Work, Retirement and Health: A brief directory of Australian research

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This directory was prepared on behalf of the International Longevity Centre Australia (ILC-Australia) with the assistance of Tazeen Majeed and Dr Meredith Tavener.

ILC-Australia is a consortium of researchers, service providers, and advocacy organisations who work together to provide evidence and analysis to inform policy and practice on ageing, and to promote healthy ageing in Australia. In this symposium we present a brief overview of publicly available data opportunities for evaluation of relationship between retirement and health.

ILC-Australia members and representatives include:

- Australian Association of Gerontology - Professor Briony Dow and Mr James Beckford Saunders
- Research Centre for Generational Health and Ageing* - Professor Julie Byles (ILC-Australia Head)
- La Trobe Research on Ageing Group - Professor Yvonne Wells
- Council on the Ageing (COTA) Australia - Sue McGrath
- Royal District Nursing Service Research Institute - Professor Colette Browning and Dr Amee Morgans
- National Ageing Research Institute (NARI) - Debra O’Connor
- Benetas - Sandra Hills and Sophie Mepham
- Brotherhood of St Laurence - Christine Morka
- School of Social and Political Sciences at Melbourne University - Professor Simon Biggs
- ARC Centre of Excellence for Population Ageing Research (CEPAR) - Professor Hal Kendig
- Australian Population and Migration Research Centre, University of Adelaide - Dr Helen Feist

The Australian Association of Gerontology is the lead and host organisation with administrative responsibilities for ILC-Australia.

* “The Research Centre for Generational Health and Ageing” was formerly known as “The Research Centre for Gender, Health and Ageing”

Cover photo: Levi, by Julie Byles.
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Introduction:

Retirement is a significant life transition involving changes in workforce participation, lifestyle, and social roles. There are many circumstances over the life course that may act as ‘pulling’ or ‘pushing’ factors, influencing a person’s decision to leave the workforce. For some people, retirement is a choice, coming ‘at the right time’, and associated with a positive change in their lives and well-being. Desire to engage in leisurely activities or do volunteer work might act as ‘pulling’ factors towards retirement. For others, retirement is less of their own decision, with redundancy, ill health, or needing to care for a sick or disabled family member ‘pushing’ them to retire earlier. Another group of people might want or need to retire, but are unable to do so because of financial or other pressures.

Given these different potential retirement events and circumstances, retirement and attitudes towards retirement may be associated with negative or positive changes in health. However, these changes may impact differently on different individuals, and can have different impacts on the same individual over time. For example, long standing chronic diseases may act over time to reduce a person’s ability to engage in workforce and push them towards retirement decision. For some, retirement may come as relief from stresses and pressures from work and improve their physical and mental health.

Various research projects have been conducted in Australia to describe and understand this complex relationship between retirement and health. In this brief directory we use the collaborative strength of ILC-Australia to scope publicly available data that can be used to investigate associations between work, retirement and health; and to compile a list of people who have undertaken research in this area.

ILC members were asked to identify:

1. Projects that have relevant accessible data.
2. Publications arising from these studies
3. Australian experts on retirement and health

A bibliographic search was also conducted to identify recent Australian publications on retirement and health.
Accessible data sources with relevant information on retirement and work of older Australians:

The following data sources are accessible and contain relevant information about work, employment and retirement of Australian men and women near or at retirement age:


2. Social, Economic and Environmental Factors (SEEF) sub-study

3. The Life History and Health (LHH) survey

4. The Retirement Transition Project

5. Australian Longitudinal Study on Women’s Health (ALSWH) [www.alswh.org.au](http://www.alswh.org.au)


7. Ageing Baby Boomers in Australia (ABBA) project

8. Dynamic Analyses to Optimise Ageing (DYNOPTA) [http://dynopta.anu.edu.au](http://dynopta.anu.edu.au)
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<th>Study</th>
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<tr>
<td>Retirement Transition project</td>
<td>2,579 participants</td>
<td>Sub-study of Sax institute’s ‘45 and Up study’</td>
<td>55 years and over in 2008</td>
<td>“What is your current work status?” Responses included: Full time, part time, self-employed.</td>
<td>Subjective life expectancy: “To what age do you think you will live?” Response in years. Focus of research subjective life expectancy and decisions among participants who are in the late-career stage of their working life or even transitioning to retirement. Combined and personal income. Highest educational qualifications. 10-item Kessler psychological distress scale. Optimism measured from the Life Orientation Test. Social connectedness.</td>
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<td>HILDA</td>
<td>Wave 1 panel: 7,682 households and 19,914 individuals. Area-based selection of households from predetermined dwellings. Wave 11 panel: additional 2,153 households and 5,477 individuals.</td>
<td>Retirement intentions, Labour force status, Hours worked, Likelihood of retaining current job, Type of work undertaken, Employer characteristic, Earnings / household and combined income, Education, Mental health (SF-36), Personality score (for extroversion, agreeableness, conscientiousness, emotional stability, and openness to experience), General health status, Disability (ICF), Cognitive ability tests (NART-25, BDS, SDM), Smoking, Alcohol, BMI</td>
<td>Baseline: 2001, Follow-up in progress</td>
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<td>ABBA</td>
<td>1009 participants born between 1944 and 1959 (approaching retirement age / recently retired) Recruitment by random digit dialing and telephone interviews</td>
<td>Retirement status (retired or working), Time since retirement, Reasons for retirement, Preparedness and planning for retirement, Retirement activity, Retirement optimism, Type of work</td>
<td>Financial status related to retirement, Household income, Residence / type of dwelling, Length of residence, Education, Satisfaction with life, Mental activity, General health status</td>
<td>2008 - 2010, Self-reported conditions, Physical activity</td>
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<td>DYNOPTA</td>
<td>50,652 participants at baseline waves of contributing studies</td>
<td>Pooled and harmonized dataset comprising information from nine Australian Longitudinal Studies of Ageing (LSA)</td>
<td>45 years and over</td>
<td>22.8 : 77.2</td>
<td>Employment status</td>
<td>Retirement status</td>
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PUBLICATIONS from accessible studies:

The 45 and UP study


This study examined the relationships between retirement (and reasons for retirement) and psychological distress in men and women at the age of 45–79 years. The results indicated that being fully retired or unemployed was associated with the high levels of psychological distress compared to being in paid work for men and women aged 45–64, and for men aged 65–74 years. At the age of 75–79 years, there was no difference in psychological distress between different work statuses. Among retirees, retirement due to ill health, being made redundant or caring duty was associated with the high level of psychological distress.


This study aimed to investigate the association between chronic conditions [diabetes, asthma and arthritis] and current employment status for men and women aged 60–64 years. According to the results, current employment was associated with having a chronic disease, specifically diabetes, asthma or arthritis. Participants who were not in paid work or disabled/sick were more likely to report chronic conditions; while having some form of paid employment was associated with decreased risk of having a chronic condition [diabetes or arthritis]. However, this effect diminished once socio-demographic conditions, health risk factors [smoking, BMI, alcohol] and health capacity factors [SF-36 physical function and needing help for daily tasks] were taken into account.


This paper investigated the extent to which common doctor-diagnosed health problems and geographical location were associated with full and partial early retirement among mature-age Australians. Compared to women without health problems, those with stroke, cancer (except melanoma and skin and breast cancer), osteoarthritis, depression, osteoporosis, thrombosis, or anxiety were more likely to be fully retired due to ill-health, while women reporting depression, breast cancer or osteoarthritis were more likely to be partially retired. In comparison to men without health problems, men who reported cancer, heart disease, anxiety or depression were more likely to be fully or partially retired due to ill-health, while those reporting stroke, diabetes, thyroid problems, osteoarthritis or osteoporosis were more likely to be fully retired due to ill-health. Men and women living outside major cities were more likely to be fully retired due to ill-health. Men from outer regional areas were also more likely to be partially retired due to ill-health.


This study examined the construct of subjective life expectancy (SLE), or the estimation of one’s probable age of death. Longitudinal data showed that SLE measured at Time 1 predicted mature-aged workers’ intended retirement age and the extent that they were engaged in retirement preparation 12 months later at Time 2. Furthermore, a shorter SLE at Time 1 increased the odds of actual retirement by Time 2 after controlling for a set of known predictors of retirement. In contrast, a longer SLE at Time 1 increased the odds that a Time 1
retiree had returned to paid work by Time 2. The discussion highlights ways in which SLE can inform financial and vocational counselling for late career decision-makers.


This study aimed to identify groups at risk of ill-health retirement due to comorbid depression and heart disease. Results showed that 18.6% of the participants retired early due to ill health. Prior heart disease and depression were both independently and strongly associated with ill-health retirement. Those who retired due to ill health were also more likely to be men, less educated, report greater physical disability and were younger at retirement. Among the 1165 for whom heart disease predated any form of retirement, 40% retired due to ill health. Comorbid depression prior to ill-health retirement was strongly associated with an increased risk of this IHR in women, but not in men.


This theoretical paper presents a person–environment fit framework that extends the Minnesota Theory of Work Adjustment to retirement transition and adjustment. The proposed Retirement Transition and Adjustment Framework (RTAF) also accommodates dynamic intra-individual and environment change over time, configural combinations of variables, and an ecological perspective to psychological-level decisions. The RTAF permits the collection of frequently sampled longitudinal person and environment data, allows for a detailed analysis of change and responsiveness, and can accommodate external influences from the family team, and social, economic and political policies. The paper concludes by using the RTAF to illustrate the types of psychological measurement and analysis opportunities likely to emerge in light of developments in the web, virtual reality, personal informatics and computing and information technology generally.


