

WORKING FOR EVERYONE

Addressing barriers and inequalities
in the extended working lives agenda

A Research Report from ILC-UK and the renEWL project

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EXECUTIVE SUMMARY

The Government's encouragement of extending working lives has been one of the most significant policy developments in recent years. Due to increased longevity and demographic pressures, there has been the recognition that more of the population need to be working until later in their lives to ensure economic sustainability, both for themselves and for government finances. This report presents research from the renEWL research consortium on extending working lives beyond the age of 50, and will provide an evidence base for policy makers. This is vital to ensure that these changes planned by Government are fair, effective, and targeted.

The main findings and policy implications from this research are:

Inequality is prominent throughout many areas of the extending working lives agenda

Current systems and structures are not sufficient in allowing everyone a fair chance of working into later life. This research finds that large parts of the population are more likely to leave the labour force earlier than the current retirement age, which is not encouraging for the planned increase in the State Pension Age. For example, those who provide informal care, especially if highly intensive, are more likely to exit paid employment, while those providing low intensity care are more likely to cut down their working hours. This reduces their ability to earn a sufficient income for retirement. Those who live in areas of higher unemployment are also less likely to extend their working lives, over and above the contribution of individual circumstances such as poor health and lower educational attainment.

Interventions and support aimed at extending working lives should not be left until late adulthood

Much of renEWL's research shows that events earlier in life, and even in childhood, can be associated with employment status around retirement age. There is therefore a need to ensure that a life course approach is taken across the extending working lives agenda. People who have children early in life are less likely to be in full-time employment at 60 compared with those who have their first child in their 30s. Women who were partnered throughout adulthood are also less likely to be in paid employment in later life.

Poor psychological health earlier in life has also been found to have an impact on working lives. In adults, those with poor psychological health are more likely to be unemployed at 55, and even children with psychological health problems are more likely to be unemployed at 55.

The ability to work into later life is not just about physical health

Evidence suggests that poor physical health is associated with exiting the workforce earlier. This is undoubtedly an important area for the extending working lives agenda to focus on. However, all too often the debate around a person's ability, or inability, to work into later life stops at physical health.

The research presented here highlights that mental health, working conditions and psychosocial factors influence a person's ability to work later. Psychological health issues in childhood can affect the length of working life, as can working conditions that can impact on mental wellbeing. The evidence also shows that working conditions should not just be viewed through the lens of physical demands, but other occupational factors such as stress and job control. The renEWL research presented in this report finds that good working conditions are related to longer working lives. This includes people with chronic health conditions, a population group that is often severely disadvantaged in the drive to extend working lives beyond traditional retirement age.

For the extending working lives agenda to be a success, policies must not only focus on employment

The research from renEWL shows that there are many variables that can have an impact on the length of working lives. Much of the research assesses the interlinking factors, such as physical and mental health, working conditions, family formation, geographical area, lifestyle behaviours and caring responsibilities. These complex interrelationships mean that there is a need for policy makers to integrate strategies to ensure that extending working lives is an agenda that works for all parts of the population.

There is a case to be bold and encourage devolved policy making to extend working lives

renEWL has shown that some of the challenges concerning extending working lives are related to geographical area. Areas of high unemployment have specific challenges, as do areas with populations in poorer health. Both national and regional policies are necessary to address these challenges. National strategies can encourage infrastructure and investment in high unemployment areas, and resources can be allocated in a way that acknowledges the greater risks of early work exit in certain areas. This can be complimented by area-specific policies from these regions. There has been a shift towards devolution in certain policy areas, namely health. There is a need for regions to use devolved power to tailor their own integrated strategies to enable fuller working lives.

POLICY RECOMMENDATIONS:

From the main findings, summarised above, we have developed achievable policy recommendations. Based upon the evidence from the renEWL research in this report, we urge policy makers, businesses and individuals to follow these recommendations:

A change in perceptions

- Government and all involved in public policy should appreciate that fuller working lives is an outcome of a combination of good policy across several areas. These areas include public health, employment law to ensure fair working conditions, mental health and occupational health. Achieving fuller working lives for all requires an approach that is cross-departmental and spans the life course.

A change in policy

- All workforces should undertake a review of company policies to ensure they are 'carer friendly'.
- Government should strengthen the right of older workers to request flexible working arrangements.
- Any subsequent review of the State Pension Age should consider the psychological impacts of employment and not just the physical health impacts.
- Mental health strategies should adopt a life course approach, ensuring good provision across all ages.

Area-specific solutions

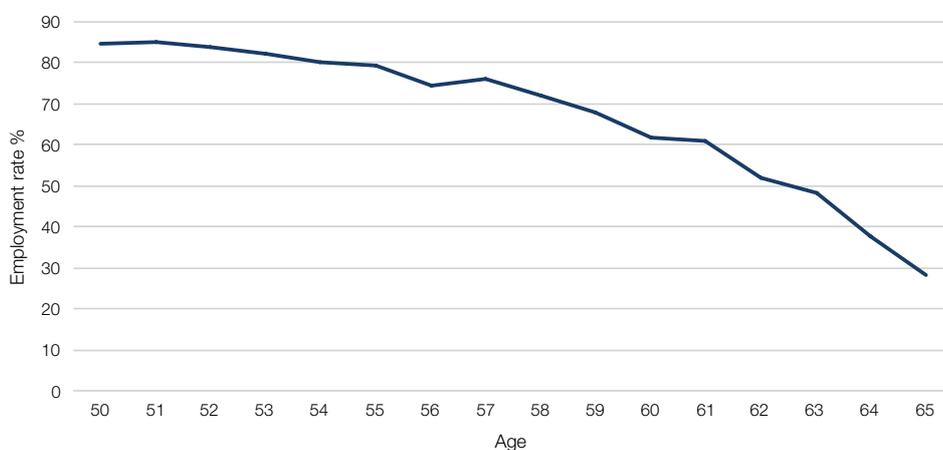
- Government should focus infrastructure spending on areas of higher unemployment with a focus on increasing job opportunities and making employment more accessible for older workers.
- Local authorities should be given power and funding to coordinate local partnerships that tackle employment challenges. These would include local authorities, businesses, health and social care providers and charities to support fuller working lives in specific at-risk areas. This would take a joined-up approach that targets the particular groups identified such as carers.

INTRODUCTION: ABOUT THIS REPORT

There is growing evidence of the need to extend working lives in the UK. Demographic shifts, including population ageing and increased life expectancy has meant that in a relatively short amount of time, public policy has shifted from encouraging older workers to retire earlier, to encouraging them to work past the traditional retirement age. The culmination of this policy shift has been the increase of the State Pension Age, and the commitment by the government to review it every Parliament.

For some groups of the population however, extending the length of time spent in employment is currently unrealistic. Health problems, shorter life expectancy and commitments such as informal caring mean that many drop out of the labour market before the current retirement age. Therefore, for these groups there is a need to ensure working lives are as full as possible, and to provide necessary support to ensure these groups are not unfairly disadvantaged. As shown in figure 1, the employment rate declines from age 50, as more men and women drop out of the labour force as they age.

Fig 1: UK employment rate by age



Source: Labour Force Survey Q1 2017

It is the role of policy makers, employers, and individuals to enact these necessary changes. The extending working lives agenda intersects many policy areas, from the economy, to health and social care, to work and pensions. But policy decisions need to be informed by the latest evidence. The evidence included in this report is some of the most contemporary and in-depth research on extending working lives and enabling fuller working lives in the UK. It is indispensable to policy makers with an interest in securing a future labour force that is economically sustainable, productive, and healthy.

About renEWL

renEWL is a research consortium based at University College London, specialising in research on extending working lives beyond 50, including up to and beyond State Pension age. It conducts longitudinal research on workers, with specific research questions asking:

- Do good working conditions and socio-economic background promote older workers to continue working?
- Do earlier circumstances and lifestyle patterns impact on later working patterns? This includes health, family, caring responsibilities, and gender differences.

Structure of this report

The research included in this report has been grouped into three thematic chapters:

- Economy, working conditions and occupational group
- Health
- Caring responsibilities and family structure

Each of these chapters include three subsections:

- Policy context: *What are the current developments in public policy most relevant to this research area?*
- Review of published papers: *Summaries of the research published by renEWL on this theme, presenting methods, data used and results.*
- Deep dive: *How do the various results interlink, and what are the implications of the findings for public policy?*

SECTION ONE:

Economy, working conditions
and occupational group

POLICY CONTEXT

The themes in this chapter span a number of policy areas. We therefore have focussed this policy context section on the key developments that relate to the renEWL research areas and findings that we summarise later in the chapter. There is also some policy overlap between this chapter theme and other chapters, which we discuss in more detail at the end of this chapter. We will not duplicate other sections of the report, for example on health and employment, but will refer the reader to following chapters in these instances.

Working conditions

As part of wider reforms to encourage fuller working lives, the Government has introduced a raft of measures to ensure older people can work for longer. Alongside abolishing the compulsory retirement age and strengthening age discrimination laws, the right to request flexible working has been introduced¹. Examples of flexible work are; changing the hours or days a person works, changing to part-time work, or job sharing². Whilst an employee has the right to formally request flexible working, there is no obligation for an employer to provide these flexible arrangements.

More recently, the government of Theresa May has shown an intent for employees to have more control over their workplace, which resonates strongly with the renEWL papers summarised below. There has been a recent Green Paper that consulted stakeholders on possible measures to strengthen the voices of employees in the workplace³. There has also been a slight shift in discourse around employment, which could be summarised as a move in focus from employment quantity to quality. With low unemployment rates, but also trends such as an increase in zero-hour contracts, there have been calls to improve working conditions and job security, with the recent Taylor review focussing on areas such as the 'gig economy'⁴.

