivering this care.

I couldn't get any constant treatment through that period of time: I had the [police] force psychologist for six sessions, I then moved on

73 All Party Parliamentary Group on Occupational Safety and Health. *Occupational medical workforce crisis: The need for action to keep the UK workforce healthy*. October 2016. Available at http://d3n8a8pro7vnm.cloudfront.net/ianlavery/pages/150/attachments/original/1476691067/OM_Workforce_Crisis_2016_pdf.pdf?1476691067 [accessed 25/10/2022]

74 IFF Research. *Understanding private providers of occupational health services: An interim summary of survey research*. GOV.UK, April 2019, p. 4. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/848173/understanding_private-providers-of-occupational-health-services.pdf [accessed 25/10/2022]

75 Mackenzie, P. *The Social State: From Transactional to Relational Public Services*. Demos, 28 July 2021. Available at <https://demos.co.uk/project/the-social-state-from-transactional-to-relational-public-services> [accessed 25/10/2022]

76 NHS inform. *Menopause and the workplace*. (no date). Available at www.nhsinform.scot/healthy-living/womens-health/older-years-around-50-years-and-over/menopause-and-post-menopause-health/menopause-and-the-workplace [accessed 25/10/2022]

to another counsellor and I had 12 sessions paid for, [then] I had another 12 sessions with a different counsellor. [...] I couldn't get that consistency of practitioner. I was just having to go through the story with someone new all the time.

- Focus group participant

The UK government should work with employers, relevant charities and older workers themselves to develop guidance and training for workplaces in England to tackle ageism and ableism

It was clear from our focus groups that a lack of supportive management or line management was a problem which many people experienced. For some people, this was part of a wider workplace culture characterised by ageism or ableism: that is, a workplace culture which is not inclusive of or respectful toward older people, or people with health conditions.

All managers should be more proactive if they're faced with somebody who's disabled or suffers with ill health...and take it more seriously, as just part of the structure, as just a normal, everyday thing.

- Focus group participant

Comprehensive guidance and training for employers is needed to tackle ageism and ableism in the workplace. This should include education on legal responsibilities as appropriate, but it needs to go beyond this to include workplace culture and line management. It should include guidelines for employers on how they can better support older workers with health conditions through adaptations, reasonable adjustments and flexible working practices. Guidance and training should be co-produced with employers, relevant charities such as Age UK and the Centre for Ageing Better and older workers themselves, building on existing resources such as Ageing Better's guidance on flexible working for over 50s.⁷⁷

To improve workplace cultures, employers should aim to ensure this guidance forms a part of staff training and find ways to integrate this guidance into ongoing staff development initiatives. Focus group

participants highlighted that having a 'badge' or 'tick', however, is insufficient; in particular, they said it is vital that this kind of training and support filters down to line managers, who are many people's initial point of contact for discussions around work and health. Therefore, there should be an emphasis on the role of line managers: guidance needs to give line managers the confidence they need to have these conversations with older workers, helping them be more proactive in providing ongoing support and tailoring this support to the individual.

Employers should make use of existing resources which have already been produced on supporting older workers, including the Centre for Ageing Better's five points on becoming an age-friendly employer.⁷⁸

Helping older people with health conditions to return to work

Government and employers should aim to ensure recruitment practices and job design are age-inclusive

According to research, more than a third (36%) of 50-69 year-olds feel at a disadvantage applying for jobs due to their age.⁷⁹ Employers therefore should consider how to improve their recruitment practices so that, as far as possible, they are age-inclusive and accessible for older people with health conditions. Improving recruitment so that it is age-inclusive can benefit employers, particularly in a period of high vacancies and low unemployment.⁸⁰ Given the benefits to the individual of being in work, it is also a way in which employers can benefit wider society. The UK government, working with relevant charities like Age UK and the Centre for Ageing Better, should also provide guidance to help employers improve their recruitment processes.

