The impact of changes in state pension age and economic outcomes: a rapid review

Executive Summary

Background

The UK State Pension Age (SPA) has risen in recent years to 66 for men and women. A further rise to 67 is planned for men and women between 2026 and 2028[1]. This rise in SPA is expected to be accompanied by an increase in the number of people in the workforce and may have implications for health, health inequalities, and the supply of unpaid care. Enhancing our understanding of these issues can inform policy efforts to support populations most exposed to any adverse impacts of prolonged working.

Aims

This review aimed to address the following question: What is known about the impact of changes in the state pension age on health, wellbeing, and economic outcomes?

As part of this, we also wanted to understand:

- What is known about how the impact of changes in the state pension age vary by subgroups (including, but not limited to, age, sex, ethnicity, socioeconomic position, geographic location, and unpaid carer status)?
- What study designs are used to identify the causal effects of changes in the state pension age on a range of outcomes?

Methods

Rapid systematic review methods were used[2].

Criteria

Broadly, studies were sought from any country where a change in the state pension age was made. A change to state pension age was considered an eligible reform if the pension was a non-contributory or contributory basic pension from public finances, or a mandated public pension plan. Eligible studies reported evidence about the impact of a planned or actual change in the age at which a population becomes eligible for a state pension on a range of health, wellbeing and economic outcomes. Studies reporting projections of outcomes were also eligible for inclusion in the review. Evaluations must include a rise in the state pension age as an explicit part of the methodological design. A change in the state pension age is considered planned if dates for the reform are given. Pension reforms from any country were eligible; no restrictions on publication language were imposed. No date limits were applied, and both quantitative and qualitative evaluative study designs were eligible.

Search Strategy

A search strategy was designed, piloted and refined by an experienced information specialist. Searches were conducted in four electronic databases, grey literature sources and through requests via our networks. Searches were conducted in May 2024 and updated in May 2025. To identify emerging evidence we searched for ongoing studies from UK funders.

Study selection, quality assessment and synthesis

Titles and abstracts were screened for relevance. The full texts of selected records were retrieved and assessed against the review criteria. Both stages of screening were undertaken independently by two researchers and disagreements resolved through discussion or consensus with a third person. Study quality was assessed using an adapted version of the Critical Appraisal Skills Checklist for Cohort Studies (CASP). A narrative synthesis summarised evidence about the impact of changes in the state pension age on health and unpaid care outcomes. Evidence about the impact on economic outcomes was mapped in a summary table.

Findings

After screening, 16 studies (18 publications) reported evidence about the impact of changing the state pension age on health or unpaid care outcomes: these formed the basis of our narrative synthesis.Eight reforms across six countries (France, Germany, Israel, Italy, Spain, the UK) are represented in these studies. Studies from the UK and Italy report evidence relating to two pension reforms.

Executive Summary Table 1 summarises the headline findings from each reform. Across the UK, Spain, Italy, Germany and Israel (seven reforms), there was evidence that delaying the age at which people can claim a pension was linked to poor health, particularly for groups disadvantaged by low income, routine occupations, high demand and low-self value jobs, and with previous poor health.

Poor health outcomes linked to delayed pensions in studies evaluating these reforms were: mental health (measured by the MCS of the SF-12); psychological distress; anxiety; physical health (measured by the PCS of the SF-12); hospitalisations; physician visits; healthcare expenditures; BMI; smoking; grip strength; increased prevalence of various conditions; morbidity (measured by a Morbidity Index); poor health (measured by a Poor Health Index); self-reported sickness and disability (not further defined); claiming a disability pension and using sick days.

For the 1993 reform in France, there was no evidence of an impact on mortality, which was the only health outcome considered in the study evaluation.

A reduction in unpaid care was also linked to the UK pension reforms in one study.