Devolution and regional powers

The renEWL research provides strong evidence on the relationship between locality and length of working lives. As described in the later policy section on health, there has been a trend towards devolving powers from central government departments to local authorities or regional bodies. There has also been the introduction of more powers handed to combined authorities, through a Devolution Deal⁵. In terms of employment, Local Enterprise Partnerships were set up to respond to local employment challenges in a focussed and bespoke way⁶. Whilst the focus of much of the devolution powers for cities has been on the potential to integrate health and social care, there is a strong case, supported by the evidence from renEWL, to take a more integrated approach and align local challenges in health and employment to ensure local populations can have fuller working lives.

SUMMARIES OF THE PAPERS ON THE ECONOMY, WORKING CONDITIONS AND OCCUPATIONAL GROUP PUBLISHED BY RENEWL

Socioeconomic background can shape many aspects of employment histories, family decisions and health. Ultimately this has an impact on work capability, especially in later life. Poor working conditions and poverty can potentially diminish the ability of individuals to continue in employment until later life, as illustrated in the following papers.

Through exploring how working conditions across the working life can alter pathways in later life, and assessing the wider social environment, these papers make important contributions to our understanding of how broad economic factors can influence the extension of the working life. This provides a groundwork for policy makers to develop effective responses to help economically disadvantaged groups achieve fuller working lives, thereby improving financial security in later life.

Socioeconomic inequalities

There are occupational differences in working beyond pensionable age¹

Main Findings

- Managers and professionals and lower grade non-manual workers had a greater likelihood of working beyond pensionable working age than elementary workers.
- Physical workload, work time control and perceived work ability were the prime reasons for this difference.

¹ Virtanen, M., et al (2017) Occupational class and working beyond the retirement age: a cohort study. *Scandinavian Journal of Work, Environment & Health*, 43 (5) pp. 426-435.

- Taken together, the above three factors accounted for most of the occupational difference in likelihood of working beyond pensionable age.
- Although poor health and obesity were related to lower likelihood of working beyond pensionable age, these factors did not contribute to occupational differences.

Aim

This paper examined occupational group differences in working for more than six months beyond the pensionable age in Finland. It then investigated whether working conditions, health and health-related behaviours contributed to occupational group differences in working beyond the pensionable age.

Data

Data were collected from The Finnish Public Sector Study, a prospective cohort study of employees working in ten towns. The eligible sample included individuals who were not retired before 2005 and who were eligible for old-age pension after January 1st, 2005. Participants had to be employed for over six months during any year between 1991-2005 and had to be either retired or employed for more than six months beyond their individual pensionable age between 2005-2011, as well as having responded to at least one survey in the years 2001, 2004 or 2008. The latest survey responses were linked to national pension and health registers resulting in a sample size of 1,446 male participants and 3,885 female participants. Occupational group was derived from employer registers which record occupation classified according to the International Standard Classification of Occupations. For this analysis, occupational group was divided into 4 distinct categories: elementary (including cleaners, kitchen assistants and construction workers), skilled manual, lower grade non-manual and managers and professionals. For the latter part of the analysis, elementary and skilled manual positions were combined to create a low occupational group variable, while lower grade non-manual and managers and professional workers were grouped into a high occupational group variable. Pensionable date was based on information from the pension insurance Institute for the public sector in Finland.

Results

Fig 2: Largest contributions to occupational group differences in working beyond State Pension Age



There were significant occupational group differences in almost all work, health, and health behaviour factors apart from psychological distress. After adjusting for gender, managers and professionals were 1.8 times more likely to extend working life for six months beyond pensionable age than those in elementary professions, while lower grade non-manual workers were 2 times more likely. Skilled manual workers had a very similar likelihood to extend their working life as elementary workers, being 0.95 times as likely.

Better working conditions (low physical workload, low job strain, high work time control), good health (no somatic disease, no psychological distress, not obese) and perceived work ability were related to greater likelihood of working beyond pensionable age. Of these factors, physical workload, work time control and perceived work ability made the largest contributions to occupational differences together accounting for 42% of the occupational difference in likelihood of working beyond pensionable age. Although poor health and obesity were related to lower likelihood of working beyond pensionable age, they did not contribute to occupational differences in working beyond pensionable age.

Additional analysis used counterfactual mediation methods to quantify the extent to which low physical workload, low job strain, and high work time control contribute to occupational differences in likelihood of working beyond pensionable age. For example, those in a higher occupational group were 1.6 times more likely to extend their working life than those in lower occupational groups, assuming the same level of physical workload in both occupational groups (the direct effect). The indirect effect was 1.2 and indicates that by being associated with lower physical workload, a high occupational group indirectly increases the likelihood of working beyond pensionable age. This suggests that the reduced physicality of higher occupational professions have an explanatory role in increasing the working life for this group. These additional results are represented in Figure 2.

Working conditions

Good working conditions encourage extended working lives: evidence from a nationally representative study in England²

Main findings

- Older workers reporting higher levels of job control and autonomy preferred to retire later and were less likely to stop working.
- Workers who felt that their work was not adequately recognised expressed preferences for earlier retirement, and were more likely to stop working, compared to those reporting higher levels of recognition.
- High levels of psychosocial job demand (such as working speed or time pressure) were associated with preferences for earlier retirement, but were not predictive of actual work exit.

Aim

This paper examined associations between working conditions and preferred retirement timing (the age the individual wanted to retire) and actual work exit. The research considered physical and psychosocial demands (including time pressure and working speed), decision authority (which involves personal autonomy and job control), recognition at work, and social support. It was hypothesised that higher levels of job demand would be associated with preferences for earlier retirement and increased risk of work exit. In contrast, higher levels of job resource were thought to be associated with preferences for later retirement and reduced risk of work exit.

Data

Data were drawn from five waves of the English Longitudinal Study of Ageing (ELSA) (2004/5 to 2012/13). People were excluded if they were outside the ages of 50-69 when joining the study, were never in paid employment or did not respond during follow-up. The analytical sample consisted of 3,462 individuals, 51% of which were female. Retirement preferences were ascertained through self-report questionnaires, where participants were asked “at what age would you like to retire?”. Work exit was measured as a reduction in working hours across two consecutive waves (from >0 to 0 hours/week). Working conditions were determined using self-completion questionnaires.

Results

Fig 3: Working later vs retirement preferences



High levels of decision authority were associated with preferences for later retirement (by 0.4 years) and reduced risk of work exit (OR = 0.93; 95% C.I. 0.88, 0.97), compared to those with low decision authority. Psychosocial job demands were associated with preferences for earlier retirement (by 0.2

² Carr, E; et al (2016) Working conditions as predictors of retirement intentions and exit from paid employment: a 10-year follow-up of the English Longitudinal Study of Ageing. *European journal of ageing*, 13 (1), pp.39-48.10.

years) but were not predictive of actual work exit. Low recognition was associated with increased risk of work exit (OR = 1.23; 95% C.I. 1.10, 1.43). Considered separately, low levels of social support were associated with increased risk of work exit, but this was attenuated after adjustment for other work characteristics. Physical job demands were not associated with either outcome.

Area

Where people live influences when they stop working³

Main Findings

- Older workers living in areas with higher unemployment in 2001 had lower odds of being in work ten years later than people who lived in areas with lower unemployment.
- This was true both if the person had given the reason for being out of work in 2011 as sickness or disability, or if they had simply retired.
- Health was very strongly related to work force exit for all inactive groups, and people in poor health in 2001 were almost six times more likely not to be in work ten years later.
- But how a person self-rated their health in 2001 did not explain why people in some areas left work earlier than those in other areas. For people who had good and fairly good health, living in an area with higher unemployment meant that they were more likely to be out of work a decade later. For people in poor health, they were more likely to be out of work no matter where they lived.

Aim

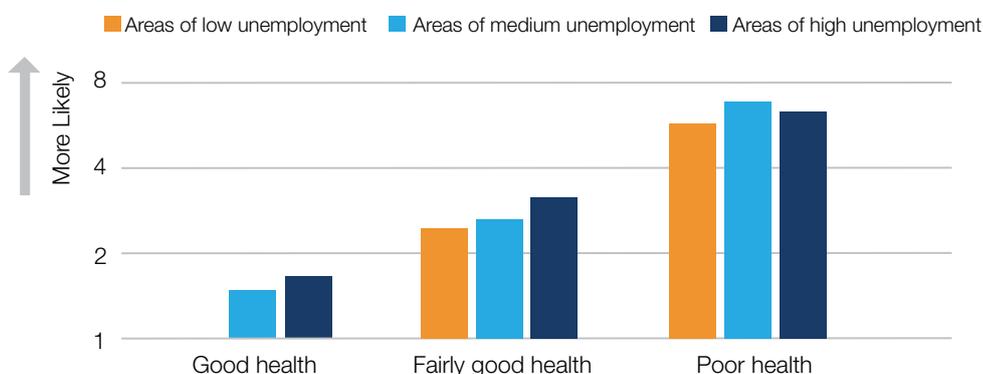
This paper builds on the literature which has established the link between higher levels of area unemployment and workforce exit, mainly for disability pension receipt. This paper looks at whether local area unemployment in 2001, and change in local area unemployment 2001–2011, were related to individuals differentially identifying as sick/disabled or retired in 2011. In addition, they assessed whether these effects could be explained by individual health, or whether they differed for persons with varying health states in 2001.

Data

This study used data from the Office of National Statistics Longitudinal Study (LS), a 1% representative sample of the population of England and Wales drawn from initial respondents in the 1971 census, of individuals born on 4 birthdays. Longitudinal data were extracted from linked 2001 and 2011 census reports. The sample includes those aged 40-69 who were in work in 2001. Information from the UK Census was used to determine local authority unemployment rates, which were defined as the percentage of individuals in a local authority aged 16-74 actively looking for work. Both local area unemployment in 2001, and the change in local area unemployment between 2001 and 2011, were calculated. The health indicators were acquired from the 2001 census, based on self-reports of limiting long-term illness and self-rated health over the last 12 months. Individuals were then followed-up in the 2011 census to assess whether their work status had changed to sick/disabled, retired or other.