As well as recruitment, job design is also important: older people may need a flexible working pattern due to a health condition or caring responsibilities, for example. A third (32%) of older people who have left work but would consider returning said that flexible working hours would be the single most important consideration when choosing a new job.⁸¹ In September 2021, the UK government published a consultation *Making flexible working the default*, which included a proposal to enable employees to request flexible working arrangements

77 Centre for Ageing Better. Flexible working for over 50s – A toolkit for employers. 29 September 2020. Available at <https://ageing-better.org.uk/resources/flexible-working-over-50s> [accessed 25/10/2022]

78 Centre for Ageing Better. Becoming an age-friendly employer. 10 September 2018. Available at <https://ageing-better.org.uk/resources/becoming-age-friendly-employer> [accessed 25/10/2022]

79 Centre for Ageing Better. Tackling ageism in recruitment. (no date). Available at <https://ageing-better.org.uk/tackling-ageism-recruitment> [accessed 25/10/2022]

80 Centre for Ageing Better. *Good Recruitment for Older Workers (GROW): A guide for employers*. October 2021. Available at <https://ageing-better.org.uk/sites/default/files/2021-10/GROW-a-guide-for-employers.pdf> [accessed 25/10/2022]

81 Office for National Statistics. Wave 2 sub-group. 2022. Worksheet 14.

from day one of their job. This would be a reform of the current framework which requires 26 weeks' service for employees to be eligible to request flexible working.⁸² The government should publish the results of the consultation, which have not yet been released. We support the proposed change to enable employees to request flexible working from day one, as this could encourage employers and employees to redesign jobs so that they suit people's individual circumstances, including older people with health conditions.

The Department for Work and Pensions (DWP), NHS England, regional and local tiers of government and employment support providers should work together to support older people with health conditions who would like to return to work

Employment support services offer advice, guidance and other forms of support to people to help them return to work. In England, Scotland and Wales, employment support is primarily delivered via Jobcentre Plus and contracted employment support programmes such as Restart, administered by the Department for Work and Pensions (DWP). However, there are a number of other organisations that also offer employment support to some people, including NHS England, regional and local tiers of government, housing associations and other third sector organisations.

Currently, on average, outcomes are worse for older people on employment support programmes compared to other age groups.^{83,84} This suggests that these programmes need to be better designed to support older people specifically.

Within the DWP-led system, there have already been some efforts to tailor support for older people, including the 50 PLUS: Choices programme which supports older jobseekers and employers, and 50PLUS Champions staff and mid-life MOTs at Jobcentres.⁸⁵ However, the DWP is quite limited in what it can do to support older people. First,

people with health conditions are more likely to be receiving a health- or disability-related benefit, which means they probably won't receive support from a Jobcentre work coach. Second, among the group who have left work since the pandemic, only one in ten (9%) are receiving state benefits at all, which means the vast majority are not able to get support through the Jobcentre system.

There are also other programmes which focus on supporting people with health conditions, such as Individual Placement and Support (IPS) run by NHS England for people with mental health conditions, and the pilot projects Working Win and Thrive into Work which focus on supporting people with other types of health condition (using an adapted version of the IPS model).^{86,87} The DWP also has the Access to Work programme which aims to help people with disabilities or health conditions find or stay in work - this includes, for example, helping to pay for communication support, like lip speakers, at job interviews and providing tailored plans for people with mental health conditions to find or stay in work.⁸⁸ In Manchester, the Centre for Ageing Better has been involved in innovative work developing a different model for employment support for over 50s.⁸⁹

Our overall recommendation is to improve coordination between the various different employment support organisations so that older people, especially those with health conditions, can access the support they need. As previous Demos work identified, the current system is overly fragmented and is confusing for individuals to navigate.⁹⁰ Ultimately, wider reform is needed so that people can access support more easily, especially people who are not receiving unemployment-related benefits. Demos has proposed a Universal Work Service, offering support without eligibility requirements and with a coordinated referral system across a local area. The research report argued that older people in particular would benefit from a reformed employment support system.⁹¹

82 Department for Business, Energy & Industrial Strategy. Making flexible working the default. GOV.UK, 23 September 2021. Available at www.gov.uk/government/consultations/making-flexible-working-the-default [accessed 25/10/2022]

83 Phillips, A. *Working Together: The case for universal employment support*. Demos, May 2022, p. 33. Available at <https://demos.co.uk/wp-content/uploads/2022/05/working-together.pdf> [accessed 25/10/2022]