This paper examined health problems associated with retirement due to doctor-diagnosed illness among Australians aged 45-64 years. Among retired women, those who reported ever having thrombosis, depression, osteoarthritis or cancer (except melanoma and skin and breast cancer), were twice as likely to have retired early due to ill-health compared to those without these health problems. The number of health problems associated with early retirement due to ill-health appeared to be slightly greater for men than for women. From most to least significant stroke, cancer (except melanoma and skin and prostate cancer), osteoarthritis, depression, anxiety and heart disease had significant associations with early retirement. In men and women, the factor most strongly associated with retirement due to ill-health was self-reported health status.


This case study outlines how a new micro simulation model, Health&WealthMOD, designed to investigate health conditions which prevent people from working, and to estimate the economic impacts of illness. The model is used to explore the determinants of the duration spent in retirement and to generate projections of retirement due to illness to 2020.
Social, Economic and Environmental Factors (SEEF) sub-study


- The aim of this study was to provide a snapshot of how self-identified fully and partially retired men and women aged 55 to 84 characterize their time. Of the total sample, 50.3% of men and 51.3% of women said they were fully retired, and 9.2% of men and 5.8% of women said they were partially retired. This study showed that even men and women who said that they were fully retired spent time doing volunteer and unpaid work, as well as looking after family and friends. Women were more likely than men to report looking after home or family and providing regular care for sick or disabled family members or friends, regardless of age and retirement status, although men and women were equally likely to care for a sick or disabled family member or friend.


This study described hours in paid work for Australian men and women aged over 65, and associations between work and education. Results found that among the few men and women who opt to work past 65 years of age, majority work part time. There was a strong association between educational status, health conditions (high blood pressure, diabetes, stroke and breast cancer) and part time work for older men and women. Men and women without any education and with poor physical function were less likely to be engaged in paid work, past 65 years. Moreover, un-partnered women were more likely to work than partnered women.

The Life History and Health (LHH) survey


This study identified workforce participation patterns across the adult life course for women and men entering later life, and explored the influences of various early and adult life socio-demographic circumstances. Results indicated significant gender differences. Analysis (LCA with covariates) showed that women who reported having books during childhood, and those who had post-school qualification, were more likely to have mostly been in paid work and less likely to have not been in paid work; while ever partnered women had significantly higher odds of increasing part time work over time. Men who had reported ever having had informal caring activities were likely to have had decreasing participation in paid work over time, and were highly likely to be not in paid work after 55 years. Ever partnered status was protective for being in paid work for men.


This study identified associations between chronic diseases (diabetes, asthma, depression and arthritis) and workforce participation patterns with a gendered perspective. Diabetes, asthma, depression and arthritis were less prevalent in men and women who were classified as ‘mostly full time work’ using latent class analysis, compared to other workforce patterns. The odds of ‘mostly full time work’ were lower for men reporting depression or arthritis, while among women; depression was associated with ‘increasing part time work’ after adjusting early and adult life factors.

This study examined the association between being a carer and labour force participation for those aged 45 years and over, and analysed the effect of being a carer on their household income.

The Retirement Transition Project


The objective was to develop and test a framework based on a biopsychosocial model that can be used to identify factors associated with subjective (self-estimated) life expectancy (SLE). The findings indicate that individuals construct an understanding of their personal life expectancy based on similar factors that predict actual life expectancy, but not all mortality risk factors appear to be weighted realistically. The findings imply that, at least to some extent, SLE is not a stable construct and might be amenable to intervention.

Australian Longitudinal Study on Women’s Health (ALSWH)


This study examined transitions in and out of paid work across the life course of middle-aged women over a 14-year period and investigated associations between work and chronic diseases. Latent class analysis identified five classes: “mostly in paid work” (48%), “early paid work” (9.4%), “increasingly paid work” (8.9%), “gradually not in paid work” (11.4%), and “mostly not in paid work” (22.3%). Results showed that women with chronic diseases (diabetes, asthma, depression, and arthritis) were less likely to be in paid work. These associations remained mostly unchanged after adjustments for other factors.


This quantitative research study used survey data of women born between 1946 and 1951 in Australia. It followed earlier work that identified the importance of transitions from work for women of the baby boomer generation and provided important insights into the lives of women who have partially or fully retired and the changing nature of women’s work and retirement. For many women, retirement was characterized by newfound freedoms, opportunities, career change, and evolving identities, yet others viewed retirement as a continuation of previous occupational and gendered roles and commitments.


This longitudinal study sought to identify which health problems are associated with employment among mid-age women over time. According to the results, the percentages of women who were employed in the years 2001, 2004, and 2007 were 77%, 72%, and 68%, respectively. Results were adjusted for sociodemographic variables. The odds of being
employed decreased as physical and mental health deteriorated and with self-reported conditions: diabetes, high blood pressure, depression, anxiety, and other psychiatric conditions. Back pain, arthritis, cancer, obesity, and being a current smoker are associated with employment but not when quality of life is added to the model.