Results

Fig 4: Chances of not working due to sickness/disability



All figures (odds ratio) are compared to those with good health who are living in areas with low unemployment rates

Source: Murray et al.

³ Murray, E.T; et al (2016) Local area unemployment, individual health and workforce exit: ONS Longitudinal Study. The European Journal of Public Health, 26 (3), pp.463-469.

The results showed that there were strong associations between higher levels of area unemployment and work status 10 years later. This was true for both people who had left work and identified as sick or disabled, and for those that had retired; although effects were much stronger for the former. For example, individuals who lived in areas with high unemployment in 2001 (above 5.3%) had 1.8 times higher odds of identifying as sick and disabled in 2011, compared to those who lived in areas of low unemployment (below 3.6%). When controlling for demographic and health variables, this fell to 1.7 times higher odds. For individuals who were retired in 2011, this association with area unemployment was 1.2.

Consistent with previous literature, results showed a strong association between health status and work exit; for both individuals who reported being sick/disabled or retired in 2011. Individuals who reported a limiting long-term illness in 2001 had 2.4 times higher odds of identifying as sick/disabled in 2011 than those with no illness, while those who reported poor subjective health in 2001 had a 4.7 times higher odds of being sick/disabled in 2011 than someone who had reported good health in 2001.

However, findings from this study seem to suggest that local area unemployment and health are two separate pathways leading to work exit. How healthy a person was in 2001 could not explain why people in some areas left work earlier than those in other areas. For people who had good and fairly good health, living in an area with higher unemployment meant that they were more likely to be out of work a decade later. For people in poor health, they were more likely to be out of work no matter where they lived.

DEEP DIVE: WHAT DO THE RENEWL RESULTS MEAN FOR PUBLIC POLICY?

The above section summarised the renEWL research on the relationships between working lives and socioeconomic group, working conditions and geographical area. This section reviews the themes emerging from the research and the implications for policy makers.

Socioeconomic group and working conditions

renEWL examined how occupational group can have an impact on working lives. The research presented above on this was not UK focussed, instead looking at data from Finland where a pension reform was introduced in 2015 to provide a financial advantage to working beyond pensionable age. Soon to be published research from renEWL shows that occupational group differences in extending working lives exist across the cohorts studied in the UK, France, Finland and Sweden, indicating that lessons can be learned from this study and applied to a UK context. Occupational group was found to affect all areas of employment and the overlapping themes prominent in the renEWL series of research papers; work, health and behaviour. In the Finnish study, compared to elementary professions (e.g. non-skilled manual labour such as cleaners, agricultural workers and labourers), higher skilled professions were more likely to work past retirement. 'Lower grade non-manual' professions (such as nurses, secretaries and cashiers) were twice as likely to work past retirement than elementary workers, and the highest skilled occupations, such as managers, were nearly 1.8 times more likely to work for 6 months past retirement⁷.

What is important to attempt to understand, however, is why certain occupational groups retire when they do. If policy is to meet the demands of an ageing population by encouraging more to extend their working life, understanding the reasons behind labour force exit is crucial. An assumption might be that for lower skilled non-manual workers, working past retirement age might be an economic necessity. Whilst for higher skilled and usually higher paid professionals, it could be for enjoyment or being able to because of better health. When looking at occupational group and extending working lives, an area that policy makers need to consider is that often, people in manual occupations have started employment earlier in life due to less time in education or training.

The renEWL research applied counterfactual analysis to the data, which suggested that a significant contributory factor to working beyond pensionable age amongst people in higher skilled professions is the reduced physical demands in a job⁸. Control over working time and perceived work ability also contributed to occupational differences in extended working. The research also found obesity was a likely indicator of not working past retirement age but that obesity did not contribute to occupational differences. This suggests that, as other renEWL research has found, poor physical health can lead to either early retirement from the labour force, or a reduction in the likelihood of staying in work after pensionable age.

A new appreciation of psychosocial working conditions

However, as well as physical demands of a job having an impact, renEWL found associations with psychosocial demands. The Finnish study research suggested a strong likelihood that work time control (e.g. the employee having more control over their working hours and holidays) had an impact on an employee working past retirement age, and other variables such as working shifts or at night is likely to have a negative impact on a person working longer.

Further research from renEWL highlights the interconnected nature of factors that determine the ability to work for longer, and strengthens the evidence that psychosocial working conditions are important predictors of the length of working lives. Having more control in terms of decision making was found to extend a person's working life by 0.4 years, whilst low recognition at work, or high job demands, is associated with people wanting to retire earlier⁹. Adverse working conditions can exacerbate the impact of chronic diseases such as diabetes, which is described in the Health chapter of this report. Other renEWL research shows the psychological effects of becoming a caregiver and the effects of poor psychological health in childhood on later employment and working lives^{10,11}. A pattern emerges from the research, of how health (both physical and psychosocial) and working conditions have a close relationship both with each other and in terms of extending working lives, as adverse psychosocial working conditions are associated with poor health outcomes.

The findings of the renEWL research consortium provide evidence suggesting that the policy debate on the relationships between types of work, health impacts and length of working life is often too narrow. Often when discussing health in relation to extended working lives, the focus is on manual labour. This is shown by statements from think tanks, unions and has been raised by the Labour leader Jeremy Corbyn^{12,13,14}. Whilst the evidence does suggest that those in manual labour are less likely to extend their working lives¹⁵, a number of research papers by renEWL have also highlighted the relationship between working conditions, psychological health and early exit from the workforce. Analysis of a person's occupation and their ability to work beyond traditional retirement age should therefore consider psychological health factors as well as physical health factors.

Geography and health

It is widely recognised that areas with higher unemployment are associated with people exiting the workforce earlier. renEWL research looked at health as a possible measure to explain this. This compliments the research summarised in the second chapter of this report. renEWL found strong links between living in areas of high unemployment and being sick or disabled¹⁶. Furthermore, if a person has poor health earlier in life, they are more likely to be sick or disabled later in life. There is a noticeable interaction between local area unemployment and health effects, and associations between changes in employment rates and length of working lives. The renEWL research found that if unemployment fell in an area over 10 years, it was associated with a healthier population (less people classified as sick or disabled)¹⁷.

These findings add to the theme of the significance of geography and local area in the renEWL research. It is clear from these collated findings that there is a need for strong, regional policy and planning on the interrelated areas of employment and health.

SECTION TWO:

Health

POLICY CONTEXT

Fuller working lives depend on people being healthy enough to work. Because there are inequalities in health outcomes between different population groups, with factors such as where a person lives or how much a person earns having an effect on their health, there is a role for public policy to ensure a person is not unfairly disadvantaged in terms of being able to extend their working life.

In this section, we highlight the policy developments in health that are most relevant to the renEWL research.

Health and employment

A significant focus of the 2010-2015 Coalition Government's employment policy was the relationship between health and work. The main element was the Health, Work and Wellbeing initiative, which was cross-departmental and had the aim of improving health in the working age population and to support people with a health condition to remain in work for longer, or to enter work¹⁸. Policies included the introduction of the 'Fit for Work' scheme, which allows GPs, and recently employers, to refer employees who struggle to stay in, or return to, work due to ill health¹⁹. The occupational health assessment provides a tailored return to work plan. However, this scheme has recently been criticised for low referral rates and insufficient awareness of the scheme amongst employers and GPs, with the scheme being called a "wasted investment"²⁰. Other policies included additional help for small and medium sized employers in providing occupation health advice²¹.

Since 2015 there have been limited policy developments in terms of the relationship between health and employment. In 2015, the Government published a green paper on Work, Health and Disability²². This set out proposals to ensure disabled people and people with long-term health conditions have access to labour market opportunities and prevent them leaving the workforce prematurely. Recommended actions included investing £115 million to develop new support models to help people with health conditions, with successful models being rapidly scaled up²³. However, the most significant developments in employment policy have focussed on other elements, such as the Taylor Review on the future of work which focussed largely on the 'Gig Economy', and the Prime Minister rhetorically concentrating employment policy on strengthening worker's rights and helping workers who are 'just about managing'²⁴.

Lifestyle behaviours

Part of the renEWL research in this chapter looks at harmful health behaviours and the relationship between them and employment, namely smoking, excessive alcohol use and poor diet. There have been a number of policy developments in recent years around this area. For smoking, the most significant was the smoking ban in 2007 which outlawed smoking in all public places, including the workplace. There have also been initiatives such as the introduction of plain packaging for cigarettes and tobacco, and making smoking more expensive through taxation.

In terms of alcohol policy, in 2016 the Chief Medical Officer introduced new alcohol intake guidelines. The weekly guidelines for men were lowered to no more than 14 units a week, bringing them in line with guidelines for women²⁵. There are ongoing developments on introducing minimum unit pricing for alcohol, with legislation passed in Scotland, although it is the subject of legal challenges²⁶. To tackle obesity and poor diet, the Government has introduced policies such as clearer food labelling and a Public Health Responsibility Deal, which encourages businesses to give staff or customers healthier choices²⁷.

Mental health

Mental health has been a long-neglected part of public policy, seemingly low on the public and political radar. A lack of parity between physical health and mental health treatment has been widely recognised by experts, with low treatment rates and levels of funding²⁸. However, there has been a recognisable shift in recent years in terms of political and public recognition of the need to improve mental health services²⁹. In the 2017 general election, improving mental health services featured in the Conservative, Labour and Liberal Democrat manifestos³⁰. The Prime Minister has also regularly highlighted the need to reform mental health services, calling current provision a "burning injustice"³¹.