84 Age UK. *Helping 50+ jobseekers back to work: lessons for the Work and Health Programme*. November 2016, p. 3. Available at www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb_nov16_work_and_health_programme.pdf [accessed 25/10/2022]

85 Department for Work and Pensions. Help and support for older workers. GOV.UK, 9 December 2021. Available at www.gov.uk/government/publications/help-and-support-for-older-workers/help-and-support-for-older-workers [accessed 25/10/2022]

86 South Yorkshire Combined Authority. Working Win. (no date). Available at https://southyorkshire-ca.gov.uk/Explore_Working-Win [accessed 25/10/2022]

87 Shaw Trust. Thrive into Work. (no date). Available at www.shawtrust.org.uk/what-we-do/thrive-into-work [accessed 25/10/2022]

88 GOV.UK. Access to Work: get support if you have a disability or health condition. (no date). Available at www.gov.uk/access-to-work [accessed 25/10/2022]

89 Smith, E. How co-creation could hold the key to getting economically inactive older workers back into employment. Centre for Ageing Better, 14 July 2022. Available at <https://ageing-better.org.uk/blogs/how-co-creation-could-get-economically-inactive-older-workers-back-employment> [accessed 25/10/2022]

90 Phillips. *Working Together*. 2022.

91 Phillips. *Working Together*. 2022.

Improving the quality and design of work so that it supports older workers' health

Employers should aim to integrate efforts to promote healthy lifestyles into their organisation's policies, and the government should provide employers with guidance to help them do so

Employers have an obvious interest in ensuring that their workforce remains healthy and productive. However, there may not be sufficient awareness about the role employers can have in promoting healthy lifestyles and taking a preventative approach in this area, as well as supporting people who do have a health condition or disability.

Employers' policies, including on aspects of work such as how employees use their time and the design of workplaces, should be evidence-based and tailored to the individual so that they benefit their employees' health. This should include applied insights from medical and physiological research. For example, physiological research has shown that regular movement (physical activity) can have multiple benefits from preventing a weakened immune system as people age to helping to improve mental health.⁹² Employers should consider such evidence and aim to promote the multiple benefits of physical activity for employees' short- and long-term health.

The Department of Health and Social Care and the Office for Health Improvement and Disparities should work together, with employers, to produce simple evidence-based guidelines for employers. This should include specific guidance for older workers as appropriate, and should be tailored for office-based work and for manual work. The guidance should also take seriously both physical and mental health issues among employees - our focus group participants spoke about how both are important, and indeed very often interrelated.

The guidance should enable employers to tailor different approaches to the particular needs and capabilities of their organisation. For example, employers are unlikely to be able to provide employees with free gym memberships (without subsidies from government, for example). However, most office-based employers would, for example, be able to actively encourage employees to make sure that, during the working day, they take some physical activity that is appropriate to maintain their physical

health.

Since the government's working from home guidance during the pandemic was lifted, a large number of people are still working from home at least some of the time. ONS data from May 2022 shows that 38% of working adults reported working from home at least some of the time.⁹³ While most workers do not work remotely full-time, it is important that government guidance is adapted to this post-pandemic working style that many employees have adopted and provides advice for employers on how they can encourage employees to adopt healthy behaviours while working from home. One way this could be done is by encouraging employees to schedule time in their calendars to go for a walk or do some simple strength exercises, for example.

To ensure employers incorporate efforts to promote healthy lifestyles into their organisation's policies, the government must motivate employers by highlighting to them the benefits of such policies. Research by the University of Oxford has found that workers who are "happier" are more productive, while other research has found that workplace health promotion programmes that are well-designed and grounded in evidence-based principles can produce positive financial outcomes for employers by improving employees' productivity.^{94,95} Evidently, it is in employers' best interests to promote the mental and physical wellbeing of their employees and government guidance should ensure that the benefits of doing so are communicated clearly to employers.

