HOUSE OF COMMONS

Work and Pensions Committee

Oral evidence: Transition to State Pension age, HC 1482

Wednesday 25 February 2026

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Watch the meeting

Members present: Debbie Abrahams (Chair); Rushanara Ali; David Baines; Mr Peter Bedford; Damien Egan; Amanda Hack; John Milne; Joy Morrissey.

Questions 88 - 125

Witnesses

I: Sarah Vickerstaff, Professor Emerita of Work and Employment, University of Kent; Wendy Loretto, Professor of Organisational Behaviour, University of Edinburgh Business School; David Finch, Assistant Director, Health Foundation; and Quinn Roache, Policy Lead for LGBTQ+ and Disabled Workers, TUC.

II: Emily Holzhausen CBE, Director of Policy and Public Affairs, Carers UK; Joe Levenson, Assistant Director, UK Advocacy and Health Intelligence, Arthritis UK; Charles Cotton, Senior Adviser, Pay and Reward, Chartered Institute of Personnel and Development; and Jon Richards, Assistant General Secretary, Bargaining, Negotiating and Equalities, Unison.

Written evidence from witnesses:

Health Foundation (SPA0016)

Arthritis UK (SPA005)

UNISON (SPA0011)

TUC (SPA0023)

Carers UK (SPA0028)

Examination of witnesses

Witnesses: Professor Sarah Vickerstaff, Professor Wendy Loretto, David Finch and Quinn Roache.

Q88 **Chair:** I bid you a very warm welcome to the third oral evidence session in our transition to state pension age inquiry. We have a fantastic set of panellists today: Wendy Loretto from the University of Edinburgh's business school, who is joining us online, Professor Sarah Vickerstaff from the University of Kent, David Finch from the Health Foundation and Quinn Roache from the TUC. Welcome, everybody, and thank you for coming along this morning.

I will kick off. My first question is about the Pensions Commission. The commission has a remit to build a framework for a sustainable, fair and adequate pension system. What implications does this work have for the state pension age rises?

Professor Vickerstaff: I think we have a problem with chronology, inevitably. We have a state pension age, and unfortunately 66-year-olds, 67-year-olds and maybe eventually 68-year-olds are not all equal. If we carry on raising the state pension age—certainly until we have done some of the things that Charlie Mayfield says in his "Keep Britain Working" report—we will probably consign increasing numbers of people between the ages of 60 and the state pension age to out-of-work poverty before they get their state pension. We need to be careful about the assumption that a single age is a useful and fair way of thinking about the receipt of state pension.

Chair: Thank you. David, do you want to come in?

David Finch: I look at two aspects: first, the overall adequacy and fairness of the system, and then how that plays out for different groups and the inequalities that it can bring. The principle of a similar share of life in retirement is a fairly sensible principle that we would support, and on average it is being maintained, even though life expectancy improvements have stalled. That is across all cohorts, effectively.

Chair: They are going down, though, aren't they?

David Finch: They are.

Chair: For instance, for women in deprived areas.

David Finch: Ultimately, the underlying issue there is the inequality we see when we look at life expectancy trends.

Chair: I will have a question on that in a minute.

David Finch: All right; I will hold that one. Taking the sustainability and adequacy point—because life expectancy is not improving as quickly, and the state pension age according to past reviews is being pushed back to 68, for example—we still have a bigger older population, which is driven

more by birth cohorts. We do not have the same offsetting effect on spend, and that impact is exacerbated by what we see as rising instances of ill health across the working and older population, and such things as the triple lock, which have been increasing, which are a positive for adequacy, but have been increasing the sustainability issue. I will park inequalities for now as well.

Quinn Roache: Our evidence clearly points to certain groups having larger pension gaps. They include black, Asian and minority ethnic workers, older workers, disabled workers and workers in physical occupations, who are not able to work up to the state pension age. That will lead to inequality later in life, which is a concern for the TUC.

Professor Loretto: Following up on those comments, I agree about the inequalities. A very stark statistic from the ONS is that 24% of over-50s—almost a quarter—leave work before the state pension age because of unmet health support needs. That is a very stark statistic. We are looking at a quarter of this workforce leaving because of unmet health needs before they get to the current state pension age.

Q89 **Chair:** From what you are all saying—perhaps just nod if you agree—you think that the Pensions Commission should be taking account of the increase in the state pension age when it is looking at the system overall. Thank you: I think we got the affirmative there.

On the inequalities point, the Women's Budget Group assumes that a uniform capacity to remain in paid work risks deepening existing inequalities. Thinking about the policy around state pension age increases and so on and if it continues to rise, is that also potentially a policy that would exacerbate existing inequalities?

David Finch: At the moment, yes, the data is pointing towards that happening. You would ideally premise a rise in the state pension age along with the ability of all groups to keep pace with that rise. I should say that there are data issues with timeliness and with the impacts of covid on life expectancy and mortality data. Before the pandemic, however, we saw either stable or improving life expectancy across UK regions for the least deprived areas but declines in life expectancy for people in the most deprived areas outside the south of England.

The latest post-2022 data suggests a similar trend now, which is a clear indication of deteriorating health in the more deprived areas. Those people are more likely to live in more deprived areas with higher rates of economic inactivity generally and worse health in general in the population. They also tend to have jobs that have a more physical element to them and are harder for people to do. All those things combined point to a problem.

Q90 **Chair:** Does anybody disagree with what David says: that there is a potential for continuing increases in the state pension age to exacerbate inequalities without any mitigating measures? Okay. Wendy, did you want to add to that?

Professor Loretto: Very quickly. I do not disagree at all, but I will add that sometimes it is thought that pensions adequacy is important here. Auto-enrolment has been in place for many years now and is seen to be a success. It is thought to mitigate some of those inequalities, but we know that the £10,000 threshold to be eligible for auto-enrolment discriminates against women, particularly women in lower-salary jobs who are working part-time. That, compounded with the state pension age, needs to be considered.

Professor Vickerstaff: The DWP published a report, either yesterday or today, looking at the 1958 birth cohort study and their pension situation now. Those people are in their mid-60s now, so it is a very good cohort to look at.

Leaving aside those who are not in work, even for those in work, women on defined contribution pensions typically had half the value of pension that men had, so you are rolling forward a set of quite deep structural inequalities by moving the age up.

Chair: That is a very good point.

Q91 **Amanda Hack:** Thank you to the panel for coming to see us today. To what extent does the "Keep Britain Working" Mayfield review chart a convincing path to better support for disabled people and those with long-term health conditions to sustain work? That would include the people Sarah Vickerstaff commented on: the 24% of over-50s who leave work due to unmet health needs. Do you think that the Mayfield review charts a convincing path to reversing some of these trends?

Professor Vickerstaff: I think it is really useful and important that the Mayfield report focuses on culture and talks about a culture of fear. Dealing with ill health requires early disclosure, which requires trust and feeling safe. If you are a low-paid woman in a sector such as hospitality, cleaning or retail, and you are beginning to have musculoskeletal issues that are making work difficult, will you disclose your health concerns? You might think, "If I lose this job, I am over 60, and I am not going to get another. I can see that in the labour market. I expect ageism in the labour market," so you keep quiet.

In research projects, I have interviewed women who are very precisely doing just that. Culture is critical. My concern about the Mayfield report is that it does not talk anywhere about ageism, disablism or the factors that structure how willing people are to talk about their health or disclose health issues. So yes, we need to focus on culture—that is absolutely right, and it is a step forward that a big report is saying that—but we need a more fine-grained understanding of how culture impacts different groups.

Professor Loretto: Building directly on that, we did a three-year research project supporting health among workers aged over 50. We interviewed 150 people across four sectors, and very loudly and clearly—supporting what Sarah was saying—we heard that there was the fear of

disclosure, with the double jeopardy of being labelled old and ill. Ageism and how it intersects with health and disablism is crucial here.

I welcome the focus on training line managers, because I think line managers very often get an unfair rap in this case. I also welcome the focus on making more of what employers currently offer, because that was the other side of our research: that employers were frustrated when they offered services but they had a low take-up. Again, that is mainly because of the lack of trust and confidence in being able to disclose.

Quinn Roache: I agree with Sarah and Wendy. I think the Mayfield review is a great report, but we are looking at a long-term report, with three to seven years before we start seeing an impact, and there are older people in work right now who need support to stay in their jobs. From our perspective, there are things that can be done now within the existing legislative framework that can support the retention of older and disabled workers in the workplace.