  This article unpacks the meaning of transitional phase of retirement for women in different family and work situations. Drawing on a larger, Australian Research Council funded project, examining the shift in attitudes towards work and retirement in three generations of Australian women, three different models of retirement are developed which enable women’s diverse pathways into retirement to be identified and compared, and policy options considered for enhancing women’s transition to retirement. The models also highlight the different effects of workplace flexibility on different groups of women, exposing the economic vulnerability of single mothers.


  Using quantitative data from the Australian Longitudinal Study on Women’s Health and qualitative data from an associated study, this paper examined women’s health and sense of control in relation to family and employment commitments. In line with other research, ‘demand over-load’ was found to be important for sense of control, but both ‘over-load’ and ‘control’ prove complex, as illustrated by the finding that good mental health was associated with satisfaction with, rather than actual, hours of employment. In the contemporary western context of longer working hours, increasing time strain, and gender relations shaped within a neo-liberal, individualised social environment, the findings suggested that as life speeds up, ‘control’ and the health effects of ‘busyness’, needs to be understood not merely as personal matters, but rather as potentially important public health issues.


  This article examined the health effects of transitions into and out of caregiving in middle age. A total of 9,555 middle-aged Australian women were categorised according to caregiving status at two surveys 3 years apart, as Continuing (2.7%); Stopped (4.9%); Started (3.0%); and Never caregivers (89.4%). Analyses at each time point showed poorer physical and emotional health, health service use, health behaviours and lower engagement in the paid workforce among all three caregiver groups, indicating that middle-aged women who are, have been, or will become family caregivers are in poorer health than women who do not have these roles. Middle-aged women in poor health tend to be selected into caregiving, probably because they are less engaged with the paid workforce. Poor health and disengagement from the paid workforce continue even when caregiving stops.


  In the context of national concerns around the ageing of the workforce, this paper addressed a key question facing Australian policymakers: What are women’s intentions and expectations of retirement? Data from the Australian Longitudinal Study on Women’s Health (ALSWH) was drawn on to consider mid-age women’s experiences of paid work, caregiving, and associations with their health.


  This paper focused on the nature and effects of women’s employment relating to population, health and citizenship rights. According to the findings, among the age group of 45-50 year old women, better health was associated with being employed. Some findings also suggested
that being in employment of itself contributed to better physical and mental health. For those with a child at home, in particular, there seemed to be an optimum number of hours of employment. In terms of both physical and mental health, women without paid employment fared worst, with a widening gap in physical and mental health between women with and without paid employment.


The Household, Income and Labour Dynamics in Australia (HILDA) Survey


  This article investigated changes in life satisfaction across the retirement transition which is an important life course transition, potentially involving major changes to an individual’s economic and social circumstances. Some retirees maintained high life satisfaction across the retirement transition (40%), others experienced declining levels of life satisfaction from a high level prior to retirement (28%), some experienced increasing life satisfaction from a low level prior to retirement (14%), while another group reported a declining low level of life satisfaction (18%). These results indicated considerable diversity in life satisfaction that is masked by analyses that focus on overall averages. Individuals who experienced significant declines in life satisfaction tend to have worse health and lower access to a range of social and economic resources compared to other groups.


  Using data from the first 8 waves of the Household Income and Labour Dynamics in Australia (HILDA) Survey, this article adds to existing knowledge of how pathways to retirement are decided. The results provided new evidence about the different effects of specific components of household wealth on how the transition to retirement is made. Controlling for unobserved heterogeneity in the dynamic multinomial model confirmed the existence of true state dependence in the labour force states of mature age men and women. Moreover, results also provide new evidence about coordinated retirement among mature age couples, not only in the timing of retirement but how the transition to retirement is made.


  This research used data from HILDA on retirement and retirement intention and in particular, the socio-economic conditions immediately before the time of retirement to understand the significant factors associated with the retirement decision and contribute to the current debate on retirement-related policies. Apart from age (especially approaching the APE age), health and disability were found to be significantly associated with retirement, whereas the role of financial factors such as household income in retirement was limited. Most of all, job related factors and contextual factors emerged as important determinants of retirement. Job satisfaction in particular is among the most significant factors. National unemployment rate, as a contextual factor, was also an important factor in retirement, reflecting the fact that many people retire due to unfavourable macroeconomic conditions.

This study described transitions in, and key factors influencing, work participation during the 12 months following a diagnosis of colorectal cancer. According to the results, a significantly higher proportion of participants with colorectal cancer (27%) had stopped working at 12 months than participants from the comparison group (8%). Participants with cancer who returned to work took a median of 91 days off work. For participants with cancer, predictors of not working at 12 months included: being older, lower BMI and lower physical well-being. Factors related to delayed work re-entry included not being university-educated, working for an employer with more than 20 employees in a non-professional or managerial role, longer hospital stay, poorer perceived financial status and having or had chemotherapy.


  The main aim of this paper was to investigate the ‘adaptation’ versus ‘sensitisation’ hypotheses in relation to mental health and labour market transitions out of employment, and to determine whether mental health stabilised (adaptation) or worsened (sensitisation) as people experienced one or more periods without work. Results indicated that multiple spells of unemployment were associated with continued, though small, declines in mental health. Those who left employment for reasons other than unemployment experienced a smaller reduction in mental health.


