

*Ageing Nation, Ageing Workforce –
challenges for aged care provision in the 21st century*

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Overview

SLIDE 2: OVERVIEW OF PAPER

Australia, like other nations in the OECD, faces the twin challenges of population and workforce ageing. The aged care sector faces the twin pressures of having to manage a significant increase in demand for aged care at a time when attracting and retaining workers will become more difficult. The fundamental problem facing most sectors is that unless we implement new strategies, more people are set to retire from the workforce than enter it. In this paper we review key workforce challenges facing the aged care sector, including increasing demand for aged care flowing from population ageing and an ageing workforce - resulting in increased competition for skilled workers and skill shortages. We highlight the importance of workforce planning and development strategies to retain and sustain the workforce, and identify the limitations imposed on those strategies by the absence of a comprehensive workforce database.

Clarification of terminology – ‘workforce planning’ and ‘workforce development’

The terms ‘workforce planning’ and ‘workforce development’ are often used interchangeably. However, workforce planning is a component of workforce development, providing a foundation that is as strong as the accuracy of its information. The concept of *workforce development* can be viewed as comprising a number of interrelated elements, in particular:

- o planning the size and composition of the workforce;
- o educating and skilling the workforce; and
- o retaining and managing the workforce.

Workforce planning and development can occur at various levels, from individual organisations to industry sectors, and from local, to regional, to state and national levels.

As a strategy, *workforce planning* involves identifying the factors that shape the **demand** for a particular workforce and the **supply** of workers to meet that demand, and analysing any gaps between both. Examples of demand-side factors include population ageing, technological change, global and local economic change and government policy development. Supply-side data document a range of workforce characteristics, such as, demographic, educational background and qualifications, previous workforce experience, intentions for remaining with a particular employer or industry, and so on. This includes identifying workers’ preferences and intentions regarding further training,

retirement and conditions that support work-life-balance. Such information plays a critical role in developing strategies designed to retain workforces, a demand that will increase in the face of increasing skill requirements and workforce ageing.

Ideally workforce planning should seek to address employer and employee needs simultaneously, enabling workers (or potential workers) to undertake skills training that meets identified employer and industry need (National Governors Association Center for Best Practices: 2005). The marrying of both sets of needs is particularly relevant to addressing the skill shortages and to engaging under-employed groups into paid employment (for example, parents delaying their return to the workforce due to the need for support in upgrading their skills and the guarantee of family-friendly work environments). It is therefore important to conceptualise **workforce development** and **economic development** as two sides of the same coin.

1 Workforce Development Challenges in Australia

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Challenge 1: Population and workforce ageing

Population and workforce ageing present a number of challenges for Australia and other OECD countries. Population ageing is due to the combined impact of lower fertility rates and lower infant mortality as well as the large number of births in the post World War II period (producing the cohort known as the *Baby Boomers*). It is important to remember that the *Baby Boomers* are not a homogenous cohort – there is substantial diversity within the cohort based on gender, educational level, health and a range of other factors, all of which will affect workforce participation and the decision to retire. Consequently, there are no ‘one-size-fits-all’ strategies that can be developed to address the changes brought by their substantial demographic impact.

The number of Australians aged 65 years is expected to comprise one-quarter of the population by 2045 – almost twice current levels (Productivity Commission: 2005). Population ageing is reflected in the workforce age profile. Low fertility rates are reducing the supply of younger workers joining the workforce. Currently there are **5.25** people in the (potential) workforce for every person aged 65 and over. By 2050-01, this will have fallen by more than a half, to **2.2** (Productivity Commission: 2004). ABS projections show that more than 80% of the projected growth in the labour force between 1998 and 2016 will be made up of people 45 years and over.

At the same time as population ageing increases the demand for aged care, the aged care workforce is itself ageing. Around **57%** of the residential aged care sector are 45 years or older, which is significantly older than the Australian workforce as a whole (Richardson & Martin: 2003). This creates a ‘double jeopardy’ unless the sector can design and implement workforce planning and development strategies that retain and attract employees.

If the *Baby Boomer* cohort retires at the usual age, we can expect major labour shortages to emerge in the absence of strategies designed to boost labour force participation rates. The Australian Government’s former Department of Employment and Workplace Relations has estimated a shortfall of **195,000** workers by 2010 due to population ageing (DEWR: 2005).

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Challenge 2: Increasing demand and shortages of skilled workers

Driven largely by the combined impact of international competition and new technologies, there has been a substantial shift in the Australian labour force towards employment in occupations and industries requiring high levels of skill. Employment forecasts for 2016 show a shift towards high-skill occupations (Shah & Burke, 2006: 1). The Productivity Commission estimated that in 2000, more than half of all jobs required post-secondary qualifications, compared with less than 40% of jobs twenty years earlier (ACOSS: 2007). More recently, the Australian Industry Group has estimated that 86% of occupations now need a post school qualification (ACOSS: 2007; AI Group: 2006).

Our knowledge based economy feeds a demand for skilled workers that is not expected to be met easily through current supply. A shortfall of **240,000** people nationally with VET qualifications is projected in the ten years from 2006 to 2016, but not at every qualification level. Shortfalls are expected at the advanced diploma, diploma and certificate III levels (all of which are particularly relevant to the aged care sector), with surpluses expected at other levels (Shah & Burke, 2006: 44).

In such a complex and evolving context, workforce planning and development become critically important (Windsor, Spoehr & Wright: 2005), and the aged care sector is no exception. As part of broader workforce development, '*age management*' – a collection of strategies that adapt workplaces to the needs of older employees - is becoming pivotal to attracting and retaining mature age workers. This is discussed in Section 4.