Our research also agrees with your points around disablism and ageism. We have done research looking at the experiences of disabled people in work and when we put that by age, we have around one in five saying that they were discriminated on the grounds of disability, and one in four of that group saying that they were discriminated against on the grounds of age. It is an important point that we must get right.

David Finch: I agree with the other panellists' comments. We also broadly agree with the thrust of the Mayfield review and think that it can ultimately make a difference. Our concerns lie more with the quite strong voluntary aspects to the proposals for the vanguard stage, which I think is useful, in that you want to find best practice. You want to work with the employers that are doing these things already.

However, there is almost an equivalent lack of planning from the Government to put in the types of structure needed from the policy system to support those types of activity. I am thinking about things like more generous statutory sick pay and the incentives in the benefit system, which tend to incentivise people away from the workforce if they have ill health, rather than having a much more preventative and responsive approach, which helps to keep people attached to the labour market. Without those kinds of supporting structure, the risk is that you might find out what works really well but it is not as effective because you do not have the wider system in place.

Q92 **Amanda Hack:** That is useful—thank you. Tom Pollard from Mind said that although the review identified structural barriers—I think we got on to a little of that as well—it spent relatively little time analysing them. Do you agree? What do you think needs more attention?

Professor Vickerstaff: Where to start? I think what the report has to say about workplace health provision is really useful, but it does point us to a whole set of problems, which I think David was just alluding to, in

that we do not have a joined-up system of responding to workplace ill health, leaving aside the issues about disclosure and so on.

Yes, large employers may well have occupational health, may well have quite good systems in place and may have managed to build a trust culture in which people are confident. However, lots of people do not work in those kinds of setting. There has been a trend in occupational health, away from in-house occupational health and towards online employment assistance programmes—essentially a telephone line. If you are a person worrying about your mental or physical health or your ability to do your work, a telephone line may simply not be a very adequate mechanism. We have lost some of the good practice that we used to have around occupational health.

Now, as the report identifies, we need to rebuild that workplace health provision. We need to do it from the ground up, to some extent, through localised coalitions that bring social prescribers, the NHS, employers and the DWP together to look at how small and medium-sized companies can access robust information about how to deal with someone with dodgy knees, say, or arthritic hands.

David Finch: It is also about not always over-medicalising the concerns. Although something may present as a health issue, often other factors may be affecting people's ability to work. We need a more holistic approach, which I think we have previously recommended. The Mayfield review points towards that, too: more of a sort of case management approach, understanding what people's problems are and resolving them. There may be health issues or other issues that mean that the health issue becomes a problem for a person's ability to work. It is a matter of looking at the barriers as a whole, and not just a matter of getting people to healthcare treatment.

Amanda Hack: Quinn, did you want to come in?

Quinn Roache: No, I have nothing to add.

Amanda Hack: I think we have covered my last question, so I am happy to leave it there.

Q93 **John Milne:** Good morning. The Mayfield report emphasises working with vanguard employers to work out best practice in a positive feedback intelligence loop, which could take some years, but of course the other challenge is actually implementing practical measures across all the other companies that are not in that group. Do you think that the report has the balance right? Is it concentrating too much on the coalition of the willing, the employers who perhaps might have the best practices in the first place?

David Finch: I think I mentioned this briefly earlier: to some extent, if you are looking for best practice, you will have to work with those more active employers in the first place. An important part of the approach is

to make it employer-led so that, hopefully, at the end of it you are getting something that employers are willing to engage with and take up and which works for them, rather than the Government developing something that may not quite meet their needs. We have had lots of standards in the past that have not necessarily worked. The big challenge is finding something that ultimately goes beyond a statutory minimum and achieves wider take-up, but I do not have an answer for how to do that.

Part of the problem is that some of this will relate to culture. Some of it is about the role of line managers. That has been known for quite a while, but it is very hard to see those things leading to change. It is a big challenge, but I think they are starting in the right place. It is just very hard to get to the point where you can scale up the intervention without necessarily massively lifting the regulatory minimum.

Professor Loretto: This is also relevant to the previous point. Good news: in terms of resources, we acknowledge that some employers will be more positively motivated, and getting good practice from them is helpful, but how do we roll that out? There is positive work being done through the WHISPAs network; I can send the link to Djuna. It is being done by a coalition of universities, led by the University of Birmingham, and evaluating local government free-at-the-point-of-use occupational health services. That is targeted towards SMEs in particular. The research programme is looking to evaluate it.

That leads me on to probably a tandem issue: not just rolling things out but knowing what works. There was a really useful report produced by the Institute of Occupational Medicine and, I think, the British Health and Safety Commission in November 2024 that said that we do not have the data. The data that evaluate what works is partial; it is lagging, and we need to know what works. That work has to be done in tandem with the roll-out.

Quinn Roache: I agree with both contributions. All I would add is that in the interim between the Mayfield report starting to provide best practice and spreading it, one thing we think could and should happen is strengthening the Equality and Human Rights Commission, which is currently understaffed, compared with when it started, and underfunded.

One thing that is lacking in this space, when you talk about ageism and about discrimination on the grounds of disability or access to reasonable adjustments, is a disincentive to breach the law. We know that the duty to put reasonable adjustments in place has existed for 30 years, but it is still not happening on the ground. Those are the things that this age group will need to stay in work. One thing we think could happen, and may have been missed out, is strengthening the arm of the regulator to prove a real disincentive to employers.

Q94 **John Milne:** Another cohort that it may be argued is neglected in the review is smaller businesses. The report concentrates on large

companies—those with at least 250 people and so on—but small companies employ many disabled people. Is there an omission there?

Professor Vickerstaff: We need to come at this from all directions. Yes, you go to the big employers who have the resources and the inclination, and you see what they are doing and try to spread that out. But, as Quinn was suggesting, we could make better use of some things we already have. Think about Access to Work, which can help small employers. The backlog of cases on that is a real disincentive. There is something that can be used, but which actually cannot be very readily and quickly used.

We have 50-plus champions in jobcentres who presumably—hopefully—have good local networks with local medium and small-sized employers, and can give advice and help to jobseekers. There are a lot of things that already exist. To be fair to Charlie Mayfield, he was taking a broad vision, but if we just stick with the vanguards, we will have problems. We will probably be here in three or four years, and things will not have moved very far forward for lots of people. If we try to use things that already exist and make them better, we will be coming at the problem from the bottom as well as from the top.

David Finch: There is obviously a resource issue with the smaller businesses in engaging with this type of activity. The important thing will be making sure that when you are finding best practice in the larger employers, you are doing some kind of parallel exercise in translating that to smaller businesses, engaging with them on how they could make it work for them and thinking about how to provide them with a lower-cost solution.

The Mayfield review touches on cost in a couple of places, but there are other things you could potentially look at, through insurance markets or through supporting some kind of low-cost, high-quality provision that means that smaller businesses could access that type of support in an aggregate fashion. At the moment, accessing provisions individually means a higher per-person cost.

Q95 **John Milne:** The next question is for you first, David. You have advocated for a sectoral approach. What might that look like?

David Finch: We have talked about this for two main reasons. Obviously, some things that cut across all employment are important to focus on. However, specific sectors have different health challenges. That might be due to the type of work they are doing or the age structure and demography of the workforce. Transport and logistics, for example, are quite structurally built into how those sectors are designed. That means that you have things like late shift patterns and sedentary roles and so on.

To tackle some of those challenges, you need to operate across the sector, thinking about how to change those ways of working and job

design. Often not moving may be partly due to competitive advantage in not moving, which potentially will stop others moving. Making a difference requires co-ordination across the sector where there are these kinds of built-in structural problem.

Another area to think about is the public sector. We have looked at the kinds of role that are associated with harm to health, either by exacerbating a health condition or by creating a health problem. There are some particular warning signs in the public sector, particularly in the education, healthcare and social care sectors. That is where the Government could be playing more of a role as a provider of best practice, making sure that they are changing things in a way that would send out signals to the rest of the employment sector.

Professor Vickerstaff: I agree with David that there are big sectoral differences, but this may be another way to approach this from below. Take construction, where you have a preponderance of older workers who typically have quite a lot of musculoskeletal issues. Even small operators and the self-employed tend to be quite well linked to industry networks of one sort or another because they are important for their business. By using sectoral organisations that already exist to spread ideas and good practice, you are asking someone to approach someone they already approach for advice and support, rather than someone remote or disconnected. We could mobilise existing resources in lots of ways better than we currently do.

Q96 **John Milne:** Thank you. David, I have a question about something you touched on a moment ago. You argue that Government Departments could provide an example in areas such as health and education, but evidence from Unison suggests that this would be challenging, given the nature of the jobs and the pressures on services. How would you respond to that criticism?