  This article used longitudinal data to measure the effects of ill health and informal care roles on the employment chances of mid-life women, and to examine how these effects are mediated by workplace characteristics. Results include that women in jobs with lower skills/status encountered the greatest difficulty in finding accommodations for changes in their health and informal care roles. Moreover, positive employment effects of permanent contracts do not extend to women experiencing increased informal care roles. The study also established a link between a preference for reduced working hours and employment cessation, suggesting that some women experience problems in achieving flexible working hours and that this causes some of them to leave work altogether.


  Authors investigated whether being in temporary employment, as compared with permanent employment, was associated with a difference in Short Form 36 mental health and whether transitions from permanent employment to temporary employment were associated with mental health changes. According to the results, there were no significant mental health differences between temporary employment and permanent employment in standard fixed-effects analyses and no significant interactions by sex or age. The results suggested that temporary employment is not harmful to mental health in the Australian context and that it may be beneficial for 55- to 64-year-olds transitioning from stable permanent employment to casual employment.

This study examined and contrasted the relative effects of unemployment on mental health and mental health on employment status in a single general population sample. Mental health was shown to be both a consequence of and risk factor for unemployment. Thus, the poorer mental health observed amongst people who are not working is attributable to both the impact of unemployment and existing mental health problems. While the strength of these two effects was similar for women, the results for men suggested that the effect of unemployment on subsequent mental health was weaker than the effect of mental health on subsequent risk of unemployment.


The aim of this study was to assess whether individuals are successful in smoothing their well-being across the transition to retirement by measuring relative subjective well-being (SWB) in the Australian HILDA Survey. It was found that SWB either improves or remains constant for the large majority of individuals as they retire from the labour force. However, there are significant disparities in changes in well-being with retirement among retirees. In particular, the subset of individuals who are forced to retire early due to job loss or their own health, and who find their income in retirement to be much less than expected, report marked declines in their well-being in retirement.


Data from the U.S. Health and Retirement Study and the Australian Household Income and Labour Dynamics survey were used to compare the macro-level policy frameworks on individual retirement timing expectations for pre–baby boomers (61+ years) and early baby boomers (45 to 60 years). Australian workers reported younger expected age of retirement compared to the U.S. sample. Reporting poor health was more strongly associated with younger expected retirement age in the United States than in Australia. Cohort and gender differences in the United States were found for the effect of private health insurance on younger expected age at retirement.


This paper aims to investigate the role of mental health in determining future employment status. According to the results, baseline mental health status was a significant predictor of overall time spent unemployed for both men and women. Decomposing this overall effect identified sex differences. For women but not men, baseline mental health was associated with risk of experiencing any subsequent unemployment whereas for men but not women mental health was associated with the duration of unemployment amongst those who experienced unemployment.


This study examined whether particular occupation types are associated with both poor health and an increased likelihood of labour force exit. Results indicated that older workers in trades, labour, and production occupations, the majority of whom were men, had poorer general health than their counterparts in other occupations and were also the most likely to exit the workforce. These findings suggest that a number of older men in Australia (and, indeed, elsewhere) may face both poor health and limited employment opportunities in areas that match their abilities and experience.

This study examined whether mental health predicts subsequent retirement in a general population sample, and whether this association varied with the timing of retirement. Poor mental health was found to be associated with higher rates of retirement in men (hazard rate ratio, HRR 1.19, 95% CI 1.01–1.29), and workforce exit more generally in women (HRR 1.14, 95% CI 1.07–1.22). These associations varied with the timing of retirement and were driven by early retirees specifically. Physical functioning, income, social activity, job conditions (including job stress for women and job control for men), and aspects of job satisfaction also predicted subsequent retirement.


This article provided information on the movements into and out of paid work by mid-life women, using HILDA survey (2001–2005) to identify the causal influences of health, care and other factors on the ability of mid-life women to remain in and re-enter paid work. The results show that poor health and/or substantial care roles had a negative impact on the employment chances of this group. However, importantly, there was asymmetry in these health and care effects, in that improvements in health and/or reductions in care roles did not increase the chances of returning to paid work. This finding indicated that many mid-life women who experience poor health and/or undertake large care roles face substantial long-term negative consequences for their employment chances and, thus, their retirement and pre-retirement incomes.


The paper employed a simultaneous equation model to explore the relationship between health and labour force status, allowing for the endogeneity of health. The results confirmed the finding in the literature that health has a positive and significant effect on labour force participation for both males and females. As for the reverse effect, it was found that labour force participation had a negative effect on male health but a positive effect on female health, implying that the justification hypothesis was rejected for males but not for females.


This paper analysed the relationship between ill-health, health shocks and early labour market exits among older working individuals. Results showed that health shocks were key determinants of early exit choices. For men, negative shocks to health increased the hazard of becoming non-employed by 50 to 320 per cent, whereas for women, health shocks increased the hazard of an early exit from the labour market by 68 to 74 per cent.