NHS England has set out an action plan to improve mental health outcomes, publishing their Five Year Forward View for Mental Health³². The national strategy was published in 2016, recognising the need for change, with actions such as increased funding to reach one million more people, reducing the gap between treatment demand and provision, a multi-agency approach to suicide prevention and a focus on services for children and young adults³³.

Devolution

Underpinning all the policy developments above is a movement in health policy towards regional leadership, giving regions more power to tailor their health service to local populations. Devolution in health has been a major development since 2015, with government believing it enables better health and social care integration, better accountability and more empowerment for patients³⁴. The most relevant recent development is the introduction of Sustainability and Transformation Partnerships (STPs). These bring together health and social care providers in geographical areas to ensure that all providers work in collaboration to meet the needs of local populations, including preventative public health initiatives. As highlighted in the next section of the report, the research from renEWL finds interesting relationships between lifestyle factors such as smoking and drinking alcohol and fuller working lives, as well as the relationship between geography and working lives. Therefore, the move towards local decision making in health is highly significant.

SUMMARIES OF THE PAPERS ON HEALTH PUBLISHED BY RENEWL

Personal health can play an influential role when making decisions for the future. The ability to extend the working life depends heavily on being physically and mentally capable of performing occupational tasks. Understanding how health throughout the life course can affect the decision to extend the working life is important, especially for interventionist policies earlier in the life course.

These papers go beyond the scope of previous research, analysing evidence from as far back as childhood to assess how physical and mental illness can impact employment trajectories in later adulthood. Assessing the effects of health behaviours is also an interesting topic which is explored and offers opportunities for intervention. New analyses will allow for better targeted assistance to improve health in a way which is conducive to extending the working life.

Health

Impact of childhood and adulthood psychological health on labour force participation and exit in later life⁴

Main Findings

- If malaise (psychological distress) was reported at any time during adulthood, there was a greater likelihood of unemployment at age 55, with the likelihood increasing with number of reports.
- Children with 1 or 2 reports of internalising psychological health problems (anxiety and depression) were more likely to be unemployed at age 55 respectively.
- There was also an increased risk of being permanently sick at 55 for children reporting internalising problems, with 1 or 2 reports increasing the likelihood even more.
- Children who reported at least 3 instances of externalising behaviours had an increased risk for unemployment, permanent sickness and homemaking than children with no externalising behaviours.

Aim

This paper examined the impact of poor psychological health on labour force activity in later life. Prior studies have shown that general health is a key predictor for employment in later life, but psychological health has been overlooked in this research. This paper looked at psychological health across the life course, as far back as childhood, and provided a comprehensive review of how psychological health may serve as a predictor of later life employment during different stages of the life course. In addition, this paper sought to establish the likelihood of becoming a homemaker in the event of prior psychological health problems, a group which had previously been overlooked in the literature.

Data

Data were taken from the 55-year follow-up of the National Child Development Study, a cohort study of 98% of births in England, Scotland and Wales during a week in March 1958. Information on childhood psychological health problems were obtained from teacher and parent reports, while information on such issues during adulthood were collected through participant interviews which continued for participants across the life course. The analysis was based on 9,137 people who participated in the 55-year follow up survey, completed in 2013, representing 49.2% of the original cohort population. Internalising problems included symptoms of depression and withdrawal. Externalising behaviours included disobedience, aggressiveness and bullying. In adults reports of malaise were based on the Malaise Inventory, which is an established test for psychological health problems, where higher scores represent higher levels of psychological distress.

⁴ Clark, C. et al (2017) Impact of childhood and adulthood psychological health on labour force participation and exit in later life. *Psychological Medicine*; 47 (9), pp. 1597-1608.

Fig 5: Childhood psychological impact on later life employment



Evidence suggested an association between childhood psychological health problems and an increased likelihood of being unemployed, permanently sick or homemaking at the age of 55. Children with 1 or 2 reports of internalising psychological problems, such as depression or withdrawal were 1.6 and 2.4 times more likely to be unemployed at 55 respectively, when controlling for malaise in adulthood and educational attainment at age 33. When controlling for gender, social class in childhood and marital status at 55, 3 counts of internalising problems were associated with a 4.3 times greater chance of being permanently sick and a 2.8 times greater chance of being a homemaker.

Three reports of externalising behaviour in childhood, such as bullying or aggressive behaviours were associated with a 5.7 times greater likelihood of being permanently sick at age 55, a 2.8 times greater likelihood of being a homemaker and a 3.1 times greater likelihood of being unemployed.

Reporting malaise throughout the life course was associated with a greater chance of being unemployed, permanently sick or a homemaker at the age of 55. Reporting malaise later in life at ages 42 or 50 was associated with an 11.6 times greater likelihood of being permanently sick at 55 for men and 10 times greater likelihood for women at 55. If malaise was reported 4 times across adulthood there was a 4.1 times greater chance of being unemployed and a 13.6 times greater chance of being permanently sick at 55 than those reporting no cases of malaise.

Those with better physical and cognitive capability in mid-adulthood are more likely to be in bridge employment and voluntary work in their sixties⁵

Main Findings

- Those at age 53 in the top 10% of cognitive capability were more likely to be in bridge employment (participation in paid employment after retirement from the main occupation) at ages 60-69 than those in the middle 80%.
- Those at age 53 in the top 10% of physical capability were more likely to participate in voluntary work.
- Individuals that reported between 1 and 4 physical limitations at age 53 were between more likely to retire for a negative reason than an individual with no limitations.

Aim

This paper examined the associations between physical and cognitive capability in mid-adulthood and how this impacts work in later life. Previous studies have shown that poor-self rated health and chronic disease can lead to early retirement, but through quantifying physical and cognitive capability via performance-based tests as well as through reported limitations, this study aimed to improve our understanding of how such limitations may influence pathways around employment in later life, in a way which measures health in a more objective manner.

Data

Data were acquired from the Medical Research Council (MRC) National Survey of Health and Development, which is a cohort based on births in 1946. This included 5,362 men and women followed more than 20 times across their life. The physical and cognitive health data used in this analysis were

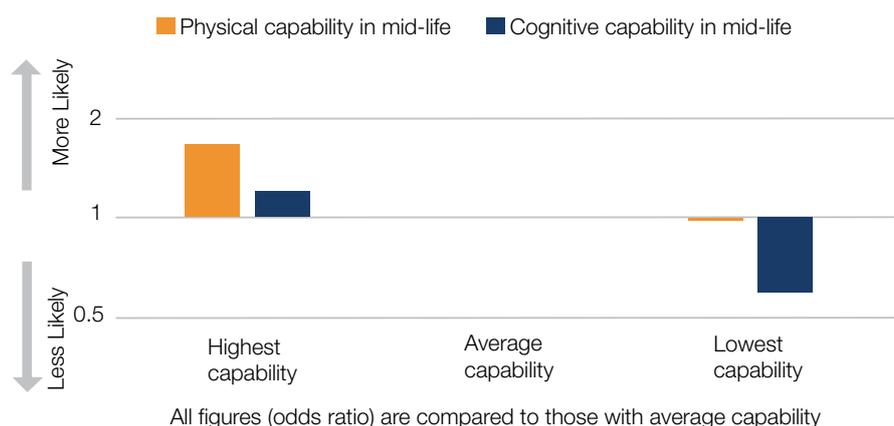
⁵ Stafford, M; Et al. (2017). Physical and cognitive capability in mid-adulthood as determinants of retirement and extended working life in a British cohort study. *Scandinavian journal of work, environment & health*, 43 (1), pp.15-23.

collected in 1999 when participants would have been 53 years old, to capture cognitive and physical abilities of people before the retirement transition. Information on retirement and work was collected between 2006 and 2014 when participants were aged 60-69.

Results

The results suggested there was an association between physical limitations and a greater chance of retiring at or before the State Pension Age. Those reporting a single physical limitation, such as difficulty walking short distances, difficulty walking up and down stairs, difficulty being able to hold something heavy or being able to raise their arms above their head were 1.4 times more likely, those reporting 2 limitations were 1.4 times more likely, and those reporting 3 to 4 limitations were 3.2 times more likely to retire for a negative reason at or before the State Pension age compared to those with no physical limitations. These negative reasons included poor health, unhappiness in a job, becoming a carer, redundancy or bereavement.

Fig 6: Chances of participating in voluntary work age 60-69



Source: Stafford et al.

Those who scored in the bottom 10% of physical capability scores were only 0.6 times as likely as someone in the middle 80% to participate in bridge employment. Those who performed in the top 10% were 1.6 times more likely to participate in voluntary work in later life. Those in the top 10% of cognitive capability scores were 1.7 times more likely to participate in bridge employment than the middle 80%.

Health Behaviours

Midlife health behaviours shapes employment in old age⁶

Main Findings

- Males who smoked in mid-life were more likely leave work earlier than those who did not.
- Persistently heavy alcohol drinkers were more likely to leave work earlier than moderate drinkers.
- Men who smoked or drank heavily in midlife were more likely to leave work on health grounds than those who didn't smoke or drank moderately.
- Women with a consistently poor diet were more likely to leave employment earlier than women who had a good diet.

Aim

Health behaviours can have serious consequences for long-term health. This paper explored the relationship between poor health behaviours in middle age, such as smoking, heavy drinking, poor diet and lack of exercise and the transition out of employment in later life. Some existent evidence has shown that smoking and low levels of physical activity can lead to premature exit from the workforce on health grounds. The extent to which modifiable health behaviours in midlife can influence working decisions in later life is crucial to promote suitable interventions which can sustain good health into later life.