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Challenge 3: Aged care workforce issues

Through numerous surveys and reporting to the peak body ACSA, a number of workforce challenges facing the aged care industry are evident. These include –

- o A gender imbalance (the sector is highly feminised).
- o An age imbalance (the sector has a high proportion of older workers and this proportion is growing).
- o Difficulties in attracting and retaining appropriate staff to operate services effectively. In particular, Registered Nurses are difficult to attract to the aged care sector.
- o ¼ of Personal Care Workers and 20% of nurses have to be replaced each year by their current employer.
- o 25% expect to have left the aged care sector in 3 years time.
- o Staff shortages are particularly acute in rural and remote areas, and in relation to special needs groups (eg aged care for Indigenous people).
- o Similar shortages exist with other direct care staff.
- o Staff shortages are contributing to other difficulties including heavy workloads for existing staff, less time for new staff to be inducted properly, inadequate supervision, excess costs associated with continuous recruiting and training of new staff and the use of higher cost temping and contract staff.
- o Exit interviews indicate that *Gen Y* aged care workers leave to take up developmental opportunities and career progression which they do not find in the aged care sector. (ACSA: 2007; Richardson & Martin: 2003).

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“There is a need to focus on workforce development, not just training” (ACSA, 2007: 4).

2 Double Jeopardy? Ageing Nation – Ageing Aged Care Workforce

SLIDE 7: A GROWING SECTOR

The aged care workforce is a growth sector, responding to the increased demand brought by population ageing. The health and community services sector, of which aged care is part, has been identified as the third fastest employment generator to 2010 (CSH Industry Skills Council: 2005a), expanding at a rate of between 2% and 3% per year for the last decade. Health and community services employ 10% of all employed Australians, with an expected increase to 13.4% by 2011-12. This growth is expected to exceed the all industry average (CSH Industry Skills Council: 2005b).

SLIDE 8:

Challenge 4: Sustaining Community Aged Care

The challenges facing the aged care sector are compounded by broader social and economic changes that are reducing the availability of family carers. These changes include women’s increasing participation in paid employment, a higher number of older people living alone and/or, whose adult children live and work in other states or countries due to increased workforce mobility. At the same time, Australian aged care for the past two decades has been shifting from a predominantly residential to a predominantly community based model of care, placing greater demand on families to provide care. Community aged care increased 600% in the eight years to 2003-4 (CSH Industry Skills Council, 2005a: 26) and has increased more rapidly than residential aged care. Between 2001 and 2006, the number of CACPs (Community Aged Care Package, or low level care) and EACH (Extended Aged Care at Home) packages increased by 48% (AIHW, 2008: 6).

SLIDE 9: SUSTAINING COMMUNITY AGED CARE

As older people’s needs intensify and/or become more complex, the ability of community care to support them is limited by its own resource constraints and by the availability of family carers. Most community care packages do not provide the number of hours needed when the capacity for independent living dwindles and this increases the demand for support placed on family members. However, changing labour force participation patterns mean that most family members in this situation will be working and facing increased work-life-balance challenges as a result. Given the mature age profile of the aged care workforce, many aged care workers are likely to experience work-family responsibility conflict that is compounded by their own ageing-related health issues.

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Challenge 5: Facing Multiple Challenges

In summary, the aged care industry faces a confluence of challenges involving –

- o Increasing demand for aged care services.
- o The ageing of its workforce.
- o Shortages of skills in aged care and across industries, bringing increasing competition for skilled staff.
- o Broader social and technological change affecting how people live and work.

It is generally considered desirable for workforce demographic profiles to reflect their client base, and in this sense, an ageing aged care workforce is advantageous. However, workforce research tells us that older workers experience significant age-related discrimination from employers, and are vulnerable because of age-related rates of chronic disease and disability, which may or may not be work-related. There is a reliable amount of research that indicates that these ageing consequences can be managed, and any that cannot, need to be balanced against the advantages that mature workers can bring to an organisation (see references at foot of Chart 4). These issues are discussed further in Section 4.

3 Can the *Baby Boomers* in the aged care workforce afford to retire?

SLIDE 11: AN AGED CARE WORKFORCE RACE TO RETIREMENT?

Workplaces that are designed to accommodate the needs of older workers, to provide flexible working conditions, and to promote supportive workplace cultures are critical to preventing the premature retirement of mature age employees. Also influencing retirement decisions are government policy and broader social acceptance of longer working lives, and affordability of retirement – in turn affected by superannuation and personal debt. This section explores these issues.

3.1 Changing concepts of retirement

Changing labour market conditions have seen mature aged employees being encouraged to pursue early retirement¹ in times of under supply of jobs, and in recent years, encouraged to delay their retirement in the face of skill shortages. Governments in developed countries have been introducing a range of measures to encourage and enable older workers to remain in the paid workforce. These measures include removing compulsory retirement ages, raising the entry age for aged pensions, enabling flexible retirement, and addressing direct and indirect discrimination. Active labour market measures that are designed to integrate older workers, for example, financial incentives for employers who hire mature aged people, are also evident, but their impact is not yet evident (Taylor: 2006).

Since 1996, the Australian Government has implemented a number of policies that are designed to encourage workforce participation and remove disincentives to this – for

¹ The age of 55 is often the target age for early retirement and has been encouraged by employers, trade unions and workers themselves

example, changed superannuation arrangements, removing barriers for older people to participate in paid employment, and increasing the flexibility of the labour market (Australian Government: 2005). Interventions include removal of the restriction on access to superannuation by those in employment to enable older workers to move gradually into retirement by supplementing reduced employment earnings with superannuation entitlements. Services designed to assist mature age job seekers to find work have been a feature of both federal and state government policy.

The Australian Government's Productivity Commission has produced several reports analysing the economic impact of an ageing population in order to shape policy in a number of areas. The 2004 *Economic Implications of an Ageing Australia* report reinforced the importance of prolonging workforce participation in employment, and of ensuring that older workers (and all workers) had the necessary skills to do so. The Productivity Commission has made it clear that immigration cannot resolve the loss of labour force, and that increasing taxes is not sustainable. Instead, it points to addressing the source of the challenge – sustaining and supporting workforce participation (for example, through flexible working arrangements).

Policies to encourage workforce participation by older workers have been particularly apparent in European Union countries. In March 2001, the European Council of Stockholm set a target of 50% of workers aged 55 to 64 years being in paid employment by 2010. The Stockholm target was reinforced by the goal set a year later by the 2002 Barcelona European Council which sought by 2010 to increase the average age at which people stop working by five years. Analysis of progress undertaken by the European Commission in 2003 found that only three countries – Finland (50.9%), Sweden (69.1%) and the UK (56.2%) – had achieved this.