Preventing ill health in the long-term by working towards healthy ageing and promoting public health

The UK government should adopt a life-course and systemic approach to healthy ageing in order to avoid 'Early Exiters'

The costs of the current link between ageing and poor health impact the whole of society. An Ageing Workforce Strategy is needed for the specific reasons we have identified in this report, but it should be part of an overall approach aiming to improve healthy ageing. The government's Levelling Up mission to improve healthy life expectancy is a good target to have, although the specific mission to increase it by five years by 2035 is extremely ambitious: the Health

92 The Physiological Society. *Growing Older, Better: Physiology's role in meeting the UK Government's healthy ageing mission*. 2019. Available at <https://static.physoc.org/app/uploads/2019/10/11135853/Growing-old-better-Full-report-and-summary-document.pdf> [accessed 25/10/2022]

93 Office for National Statistics. *Is hybrid working here to stay?* 23 May 2022. Available at www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/ishybridworkingheretostay/2022-05-23 [accessed 25/10/2022]

94 University of Oxford. *Happy workers are 13% more productive*. 24 October 2018. Available at www.ox.ac.uk/news/2019-10-24-happy-workers-are-13-more-productive [accessed 25/10/2022]

95 Goetzel, R. and others. *Do workplace health promotion (wellness) programs work?* *Journal of Occupational and Environmental Medicine* 56(9):927-34, September 2014. Available at <https://doi.org/10.1097/jom.0000000000000276> [accessed 25/10/2022]

Foundation have estimated that on current trends it would take 192 years to reach.⁹⁶ This emphasises the need for the government to ensure this is a genuine cross-government and cross-party priority, which goes beyond health policy to include the wider determinants of health including employment, housing, early years and education.

Medical, physiological and social scientific research has demonstrated that a life-course approach is required to address healthy ageing and health inequalities in the UK. We know that limiting lifestyle risk factors (smoking, alcohol consumption, unhealthy diet, physical inactivity, psychological stress, etc.) is integral to preventing ill health later in life and interventions earlier in life can have a significant impact on health trajectories in later life. We also know that health status in midlife is predictive of health status in later life across a range of diseases. For example, high blood pressure at midlife can increase the risk of dementia in later life; interventions in middle age therefore provide a window of opportunity that can improve quality of life and independence in old age.⁹⁷ Better collaboration and the establishment of shared goals and priorities between the NHS, employers, local and central government agencies and community partners is needed. Achieving effective cross-government working is notoriously difficult, but that does not mean it should not be an aim of a government that wants to achieve better health outcomes for citizens. According to an Institute for Government report *Collaboration in Government*:

*The Futures Survey conducted by the civil service in June 2020 identified insufficient collaboration across teams as the main challenge to overcome for government to deliver better public services. That requires breaking down departmental silos and changing the way public spending and accountability work.*⁹⁸

The UK government and research funders should invest in medical research on ageing and longevity that targets issues related to an ageing workforce, and ESTABLISH A Global Coordinating Centre for Healthy Ageing Research and Development

In the long-term, the UK's ageing population is one of the greatest challenges we face as a society. To summarise the current situation, we are living on

average much longer than previous generations, but we are spending a significant proportion of time towards the end of our lives in poor health. If this trend continues, it will put ever more strain on health and social care services, as well as reducing the number of people who are able to contribute to the tax base and economy that helps maintain the funding for publicly funded health and social care services.

Improving health as we age is, therefore, a vital long-term goal for the UK. This agenda should include improving health across our lives, but it should also include investing in medical research. As part of the Ageing Workforce Strategy, we recommend that the UK takes the opportunity to harness scientific research to weaken the link between ill health and older age by research funders investing in relevant medical and physiological research on healthy ageing and longevity.

The government has recognised this need in its Life Sciences Vision, which includes a mission to "address the underlying biology of ageing" in order to reduce the multi-morbidity often associated with older age. The Life Sciences Vision identifies two aspects to this. First, there is the underlying scientific research, including physiological research, to help understand why ageing is associated with ill health; the UK is well placed to lead this globally based on strengths in life sciences and academic research. The second aspect is utilising research to develop new diagnostics, therapeutic and medtech interventions. This innovation agenda fits well with this and future governments' interest in achieving economic growth, given the clear potential for medical advances to help not just people in the UK but across the world. Physiological research will be crucial to ensuring that the UK government meets its own ambitions in the Life Sciences Vision and funding calls should focus on the underpinning mechanisms of ageing and broadening the evidence base in this area.