David Finch: The levels of burn-out that we see reported in the data suggest that they are due to constrained resources within those sectors. As ever, there are always ways of effectively organising operations differently and taking account of some of these things. There are examples of increasing flexible working within nurses' shift patterns and things like that. There are things you can do within the system.

It almost goes back to the problem that while you often hear about and find case studies on good practice, it is not spread across the system. There is a role there for the overall employer, the Government, to push for those changes through the system, rather than letting these little pockets emerge but not becoming best practice across the whole.

John Milne: Thank you. Wendy, I did not notice that your hand was up there. You might have been coming in on the previous question.

Professor Loretto: I was, but my point relates to this as well. I support the sectoral approach that has been advocated, but I do not think we

should ignore the fact that the challenge is job-specific. You talked about shift work, David; we did work with a national bank with 66,000 employees in the UK. You could dismiss that as being in the financial services sector, white-collar and relatively low-risk, with a particular type of occupational health support required, but it too has transport and shift workers and people who work in cash offices or do very manual jobs. I know it is complicated, but we have to layer that in and think about the actual work as well.

On the current point—this came through very strongly in our research—we are not using existing resources effectively enough. Employers are offering things, there is a wide wrap of community support and there is the NHS, which, as I mentioned, offers a lot, but we do not use them. A lot of this is about how we better use what we have, help people and put people in touch with the resources, and about employers knowing the resources that they can offer. They do not have to pay for them, but they could create and offer direction to those resources.

Q97 **Mr Bedford:** Arguably, the vanguard phase should include a group of employers focused specifically on the needs of older workers. Could you touch on some of the key challenges that older workers face and how they could be addressed in a strategy for older workers?

Professor Loretto: I think it goes back to what Sarah and I mentioned earlier. We have worked jointly as well as separately, but going back, there really is that double jeopardy of ageism and disablism that I think intersects in a way to uniquely affect those aged over 50. That is definitely an issue.

Also, when we start talking about state pension age, there is maybe an overreliance on the financial reasons why people will retire or stay in work. There is this thinking that if we simply make it more financially difficult for people to retire, they will stay in work for longer. Our research over a long period tells us that that is not the case. It is far more complicated. People have their own health issues and caring responsibilities. They may have all sorts of assumptions that are not necessarily rational, but are beliefs about staying in work too long and retiring late. Everybody knows somebody who retired and then dropped dead within the next fortnight. Sarah has written about that. Over-rationality and reliance on finance is difficult.

Another area that we would want to highlight—it may be relevant to some of your other questions—is the other options available to the over-50s. Australia is much further on than we are in recognising the value of social production, the value of caring for the elderly, for spouses, for elderly relatives and for grandchildren, and the contribution that that is making to our economy.

These are viable options for many older workers. Sometimes a relatively minor health issue—not necessarily a long-term, diagnosable condition, but a relatively minor issue—is enough to tip somebody into saying, "I

am going to give up work," because there are these other pulls on their time and, arguably, their valuable contribution to our economy and society.

Q98 **Mr Bedford:** We have touched on quite a few of these points in previous questions. I am just speaking now to the panel in the room: could you maybe bring to life some of the interventions that would be effective in supporting people in their 60s to remain in work?

Quinn Roache: I was going to touch on what I mentioned earlier about employers putting reasonable adjustments in place for older disabled workers. It is vital that we understand the current context, which is that employers are failing to put reasonable adjustments in place for a vast number of disabled older workers. When an older worker who is disabled puts in a request, they often wait for months or over a year to get the reasonable adjustments that they need.

Think about this group of people and the impact on their health and their ability to stay in work. It is vast. When I talk about making the best use of what we already have, I am thinking about the 30-year duty to put reasonable adjustments in place. Getting it right is so important for this group of individuals.

We also need to think about what reasonable adjustments are. Flexible working—that is, changing work patterns, shift patterns and time—is a reasonable adjustment. Older workers have two ways of getting to that now: they have it as a reasonable adjustment, but they also have it through the Employment Rights Act, with a right to request flexible working. We need to be aware of the dual-track nature of the approach. Reasonable adjustments are a powerful tool that we are not getting right.

Q99 **Mr Bedford:** Building on that and on some of the points made in previous answers about caring duties, there are people in their 60s who have had physical jobs and who face a lot of different challenges with remaining in work. Government policies such as fiscal policies could also be brought in to support those people to remain in work. I will give an example: if you are of retirement age and you remain in work, as an incentive, historically, the national insurance element was not paid. Could that, or policies like that, be brought more to the fore in providing support for those in their 60s to remain in work?

Professor Vickerstaff: As Wendy alluded to, the decision architecture for someone in their 60s as to whether to stay in work or leave is very complicated. It is a mixture of their health, the health of their family members, any caring responsibilities they have, their financial situation and what other things they might want to do. So yes, tax arrangements can be a push.

Often people imagine in advance that they will retire earlier than they actually do. They look ahead and think, "Well, I will probably go at 63," but when they get to 63, they think, "Maybe I will go at 66." Those sorts of incentive can be part of a range of things in what I have just called the

decision architecture in which someone finds themselves. It is probably not going to be the key factor, but in a sense none of these things are the key factor. It is the combination, as well as what the employer is doing and offering, that keeps somebody in work or propels them out.

Going back to Quinn's point about reasonable adjustments, there is an argument about whether people understand the criteria for accessing reasonable adjustments. Is it just that you are defined as disabled by law or is it wider than that? There is another example of something that, as Quinn has suggested, we are not using as well as we might: think about the very large numbers of people in their 60s with musculoskeletal problems. A lot of them—like me, with osteoarthritis—are not labelled or do not qualify as disabled under equalities legislation, but our ability to work may be quite severely impacted. The example I always give is that a stand-up/sit-down desk that allows me to vary my work position is a relatively small and inexpensive adjustment, but one that might have an influence on my ability to carry on working. Let's make better use of the things we already have.

David Finch: Often, it is about applying the things we have been talking about previously, but making sure that you are doing it early enough, before issues become so severe that they are affecting your ability to work. Older people tend to have multiple health conditions, so it becomes more complicated to tackle each one in turn, and conditions can interact, which makes it harder still, but those things have developed over time. Putting smaller adjustments in place earlier to stop things being exacerbated as people age offers a route to being able to manage conditions and work at the same time. So do it earlier: it is very late to act at age 62 when something may start to affect the ability to work in a person's 50s.

Another thing that tends to be missing is active job matching for people who may not be able to continue in their current occupation but could do some other form of work. They are left just trying to find that job and may not understand the available opportunities. There is a potential role for some kind of job-matching support, probably locally delivered, to help match people to jobs and to help get employers to realise that their jobs could be adapted to other people.

Professor Loretto: Very briefly, to answer the question about tax and financial incentives, I think the changes are very difficult. We did some work back in 2009—I think it was with the DWP—on trust and confidence in pensions when increases to the state pension age were first mooted. Trust and confidence levels were low and have got lower because people are talking about change, so they cannot plan and cannot prepare. People ideally want to start preparing earlier but the constant change, as they see it, reduces trust and confidence further, so whatever is done needs to be in place for some time so that people will have trust and confidence that it will endure to see them through to their retirement.

Q100 **David Baines:** Sir Charlie Mayfield suggested that we invite him back in 12 months to report on progress in developing the healthy working life cycle. What do you think we should expect to see by then, and what do you think we will see?

David Finch: I would caution some patience: 12 months is a period of time, but it is not that much time to make huge progress if you are thinking about trying to marshal the various employers who have signed up to the vanguard and collect evidence. I hope that we would be in a position to see some clear plans for the following couple of years of the programme, that employers would be already actively engaging in their process and that, if they were testing things, those things would be lined up to be happening, be designed and be ready to go.

It would be quite optimistic to think that you would have all the answers at that point and have managed to make massive progress. So I suggest a note of caution, but probably where you would hope to get to is seeing that change is firmly on track for delivery within the time period, that he has a good sense of the parameters of what will come through and is trying to fill the gaps in what is not there, and some clarity that things are moving forward and in a good direction. It might be slightly pessimistic, but in my experience of trying to set up programmes engaging with different local authorities or employers, it does take a bit of time to get things moving.

Professor Vickerstaff: I would agree with that, but I would hope that the proposed workplace health intelligence unit will have been established, because I think that is a mechanism for collating and translating robust information about what works, and perhaps even commissioning more research to test different ideas. But yes, I do not honestly think you could expect a major transformation within the space of a year or even three years. However, I think Charlie Mayfield points to some good developments, and I think the workplace health intelligence unit would be a very good way of aggregating a lot of the issues that we have been talking about and sending them down to individuals and employers.