By comparison, Australia can be seen as doing better than most European countries in retaining mature age workers. Australian 2006 Census data show that 52.7% of people aged 55 to 64 years are in the workforce – a higher proportion (60.4%) are men while a lower proportion (44.4%) are women.

3.2 Affordability of retirement

Although many people in the aged care and other workforces may want to retire, whether or not they can afford to financially is likely to determine whether they will do so. In this section, we examine trends in superannuation savings and trends in debt accumulation, as it is likely that low levels of superannuation holdings and high levels of debt (particularly in relation to home mortgages) will force a significant proportion of people to delay retirement. We also explore job replacement trends as these provide another indicator of the likelihood of exit from a particular industry sector.

SLIDE 12: AFFORDABILITY: AVERAGE SUPERANNUATION HOLDINGS

Superannuation levels in the aged care workforce

The aged care workforce is predominantly female, and older than the Australian workforce as a whole. Consequently, a significant proportion of its members will not have benefited from government policy facilitating participation in superannuation savings, and this is

evident in data provided by Hesta, the major industry fund for aged care workers². As Table 1 shows, although people's superannuation holdings increase over time, those who are nearing retirement age do not have sufficient levels to support a financially secure retirement.

The average holding for women aged 51 to 60 is **\$37,559.00**, increasing to **\$47,586.58** for those aged 60 and over. Men's average holdings are only slightly higher. For this reason, most can be expected to continue working, especially if workplaces are designed to accommodate their needs.

Table 1: Average Account Balance, Hesta Industry Super Fund, September 2008

Age Range (years)	Female (\$)	Male (\$)	Unknown (\$)
<20	1,412.10	1,400.70	457.72
21-30	7,819.47	6,863.55	1,538.99
31-40	16,412.66	18,257.07	2,321.73
41-50	23,214.41	31,573.97	2,483.28
51-60	37,559.00	45,321.78	2,617.78
60 and over	47,586.58	51,448.44	2,349.88

Source: Hesta Industry Super Fund

SLIDE 13: AFFORDABILITY: AVERAGE DEBT LEVELS

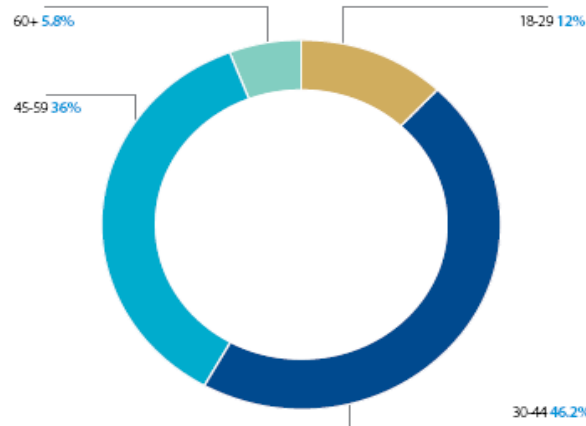
Trends in debt holdings

It is estimated that people aged 45 and over account for some 42.0% of the Australian population's debt while those under the age of 30 hold only 12% of that debt. The share of debt held by those aged 45-59 and by those aged 60+ has grown over the past 10 years, largely reflecting the growth in assets held by these two groups (Finsia & Roy Morgan Research: 2008) – see Chart 1.

² The AISR thanks Stephen Burke, Executive Manager, Administration and Compliance, HESTA Super Fund for supplying this information

Chart 1
Who owes the money? (percentage of money in credit cards & loans held by each age group)

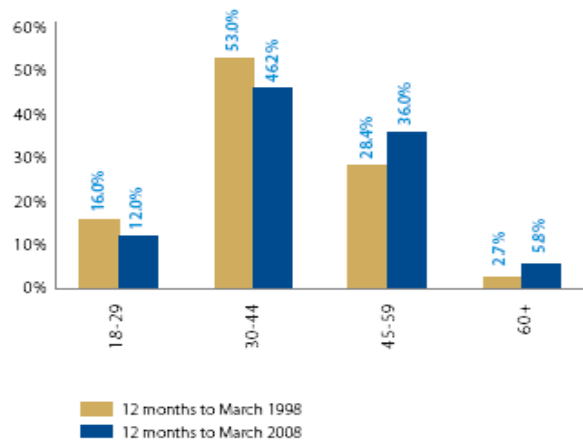
Base Aust Population aged 18+, 12 Months to March 2008
 Source: Roy Morgan Research (F5C)



ABS analysis (ABS: 2006) comparing the periods 2005-06 with 2003-04 shows that total liabilities have increased significantly for all age groups, including those aged 55 and over. However, the value of assets derived from this debt (usually homes) has also increased strongly. When comparison is made over a longer period of time, an interesting age-based trend is apparent. In percentage terms, the 18-29 and 30-44 age groups level of overall debt has declined while that of those aged 45-59 and 60 years and over has increased between 1998 and 2008 (Finsia & Roy Morgan Research: 2008) – see Chart 2.

Chart 2
Who owed the money? (1998 and 2008)

Base Aust Population aged 18+, 12 Months to March 1998, 12 Months to March 2008 Source: Roy Morgan Research (10M)

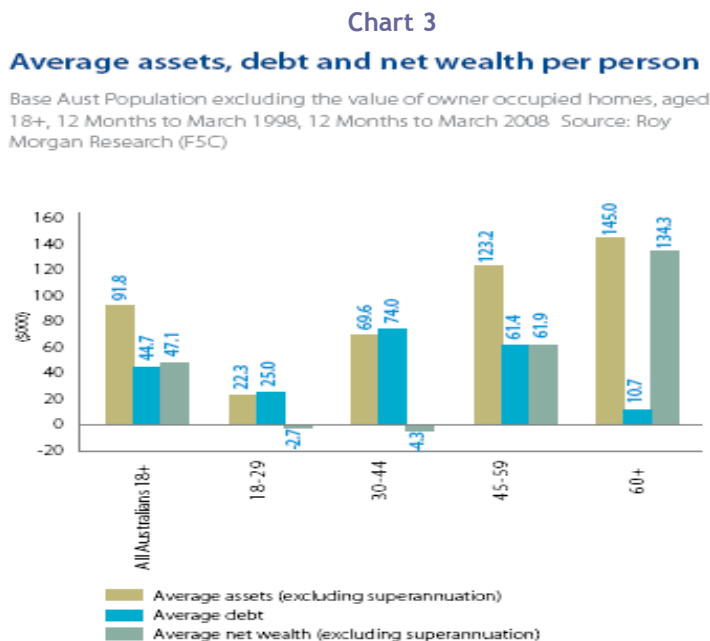


Average net wealth is significantly greater for older Australians, because of relatively high average assets. It can be seen from Chart 3 that people aged 45 to 59 have a higher level of

debt than those aged 60 and over, and a lower level of average net wealth and assets. As people reach retirement age, their debt levels (largely due to home mortgage) decrease while the assets created appreciate and increase their wealth.