Data

Data were collected from the Whitehall II cohort study, a longitudinal study which collected data on civil service employees at recruitment in 1985-1988 of individuals aged 35-55. Data on health behaviours were collected 3 times in 1984/85, 1989/90 and 1991/93. The study used data on those who were

⁶ Hagger-Johnson, G, et al., (2017) Association between midlife health behaviours and transitions out of employment from midlife to early old age: Whitehall II cohort study. BMC public health, 17(1) 17:82.

in full time employment in the 1991/93 survey, with employment status followed up over a 15-year period between 1995 and 2012, when individuals were between the ages of 45 to 85. This allowed the researchers to determine the influence of mid-life health behaviours on later life employment.

Results

Men who smoked during mid-life were 1.4 times more likely to leave employment (no longer working in the civil service or other paid employment) after other health behaviours, socio-economic background and prevalence of chronic disease were controlled for. Men who were heavy drinkers (men who drank more than 21 units a week) or reported problem drinking during their working life were 1.2 and 1.3 times more likely to transition out of employment.

Men performing low levels of physical activity (less than an hour a week of vigorous or moderate activity) were 6.5 times more likely to transition out of employment on health grounds when only considering age, but men who drank heavily or reported low levels of physical activity were 4.8 times and 3.4 times more likely to transition out of work on health grounds, when adjusted for the socioeconomic background, occupational grade, health status and income of the individual.

Women who reported eating a poor diet (defined as less than daily fruit and vegetable consumption) in more than 2 of the follow up questionnaires were 1.3 times more likely than women with a good diet to transition out of work by the time of the follow up interviews.

Focus box – Diabetes and work disability

In addition to the previously discussed papers on health conditions and their impact on working patterns in older age, five papers looked specifically at individuals with diabetes using pooled data from three cohort studies: the Finnish Public Sector Study, The Whitehall II study in the UK and the GAZEL cohort study in France.

These papers looked at several different factors which might influence how having diabetes might impact on trajectories of work disability (sickness absence or disability pension) in later life. These included: socio-economic background, psychosocial working conditions, psychological wellbeing, co-morbidity and life-style related behaviours.

On average, people with diabetes had higher rates of work disability than people without diabetes. However, this increased risk of subsequent work disability varied according to the aforementioned factors. Employees with diabetes who were in low socio-economic occupations, who were obese, suffered from high job strain or psychological distress were more likely to suffer from work disability.

The key results are that diabetes is not a homogenous disease in terms of future work disability. Among those employees with additional co-morbid conditions or who face harsher socio-economic and employment conditions, the additional strain was likely to exacerbate risk of work disability and serve as a barrier to extending working life.

These findings highlight that individuals with chronic health conditions, such as diabetes, are at higher risk of premature exit from the labour market, and that the increased risk is exacerbated in disadvantaged groups. Based on these identified risk factors, it may be possible to design targeted interventions for individuals with chronic health conditions to help prevent their exclusion from the labour market.”

DEEP DIVE: WHAT DO THE RENEWL RESULTS MEAN FOR PUBLIC POLICY?

Health and the extending working lives agenda are inextricably linked. As the British Medical Association state, “Older people from lower socio-economic groups will likely experience worse health than those from high socio-economic groups and poor health will begin earlier in life”³⁵. This can lead to what has been called a ‘double bind’, in that these poorer older adults must work for longer due to less financial security, but find themselves unable to do so because of poor health³⁶.

Below we discuss the implications of the renEWL research on this area, how they interrelate and what the findings mean for public policy.

A new appreciation of the impact of psychological health

Part of the focus of the renEWL research was on the relationship between health status and labour force participation. Interestingly, the research didn’t focus solely on the impact poor health around retirement

age has in terms of exit from the labour force, but took a life course approach. One study looked at the impact of poor psychological health in childhood (as well as near retirement)³⁷, whilst another research paper looked at the relationship between physical health in middle age and length of working life³⁸. Another interesting element of the renEWL research was that it examined the relationships between both physical health and mental health, and how different combinations of the two can impact on a person's working life.

This new evidence confirms that poor psychological health across the life course can have a detrimental effect on extending the working life, with children as young as 7, who display symptoms of psychological illness, being prone to premature exit from the labour force by the age of 55³⁹. This warrants the use of earlier intervention to monitor and treat psychological health in children. It is encouraging that the current policy direction from government focuses on improving the provision, availability and quality of mental health services for children and young adults, as described earlier in the policy context section.

There is also evidence that throughout the life course, poor psychological health can be detrimental towards having a fuller working life. This is particularly potent for people suffering from poor psychological health near to retirement, which again suggests that psychological health needs to be treated throughout the life course, to help improve the chances of remaining in work⁴⁰. Retirement age can be a period of potentially stressful life events such as the onset of health conditions. With increased longevity, more people are reaching retirement age caring for older parents, or experiencing parental bereavement. It is also an age group that is seeing an increase in divorces⁴¹. Therefore, there is a need for mental health policy to ensure provision is effective for all age groups. These results should also be of interest to employers. All employers should take psychological health as seriously as physical health, and have in place systems to support employees. With the renEWL findings showing the significant relationship between poor psychological health and a person remaining in employment, it is clear there are benefits to the employer to have these provisions in place.

Lifestyle behaviours obviously impact on the health of an individual. renEWL's research went beyond this to look at how lifestyle factors such as drinking alcohol, smoking and diet can affect employment. Men who were heavy drinkers or reported low levels of exercise were significantly more likely to leave the labour force due to health grounds, perhaps unsurprisingly. However, even when other health behaviours, socio-economic status and having a chronic disease were controlled for, renEWL still found that men who smoked during mid-adulthood were more likely to exit the workforce early⁴². This shows that for some population groups it may not just be the ill health that often comes with these lifestyle behaviours, that results in early exit from the workforce, but other factors.

The complex relationship between health, employment and retirement

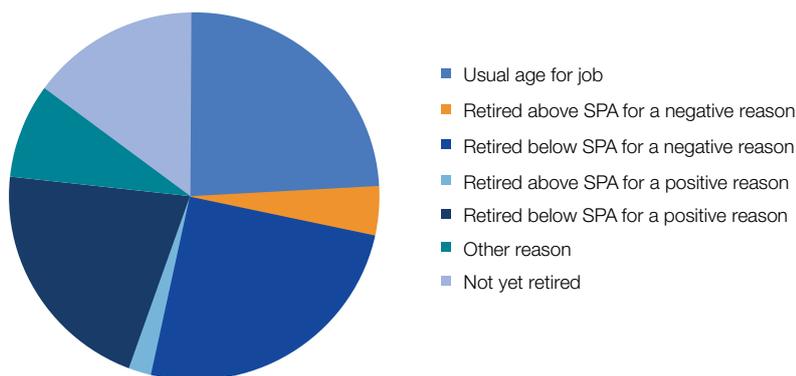
People will have different reasons for retiring when they do, and retirement can take many different forms. People can retire for reasons as diverse as the onset of caring responsibilities, ill health or simply having a sufficient income to have a comfortable retirement. Each of these reasons have different implications for policy, and therefore it is important for policy makers to know what type of retirement people take, and what influences different types of retirement.

renEWL looked at the relationships between physical health, cognitive ability and retirement. The research looked at the links between physical and cognitive capabilities in mid-adulthood and the increased likelihood of participating in either bridge employment or voluntary work for those with higher scores in the respective tests⁴³. Bridge employment, was found to be occurring more frequently in people with higher cognitive ability⁴⁴. When looking at physical health and the impact that has on retirement transitions, those with physical limitations were more likely to retire for negative reasons, and renEWL also found that those with the highest physical capability were more likely to engage in volunteering⁴⁵. Much of the advice from charities and other organisations recommend voluntary work as a good way to transition between employment and retirement. The findings from renEWL suggest that older adults in poorer health may be excluded from this.

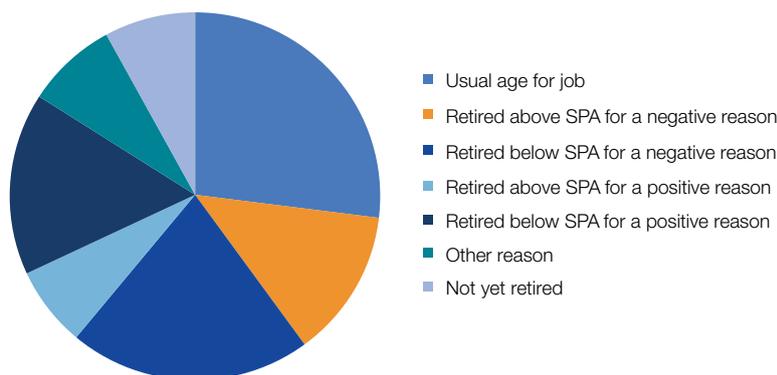
The results from renEWL show the interrelationships between health and employment, and therefore the importance of ensuring that health in mid-adulthood is maintained, as it will influence the working capabilities of individuals in later life. This may prompt greater interventions for those in mid-adulthood, to stress the importance of promoting both physical and cognitive abilities. Improving access to education and encouraging new skills in middle-age, as well as encouraging people to remain physically active, could be an important tool to maintain cognitive functioning and thereby help extend working lives.

Fig 7: Age and reason retired from main job

Age and reason retired from main job: men



Age and reason retired from main job: women



Negative reasons include own health, partner's health, becoming a carer, bereavement, made redundant, unhappy with job or with working, work problems.

Positive reasons include being financially able, left early with good bonus, early retirement or voluntary redundancy package, wanted life style change, retired with partner.

Source: Stafford et al

Forming evidence-based interventions to enable fuller working lives

The original research from renEWL in this chapter can help show policy makers where interventions can be best made, if they want change to happen in terms of extending working lives. Significant factors, starting as far back as childhood, can impact on employment length and employment transitions. Poor psychological health in childhood can increase the likelihood of a person being unemployed up to their mid-50s, which must act as a wakeup call to policy makers who are serious about good mental health provision. In terms of physical health, the danger of the 'double bind' which was discussed at the start of this second chapter is significant, with those with the poorest health often being forced to stop work early.