This paper investigated the causal relationship between ill-health and retirement among older working individuals. Results show that health played an important role in individual retirement decisions and that negative shocks to health greatly increased the hazard of retirement, especially for men. This was true for both a measure of health limitations and a measure of latent health obtained using pooled ordered probit models, as well as for three alternative health shock measures. The effects of partners’ health and labour market status on an
individual's retirement decision were also considered. The estimates suggested that partners’ characteristics do not significantly influence individual retirement choices.


The aim of this analysis was to investigate this pattern of results in a national sample of Australian men, and the mediating role of socio-demographic factors. Results show that retirees were more likely to have mental health problems than their working peers, however this difference was progressively smaller across age groups. When age at retirement was considered it was found that early retirees who were now at or approaching the conventional retirement age did not display the substantially elevated rates of mental health problems seen in their younger counterparts. Further, men who had retired at age 60 or older did not display an initially elevated rate of mental health problems.

Ageing Baby Boomers in Australia (ABBA) project


This paper examined the relationship between housing type, working status and location of residence on health status in Baby Boomers. Current workers were less likely to report depression than retirees. We found a significantly higher rate of diabetes, obesity and hypertension in retirees than in current workers however rates of obesity, diabetes and hypertension were higher than predicted in current workers.


This research draws on a sample of retirees from the Ageing Baby Boomers in Australia Study (2009) to examine how preparedness for retirement relates to voluntary and involuntary retirees’ life satisfaction and how this relationship is explained by psychological, activity-based, and economic theories. Preparedness predicted life satisfaction for voluntary and involuntary retirees and each of theoretical pathways was supported. Although those retiring involuntarily were less prepared than voluntary retirees, their preparatory behaviours were still associated with life satisfaction.

National Seniors Australia and National Seniors Productive Ageing Centre


This study aimed to answer some key concerns for grandparent childcare providers and for policy in terms of their own labour market decisions. Results revealed that grandparents are committed to ongoing and demanding support and care for their children and grandchildren, often incurring costs and making considerable sacrifices, and at atypical or unusual hours. In most cases, the grandparents in the study took on this important childcare role to enable their children and children-in-law – mostly mothers – to remain engaged in the labour force. Hence, many grandparents were ‘working around care’, balancing work and care responsibilities and making significant adjustments to their work as a result. In some instances, participants in the focus groups had retired specifically to care for their grandchildren. But in more instances, grandparents were planning to retire anyway and their regular childcare responsibilities were ‘latent’ or contributing factors in their decision-making. For many participants, their caring commitment provided the catalyst that prompted them to retire when they did.

The report found that the vast majority of seniors perceived that superannuation’s purpose was to provide a regular income for retirement. Other highlights of the report included: Less than half the seniors surveyed are currently using a financial adviser to assist in managing finances. The global financial crisis has affected the attitude towards the share market for over 40% of seniors. Seniors underestimate their potential life expectancies by up to seven years.


The findings in this report confirmed that illness, injury and disability are major reasons for being out of the workforce for people aged 50 years and over. A range of adverse health conditions were found to hinder workforce participation. Musculoskeletal conditions were most likely to prevent people from working or looking for work, while having arthritis was most likely to keep people away from work for the longest period of time. Despite the fact that most people are able to return to work after an absence of at least one month due to adverse health conditions, there is a significant proportion that remain disengaged from the workforce. The findings of this report underscored the importance of the role of employers in actively facilitating continued workforce engagement for employees suffering from ill health, injury or disability.

• National Seniors Australia and Challenger. (2014). **How realistic are senior Australians’ retirement plans?** National Seniors Australia.

This report details the findings from the National Seniors Social Survey which looked at senior Australians retirement plans in terms of understanding and being realistic about their own life expectancy; spending in retirement and meeting aged care costs. Results show that seniors generally have some form of plan for retirement and covering aged care costs. The survey, however, highlights that seniors could plan more effectively (especially in being realistic about their own life expectancy).

• National Seniors Australia. (2014). **Disengagement of mature age people from the labour force: Reasons, financial outcomes and access to training.** National Seniors Australia.

Following announcement of the increase in the eligibility age for the Age Pension to 70 years in 2035, this report provides a timely analysis of involuntarily disengagement from the labour force before the age of 65. Manual workers and people with lower formal qualifications are among those most at risk of leaving the workforce because of health issues or due to being retrenched. Although access to appropriate training is vital to ensure that mature age workers’ skills are relevant, those people most at risk of involuntary exit from the labour force are least likely to have attended any work-related training in recent years. The report emphasises the need for preventive efforts to be made towards early investments in reskilling opportunities for people lacking formal qualifications.