SLIDE 14: AFFORDABILITY: AVERAGE DEBT LEVELS

The relationship between debt, assets and wealth is such that retirement before the age of 60 is hindered by average debt levels, unless assets like housing can be turned into cash.



3.3 Job replacement trends

SLIDE 15: JOB REPLACEMENT TRENDS

Another indicator of likely exit from the aged care workforce can be found through an analysis of *net job replacement*, which is a measure of job openings for new entrants resulting from the number of people leaving against the number re-entering an occupation.

Estimates prepared in relation to the South Australian health and aged care workforce (based on the occupations of nursing professionals, miscellaneous health professionals, medical practitioners, intermediate service workers - which includes carers and aides- and enrolled nurses) found that net replacement rates were lower for people employed in the health sector than for the overall workforce (Shah & Burke: 2006b) – see Table 2.

This is an interesting finding given the shortages that exist in the health and aged care industries. Earlier research undertaken as part of a series of workforce plans for the HACC sector in South Australia (Kate Barnett & Associates and Julie Sloan: 1999) found an industry wide trend to leave jobs but not the sector, with an average turnover of between two and four years for most workers.

Table 2 – Estimates of Net Replacement – South Australia

Occupation	Estimated annual net replacement rate (%)	Net replacement annual average for 2005–06 to 2009–10 ('000)
Nursing Professionals	1.9	0.3
Miscellaneous health professionals	2.2	0.2
Medical practitioners	2.1	0.1
Intermediate service workers	1.6	0.4
Enrolled nurses	1.1	0.0
Total (all occupations)	2.2	

Source: Shah & Burke: 2006b

4 Age Management and the Aged Care Workforce – the Business Case

SLIDE 16

Is an ageing workforce necessarily a 'problem'?

It is important to separate the reality of the ageing process and any decline this brings from the myths and stereotypes generated by ageist assumptions and misinformation. Myths and stereotypes leave no room for individuality – they assume a homogeneity that is not possible when such large numbers of very different people form the *Baby Boomer* cohort. The social and economic imperatives associated with population and workforce ageing demand a rapid end to ageism. In reviewing the available research, we present key stereotypes and assess them against research findings in Chart 4.

Chart 4: Workforce Ageing: Myths and Evidence

STEREOTYPE	RESEARCH EVIDENCE
<p>Older workers have more sickness based absence</p> <p>SLIDES 17 18 19</p>	<ul style="list-style-type: none"> ⇒ Age alone is not the key determinant of health. Other factors include education, lifestyle, fitness, nutrition, socio-economic status, and environment. ⇒ These factors are more reliable predictors of health in old age than chronological age. Much depends on the individual. ⇒ Rates of chronic diseases and acquired disability certainly increase with age. <i>However, these can be minimised or prevented at earlier stages of life.</i> ⇒ Older workers take less non-certified sickness but more certified sickness absence. Non-certified absence can be of greater concern to employers. ⇒ <i>Ergonomic and workplace design addresses the most usual cause of absence in older workers - musculoskeletal issues.</i> ⇒ <i>Workplace environment, including degree of control/autonomy, plays a key role in worker illness and injury, and absence</i>
<p>Older workers have more injuries</p> <p>SLIDES 20 21 22 23 24</p>	<ul style="list-style-type: none"> ⇒ There is little conclusive evidence to suggest older workers are a greater accident or injury risk in the workplace. ⇒ Older workers have fewer accidents, but when they are injured, their injuries are usually more severe, and they have a greater risk of fatal injury. ⇒ Research findings show that the incidence and frequency of injury decreases with age ⇒ Workers aged 55 to 64 have the highest frequency and incidence of compensation claims, and those aged 50 to 54 are most likely to have claims involving 10 days or more absence from work. <i>(see box on page 12)</i> ⇒ Older workers may take longer to recover from their injuries. ⇒ Different types of injury are associated with different age groups (eg sprains, falls are more likely for older workers). ⇒ <i>These can be prevented or minimised through training and workplace design.</i> ⇒ It is not necessarily the person's chronological age that predisposes them to injury or illness at work but their prolonged exposure to health and safety risk factors over time. ⇒ Older workers usually are more responsible regarding health and safety issues.
<p>Older workers lack the capacity for training and re-training, including in the use of new technologies</p> <p>SLIDES 34 35</p>	<ul style="list-style-type: none"> ⇒ Learning is not dependent on age, but people learn in different ways at different ages, and learning is facilitated by educational level. ⇒ Older workers usually need training to be applied to the workplace, and respond well to self-paced learning and collaborative (eg with peers) learning. They usually require more time to learn and to practise new learning. ⇒ Cognitive changes do not mean that older workers are unable to learn new information but the way in which they learn is likely to be different. ⇒ <i>Therefore, the way in which training is delivered is critical.</i> ⇒ Mature workers require confidence to benefit from training and may need encouragement and support to participate in formal training, especially if they have low levels of literacy and numeracy and little ongoing learning experience.
<p>Older workers are less able to adapt to change</p> <p>SLIDE 33</p>	<ul style="list-style-type: none"> ⇒ Older workers can adapt to change, including in the workplace. ⇒ Adaptation is influenced by a range of factors, rather than by age. ⇒ Resistance to change can be reduced through appropriate consultation, training, support and flexible adjustment to individual need.
<p>Older workers represent a lower return on the training investment</p> <p>SLIDE 36</p>	<ul style="list-style-type: none"> ⇒ Although they may have less time until retirement, older workers usually have lower turnover rates, which increases their potential return on a training investment. In fact the training provided may ensure that they are able to remain in the workplace. ⇒ Due to increased longevity, those currently in the pre-retirement age group are likely to work for longer than previous generations, provided they are given flexible working conditions and the training needed for their work.