Research funders including UKRI already recognise this as an important area, for example through the Biotechnology and Biological Sciences Research Council (BBSRC) programme on healthy ageing across the life course.⁹⁹ Experts we spoke to have identified some aspects of research, however, which are in need of strengthening. This includes longitudinal studies to enable better understanding of the biological process of ageing: these are expensive to fund, but they could provide high-

96 Tinson, A. Healthy life expectancy target: the scale of the challenge. The Health Foundation, 7 March 2022. Available at www.health.org.uk/news-and-comment/charts-and-infographics/healthy-life-expectancy-target-the-scale-of-the-challenge [accessed 25/10/2022]

97 Walker, K. and others. Association of Midlife to Late-Life Blood Pressure Patterns With Incident Dementia. *Journal of the American Medical Association* 322(6):535-545, 13 August 2019. Available at <https://doi.org/10.1001/jama.2019.10575> [accessed 25/10/2022]

98 Institute for Government. *How to improve collaboration across government*. 13 October 2020, p. 1. Available at www.instituteforgovernment.org.uk/sites/default/files/improve_collaboration_across_government.pdf [accessed 25/10/2022]

99 UK Research and Innovation. Healthy ageing across the life course. 17 October 2022. Available at www.ukri.org/what-we-offer/browse-our-areas-of-investment-and-support/healthy-ageing-across-the-life-course [accessed 25/10/2022]

quality data to transform our understanding of ageing and its impact on the physiology of the whole body, rather than just a specific disease or organ.¹⁰⁰ Another research area in need of strengthening is frailty - a person's health state relating to their overall resilience to health problems and their chance of recovering quickly following a health problem. Physiological research has found that the conditions that contribute to frailty are the same as those identified as contributing to physiological decline during ageing, such as inflammation, dementia, and loss of appetite.¹⁰¹ Research on how physiological interventions could potentially prevent or delay frailty is needed and could make a valuable contribution to weakening the link between ill health and age. Other research areas could also include studies that focus on people who are healthy in older age, to understand the underlying mechanisms why some people are able to maintain good health despite chronological ageing; and research informed by physiology which recognises how the whole body acts as a system in the ageing process and how different ageing processes are connected to each other.

The UK government's increased investment in research and development would also stimulate new products and services that could be exported to other countries in line with The Physiological Society's previous recommendation in their report *Translating Knowledge and Research into Impact*.¹⁰² This should be done by establishing a Global Coordinating Centre for Healthy Ageing Research and Development to focus on knowledge exchange between academic, public and private sectors, and to meet the objectives of the government's Life Sciences Vision.

The Department of Health and Social Care, the Office for Health Improvement and Disparities and NHS England should work together to improve public health advice and communications

Current public health messaging is not as effective as it needs to be and some people from certain groups, including older people, face barriers in trying to follow public health advice. One reason for this is a lack of tailored advice for older people, including advice which is grounded in medical and physiological research. According to Age UK, most public health messaging focuses on young people and working age adults, while the needs of older people tend to be overlooked.¹⁰³ For example, 1.6 million older people are at risk of malnutrition, yet public health messaging around diet largely focuses on obesity in children and working age adults, with many of these messages being unsuitable for older people.^{104,105} Further, physiological research has found that older people who regularly move throughout the day are more likely to have better bone health than those who carry out just one bout of high intensity exercise a day.¹⁰⁶ Despite this, the most disseminated general exercise guidelines, up until very recently, have simply recommended 150 minutes of exercise a week.^{107,108} While aiming to prevent ill-health as people age, it is important that public health messaging does not forget those already in old age.