Professor Vickerstaff: We have talked about the complexity and changing attitudes and expectations from employees about retirement. That will take time. We do know some things that work, some things that are fairly simple and some things that do not necessarily cost employers a lot. Gathering those together and seeing what we can be effective in would be good.

I can give you one example of work that we have done with Age Scotland around flexible working policies. It is not going to be the answer for everybody, but organisations could have a look at their flexible working policies, look at the imagery on them and look at some examples.

We are finding with Age Scotland that policies are very much focused on parents of young children and parental leave, but employers could make

those policies more inclusive of older people. As Sarah was saying, older people are not aware that these policies apply to them. There are some things we can do now. "Quick wins" may be a bit of a cheesy phrase, but there are some things we can probably do quickly in that dissemination of good practice, assuring employers that these things are not costly or terribly intrusive.

Quinn Roache: Going off Wendy's point about other things that are impactful and are coming down the line, so slightly outside the Mayfield review angle, I have a lot of faith that employers will be taking this area a lot more seriously. We have ethnicity and disability pay gap reporting coming and, while pay gap reporting is absolutely essential, what is really coming down the line with that is meaningful action plans that are driven by data. That is what we need. We need employers to look at the impact on older workers who are disabled or are black, and think about how they can change their culture.

We have heard a lot, particularly from Sarah and Wendy, about ageism and disability. I would anticipate that any employer who does pay gap reporting accurately will come across several things as standard—lack of reasonable adjustments, discrimination in the workplace, bullying and harassment. That is what our research shows are real issues holding workers back and encouraging them to leave work, so, 12 months down the line, I am really excited for that and meaningful action plans.

Q101 **Rushanara Ali:** The increase in state pension age from 66 to 67 was legislated in 2014, as you know. It starts in April and there is no mitigations in terms of additional social security support for that cohort. Do you think that there is a case for doing something now? How would you make that case?

David Finch: I do think that there is a case for mitigation. It relates back to the patterns of inequalities. It is quite clear from life expectancy data that people living in more deprived areas—effectively, outside the south of England—are seeing their life expectancy reduce, which you would expect to translate into that part of the cohort not living as long beyond state pension age. It also indicates worse general health in that population.

We have also seen a rise in economic inactivity due to ill health over recent years. It is quite hard to interrogate the data properly because there are concerns about what that data shows, but we do know that, historically, people have had limited chances of coming back into work if they have left due to ill health. We would expect the rise to have led to additional people in this cohort approaching state pension age who have left the workforce earlier than previous cohorts, which points to an exacerbation of inequality. Potentially you can accept that you have a single state pension age, which leads to some inequality, but the nature of trends in health and employment outcomes around the increase in the state pension age is making those inequalities worse.

As for mitigation, while trying to think pragmatically about what exists in the system already, we would point to topping up universal credit payments for people who are unable to work, due to their health, and to meet the pension credit level. Obviously, there are potential issues with that. Perhaps it creates an incentive for people to stop working a bit earlier, but you could look at things like the duration of time out of work due to ill health before that point, so you do not just get an inflow of people at age 66.

Quinn Roache: I agree with a lot of what has been said. We do think that mitigations should be put in place. Specifically, we would like people who have no realistic prospect of returning to work once they have dropped out to be able to draw their state pension sooner rather than at pension age.

We do think that state pension age and pension credit should be decoupled to allow for earlier access, because we do not think universal credit is quite enough. It is not as beneficial. We also think some issues with universal credit could be addressed to make things better.

One thing, which I think we put in our submission, is around how much you can have in savings. We know that if you have £16,000 in savings, which you are saving for retirement, you have to whittle it down, which means that when you are in retirement, you might have to draw on universal credit. So there are some issues around universal credit that can be addressed to make it better for older people, but hopefully they do not really need to be using it.

Professor Vickerstaff: Can I just add a word that we haven't heard yet, which is dignity for people who have no prospect of getting back into work and may have a smaller or larger gap between when they left work and when they get their state pension? Over the years, I have interviewed many people on incapacity benefit, as it was, and employment support allowance now. They look forward to their state pension because they see it as an honourable earned right for having worked and contributed, whereas being on ill health benefits of one sort or another is seen as dishonourable. We need to address why that is: why we have a culture that feels that those benefits are dishonourable.

For people who have no practical prospect of getting back to work, there are issues around their dignity and the benefits that they are on. We know that someone who is out of work is more likely to be depressed, and if we add the stigma of collecting certain benefits, that is not helping their health either. We should remember the question of dignity in all of this.

Rushanara Ali: Wendy, did you want to add anything on this question?

Professor Loretto: Very quickly: it is not a quick fix by any means, but I think about a notion of social credit, to go back to my comment earlier about social production. If people are contributing to the economy and

society through volunteering, caring or grandparenting, is there a system of social credits that could be used to supplement existing benefits?

Q102 **Rushanara Ali:** Turning to the Government's options, given the urgency of this issue, we know that there are some estimates suggesting that this particular change would save public spending about £10 billion, and the interventions to try to mitigate could range between £200 million and £600 million, depending on who is in scope and how an intervention might be formulated. Do you think that that is something that the Government should be looking at as quickly as possible? If support were available for that mitigation, at what age would you recommend that it kick in? Or should it be based on the points you made earlier about need?

Professor Vickerstaff: It goes back to chronology again. Not all 50-year-olds, 55-year-olds, 60-year-olds or 65-year-olds are equal. There will be some people in their early 50s whose circumstances mean their ability to get back into work or stay in work is severely prejudiced. There will be other 64-year-olds who were doing fine and then may have a health incident or event.

Rushanara Ali: So thinking about just the 66-to-67 cohort and the pension age changing.

Professor Vickerstaff: We need to look at the individual circumstances.

Rushanara Ali: Anyone else?

David Finch: If you are very specifically focused on the 66-to-67 cohort, the additional mitigation should be coming in at the point at which they would previously have reached their state pension age. That would not deal with wider problems and inequalities created by having a single state pension age and failing to keep people healthy and in work through their lifetimes but would be the most direct mitigation there.

Quinn Roache: We really need my pensions expert here but, based on the information he has provided me with, we would say that these mitigations should be based around circumstances. For example, we know that there is a group of older disabled workers who will not make it to pension age, but they will be accruing a pension, so we think that one of the mitigations could be around allowing them access to it earlier.

Professor Loretto: This needs to be done earlier. I agree about individual circumstances, but I think we should start intervening earlier now.

The DWP, for example, had started to look at a midlife MOT. What midlife is is probably up for question as well, but it is about bringing this in much, much earlier for people. One of our clear findings from successive pieces of research is that employers are afraid of having these sorts of conversations because they are afraid of being labelled as ageist. What is happening in practice is that the employees now feel that they have just been ignored because employers are not speaking to them. Implementing

this further and at a younger age would help older workers, current and future.

Q103 **Rushanara Ali:** Going back to the Government's options, given that April is not far away for 66 and 67-year-olds, do you have suggestions on what the Government could do quickly to mitigate? Given that a number of people will be pushed into poverty, is there anything specific that you think the Government should be doing or could be doing within this timeframe?

David Finch: The most immediate and effective thing would be to top up through universal credit because that is something that they should be able to do quite quickly. There are other things, such as the types of support we talked about earlier. This affects a cohort of people. It is not just about next year's retirees. You could look to do those things, but I think you are limited in your ability to change someone's trajectory out of work if you are acting so late at the end of the day. But that should not that mean that you do not try.

Rushanara Ali: Does anyone want to add anything to that? Great—thank you very much.

Chair: That concludes the oral evidence session with this panel. David, Sarah, Quinn and Wendy, thank you so much for your very compelling evidence, which we really enjoyed.

Examination of witnesses

Witnesses: Emily Holzhausen, Joe Levenson, Charles Cotton and Jon Richards.

Q104 **Chair:** Welcome to the oral evidence session with today's second panel in our transition to state pension age inquiry. It is a pleasure to welcome Emily Holzhausen from Carers UK, Joe Levenson from Arthritis UK, Charles Cotton from the Chartered Institute of Personnel and Development, and Jon Richards from Unison. Thank you all for joining us.

I will start with quite similar questions to those that I put to the first panel. I want to think about the Pensions Commission and its remit around developing the framework for a sustainable, fair, and adequate pension and how the state pension age increases should be considered. Who would like to start?