STEREOTYPE	RESEARCH EVIDENCE
<p>Older people have reduced functional capacity and therefore are less able to work</p> <p>SLIDES 25 26 27 28 29 30</p>	<p>⇒ Cardiovascular and respiratory capacity declines with age, and this is exacerbated if people are unfit. <i>However, workplaces can be modified to address this.</i></p> <p>⇒ Sensory and sensorimotor ability declines with age, but varies with the amount of previous exposure to certain environmental factors eg loud noise.</p> <p>⇒ Changes in balancing ability increase susceptibility to falls and changes in thermoregulatory functions make it more difficult to manage extremes of temperature. <i>Workplaces can be designed to address these issues.</i></p> <p>⇒ Ageing brings declines in musculoskeletal functioning, increasing the risk of injury and reducing physical strength and endurance.</p> <p>⇒ <i>However, appropriate training can reduce the risk of injury as can workplace design. Individual physical strength and endurance can be improved upon or compensate, and overall decline in this area can be minimised through preventive measures (eg maintaining fitness).</i></p> <p>⇒ Ageing can bring greater susceptibility to a range of psychological issues including stress, <i>but much depends on individual circumstances and on workplace factors.</i></p> <p>⇒ Cognitive functioning shows a gradual deterioration with age (eg in relation memory, learning, thinking, concentration and attention) but with considerable variation from one individual to another.</p> <p>⇒ Decline in most abilities does not occur before 60 years, and is usually evident around 74 years of age, and there has been a slowing in the rate of average decline over successive generations.</p> <p>⇒ <i>Decline is reversible and usually due to lack of use of cognitive abilities. It can also be prevented through active usage and practice.</i></p> <p>⇒ Speed of learning declines with age, <i>but this can be compensated for by strong motivation to learn, and actual learning is not dependent on a person's age.</i></p> <p>⇒ Some cognitive functions eg problem solving, complex reasoning, use of language, improve with age.</p> <p>⇒ Individual health and education critically affects age-related functional change.</p>
<p>Older workers are less productive</p> <p>SLIDES 31 32</p>	<p>⇒ Productivity does not simply decline with age. Much depends on individual health, cognitive functioning, ability to adapt to change and learn new information.</p> <p>⇒ Older workers are more likely to have a slower speed of working but this is offset by a higher quality of output.</p> <p>⇒ <i>Reducing time pressures and giving preference to quality rather than quantity of output enhances the productivity of older workers.</i></p> <p>⇒ Three factors have been found to affect decline in ability to work –</p> <ol style="list-style-type: none"> 1 Excessive physical demand, including repetitive movement 2 Stressful and dangerous work environments 3 Poorly organised work. <p>⇒ <i>These are all preventable through workplace design.</i></p>
<p>Sources: AISR (2008), Ardila <i>et al</i> (2000), Benjamin & Wilson (2005), Bowman & Kearns (2007), Harper & Marcus (2006), Ilmarinen (1995, 1999, 2001, 2005), Schaie (1996), Shephard (1977), Selby-Smith (2007), Taylor & Irwin (2001), Taylor & Walker (1998), Tuomi (1998, 2001)</p>	

As can be seen from Chart 4, there are some forms of decline associated with the ageing process, but most of these can be prevented, minimised, reversed or accommodated. They also need to be seen as a trade-off against the benefits brought by mature workers (see below).

SLIDE 22: OLDER WORKERS HAVE MORE INJURIES

Ageing and workers compensation risks

In order to better understand the implications of workforce ageing on workers' compensation risks and liabilities it is important to analyse claims in greater detail than average rates of injury and associated costs. This means examining claim rates on the basis of their *duration*, *incidence* (that is, number of compensated claims per 1,000 employees) and *frequency* (that is, the number of claims per million hours worked by age group). Using findings from an analysis of *WorkCover SA* claims data, the AISR (2007) found that -

- o Duration - the likelihood of a time-lost for claims involving the loss of ten days or more increases significantly with age, peaking at the 50 to 54 year age group.
- o Incidence - the incidence rate increases significantly with age and those with the highest incidence are aged between 50 and 65 years, particularly those aged 55-64 years.
- o Frequency - frequency rates also increase with age, but not to the extent of incidence rates. As with incidence rates, the age group with the highest frequency rates are those between 55 and 64 years.

The likelihood of liability arising from workplace illness or injury cannot easily be determined on the basis of chronological age. Age is one variable that is mediated by a range of workplace factors, by the individual health and fitness of workers, and the interactive effect between individual worker and their work environment. These findings reinforce those of the Australian Safety and Compensation Council (ASCC: 2007).

Source: AISR (2008)

SLIDE 37

Summarising the benefits of mature age workers as identified by research

Older workers bring a range of positive attributes that have been identified by researchers, and which more than offset any deterioration. Those benefits include the following –

- o Broader experience from having worked in a variety of jobs, industries and organizations;
- o Wisdom acquired from having lived longer and having made mistakes over time from which they have learned;
- o Higher rates of retention;
- o Greater reliability;
- o Reduced 'unsubstantiated absenteeism';
- o Lower rates of absenteeism;
- o More responsible attitude to workplace safety (Benjamin & Wilson: 2005; Berger: 2005; Critchley: 2006; Ilmarinen: 2001; Selby Smith *et al*: 2007).

Age Management – the Business Case

Diversity in the workforce presents a range of challenges, and organisations vary in their capacity to address potential barriers that arise from factors like cultural and linguistic difference, disability, and gender and in the process, to derive benefits from these differences.

For example, a workforce that has significant numbers of employees from diverse cultural backgrounds is one that is better positioned to operate in the increasingly global environment of business. If not understood and managed, this diversity has the potential to be problematic. There has been a discernible shift from a *social justice* approach to one of *managing diversity*, to a *business case* approach – each being underpinned by different values and expectations.