This study investigated the employment participation of people with a chronic illness. Results found that for all of the most common chronic illnesses - arthritis and related disorders, hypertension, back problems, diabetes and heart disease – people are less likely to be working than those with no chronic illness, with a university qualification having no influence on the chances of employment. Of those with chronic health conditions, men aged between 65 and 69 were the most likely to be employed. Moreover, many of those aged between 65 and 74 in poor health who were employed thought they would never be able to retire. But the proportion of people (between 65 and 74) in full-time employment with chronic health conditions was similar for people without health conditions.

This report aimed to measure the benefits of prolonging participation in the workforce by examining the relationship between work and wealth accumulation. The main findings of the study of people aged between 61 and 65 years for people who had good health and those who had poor health showed that have better retirement savings if they remain in work. This is the case even for people with a chronic health condition. National Seniors Australia and Insuranceline. (2012). *What Next? Workforce Transitions and Retirement Planning Among Australian Pre-Retirees*, National Seniors Australia.

This study examined the different types of pathways between full-time work, part-time work and retirement. They also investigated the retirement planning strategies of different population subgroups with respect to financial, lifestyle, and health planning, and pointed to the diversity in retirement planning strategies amongst mature age Australians. According to the results, amongst pre-retirees, majority reported having plans in place for their finances, which was far more commonplace than planning for health or lifestyle priorities in retirement. High income and education were factors consistently found to be associated with planning across each of the financial, health and lifestyle priorities. The most common reason given for when to retire was related to financial wellbeing, followed by health wellbeing and access to the Age Pension. Only few considered retirement of a spouse/partner as a key reason to alter retirement timing.


This report considered one form of the economic contribution of older Australians, that of paid work in the formal labour market, while also exploring the barriers that exist to mature age employment in Australia. These barriers were identified as: discrimination in employment on the basis of age; care-giving responsibilities; flexibility of employment arrangements; issues around private recruitment firm practices; job search assistance: leisure time trade-off, mental health barriers; mismatch of skills and experience with industry demands; physical illness; injury and disability; re-entry issues barriers of the VLTU (Very Long-Term Unemployed); re-training and up-skilling barriers; superannuation; tax-transfer system; and workplace barriers.


This report provided a summary of existing knowledge about the retirement plans and expectations of the nation’s baby boomers – almost 5.6 million Australians born between 1946 and 1965. According to the findings, many of previous studies were conducted before the global financial crisis and recent changes to the age pension eligibility age - which we are finding are changing what baby boomers have to say about their preparation for later life. The report emphasizes on the fact that baby boomers are as diverse as any other Australian generation and it is important to recognise these differences and understand the truth behind the myths.


This report provides a candid snapshot of mature age employment, outlines the distinctive barriers faced by older workers, identifies benefits for employers, draws on overseas approaches that hold lessons for us, and presents potential policy responses. Most importantly, it highlights why improving mature age employment opportunities goes hand in hand with how the nation deals with its biggest social issue – our rapidly ageing population.
Dynamic Analyses to Optimise Ageing (DYNOPTA)


- Von Sanden C. (2010). Health and labour force participation among older Australians: investigating the roles of cognitive and sensory functions in the DYNOPTA study. Paper presented at the Centre for Mental Health Research, *Australian National University, Student Colloquium, June 2010*
Researchers who have undertaken research on work, retirement and health:

Professor Barbara Pollock (University of South Australia)

Director, Centre for Work and Life, Hawke Research Institute, University of South Australia

Barbara Pocock has been researching work, employment and industrial relations in Australia for over twenty-five years. She joined the University of South Australia and established the Centre for Work + Life in 2006. She was a Queen Elizabeth II Fellow from 2003-2007. She is widely published. Her books include The work-life collision: what work is doing to Australians and what to do about it, The labour market ate my babies: work children and a sustainable future, Kids count: better early childhood education and care in Australia and Living low paid: the dark side of prosperous Australia. In 2012, she co-authored Time Bomb: Work, rest and play in Australia today. She has a lifelong pre-occupation with work and inequality.

Relevant publications:

- The Big Squeeze; Work, home and care in 2012: The Australian Work and Life Index 2012, by Natalie Skinner, Claire Hutchinson and Barbara Pocock
- Work, Life and Workplace Flexibility: The Australian Work and Life Index 2009, by Barbara Pocock, Natalie Skinner and Reina Ichii
- Work, life and workplace culture: The Australian Work and Life Index 2008, by Natalie Skinner and Barbara Pocock
- Work, Life and Time: The Australian Work and Life Index 2007, by Barbara Pocock, Natalie Skinner and Phillipa Williams
- Helen Masterman-Smith and Barbara Pocock Living Low Paid: The Dark Side of Prosperous Australia, Allen & Unwin.
- The Labour Market Ate My Babies: Work, Children and a Sustainable Future. Published by Federation Press in October 2006. Launched at Imprints, 107 Hindley Street, Adelaide, 6.00pm, 17th November by Minister Jay Weatherill.