Emily Holzhausen: I am very happy to start. When I talk about caring, I am talking about family members and close friends who are caring for older, ill and disabled relatives. As lots of witnesses have already said, there are definitely structural issues that mean that people with caring responsibilities are much more likely to be out of work and they need to be taken account of.

The more we move the state pension age up, the more likely they are to have to give up work. Around 600 people a day give up work to care, and

they are up to twice as likely to be in poverty compared with non-carers because of the benefit rates. Simply, the carer's allowance is one of the lowest benefits of its kind, so we need to look at the structural issues that keep people in work for longer. Part of that is based on employers. Part of it is also around universal credit. We need to also think, as some of the previous witnesses said, about those people who have no choice but to give up work in order to care, and their benefit levels. But I can come on to that more later.

Jon Richards: From our perspective, a lot of the Pensions Commission work has been really important and focused on that. A lot of the pensions work done so far by the Government has been very structural and very much focused on pulling in the local government pension scheme or on particularly the financial impact. We would be very keen for the Pensions Commission to do work on the wider aspect, looking at the social impact of pensions and particularly this transition age is really important, with the move back to 67. A wider focus rather than the narrow way that Government work has been done so far would be very welcome.

Joe Levenson: Thank you very much for the chance to speak. Every day, 1,200 people are diagnosed with arthritis, and we know that a significant number of them are unable to work at some stage because of arthritis. Around half the people tell us that they struggle to work. Arthritis has an impact on their ability to be employed. That is the context for our worries about the transition to a higher state pension age. It is also why we would welcome a wider focus from the Pensions Commission. We need to take a joined-up view of all the different factors that impact on people's ability to earn, particularly in later life. We know that unfortunately if you have a health condition, you may well struggle to get employment or stay in employment, and you may struggle financially, particularly if you have to wait longer to access a state pension or private pension provision.

Charles Cotton: Thank you for inviting me and the CIPD to your evidence session. Like everybody else, we agree that the review should be wider. First, employers can often be overlooked in the discussions about pensions and retirement, yet not only do employers contribute to the pension arrangements of their employees for workplace pensions but, by paying employer national insurance contributions, they are contributing towards the state pension as well. All this represents a considerable amount of money, so any review of the state pension age and pension adequacy should consider these perspectives.

Secondly, obviously as employers we employ people. How we design jobs and tasks, how we design the organisation, and then how we manage, develop and reward employees has an impact on helping them to stay in work or return to work after an absence. It is also about how HR professionals support their line managers when line managers have conversations around health and wellbeing with their employees, to encourage them to be open and talk about the different options that the

organisation may have to help them cope with the illness or return to work.

We should have a wide review, because the state pension is often an anchor point for employees in their decisions about when to stay with the organisation or when to leave. That will have an impact, and it is going to have more of an impact for low-wage workers, for whom the state pension is more of an income compared with middle and higher earners. But we recognise that it is a difficult balancing act between cost and fairness.

Q105 **Chair:** I will ask the same question that I asked the previous panel: is there a uniform agreement that the Pensions Commission, which I understand will be publishing at the beginning of next year and whose remit is to look at adequacy and fairness within the system, should also be considering the increases in state pension age and the impact on that?

Charles Cotton: Yes.

Q106 **Chair:** This is specifically for Emily, Joe and Jon. Thinking about the increases in state pension age since 2010, what have been the observable impacts on the people you work with? Emily, you mentioned the increase in poverty, but what else has been the impact that you have observed?

Emily Holzhausen: I would like to put some figures on the difference and what impact it has when we raise the level of the state pension age. The differential between the welfare benefits is quite stark. We have about 26,000 carers in the one age cohort. If we put the state pension age up, the differential in working age benefits, pension credit and the additions that you get as a carer is approximately £134 a week. That additional year is approximately £182 million where the Government gains, but that is no longer available for unpaid carers.

What we see is that we have quite a large number of carers who also have health conditions themselves not related to caring, but many are affected by caring. There is a bigger health differential, and there are musculoskeletal, mental health and high blood pressure issues. As some of the earlier witnesses said, we have more complex issues going on for people. These affect women more than men. It is gendered. We see that people largely do not have a choice about caring. One important factor in how much care they have to take on is the availability of social care services, for example, which have been under pressure. We accept that childcare is a key foundational service to enable parents to work, so that is what we also need to see for those people.

Chair: Thank you. May I ask for very brief answers, please?

Jon Richards: The Institute for Fiscal Studies reckoned that there was a 14% increase in absolute income poverty in the 2018-to-2020 change from 65 to 66. With the 67 move, Age UK says that another 115,000 people will be put into poverty. That is a direct impact of the change. For

workers on the ground, we gave some written evidence about the direct impact on people of longer working. In schools there are school cleaners, doing physically challenging work. The longer you go, the more difficult it is to be able to do some of the jobs. School technicians do a lot of lifting of equipment, which becomes more difficult.

I will try to talk about our ambulance service survey later, because that gives some particularly interesting views on what they think about this, but there are also issues about mental health. I will touch on some other surveys we have about NHS employment a bit later, but there are some clear issues. I know that there was a discussion earlier around sectoral versus individual, and we will pull out some of that evidence.

Joe Levenson: What we have seen is a perfect storm for many people living with arthritis. We have seen cost of living pressures. We have seen a stalling of healthy life expectancy, which we need to consider in the context of this inquiry. We have seen an increase in the state pension age. We have seen an increase in inequalities—including around healthy life expectancy—and we have seen continued long waits for many people to access NHS treatment, particularly community MSK services.

When you take those factors together, and people living for longer with often several serious long-term conditions, it may be no surprise that we see a situation in which lots of people living with arthritis are struggling to get by financially. We carried out a survey that we published last year. We surveyed 8,000 people living with arthritis, a big representative sample. It showed that once people were over the state pension age, they were far less likely to report struggling to get by financially, and almost twice as likely to struggle to get by financially as the cohort immediately before state pension age.

I think that speaks volumes. It shows we are failing people, and we are worried that people who live with arthritis and many other long-term health conditions are collateral damage in the changes that we have seen, including a rise in state pension age without mitigation.

Q107 **Chair:** Charles, I have a very quick question. What changes have you seen employers make with the increase in state pension age?

Charles Cotton: Employers recognise that the workforce is ageing—as is the population—so we are seeing initiatives around flexible working opportunities, tackling anti-age bias.

Q108 **Chair:** Are you able to quantify that? Apart from the legal right to request flexible working, what percentage of employers are then providing that?

Charles Cotton: We have found that about 40% of organisations offer flexible working. That is a survey of all employers, and if you look at it by size it is far higher in larger organisations. As was mentioned earlier, it is the challenge of how to raise awareness of what is possible.

I recognise that if you are running a small or micro-sized business, you are just going to be focused on what you can do to keep the organisation afloat. We should also recognise that you are more likely to be in business on your own, or running a business, if you are aged 55 and over compared to other demographics, so hopefully you would be more aware of the challenges of being older.

We recently started supporting the WISHES project, which is looking at job crafting. You may have already come across it in your reviews, but it can result in a higher performance and improved health and wellbeing. Job crafting is about helping people with health conditions into work or to remain at work. The focus is not on people's health and disability, but on the social and organisational context that can act to disable them.

Chair: We will probably write to you to get a bit more information about that.

Charles Cotton: Yes, by all means.

Q109 **John Milne:** This first question is for Joe and Jon specifically. The Health Foundation identifies the prevalence of health-harming work as a challenge. To what extent would you agree, and what options do you think are available to move to more appropriate work?

Joe Levenson: While we know that for many people work is good for them, you are absolutely right that there are some forms of work that are health-harming, particularly if you have pre-existing conditions. We are very worried about that. We are also very aware that some forms of work lead to injuries. In our case, many forms of work can lead to MSK issues and injuries, and this happens across the board. In the NHS alone, 3 million working days are lost each year because of MSK conditions.

I think employers must step up. They must provide a safe environment. We would like to see the Health and Safety Executive play more of an assertive role. It also links back to what we heard earlier about the reasonable adjustments that need to be in place to enable people to work safely and for a workplace environment to adapt to their needs. We know that a lot of people do have a lot to offer. They can still provide a lot to offer in industries that have the potential to be health-harming. There should be a difference between potential and actual here, and I think we need to do more to bridge that gap.

Jon Richards: To add to that, it goes back to what we talked about earlier around differentials between sectors. To an extent, well-regulated, larger public sector organisations tend to have better policies. In areas such as social care—which are very small employers, rapidly changing, and quite dominated by large private equity firms—the focus is very much on getting throughput.