SLIDE 38 'AGE MANAGEMENT'

Age management is regarded by *European Foundation for the Improvement of Living and Working Conditions* (EFILWC) researchers as good practice in the employment of older workers and involves –

... establishing employment conditions for older and ageing workers that provide an environment in which each individual can achieve their full potential without being disadvantaged by their age (Taylor, 2006: 25).

SLIDE 39: AGE MANAGEMENT: GOALS

As older workers are encouraged to delay retirement, workforces will have the most age-based diversity ever experienced. From a business perspective, this needs to be 'managed' – that is, understood and with specific strategies designed to ensure that each worker can participate to the maximum of their capacity. Age management is designed to achieve these objectives –

- o Assist organisations to adjust to the ageing of their workforces.
- o Enhance the competitiveness and productivity of ageing workforces.
- o Improve the employability of ageing women and men workers.
- o Assist in prolonging working life.
- o Ensure more equal opportunities between workers of different ages (Naegele & Walker, 2006: 2).

There are seven dimensions identified for structuring age management initiatives –

- o Job recruitment – ensuring that mature workers are not discriminated against and have equal access to available jobs.
- o Learning, training, and development– ensuring that opportunities for training are offered throughout the working life, and positive action is taken to redress past discrimination, creating learning environments in the workplace, and tailoring training to the needs of older workers.
- o Promotion and internal job changes.
- o Flexible working practice – in the hours of work and the offering of reduced hours.
- o Workplace design and health promotion – includes ergonomics, designing jobs and workplaces to prevent or address functional decline.
- o Employment exit and the transition to retirement - in the timing and nature of retirement, including gradual or phased retirement.
- o Changing attitudes to ageing workers within organisations – includes addressing ageism and raising awareness about the benefits of retaining older workers (Taylor, 2006: 24).

In the European Union, the development of age management practices has significantly affected the extension of work careers of employees in enterprises adopting these strategies. Key measures of age management have, included the following:

- o decreasing work hours, part-time work, and gradual retirement
- o career planning
- o life-long learning and continuous training of seniors
- o improving work ergonomics
- o increasing mobility according to suitable work
- o changing entry requirements to aged pensions to prolong working lives
- o preventing age discrimination
- o training good age management practices in enterprises (Ilmarinen, 2005: 394).

SLIDE 40: AGE MANAGEMENT: THE BUSINESS CASE

The business case for focusing effort on retaining and attracting older workers is strong. Enabling older workers to perform to their maximum ability has growing support among employers who see the benefits that flow from such a commitment.

A major research project sponsored by the Australian Employers Convention (2001) quantified the human resources (HR) costs and benefits to business of employing people aged 45 and over. The study reviewed myths, assumptions and stereotypes associated with older workers, and compared the costs and benefits of associated with workers aged 45 and over against those aged 44 years and under. Table 3 summarises the findings.

Table 3: Costs and Benefits of Mature Age Workers		
Issue	Costs of 45+ year olds	Benefits of 45+ year olds
Turnover and Retention SLIDE 41		2.6 times less likely to have left their jobs in the preceding 12 months than those aged 44 and under.
		Remain on average in employment for 11.4 years compared with 4.8 years for those aged 44 and under (ABS data).
		Ratio of duration of employment for older workers was 2.4 times greater than that for the younger age group.
		When workers aged 45 and over did leave their jobs this was more likely to be due to retrenchment than to early retirement.
Net Recruitment Benefit	<i>The estimated net recruitment benefits of a worker aged 45 or over were found to be \$1424 per year, per worker.</i> SLIDE 42	
Investment in Training SLIDE 43	Educational qualifications likely to be lower than those of their younger counterparts.	Some 45% of workers aged 45 or more intended to remain in the workforce until the age of 65-69. This represented a potential 20 year investment for an employer providing training for them. By contrast, workers aged 30 to 39 remain with an employer for an average of 5.8 years.
Net Training Benefit	Due to longer employment duration, a <i>net training benefit of \$987 per year per older worker.</i> SLIDE 43	

Table 3: Costs and Benefits of Mature Age Workers		
Issue	Costs of 45+ year olds	Benefits of 45+ year olds
Unscheduled absence leave SLIDE 44	Older workers were found to take slightly more unscheduled absence leave (that is, excluding sick leave or other approved forms of leave) – 10.4 days compared to 9.66 days for those aged 44 and under. However, as this was based on a two week snapshot, the researchers advised caution in interpreting this finding.	
Net Unscheduled Leave Cost	The cost of unscheduled leave was found to involve a net cost of \$116 more than for the rest of the workforce, per older worker per year. SLIDE 44	
Increased work injury costs	SLIDE 45	Costs associated with work injury were found to involve a net cost of \$330 more per older worker per year
Total	Older workers involved less costs leading to a Total Net Benefit of \$1956 SLIDE 46	

Source: Australian Employers Convention, 2001: 6–12

SLIDE 47: BENEFITS OF AGE MANAGEMENT

Age management, if designed effectively, addresses employee and employer need, and means that workforce and economic development goals can be met simultaneously. The benefits for employees and employers are summarised in the following Charts.

Type of benefit	Specific benefit for older workers
Employment-related	⇒ Job offers ⇒ Career advancement ⇒ Role enhancement ⇒ Job security
Health and well-being related	⇒ Improved health and well-being ⇒ Better work-life-balance ⇒ Increased motivation ⇒ Increased job satisfaction
Learning and skills related	⇒ Skills development ⇒ Adaptability to different methods ⇒ Continued usage of skills
Workplace relationships	⇒ Greater trust in management ⇒ Better intergenerational relations ⇒ Feelings of belonging and being appreciated
Retirement prospects	⇒ Better preparedness for retirement

Source: Taylor, 2006: 65

SLIDE 47: BENEFITS OF AGE MANAGEMENT

Type of benefit	Specific benefit for employers
Securing of labour supply <i>leading to</i> Reduced labour costs and greater productivity	⇒ Greater staff commitment ⇒ Less stress among staff ⇒ Reduced staff turnover rate ⇒ Decreased sickness absence rate ⇒ Reduced early retirement
Maximisation of workforce utility <i>leading to</i> Increased labour productivity, company competitiveness and share value	⇒ Increased participation in learning and training ⇒ Enhanced innovative capacity ⇒ Increased manager and supervisor competence ⇒ Better knowledge sharing ⇒ Reduced conflict and better team cooperation
Wider benefits	⇒ Improved cooperation between management & trade unions ⇒ Development of HR functions ⇒ Improved public relations image among customers ⇒ Perception of the company as an employer of choice