The main implications for policy makers is that these subject areas cannot be siloed. The relationship between employment and health is complex, as is the relationship between mental health and physical health, and health and socio-economic background. The renEWL research provides valuable insights into some of these interrelationships.

SECTION THREE:

Caring responsibilities and family structure

POLICY CONTEXT

The future of care: the state or families?

Any research on family and informal care needs to be set in the context of the ongoing policy debate on adult social care. Whilst the research summarised in the next section covers informal care provided by family members, this is inextricably linked to formal, and paid social care for older people.

Decisions made in terms of both policy and spending in recent years, coupled with the unavoidable demographic pressures of an ageing population, have arguably signalled a shift in terms of placing the responsibility of caring for older people from the state or local authority to individuals and their families.

Significant under-investment in the adult social care system, tied with additional pressures such as the introduction of the living wage, has meant that providers are overstretched. Between 2008/9 and 2015, the number of older people accessing care services declined by 30% - despite the older population increasing⁴⁶.

The most reliable information on the demographics of informal carers, the 2011 Census, showed a large increase in the number of people providing informal care in England and Wales, growing faster than population growth⁴⁷. These trends could indicate a shift in responsibility in terms of caring for older people, from the state to families.

In terms of policy, the Conservative Party manifesto painted a mixed picture. On one hand, the manifesto pledge to allow workers up to a year off work (unpaid) to care for a sick relative signalled a shift towards family responsibility. However, there were solid commitments to try to reform adult social care funding. Despite the disastrous U-turn on the 'Dementia Tax', this was a policy which at least showed a commitment to ensure the financial sustainability of the formal adult social care sector. It correctly diagnosed the problem of an insufficient system, even if it did not correctly find a solution that was palatable to voters.

Support for informal carers: An incomplete journey

There are several policies in place that ensure carers are entitled to certain rights and benefits. Those spending 35 hours a week or more caring for a disabled person receive a Carer's Allowance which is a cash benefit. They also are entitled to National Insurance credits that can help with becoming entitled to the State Pension⁴⁸. From 2014, all employees now have the legal requirement to request flexible working arrangements, which can support informal carers.

However, many campaigners believe that more needs to be done in terms of policy to ensure carers are supported as fully as possible. Crucially there is a need for a joined-up policy approach which recognises the impact not supporting carers can have, in terms of the wider economy, the health service and employment.

In terms of supporting population groups that withdraw early from the labour market, such as women, people in poor health and informal carers, one policy option would be to have a State Pension Age that was lower for certain population groups. However, the Cridland Review, the independent review into the State Pension Age, rules this out, and this viewpoint appears to be shared by the Government in their recent announcement on changing State Pension Age⁴⁹.

The policy direction therefore appears to be towards offering additional help to groups who struggle to work full, or extended working lives. Recommendations from the Cridland review include ensuring all employers have elder care policies and introducing means-tested financial support for certain groups slightly before State Pension Age. The review also calls for statutory carers leave of five days a year.

The announcement in July 2017 from the DWP that the Government will increase the State Pension Age in line with Cridland's recommendations indicate that they will still act on this issue; there was however no indication as to whether they will follow through with the additional recommendations and legislate to support those groups who struggle to complete full working lives.

Family Structures

Part of the renEWL's research aims was to determine whether earlier life events, including having children, impact on the length of working life. It is therefore necessary to examine policies around childcare and employment. The biggest recent change has been the introduction of shared parental leave, designed to offer flexibility, with both parents having the opportunity to share their statutory parental leave entitlement. The combined 'pot' of leave is up to 52 weeks, split however the family decide, with statutory pay.

The aim is to create a more gender-balanced arrangement of childcare and to reduce the inequalities suffered by women after having children in terms of the workforce. However, there have been concerns that the policy will have little impact if the pay disparity between men and women continues to exist; this is supported by recent data showing that just 1% of new parents used the scheme between April 2016 and March 2017. Government also announced plans to extend shared parental leave to grandparents⁵⁰. However, there has been no planned consultation on this move and little indication it will be pursued.

SUMMARIES OF THE PAPERS ON CARING RESPONSIBILITIES AND FAMILY STRUCTURES PUBLISHED BY RENEWL

Against the background of increasing demand for the provision of care, renEWL researchers set out to understand more about how individuals cope with the sudden onset of caring responsibilities, which is affected by many variables, and in turn will influence their decisions regarding extending the working life. The impact of caring responsibilities on extended working and, more generally on the health and wellbeing of the care-giver, may also depend on other factors. In particular, the nature of the job likely affects whether a care-giver can continue working and whether there are negative health consequences of combining these roles.

Caring for children is also an important consideration. Throughout the life course, the timing, number of children, and other aspects of the family structures and relationships we form can have a profound impact on our working lives. Understanding how these influence employment pathways in later life is crucial to help improve our ability to intervene and assist groups that are most vulnerable to exiting the workforce prematurely, because of family related matters.

The following papers explore these issues in greater detail, identifying those most at risk of premature work exit based on whether they provide caring responsibilities and their family histories.

Caring Responsibilities

The onset of informal caregiving leads to early exit from employment among older female workers⁷

Main Findings

- Women entering high intensity caring roles (> 10 hours a week) were more likely to exit paid employment by the time they were next interviewed, compared to those not providing care.
- Women and men who provided care within a household were more likely to exit paid employment.
- Women were also more likely to leave work if they provided low intensity care (<10 hours a week), provided care outside the household, or cared for a partner/spouse.

Aim

This paper aimed to assess whether the onset of informal caregiving was associated with withdrawal from paid employment.

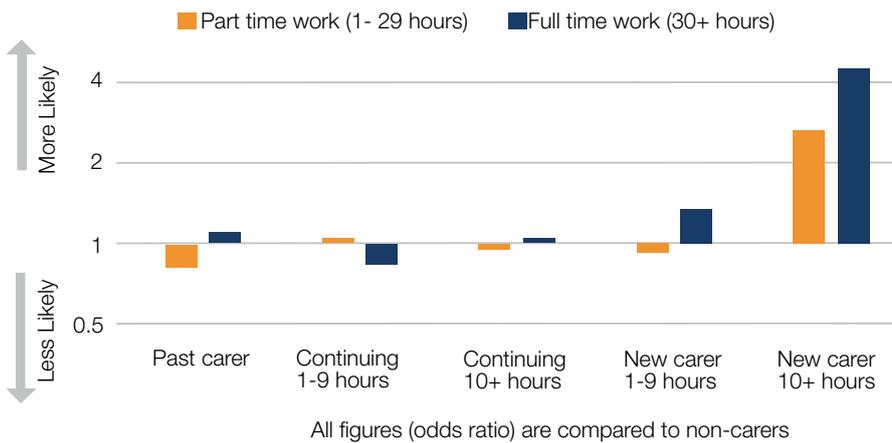
Data

Data were collected from the first five waves of the Understanding Society study (2009-2015). After restricting the sample to employees who responded in at least two consecutive waves, the final sample consisted of 8,688 individuals aged 50-75 years. Information was collected on informal caring, with weekly hours spent providing care used as a proxy for caring intensity. Discrete-time survival models were used to estimate the association between caregiving and risk of work exit.

⁷ Carr, E; et al., (2016). The Association Between Informal Caregiving and Exit From Employment Among Older Workers: Prospective Findings From the UK Household Longitudinal Study. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, pg 1-10.

Results

Fig 8: Chances of stopping work after change in caregiving status in women



Source: Carr et al

Some types of caregiving were predictive of subsequent work exit. Women and men who provided care within the household were 1.9 and 1.5 times more likely to exit full-time work, respectively, compared to those not providing care. Women were also more likely to exit full-time work if they provided care within the household or cared for a partner or spouse. However, these associations were not observed for men nor for women working part-time.

Stronger effects were observed for changes in caregiving status. Women who entered a high intensity caregiving role (>10 hours a week) were 2.6 and 4.5 times more likely to exit paid work (for part- and full-time employees, respectively), compared to those who provided no care. This association was also not observed for men.

Becoming a caregiver is related to changes in health behaviours among employees with adverse psychosocial working conditions⁸

Main Findings

- Those who became caregivers were more likely to increase frequency of alcohol consumption than non-caregivers, but only among those who reported low decision latitude (job control) or were in low occupational positions.
- In contrast, individuals who became caregivers but had high decision latitude were less likely to report increased frequency of alcohol consumption.
- Those who became caregivers were more likely to quit smoking if job demands were low or they had high support at work.
- No association was found between becoming a caregiver and change in levels of exercise.

Aim

This paper explored the health effects of combining informal caregiving with paid work. It investigated whether associations between becoming a caregiver and changes in health behaviour were more marked among employees with adverse psychosocial working conditions.

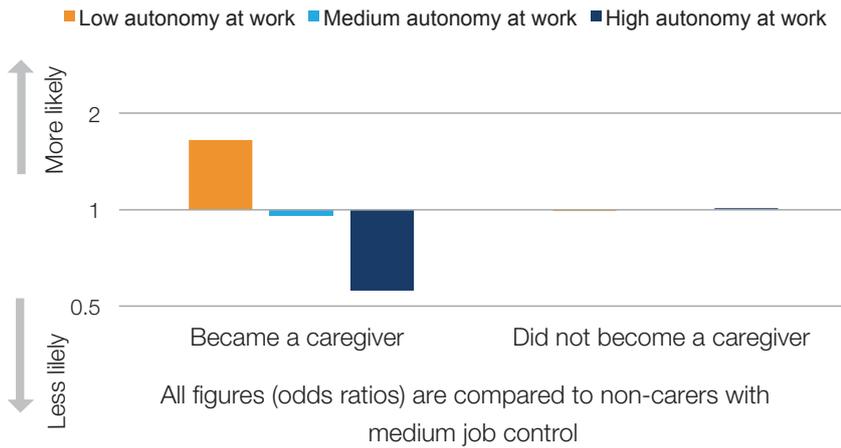
Data

In the Whitehall II cohort study, a sample of 10,308 British civil servants aged 35-55 were recruited between 1985 and 1988. Follow up questionnaires were issued every 2 years. Data on becoming a caregiver was taken from phase 4 (1995-1996). Health behaviours before and after becoming a caregiver were measured using data from phases 3 (1991-1994) and 5 (1997-1999). The final sample consisted of 5,419 subjects, with 29% being women. Measures of psychosocial working conditions included psychological job demands, such as time pressure, decision latitude (control over work); and support at work, covering help and support from colleagues and supervisors.