We have issues with social care workers being forced to do 15-minute appointments, not getting travel time and issues like that. That puts them in a very difficult position when it comes to refusing to work, and a

lot of people are presenting at work when they should not be. They are putting themselves in a difficult position with lone working.

There are some particular issues in social care that need addressing. If you look at the health service, there are huge problems in stress due to shortages of staff. The University of Bath did a survey not too long ago looking at the reasons why staff leave NHS employment. By far the two largest issues were stress and shortage of staff and resources. Clearly there is that interlinked impact of stress on staff and their ability to continue to work.

Q110 **John Milne:** This is a question for Charles: to what extent do the employers you work with prepare people to move to more appropriate work?

Charles Cotton: Some of the larger organisations are looking at things like midlife MOTs and are talking to employees about their physical and mental health, their financial situation and the steps they can take to improve their finances or explore roles within the organisation.

It is not particularly new. If you go back to Roman times, if you were a legionary you would often be taken from the frontline and given the less arduous tasks of guarding a wall or a gate. When I started work, large organisations would find other roles within the company for people who were approaching retirement, so they would go into things like working in stores, facility management, changing the lightbulbs and fixing the fuses, or security. A lot of those roles have now been outsourced to third parties. So it is a case of not just thinking about what they can do within the organisation, but helping to prepare them if they want to move outside the organisation with other opportunities, such as becoming self-employed.

Q111 **John Milne:** My last question is to Emily: how would you describe the relationship between unpaid caring, health and work?

Emily Holzhausen: As I mentioned, carers are more likely to be in poor health than non-carers. Sometimes their ill health is exacerbated by caring or they develop new conditions due to caring, from moving people and the sheer physicality of it, as well as mental health issues. We have these two things going on. On the one hand, you are required to be there and support your family member, but on the other hand, you have your own health issues. This is where, when we start looking at employers and what they do, you need to identify caring as a separate issue alongside health, because they intersect.

A lot of people do not identify as carers. They do not use that word. It takes up to two years on average to do so. Where we see positive cultures within employers, we see great line managers, we see good flexible working, paid carer's leave, which we do not yet have in law, and we do see a difference. We see a positive difference in carers' wellbeing at work. They also tell us that it stops them from giving up care work.

Employers have a very important part to play in preventative effects, in keeping people well in work, keeping the labour market there and the benefit to the Exchequer of productivity. Centrica looked at this and saw a bottom line of about £8.2 billion. Sir Charlie Mayfield's report looked at productivity overall and saw that about £37 billion was lost to the economy because of this intersection between ill health and caring. There is a price for individuals, families, employers and the economy if we get this right, which we must do for them and within an ageing society.

John Milne: Thank you. There are big numbers at stake.

Q112 **Damien Egan:** I want to focus on the Mayfield review. The Mayfield review charts a path to keeping Britain working, so I want to get your views on the extent to which that path is convincing.

Emily Holzhausen: Although Sir Charlie did not focus exclusively on caring, there are references to caring within the report. If I am honest, I think we would like things to go a little further and have a specific piece of work looking at unpaid caring. Some of those vanguards have some great policies to learn from; companies such as Phoenix, which has, for example, a couple of weeks of paid carer's leave and tries to look at a positive culture within the business. We would like a particular focus on that.

One area I would like to see more of is the understanding of how social care supports people to juggle work and care, whether we are talking about carers or about people with disabilities and long-term health conditions. There is quite an important link with the work of Baroness Casey and her independent review. We think there are very positive steps forward.

We also think that taking advantage of some of the positive measures within the Employment Rights Bill, like flexible working, is good. However, as I said, we do not yet have a right to paid carer's leave. That is something that the Government said they would review this year. That would make a significant difference to unpaid carers. Based on our predicted take-up rates, it would cost between £5 million and £32 million a year. If we keep people in work, it is a good deal for the Government and for carers and employers. Those are the additional areas where I think it would benefit that work and understanding the intersection more.

Damien Egan: That is interesting—thank you.

Jon Richards: From our perspective, the Mayfield focus on prevention, inclusion and retention was a good start. We think it is a very positive step forward. I think there are several areas where we want it to be strengthened. The phrase "employer-led" was mentioned earlier. We are fine with that, as long as it is possible for the workforce and the trade unions to engage in that process, because we have seen in the past that employer-led often means employers' views, without taking the workforce into account. There is certainly a role for the trade union

movement in that, and there needs to be more clarity around the Health and Safety Executive's role as the regulator.

From our perspective, there is no mention of a statutory sick pay increase. The Government have done some very good work around statutory sick pay under the new Employment Rights Act. However, we think that without either a review of the broader remit of SSP, or increasing it in some way, there will be a gap at the age of 66 or 67. I should declare an interest here. I am six months too late to get SPA at 66, so I blame my parents for that.

Finally, there are issues around NHS provision, about occupational health provision and how that knits with the national occupational health proposals. We must be careful that we do not duplicate or leave gaps between the two. There is a piece of work to be done on linking those two issues.

Joe Levenson: Arthritis UK absolutely welcomed the establishment of Sir Charlie Mayfield's review. We welcome the publication. We think it is necessary. We think there is a danger it will not be sufficient. Like Emily said, we would absolutely welcome anything that could be done to inject a bit more pace into it.

For us, it is going to be key for the vanguards to get involved in supporting people to stay in work with fluctuating conditions such as arthritis and MSK. That is an absolute essential, along with a focus on older people. We would be interested to see the integration with neighbourhood health, which has potential, but it also has the potential to be an emperor's new clothes scenario if we do not get it right. We need to see the join-up.

The focus on what works is important for the workplace health intelligence unit. That is something we would absolutely like to see prioritised. It will be limited if it does not move beyond that coalition of the willing. It needs to go beyond that, and I think we have probably a healthy scepticism about how far voluntary engagement will take us. It is absolutely necessary, but it just may not be sufficient.

Damien Egan: I like that line: "coalition of the willing".

Charles Cotton: I agree with what has been said before. It is important to get the vanguard going as quickly as possible to find out what works. It is also important to stress to other sizes of employers the importance and the opportunity that this presents. If we are able to crack it, the economy can grow. We will have more resources, and the debate about where we have the state pension age, or what we link it to, will become less stark because we will have more money. It is crucial that it succeeds. It is also about building awareness among SMEs that this is an important opportunity for them.

Q113 **Damien Egan:** Charles, do you think that the plans will help get the

certified standard in Mayfield adopted by other types of employers?

Charles Cotton: If there are certified standards, you can say, "Do you want to work for an organisation that does not have this certified standard?" It is going to have an impact on your current employees and the potential employees you want to recruit and select. If they have various job offers, and one job has the certification and the other does not, they might ask, "Why is that? Why would I necessarily want to go and work for that organisation?"

Q114 **Damien Egan:** This is a question for Emily. You run the Employers for Carers and Carer Confident schemes. What lessons have you learned about the challenges and opportunities of working with different types of employers to improve work opportunities for carers?

Emily Holzhausen: Employers for Carers is a forum that has around 250 employers from the public and private sector and some from the voluntary sector, which covers just over 3 million employees. It is very important to have a greater awareness about carers within your workforce. If we look at the NHS, for example, according to the staff survey, one in three NHS workers have unpaid caring responsibilities on top of what is quite often a very stressful job.

The employers that we have worked with have a range of mechanisms. Some people have mentioned midlife MOTs, working carer passports to get better dialogue with line managers, and line manager training. The best ones use data in their workplace to look at who is caring because people move in and out of caring. Where we see positive practice, we see increased wellbeing. Certainly, anecdotal evidence shows that you also get greater buy-in and loyalty from carers, who are grateful.

We have parents of disabled children with lifelong caring responsibilities, people caring for mum or dad with dementia or a stroke, or partners with cancer. It can happen at any time. There really is a positive culture practice. There are some sectors that are less represented—the care sector, for example—in membership.

The Carer Confident scheme is a scheme that we have developed. It is a benchmarking scheme that employers have for a limited number of years and must renew. We have had around 90 organisations go through that and it is a good way of using reflective practice for improvement. We have quite a few looking at that across both the public and private sectors, but we would like it to become increasingly used. For example, it is a very different scheme from Disability Confident. It is something that we would definitely like to be used more broadly.

However, we see that you do need that separate focus and understanding about caring. There is almost a ladder of support, from very low-level intervention to support for people whose lives become much more complex as they juggle work and care. They may also have a disability or

a health condition and will need increased support and intervention, including occupational health support.