Source: Taylor, 2006: 71

SLIDE 48

Summarising research findings

It is important to separate myth from reality, and to acknowledge that –

- older workers are a diverse group whose ageing process will vary from one individual to another;
- chronological age is mediated by other variables, particularly health and education;
- these other variables (eg healthy lifestyles, education, health promotion, healthy workplaces) can be addressed in a proactive way which means intervening across the life course, not just during the later years;
- many of the functional changes associated with growing older can be delayed or reversed through interventions involving training;
- many of the workplace accommodations that address ageing-related need are of benefit to all workers, not only those who are older;
- the workplace has a critical role to play in promoting healthy workforces and workforces whose productive ability is not age-dependent.

SLIDE 49 – SUMMARISING RESEARCH FINDINGS

A general conclusion of the studies that have been carried out is that differences in *individual performance and everyday work tasks* are greater than the differences *between age groups* reflecting differences in work experience, educational level, and profession (Ilmarinen, 2005: 126).

5 Planning for the aged care workforce – the need for comprehensive data

SLIDE 50: PLANNING FOR THE AGED CARE WORKFORCE

A major challenge facing the aged care sector is a lack of accurate and comprehensive data for workforce planning purposes. This arises from the absence of a defined occupational category that encompasses both residential and community aged care employment, and the range of related roles (for example, respite care provision) that form part of the total aged care workforce.

The ABS workforce data collection identifies Residential Aged Care workers only. The community aged care workforce is described as part of the Health and Community Services industry.

This is divided into two categories –

1. Health (hospitals, medical and dental services, other services)
2. Community Services
 - o Children's services
 - o Community care services – further divided into:
 - a) aged care – residential care, community care
 - b) residential and non residential care (protection and support services, disability services)

There has been some response to this gap by the Department of Health and Ageing (DoHA). This includes the commissioning of two reports on the community based aged care workforce containing desk top literature reviews on the workforce in Australia and overseas plus an analysis of the possible impact of technology on the workforce. While not providing direct data on the community based aged care workforce it does provide a useful overview. Within the literature reviewed there were two constant recommendations:

- o The need for a comprehensive census or survey of the existing community care staff.
- o The revision of the *National Aged Care Workforce Strategy* to include community care (DoHA: 2006).

The Department has also funded a national Census of community aged care workers employed in Commonwealth Government funded programs – CACP (Community Aged Care Packages), EACH (Extended Aged Care at Home), EACHD (Extended Aged Care at Home, Dementia), and NRCP (National Respite Care Program). It does not include the substantial numbers of community aged care workers funded by the HACC (Home and Community Care) Program, which is a joint Commonwealth-State initiative, so we still lack one Census that brings all of the community care and residential care workforce together. As ACSA comments -

... information on the community care workforce is fragmented, difficult to find and generally deals with small samples but some useful data is available (ACSA, 2007: 9).

SLIDE 51: INFORMED WORKFORCE PLANNING

Consequently, our aged care workforce database is **program-centred** rather than workforce-centred. We need a **holistic** view of the workforce, partly for accuracy, and partly to enable planning for flexible deployment of supply – for example, through substitution across sectors and programs.

To achieve this outcome, we either need a Census, at least every 5 years, or for ABS to structure their labour force and Census surveys to capture the entire aged care workforce across all programs funding their employment.

This should cover the following -

- Residential aged care workers
- HACC funded workers
- CACP, EACH and EACH Dementia workers
- National Respite Care Program workers
- DVA funded workers (Veterans Home Care and Community Nursing)
- Assistance with Care and Housing for the Aged (ACHA) workers
- Workers attached to specific aged care programs eg Continence Aids Assistance Scheme, National ATSI Flexible Aged Care Program.

6 Informed Workforce Development and Planning

In this section we examine some recent developments in workforce development and planning, identifying key lessons and some implications for the aged care sector.

6.1 Workforce Planning Initiatives – Trends and Lessons

As part of a broader workforce development research study, the AISR developed eight case studies of workforce planning and initiatives in the private and public sectors in the face of workforce ageing (Spoehr, Barnett & Windsor: 2008). The purpose of the case studies was to identify the approaches to workforce planning being adopted, the similarities and differences between the different approaches and lessons learned. The case studies were in the following sectors: State Government Administration, Health and Community services, Early Childhood Services, Wine, Transport Storage and Logistics, and Local government.

All of the case studies involved the formulation of workforce planning and development strategies in response to demographic change and changing skill requirements, but each had a different focus and took a different approach to addressing those challenges. However, they have faced many shared challenges from which a number of lessons have emerged, and these are discussed below.

Lesson 1: It is important to link workforce planning and development into core business planning and reporting cycles.

Several of the case studies sought sustainable workforce development outcomes by integrating workforce planning methods and practice into normal business planning cycles. Some also

found that it is also important to demonstrate the value of workforce planning and development for achieving business goals.

Lesson 2: Good practice in workforce planning and development identifies the needs of employers and employees, and generates strategies that simultaneously meet the needs of both.

The case studies highlighted the importance of workforce development in building 'learning organisations' in order to meet change-based challenges while simultaneously enabling employees to build their skills and qualifications. This included the development of individual training and career plans designed to meet both employee and employer needs as part of an overall learning strategy.

Lesson 3: Partnerships play a key role in effective workforce planning and development.

Many of the issues addressed through workforce planning are complex and require multiple interventions, a range of skills and networks of influence. Consequently, there are usually a number of different stakeholders involved in the workforce planning and development process and the case studies demonstrated the importance of their different roles and responsibilities being clearly defined, and processes established to enable a collaborative approach.

Lesson 4: Over-arching frameworks can provide a critical mechanism for unifying diverse components of a workforce plan while supporting individual applications of that plan.