⁸Dich, N; Head, J; Rod, N.H (2016) Role of psychosocial work factors in the relation between becoming a caregiver and changes in health behaviour: results from the Whitehall II cohort study. *J Epidemiol Community Health*. 70: 12 pp. 1200-1206.

Results

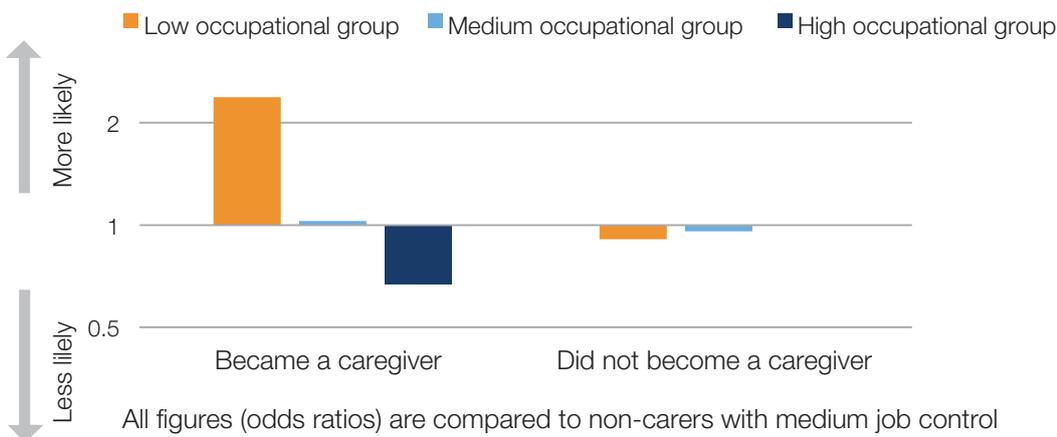
Fig 9: Chances of increasing alcohol intake



Source: Dich et al.

The study found that becoming a caregiver was associated with increased frequency of alcohol consumption, but only among individuals with low decision latitude or in the low occupational group. Those with low levels of decision latitude at work who became caregivers were 1.7 times more likely to increase alcohol consumption than non-caregivers with average decision latitude. In contrast, those who became caregivers with high decision latitude at work were 0.6 times less likely to report increased alcohol consumption. Those in the lowest occupational position (clerical/support) who became caregivers were 2.4 times more likely to increase alcohol consumption compared to non-caregivers in the highest occupational group.

Fig 10: Chances of increasing alcohol intake



Source: Dich et al.

Being in the lowest occupational group was associated with a lower likelihood of quitting smoking, but no overall association was found between becoming a caregiver and the likelihood of quitting smoking. However, those who became caregivers were more likely to quit smoking if they were in jobs characterised by good psychosocial working conditions. Those who became caregivers and had high levels of work social support were 3 times more likely to quit smoking compared to non-caregivers with average levels of social support. Caregivers with low job demands at work were 2.9 times more likely to quit than non-caregivers with low job demands at work. No evidence was found that becoming a caregiver prompted a reduction in exercise below the recommended limits.

Family Structures

Work and family circumstances in early and mid-adulthood are associated with employment beyond age 50⁹

Main Findings

- Later life employment patterns between ages 50 and 70 can be grouped into eight clusters
- Full-time and self-employment is more prevalent among men than women in later life, whereas part-time employment and domestic work (looking after one’s family or home) is more prevalent among women than men in later life.
- Those with strong attachments to the labour market during adulthood were more likely to work up until and beyond 60, especially men.
- Parenthood in early adulthood was associated with men being less likely to be in full time employment past the age of 60.
- Women who were partnered throughout mid-adulthood were more likely to be in part-time work or domestic work in later life compared to women who were not partnered. There was no association between partnership and later life work patterns in men.
- No association was found between number of children and being in domestic work in later life.

Aim

This paper aimed to identify the main patterns of labour market participation among older people, between the ages of 50-70. Having identified groups of older people distinguished by different patterns of labour market participation, it then investigated how life course events – employment, partnership and parenthood during early (ages 20-34) and mid-adulthood (ages 35-49) – were associated with different types of employment patterns between ages 50-70.

Data

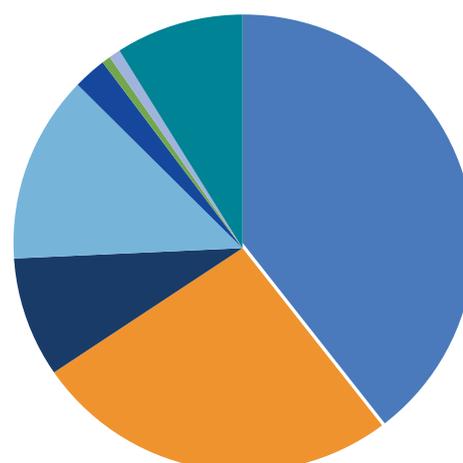
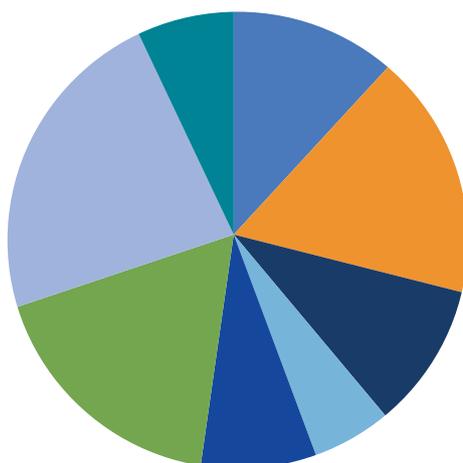
Data were drawn from the third wave of the ELSA which collected information on life histories. The analysis sample consisted of 1,103 men and 1,195 women with information on labour market participation throughout adulthood, partnership, and parenthood histories. For each of early adulthood and mid-adulthood, strong labour market attachment was defined as spending more than 75% of time in employment.

Results

Fig 11: Types of late-life employment

Types of late-life employment:women

Types of late-life employment:men



- FT employment, retired after age 60
- FT employment, retired around age 60
- FT employment, retired before age 60
- Self-employed dominant

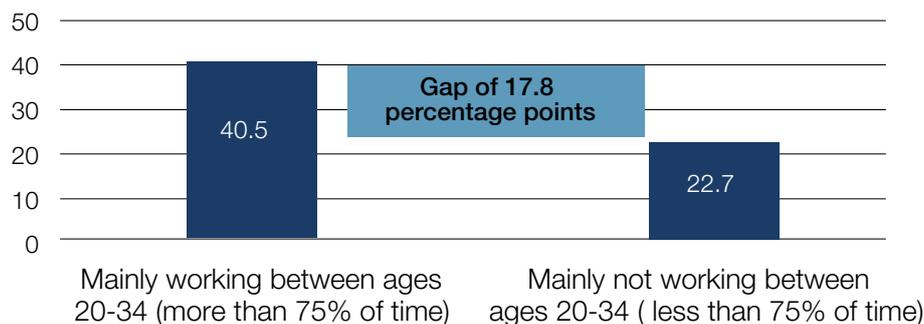
- PT employed dominant
- PT employed, retired around age 60
- Domestic work/home-making dominant
- Not working dominant

Source: Wahrendorf et al.

⁹ Wahrendorf, M; et al., (2017). Late Life Employment Histories and Their Association With Work and Family Formation During Adulthood: A Sequence Analysis Based on ELSA. Journals of Gerontology Series B: Psychological Sciences and Social Sciences, pg 1-15.

Employment patterns of people between ages 50 and 70 could be grouped into eight clusters, identified in the figure above. For both men and women, having a strong attachment to the labour market during early and mid-adulthood was found to increase the probability of being in full-time work until or after age 60 compared to those who did not. These associations were more pronounced in men. Among men, having a strong labour market attachment in mid-adulthood increased the probability of being in full-time employment beyond age 60 by an average 37 percentage points, and increased the probability of being in full-time employment until age 60 by an average 23 percentage points. For women with strong labour market attachment in mid-adulthood, these figures were 15.1% and 20.6% respectively. These associations were stronger for mid-adulthood labour market attachment than for early adulthood labour market attachment, although apparent for both.

Fig 12: % of men predicted to be in late life employment type ‘FT employment, retired after age 60’ by workforce participation at ages 20-34



Source: Wahrendorf et al

Gender differences emerged when domestic work in later life was considered. For men, no significant connection was made, but for women who were primarily in work throughout mid-adulthood, there was a reduced chance of being in domestic work (gap of 25 percentage points), compared to women who did not mainly work. For men, there was little evidence that being partnered throughout the working life influenced employment trajectories in later life, but having 1 or 2 children in early adulthood was associated with a reduction of 7.3 percentage points in the percentage in full-time employment past 60, while for those with 3 or more children the probability was reduced by an average 14.1% percentage points. For women, children at any stage during the life course reduced the likelihood of leaving full-time employment early (at or before the age of 60). The average difference ranged from 5.7 to 10.7 percentage points, depending on when the woman had children, and the number of children.