Executive Summary Table 1. Summary of health and unpaid care impact across all reforms

Reform	Number of studies	Summary of health impact	Summary of mortality impact	Summary of unpaid care impact
France, 1993	1	-	No clear evidence of an impact of pension reform on mortality. No clear pattern by wage or sex.	-
Germany, 1999	3	Adverse impact on mental health, diabetes, obesity, spine and back conditions, musculoskeletal conditions, connective tissue disorders (not cardiovascular), and health service use. Mixed impact on health costs. No impact on disability pension.	-	-
Israel, 2004	1	Pension reform linked to poorer health on some outcomes. An increase in morbidity was demonstrated but only in comparison to a younger cohort. No strong evidence that impact differed by years of schooling.	-	-
Italy, 1992, 2012	3	Pension reforms linked to poor mental health outcomes in some but not all age cohorts; evidence for physical health outcomes inconsistent. No consistent pattern by education and occupation; a greater risk of claiming disability benefits and taking sick leave observed for those in poorer health on lower incomes.	-	-
Spain, 1967	1	-	Pension reform linked to greater risk of mortality, particularly for men and those employed in industries where workers feel undervalued.	-
UK, 1995, 2011	7	Pension reform linked to psychological distress, and poorer mental and physical health for women in lower occupational groups, working in high demand jobs, and without partners.	-	Pension reforms linked to a reduction in unpaid caregiving.

Discussion

This rapid review aimed to summarise evidence about the impacts of reforms to state pension ages on a range of outcomes. The overall trend in the evidence indicates that extensions to the state pension age are linked with poor health for the most disadvantaged. In the UK evidence, people who were more advantaged and in jobs with less burden and more control appear to be protected from these adverse impacts. Working longer was also associated with a reduction in the amount of unpaid care, a critical source of support for many older people in the UK.

These findings have three key implications. First, the disproportionate impact on the least advantaged suggests that extending the state pension age in the UK has the potential to widen health inequalities. Second, there was evidence that workers who feel valued or who were employed in jobs with less physical and psychological burden appear to be protected from the adverse effects of prolonged working. Action to avoid any adverse health impacts of a rise in the pension age in the UK may need to consider the nature and conditions of people's employment earlier in the life course. Finally, any reduction of unpaid care provided by populations exposed to the UK reforms has implications for social care in England.

Gaps in evidence for the UK

Key gaps identified in the UK evidence, which may inform our empirical analyses, included consideration of:

- The impact on measures of activities of daily living (ADL) and Instrumental ADL (IADL) disability.
- Mortality
- The socioeconomic patterns in the health impact of SPA changes by considering other dimensions of disadvantage, such as measures of accumulated wealth (e.g. income and assets)
- The impact on Quality Adjusted Life-Years (QALYs).

Strengths and limitations

Our searches of both published and grey literature, in English and other languages, have ensured a comprehensive capture of global evidence for this review. This is a major strength of our work. We chose to consider international evidence from reforms in any country, to maximise the data available. However, the political, socio-cultural, health and economic contexts of these reforms inevitably vary, as do the time periods in which they took place. Context plays a key role in the outcomes of policy interventions, which limits the parallels we can draw to the impact of the UK pension reform.We would therefore advise a degree of caution in drawing too heavily on the non-UK evidence when considering implications for health policy in England. We also included both direct and proxy measures of health, which allowed us to maximise the evidence available to synthesise. However, two proxy measures of health in particular should be interpreted with caution: claiming a disability pension or disability benefits and sick days from work. Entry into a disability pension (or take up of disability benefits) is more likely to represent a substitute effect of a delayed pension, rather than deteriorating health from longer working. Also, sick days from work are more likely to be reported by people employed in occupations with more generous sick leave entitlement. As such, a measure of sick days may not be an accurate measure of the health of the broader population. Other measures of health identified in the review evidence, such as the GHQ, are validated and offer a reliable picture of the health impact of delaying the state pension age.

Conclusion

Delaying the age at which people can claim a state pension is linked to poor health outcomes. This impact is not uniform across populations, with the most disadvantaged groups more likely to experience declines in and risks to their health. Job quality, measured by the degree of burden and control experienced and how valued workers feel, may be a protective factor alongside higher socioeconomic status. Longer working from delaying the pension age may also lead to a reduction in unpaid care by people in later life. Evidence from this review suggests that extending the SPA has potential implications for policy measures to reduce health inequalities and meet social care need among older populations.

References

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2. Tricco AC, Antony J, Zarin W, et al. A scoping review of rapid review methods. *BMC Medicine* 2015; **13**(1): 224.

To access relevant publications and further information in relation to this research please visit **https://www.hapru.nihr.ac.uk/**.

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