It is important that workforce plans and development strategies are sufficiently specific to enable their implementation within organisations, yet sufficiently broad in scope to capture wider contextual issues. Achieving this balance is a major challenge in effective workforce planning and development, and is particularly relevant in capturing both residential and community based aged care workforces, and those working at the interface of such sectors as aged care and acute care.

Lesson 5: Good practice in workforce planning and development draws on a range of learnings and methods.

The case studies used a variety of workforce planning approaches that include targeted literature reviews, forecasting methodologies, review of demographic data, analysis of demand factors – immediate to both the work setting as well as broader social, economic, cultural and environmental influences.

Lesson 6: Workforce planning and development practitioners play a critical role by sharing their expertise and transferring learning.

The knowledge and skills required for effective workforce planning and development cannot be assumed. Expert workforce planning and development practitioners were found to have played a key role, with the most sustainable impact being achieved when their methodology was designed to transfer expertise to the organisations involved.

Lesson 7: Good practice in workforce planning and development involves engagement of the workforce in the process, particularly in relation to data gathering and developing action or implementation plans following data analysis.

Workforce planning requires participation of all workforce members, both in obtaining accurate and complete workforce profile and other supply data, and in implementing the final plan. Specific engagement strategies were features of the methodologies employed in all eight case studies, one of which involved identifying people in the workforce to act as 'messengers' or 'champions'. Their role included encouraging other workforce members to participate in

the data collection and planning processes and acting as a liaison point between those driving the process and the rest of the workforce.

Lesson 8: A whole-of-life approach to workforce development and employment represents good practice in addressing the challenges arising from ageing workforces and projected skill gaps.

Attracting and retaining a skilled workforce, and good practice in building workplace environments, are facilitated by flexible working conditions that enable work-life balance across the different life phases, and during the transitions from one phase to another (for example, from pre-retirement to complete retirement). *These eight lessons are all relevant for the aged care sector.*

6.2 Retention, Age Management and Intergenerational Workforce Development

Flexibility and Autonomy

SLIDE 52: INTERGENERATIONAL WORKFORCE DEVELOPMENT

Effective age management also provides a mechanism for work-life-balance, albeit involving reduced hours in the workplace leaving time for other life responsibilities (particularly care-giving). Flexibility of work conditions involves a degree of worker *autonomy or control* regarding the organisation of their work and this has also been found to be a critical success factors in age management. While focused on mature age workers, it is an effective intergenerational strategy for workforce recruitment and retention.

A number of researchers have identified that the degree of autonomy or control by individual employees over their work (for example, in the ordering of tasks and timing of breaks) is critical to positive health outcomes and in managing injury or illness, with low levels of control being associated consistently with job strain and ill-health disease (Karasek & Theorell: 1990; Polanyi: 2004; Coats & Max: 2005).

During 2007, the AISR undertook a major research study funded by *WorkCover SA*. It focused on the aged care sector and explored the role of the workplace in promoting health and safety and timely return to work following injury or illness. The study supported a range of previous research findings that illustrated the importance of workplace conditions, workplace culture, and the degree of autonomy and control over the way work tasks are undertaken. Importantly, the capacity to adapt working hours was significantly greater statistically for those who had no workers' compensation claim history than for those with an active or past claim ($p < .05$) - in line with research findings linking workplace injury to limited control over work tasks. The findings are particularly relevant to workforce retention of different generations, including mature age and younger workers. A copy of the report is available at -

<http://www.workcover.com/Home/Aboutus/Researchandpapers/Articlesandpapers.aspx>

SLIDE 53: INTERGENERATIONAL WORKFORCE DEVELOPMENT

A number of researchers have identified *workplace culture* as being critical to the management of timely return-to-work (Roberts-Yates: 2003, 2006; Franche *et al*: 2004; Australian Institute for Primary Care: 2006). Among the workplace culture factors affecting return-to-work are the supportiveness of supervisors and co-workers, overall organisational climate, and the amount of workplace conflict and stress. Other Australian researchers have

also identified the importance of a supportive work environment in order to improve the retention of nurses by minimising stress, burnout, low morale and low organisational commitment (Australian Centre for Evidence Based Residential Care *et al*: 2002).

The AISR research found workplace culture to be a significant influence on the likelihood of a claim for workers' compensation. Specifically, the following six features of workplace culture were found to have a statistically significant impact on reducing the likelihood of a workers' compensation claim –

- o Effective communication between managers and staff ($p < .05$)
- o Effective communication within work teams ($p < .05$)
- o Good level of trust within work teams ($p < .01$)
- o Absence or low levels of workplace bullying ($p < .05$)
- o Work teams are supportive to ill/injured employees ($p < .05$)
- o Management/supervisors are supportive to ill/injured employees ($p < .05$).

Workplace culture is critical to workforce retention, as well as to occupational health and safety, and more broadly to productivity.

SLIDE 54

Age Management –an Intergenerational Benefit

Workforce planning and development in the aged care industry needs to support innovative approaches to *attracting* and *retaining* skilled and older workers, and to *recruiting* and *retaining* younger workers, and possibly to *regaining* older workers who have left the sector.

In identifying the benefits of age management, the European Foundation for Living and Working Conditions major research initiative known as the *Combating Age Barriers* project has been collecting data since the mid 1990s across a number of European Union countries yielding 117 case studies (Villosio *et al*: 2008). Collectively the case studies represent a continuum of good practice that ranges from limited, narrowly focused approaches to **comprehensive** strategies that share four components –

1. an emphasis on *prevention* (that is, addressing risk factors in the early stages of working life)
2. a focus on the *whole life course*, not just older age
3. a *holistic* focus (that is, addressing a range of issues including health, education, training, equal opportunity)
4. *compensatory* provision for older workers, particularly older women, who missed out on specific skills training, or whose health has suffered as a result of their employment (Taylor, 2006: 23).

SLIDE 55: IN CONCLUSION

The aged care industry has no precedent to follow in its age management practices. It is creating its own pathway and identifying the lessons along the way. Those lessons include developing new mindsets and expectations about the implications of workforce ageing, understanding those implications, and creating new strategies to manage those implications.

Rather than submitting to a potential double jeopardy situation, the aged care industry is well placed to be a leader in effective workforce age management.

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