DEEP DIVE: WHAT DO THE RENEWL RESULTS MEAN FOR PUBLIC POLICY?

Several prominent themes emerge from the research, with implications for public policy. It is important that if a person wants to continue working into older age, caring responsibilities and gender should not be a barrier to this. Policy makers need to review the implications from the renEWL research below, and respond accordingly.

Caring responsibilities

Earlier in this chapter we outlined the main policy developments in terms of informal caring. The renEWL research highlights the need to consider carer's work context and type of employment. Poor working conditions (specifically having less control in a job) and the onset of caring responsibilities can have a detrimental impact on the health behaviours of a caregiver⁵¹. Those with a low level of autonomy at work who became a caregiver were more likely to increase alcohol consumption than those with more autonomy⁵². Socioeconomic group also was found to have an impact, with a person in the most socioeconomically disadvantaged occupations who become informal carers being more likely to increase the amount of alcohol they drank compared to their counterparts in the highest occupational group⁵³.

renEWL also looked at the gender element of informal caring and fuller working lives. Women providing care, especially to a partner, or who took up a new high-intensity care-giving role, were significantly more likely to withdraw from paid employment than women providing no care⁵⁴. However, men providing care within the household were also more likely to withdraw from the workforce than men not providing care. Put together, these findings suggest that the range of circumstances which affect carers needs to be considered and this may contribute to explaining why caring seems to more often impact women's later life employment. What this research highlights is the need for a more joined-up policy approach which

recognises the impact not supporting informal carers can have on a number of policy areas including the economy, health and the labour market.

Providing support for these groups in light of the changes to the State Pension Age is vital, especially if there are groups of women that drop out of employment before the existing State Pension Age; any plans to increase this will need to provide additional support for this group. The evidence from renEWL research supports two recommendations from the Cridland review, statutory carers leave and pre-retirement financial support for certain population groups. Whilst that review rejects the idea of a different State Pension Age for different population groups, it does recommend additional help in terms of means-tested financial support for certain groups slightly before State Pension Age, including carers. The findings from renEWL, that new carers who provide high intensity care are particularly at risk of exiting the workforce, would support the Cridland recommendation of statutory carers leave, to lessen the impact of the sudden onset of caring responsibilities⁵⁵. Interestingly, renEWL found a weaker association between exiting the workforce and caring among those in part-time employment. This would suggest more flexible working arrangements could help workers cope with caring responsibilities⁵⁶.

Family structures

The findings indicate that having children may affect the ability or the desire to extend working life, though in different ways for men and women. For men, having more children early in life meant they were less likely to work past age 60⁵⁷, compared to those who did not have children. The pattern was different for women. Women who have children at any stage of adulthood were less likely to leave full-time employment at or before 60. This may be explained by women's opportunities and choices for returning to or entering full-time work during the childbearing years.

Interventions to help bring those out of work back into employment will be key to helping extend the working life. Groups identified were both women and men who had children. It is clear that if policy makers are looking at the life course factors that can impact on the ability of a person to work for longer, more needs to be done to help parents, especially mothers, combine both work and caring for children. Parents can drop out of the work force, and it has been shown that even having children early in adulthood can have an impact later in life in terms of working longer. The existing parental leave programme does not look to be sufficient, with the shared parental leave having low take up rates. This indicates that issues such as pay and working arrangements need to be looked at if policy makers want to encourage a workforce that can both look after children and work until beyond traditional retirement age. Getting older people to work for longer can be helped through life course policies that support all parents, but particularly women, in balancing work and family.

SECTION FOUR:

Conclusion

Extending the working life has become a key focus for policy makers in the wake of rapid population ageing. The new evidence presented in this report suggest that there are significant challenges ahead for the movement to extend working life. There is a growing recognition that financial sustainability will require individuals to work longer, but it is apparent that much of the population face adversities, rooted in socio-economic inequality, restricting their ability to meet this policy direction.

The responsibility is shared across government, business and individuals to come together and address the barriers which impede so many from enjoying fulfilling employment in later life. The research highlights the existence of a powerful link between events throughout the life course and likelihood of extending the working life. From psychological health problems in childhood to heavy alcohol consumption in later life, from the pressure at work to number of children, a variety of independent and inter-connected factors can radically alter the trajectory of work in later life.

Vulnerable groups will need additional support, and appropriate interventions cannot only be targeted at those nearing retirement. Early identification and effective policies for those at risk of premature work exit will be crucial if extended working lives is to become a reality. Policy must acknowledge that many of these issues are not confined to a single focus. Collaboration across government departments and between central and local authorities will be key if constructive policies to deal with the scope of the problem is to be identified.

Business can play a more active role in engaging with their workforce, if they are to adapt to an increasingly ageing labour market. Understanding concerns and pressures faced by employees will help businesses better understand the ability of their workforce to cope with job demands as they grow older, and allow businesses to take advantage of the contributions that workers in later life can make to their firm.

Individuals themselves must acknowledge that they may face challenges, especially if it is related to personal health behaviours. Individuals may face certain health problems, find themselves facing a tough working environment or feel the pressures of having to provide care for a loved one. Creating an environment where help is available to alleviate these pressures and one in which individuals feel comfortable accessing aid is imperative for helping to extend the working life.

This report builds on the ample evidence provided by the empirical research to develop policy recommendations and guidance. Collaboration across policy areas will be important to provide solutions to complex issues such as social care, personal health and social inequality. Fundamentally, policy must move away from focusing exclusively on physical health conditions, and take a holistic approach which incorporates physical and psychological health, growing care needs and socio-economic disparity if we are to extend the working life for everyone.

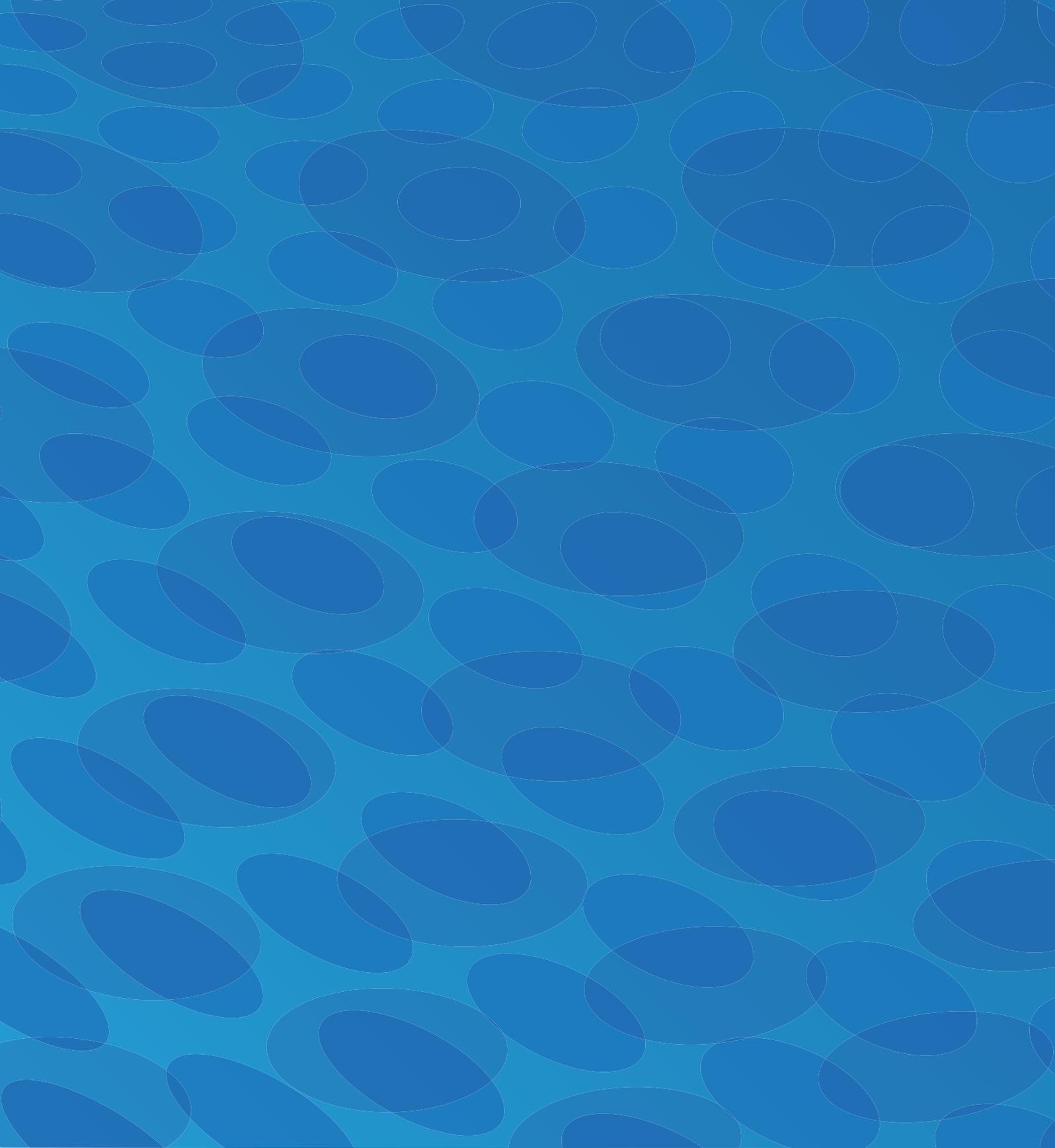
There is also a need to better utilise devolved and local government powers. Many solutions will rely on local services and support. Creating policies tailored to the unique pressures faced by the local population will be necessary to address the scale of the problem

We hope this report has illuminated many of the concerns regarding extending the working life, but we also hope it has provided a vision which will lead to achievable long-term solutions. Through continuing to accumulate relevant evidence and improving our understanding of the problem through research, we can help ensure older workers can enjoy a longer, healthier and more fruitful working life.

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