There is a question to be asked about smaller employers as well, where the vast majority of people are supported. We find anecdotally that they can be very flexible because they know the people well. If you are a small employer of three or four people and are likely to lose an employee, that can be catastrophic on the rest of the business. As I said, there is still an issue with unpaid carers recognising themselves as carers. There is sometimes a culture of fear of raising those issues within the workplace.

There is much more we could do on awareness, identification, and support, but there is also good practice we can build on and promote, supported by a solid legislative framework. We would like to see up to a week of paid carer's leave legislated for.

Q115 **Chair:** Jon, I want to pick up on something that the Health Foundation raised with us. That was that the Government should try to focus on those sectors that they can influence most directly—health, social care, and education, for example. What have Unison members been saying about that and whether it is generally supported?

Jon Richards: Obviously there are large areas that we cover but there are other significant areas. We think a focus on jobs is quite important. Even within those sectors, there are different roles. I have mentioned ambulance workers in particular, for instance: if you compare ambulance workers with fire and police workers, they have different retirement ages. It is very difficult for ambulance workers, who are manually handling all the time, all day—more so than police and fire workers—but are not able to retire as early. They cannot use the pension scheme in the same way that the fire and police pension schemes are used. We did a survey of ambulance workers and asked them what would support them to remain in their role. The top answer, for 87%, was a lower retirement age.

In sectors such as education, the focus is always on teachers and professional workers, yet 50% of people in schools are support staff, cleaners, teaching assistants and so on. When we engage with Departments, they tend to start by looking at the impact of changes on mental health. A few years ago, the Department for Education did some work on the mental health of teachers and said, "We can just roll this over to teaching assistants and other staff." We had to say to the DfE, "They work in a completely different way. Often teaching assistants will work in small groups. Cleaners do not have the same relationship. There are school meals workers and technicians. These are not the same issues." There are issues as well within sectoral issues.

I take the point that was made about the Government being able to influence from that, but sometimes it also means that you get this idea of public sector workers with their gold-plated pensions and other things like that. The average pension in the local government pension scheme is just over £5,000. Richard Tice may think that the local government pension

scheme is an overpaid pension scheme, but I can assure you that for the vast majority of low paid workers it is not.

Q116 **Chair:** Indeed. I remember that from when I was chair of an NHS trust and the improving working lives scheme. Has there been any long-term evaluation on the impact that that had, for example, on keeping people in work? I seem to remember that at the time it was really well received. I know the Unison representatives were part of that. Perhaps we could write to you.

Jon Richards: We can discuss that. I had that as a point to come to; I will try to sneak it in later.

Chair: Yes, please do. I will hand over now to Peter Bedford.

Q117 **Mr Bedford:** We heard from the previous panel about the challenges facing older workers and some of the interventions that could be brought in. I want to get your views on what those interventions could be, in terms of an overall strategy for older workers, the timeliness of those interventions and when they should be brought in to best support older workers.

Emily Holzhausen: When you look at the statistics, there is definitely a need for an over-50s approach. We cannot leave it until people get into their 60s. That is too late. A Government strategy and approach to supporting the over-50s to remain in work would definitely be a positive thing, but there are other changes that we can make that are lifetime changes that contribute to people's better pension outcomes, such as Sir Charlie Mayfield's report and review and the culture of change around caring responsibilities. It is about everything from a young carer coming into the workplace for the first time and being able to have good work, as well as positive work and design.

I talked about the benefit differential for working-age people and people on pension credit. That is where we suggested that at least two years beforehand there is some sort of boost or adjustment for people who are caring and very unlikely to get back into the workforce. Overall, we would like to see a review of carer's allowance. It will be 50 years old on 12 April this year. It is a very important benefit, but there is a very big differential there for people who are just those few years away from pension age.

Jon Richards: I do not have much to add. I was going to say a lot of what Emily has just said around the whole idea of a 50-plus approach and a prevention-based analysis. Some sort of risk-based prevention policy taken at the age of 50, taking into account the workforce that you have and the particular threats and risks that happen to that workforce, would be good but I absolutely agree that it must start at 50, not later.

Joe Levenson: I don't disagree with that. I also don't think that we are doing enough to take a true health-in-all-policies approach. I don't think we focus enough on prevention. For example, we know that being active

can be a massive contributor to not going on to develop MSK or arthritis. We also know that poverty is a major determinant of health, and health itself is a major determinant of poverty. We need to look at that in the mix.

In terms of very specific interventions to support older people to stay in work, or to get back into the workplace, we have talked before about reasonable adjustments. They are very important. They are what people with arthritis tell us can make a real difference. We are told by people living with arthritis that reasonable adjustments—and I think we are finding that people are quite modest in the sort of reasonable adjustments they would like to see—are just not reliably happening. We are not seeing flexibility as standard.

Again, people tend not to ask for the earth. People are often very circumspect about making these asks. They feel embarrassed and reluctant, and there is a stigma. We know that some of the tangible differences that can happen in the workplace do not happen if you do not change the culture—if you do not move to a place where you look at the positives that people can bring, rather than just looking at the limitations.

We recognise that employers need support to make that happen, but what we see day in, day out is people with arthritis and other long-term health conditions leaving the workplace when quite often they would prefer not to leave the workplace. The consequence of that is that they risk being plunged into poverty and financial hardship particularly as they get older.

Charles Cotton: A lot of attention has been so far given to people who leave the workforce because of caring responsibilities or physical health conditions, but mental health is also a concern. It would be useful if the Government used their convening power to talk about how that could be tackled, as well as the other causes of why people fall out of the workplace and the initiatives that can be taken to help people back into the workplace.

For instance, I know that the CIPD is working with the prisons Minister to help ex-offenders back into employment. It could be working with people who have taken time out because of childcare responsibilities. It is about using those ways of thinking about how we can look at getting those people who are 50 and over, who have not been in the workplace for a number of years, and how we can use those techniques to get those people back into work, such as having testimonials from other older workers who have been successfully recruited or reviewing the recruitment process, or perhaps even reducing the barriers. It could be saying, "If you do come back into the workplace, this is what impact it could have on your benefits and this is what we can do to mitigate those."

Q118 **Mr Bedford:** Thinking more broadly, are there any tangible changes that you think could be brought in to support people reaching the state

retirement age over the next five or 10 years, perhaps those who are in work at the moment, to help them transition later to a more comfortable retirement?

Emily Holzhausen: I go back to the fact that the Government could decide to do this benefits boost relatively quickly. We would like a positive outcome from the Government through a review of paid carer's leave. Those are very tangible things, rights and entitlements. Unpaid carer's leave is up to five days of unpaid leave now. Our analysis shows that the people who are less likely to be able to take it are on low wages. They are more likely to be carers. They are more likely to be in elementary occupations working below their potential. These are tangible things that the Government could change, as well as the cultural approach to an ageing society where age discrimination is also tackled.

Jon Richards: I support the idea of potentially increasing universal credit. However, universal credit and how it interacts with pay can be quite difficult and sometimes you get unintended consequences. You need to be very careful how you introduce that. We have had issues of back pay that has taken people out of universal credit and other issues. Certainly, there would need to be a proper analysis of an immediate increase in universal credit and how it works in the longer term, because of some short-term bumps, where particularly low-paid workers cannot afford to have gaps in work. It would need to be introduced carefully, and you would need to see how it looked.

Joe Levenson: Given we know that people approaching state pension age can be at greater risk of poverty, we need to focus on income. Part of that is making sure that people are aware of existing benefits that they can claim. We know that there is still underclaiming. We know that that is because of a lack of awareness, but the complications in the system can also be bewildering even to the most well-informed. We would also welcome a continued focus not only on returning to work, but on retention for those people who are able to work.

For those who are unable to work, we need to model it in a different way and provide additional financial support. We know it is harming people financially if they are not able to work, particularly as they get older. I think other witnesses may have talked about loosening conditionality on people as they get older when it is quite clear that they are going to struggle to find work. That is something that we would absolutely support.

I also think the Government need to take a joined-up approach on this. We know that people are still dropping out of the workplace because they are waiting a long time for treatment. We know that the Government have that on their radar but still, day in, day out, operations are cancelled, physio appointments are being cancelled, and people are waiting a long time. If we do not get that right, we are going to continue to see people drop out of the workplace when it is in their interests and in society's interests for them to work.

Charles Cotton: If there were enough money, perhaps we could look at cutting the employer national insurance contributions that are paid for older workers. That would incentivise employers to employ more older workers because it would be a lot less costly to do so.