Another barrier to the uptake of public health advice is the false perception that ill health is inevitable as we get older. This can stop people from making beneficial changes to their lifestyle, like reducing sedentary behaviour and eating more healthily. For example, research on Alzheimer's Disease has found that physiological interventions like diet and physical activity can help to reduce the risk of dementia, yet public perception that dementia is an inevitable part of the ageing process acts as a barrier to the uptake of such risk-reducing behaviours.¹⁰⁹ Concerningly, such misperceptions are more common among people from lower socioeconomic groups: in their *Growing Older, Better* report The Physiological

100 The Physiological Society. *Growing Older, Better*. 2019. p. 24.

101 Taylor, J., Gladman, J. and Greenhaff, P. Regard the end: Harnessing physiology to provide better understanding of the mechanisms underpinning frailty. The Physiological Society, September 2021. Available at <https://doi.org/10.36866/pn.123.20> [accessed 25/10/2022]

102 The Physiological Society. *Translating UK knowledge and research into impact: Physiology and knowledge exchange*. 2021. Available at https://static.physoc.org/app/uploads/2021/02/19094846/Translating-Knowledge-and-Research-into-Impact-Brochure_web.pdf [accessed 25/10/2022]

103 Age UK. Written evidence (INQ0077). UK Parliament, September 2019. Available at <https://committees.parliament.uk/writtenevidence/416/html> [accessed 25/10/2022]

104 Age UK. Written evidence (INQ0077). 2019.

105 Malnutrition Task Force. State of the Nation: Older people and malnutrition in the UK today. 2019. Available at www.malnutritiontaskforce.org.uk/sites/default/files/2019-09/State%20of%20the%20Nation.pdf [accessed 25/10/2022]

106 Onambele-Pearson, G. and others. Influence of Habitual Physical Behavior – Sleeping, Sedentarism, Physical Activity – On Bone Health in Community-Dwelling Older People. *Frontiers in Physiology* 10:408, 15 April 2019. Available at <https://doi.org/10.3389/fphys.2019.00408> [accessed 25/10/2022]

107 GOV.UK. UK Chief Medical Officers' Physical Activity Guidelines. 7 September 2019. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf [accessed 25/10/2022]

108 The Physiological Society. *Growing Older, Better*. 2019.

109 The Physiological Society. *Growing Older, Better*. 2019.

Society found that those from low-income groups are less likely to be confident that lifestyle changes can have a positive impact on their health in later life, and were over twice as likely to say that there was no tangible benefit that would encourage them to make healthier lifestyle choices.¹¹⁰

If public health messaging is to improve healthy ageing and reduce health inequalities, it needs to do more to promote the benefits of living a healthy lifestyle at all ages, including the benefits this has for preventing illness in old age. To do this, it is essential that public health messaging is informed by up-to-date medical and physiological research.

The use of behavioural insights to develop public health campaigns have been successful in helping change people's behaviour. For example, the anti-smoking Stoptober campaign has successfully increased the number of smokers making attempts to quit, with 2.3 million smokers making quit attempts since the campaign began in 2012.¹¹¹ Much of this success can be attributed to the unique behavioural economics and psychological insights that underpin the campaign. The government should ensure that interdisciplinary teams which involve behavioural insights as well as medical and physiological research are used to design public health interventions.

Finally, public health messaging is more effective when developed with involvement from communities and groups it is targeted towards. For example, the One You campaign, which is aimed at 40- to 60-year-olds and is about adopting healthier behaviours like moving more and drinking less, was based on insights from older people about what works from their perspective.^{112,113} The government and the NHS should aim to co-design targeted public health advice with relevant communities, including older people and those from lower socioeconomic backgrounds.

110 The Physiological Society. *Growing Older, Better*. 2019.

111 Public Health England. Smokers encouraged to take part in Stoptober, as they report smoking more during pandemic. GOV.UK, 20 September 2021. Available at www.gov.uk/government/news/smokers-encouraged-to-take-part-in-stoptober-as-they-report-smoking-more-during-pandemic [accessed 25/10/2022]

112 House of Lords Science and Technology Select Committee. *Ageing: Science, Technology and Healthy Living*. House of Lords, 15 January 2021. Available at <https://publications.parliament.uk/pa/ld5801/ldselect/ldscstech/183/183.pdf> [accessed 25/10/2022]

113 House of Lords Science and Technology Select Committee. Corrected oral evidence: Ageing: Science, Technology and Healthy Living. 28 January 2020. Available at <https://committees.parliament.uk/oralevidence/70/html> [accessed 25/10/2022]

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