Q119 **Rushanara Ali:** As you know, in April the pension age will go up from 66 to 67. That was legislated for in 2014. There are no mitigations in terms of social security support. Can you talk us through what you think the Government could do, given the short timeframe?

Emily Holzhausen: It would be great to see the Government put in some mitigations now, in that year certainly—longer if possible—for those who are very close. It is very challenging getting back into work. There are some issues around conditionality: for example, unpaid carers are not subject to conditionality on universal credit if they get carer's allowance. That is very important, but it is so hard to go back to work when there is a shortage of social care services and the health service is not tailored around your needs.

Income protection is very important. When we asked carers, "What would you have done differently when giving up work to care?", they said, "I would have stayed in work for longer. I would have contributed to my pension more. I would have asked for help earlier." All those things can be prevented with better information, better advice and more day-to-day discussions about caring in our lives. Even at that age, at 66, that could be a positive discussion for people. Information and advice are very important. It is obviously better to get them earlier in life, but it can still be done at that point.

Joe Levenson: At a time when we are all being urged to plan ahead and take a longer-term view, it is beyond disappointing that we are here in 2026 talking about mitigations for something that was announced in 2014. I welcome the inquiry's focus on this. There are some things that can and should be done in terms of mitigations to support people to stay at work.

We would benefit from renewed guidance on how reasonable adjustments can work for employers and for people requesting them. That is something tangible. I do not want to give up the ghost. We know that this is not just about April onwards, so I urge the Government to look at modelling different ways of taking mitigating actions to prevent people pre-retirement being plunged into poverty needlessly, at great harm to them. I would like to see that modelling. The Government are talking about saving £10 billion. I think it would be shortsighted if some of that money were not redeployed towards mitigations.

Q120 **Rushanara Ali:** The IFS has done some of the modelling, and it is between £200 million and £600 million if you focused just on those with disabilities versus a wider group. That is a small percentage of what the savings would be. Do you think they should pursue that?

Joe Levenson: I absolutely think they should look at the modelling. When we come to look at future increases in state pension age, we need to plan for them properly. We also need to recognise that healthy life expectancy is not keeping pace with life expectancy. That is one of the major faultlines that we see played out day in, day out.

Charles Cotton: It is not my area of expertise, but if I look at what happened in the workplace with pensions before auto-enrolment, we had a great benefit. Very few people ticked the box despite various campaigns, so the Government introduced auto-enrolment. My concern with any mitigation is that if people have to go through various hoops to claim it, that could be a problem. It may be that it is simpler to say, "We will target people in the lowest council tax bands, because they are going to be the people most at risk of falling into poverty due to the increase."

Jon Richards: I have already mentioned the changes to statutory sick pay. That would be important. You could look at the criteria for how you could help. We could ask people like the Industrial Injuries Advisory Council. They already do work around this. You could target particular issues—arthritis or whatever. We think that would be useful.

The establishment of the workplace health intelligence unit, which was touched on a bit earlier, could be sped up, because that could produce some very useful and consistent data. As my colleague said, it is very late to be doing this, but if you are going to focus on something, focus on those areas.

Q121 **Rushanara Ali:** Is it irresponsible not to have had mitigations in place, given that it has been 12 years since the legislation came into effect? What can be learned from that?

Jon Richards: If you are going to introduce a policy, you need to decide how you deal with that policy. It is standard Government policy that you set in train a policy. There should be an implementation plan that sets out what is likely to happen. That should be reviewed throughout the whole process. It is standard employment practice. Every employer sets themselves project plans and ways of dealing with things, and clearly there has not been one. It has not been thought through.

Emily Holzhausen: I agree. If I look at the inequalities that carers face, they are going to be exacerbated because of the lack of mitigations.

Q122 **Rushanara Ali:** Do you have any estimates of how many more people are going to be pushed into poverty because of the lack of mitigation? Beyond the specific policy changes, is there anything else that the Government should plan for, given the short timeframe before it comes into effect?

Jon Richards: I mentioned earlier that Age UK reckons that 115,000 people will be pushed into poverty as a result. That is a significant number. If this has been known for some time and there is no

implementation plan, I think that is very dangerous. As for what you can do about it, it is tricky now, because it is coming in in April.

Joe Levenson: I mentioned earlier the research that we carried out, which showed that people aged 55 to 64 were twice as likely to find life financially challenging and struggle to make ends meet as those over 65. So although we have not modelled it, I think we can be confident that the increase in the state pension age will have a detrimental impact on people living with arthritis.

Charles Cotton: I think the lesson is that if the state pension age goes up again it would be good to have mitigations in place for when that happens.

Q123 **Amanda Hack:** This is a follow-on question that crosses over with the inquiry that we are doing now and other inquiries. Charles, I would like to ask you about the point that Joe raised about reasonable adjustments, and the work that needs to be done with employers to encourage more activity around employees feeling confident to ask for them. What further work could we do with employers to enable that to happen more broadly?

Charles Cotton: It is about trying to encourage a culture of trust. If you go back 30 or 40 years, people very rarely talked about their sexuality, their marriage status or their caring responsibilities or talked much about their background, but now people are more open about whether they have a mental health condition. We recognise that that is not equally spread out, so we have to encourage not only employees to broach these subjects, but employers to think about this in a sensitive way.

The Mayfield report mentions that employees are scared to talk about this, but it can also be scary for employers wondering how they deal with it and what is the best approach. It can be even more so, as was mentioned earlier, if you are in a micro or small business with 20 people and you have two or three people with these health conditions. Where do you get the support and advice? If the Government are to do anything, they could help small and medium-sized organisations to access HR support and occupational health support so you can have these discussions about how best to have these stay-in-work plans.

Q124 **Amanda Hack:** Joe and Emily, in your organisations' experience, has the phraseology about Disability Confident employers made a difference to the people you engage with day to day?

Joe Levenson: The first thing I should say is that Arthritis UK is proud to be a Disability Confident employer. If I reflect on the almost 12 months I have spent working with the charity, it is a joy and a privilege to work for an organisation that genuinely feels like it is taking reasonable adjustments seriously. Having spent most of my career in the charity sector, I can say that that is not always a given in the charity sector, let alone elsewhere. That makes a real difference.

I think Disability Confident is absolutely a good rather than a negative. It can still be quite hit and miss. It can still depend a lot on implementation. It also only covers a minority of jobs that exist in this country, which is why we need the scheme to go way beyond that. We need a cultural shift.

Emily Holzhausen: I agree with Joe. As I set out, our Carer Confident scheme is quite different. It requires a much greater level of evidence to be able to achieve what we have, but it is the coalition of the willing. I also want to mention the fact that because unpaid caring is not a protected characteristic, carers do not have a right to reasonable adjustments. We would like to see culture change and the prevention of discrimination and harassment associated with disability in its own right.

We would like to see caring be a protected characteristic, but there is an opportunity as well. I would like to mention equality action plans. There is an opportunity there to reinforce positive culture, for employers to demonstrate what they are doing for disabled colleagues, and in other areas to look at disability employment gaps and reinforce messages around reasonable adjustments.

Q125 **Amanda Hack:** Emily, in your evidence you mentioned an employment boost pre-retirement. I would be interested to see what the other panellists felt about that and at what age you think additional support should come in pre-retirement. Does anyone have a view on that?

Jon Richards: To be honest, I do not think that it should be age-related. I think, in a risk-based culture, in a prevention-based culture, you analyse from early on. If someone comes to you and they need reasonable adjustment, you need to recognise that. If you want to keep that worker on for a long time, you need to put reasonable adjustments in, and they may change over time. What happens sometimes with reasonable adjustments is that the adjustments are made, but conditions worsen and the adjustments are not changed. That is a real problem.

Joe Levenson: I would add a reflection that although people of all ages can get arthritis, you are more likely to get it as you get older and you are more likely to be living with multiple long-term conditions. Those can make working so much more problematic. If we are looking at any additional mitigations, while in an ideal world we would look at individual circumstances and recognise that people of all ages are at risk of being in poverty if they have a long-term disability, the older you are the more problematic it can be, so we would welcome any mitigation. Any mitigation is better than no mitigation: that is what I would say at this stage.

Charles Cotton: The challenge is that there does not seem to be a clear explanation of why the state pension exists and what challenge, opportunity or problem it is trying to solve. Until you start to have discussions about the reason for having the state pension, you will end up using it as a Swiss army knife to deal with various problems in the

workplace or outside the workplace. You must be very clear about what you expect the state pension to do and what you expect the Government, or employers or employees themselves, to do as well.

Chair: That concludes this panel. Thank you so much for joining us and for your evidence today.