Dr. Cathy Gong (ANU)

Cathy (Honge) Gong is a Research Fellow at the Centre for Research on Ageing, Health and Wellbeing (CRAHW) and the ARC Centre of Excellence in Population Ageing Research (CEPAR). She contributes primarily to the CEPAR Research program in Healthy and Productive Ageing, Ageing in Asia and collaborates in other CRAHW research being developed. Her research has focused on income and health inequalities and mobilities, health and aged care utilization employment, social exclusion and disadvantages across the life course. She has a PhD in Economics from ANU and had been working as a Research Fellow at NATSEM, University of Canberra, an Assistant Director at DEEWR and a Statistician/Assistant Director at National Bureau of Statistics of China. She works closely with policy makers and the community sector to provide an evidence base to inform the development of effective social policy. She has published on intergenerational mobility, income inequality, spatial disparity, disadvantage and social exclusion in both international and domestic journals. She was a CI of ARC linkage grant (as an early career researcher) in 2011: “Understanding and preventing workforce vulnerabilities in midlife and beyond”. Her area of expertise are Labour Economics, Cross Sectional Analysis, Panel Data Analysis, Applied Statistics and Social Policy. Dr Cathy’s research interests are Healthy and productive aging, Ageing in Asia, Spatial disparity and age friendly communities for older people, Inequality and mobility in health, Employment
and economic well-being. Labor market and retirement choices, Microeconometrics for cross sectional and longitudinal analysis Indexation, Microsimulation and applied statistics.

Relevant publications:


Emeritus Professor David de Vaus

Emeritus Professor David De Vaus' appointment before his retirement in 2013 was as Executive Dean of the Faculty of Social and Behavioural Sciences at the University of Queensland. Prior to that he was Dean of the Faculty of Humanities and Social Sciences at La Trobe University. He specialises in Family Sociology, Life Course Transitions, Retirement and Ageing. He is currently engaged in research projects on lone person households, the financial and wellbeing consequences of divorce, baby boomer retirement and changing demographics of families. Other areas of expertise include: Survey Research Methods, Research Designs in the Social Sciences, Cohabitation and Intergenerational relations.

Relevant publications:


Professor Deborah Schofield (University of Sydney)

Professor Deborah Schofield is a Professor of Health Economics at NHMRC Clinical Trials Centre, School of Public Health. She currently leads a work program focusing on: modelling ageing and retirement and their relationships with health and the labour force; modelling of demographic change and the health workforce; long term forecasting of health services and expenditure; and a cohort study of rural health clinicians.

Her current major research projects include: • The economic impacts of illness: - Leads a $717K grant undertaken with NATSEM examining labour force participation and income tax and savings lost due to early retirement, funded by the ARC and Pfizer Australia; and - A $1.8m grant on understanding the impact of social, economic and geographic disadvantage on the health of Australians in mid - later life where she leads the economic engagement theme, funded by the NHMRC. • Ageing and retirement of the medical workforce - Co-leads the Australian contingent for the International Medical Workforce Collaborative - Leads the health workforce research stream for a $1.5 m Research and Development Capacity Building Infrastructure Grant funded by NSW Health.

Relevant publications:


**Dr Diana Warren (University of Melbourne)**

Diana is a Research Fellow in the Economics of Education and Child Development research program at Melbourne Institute of Applied Economic and Social Research. Diana has a Bachelor’s Degree in Computer Science and Economics and a Master’s Degree in Economics from the University of Wollongong, where she also worked as a Research Assistant and Tutor in the Faculty of Economics and Information Systems. Diana recently completed her PhD on 'The Retirement Decisions of Mature Age Australians, with the Melbourne Institute. Her research interests and current projects focus on Labour economics, mature age labour force participation and the transition to retirement.

**Relevant publications:**


Dr Elizabeth Brooke (Swinburne University of Technology)

Dr Elizabeth Brooke has a doctorate in social gerontology and is involved in researching the effects of the ageing global population on workforce demographics, policies and practices. Dr Brooke's research expertise has led to her participation in international projects, which bring together researchers in the field of ageing and workforce policy in North America and European Union Partners. Dr Brooke has extensive experience in undertaking aged care and health-related research and in the evaluation of innovative aged care workforce projects (Health Workforce Australia and the Victorian Department of Health, 2012-13). She has expertise in conducting economic costs benefit analyses and is currently undertaking two projects analysing the economic contributions of ageing workforces.

Associate Professor Brooke's research has been based on a range of large scale quantitative and qualitative organisational case studies into older workers, most recently focusing on organisational studies, the retention of older workers in the aged care workforce and studies of retirement pathways and incomes. Contributions have been made to advancing knowledge in quantitative research in large-scale research surveys into retirement intentions. She is currently a Chief Investigator in an Australian Research Council Linkages project, 'Retiring Women: Female work-life transitions' which includes research into the career trajectories of older women workers and superannuation. A second ARC Linkages project, 'Working Late and the spectre of uselessness', is focused on the place of older workers in global labour supply. Her earlier contributions include research into age discrimination in employment in Australia published as Age Limits: Age related discrimination in employment affecting workers over 45. Associate Professor Brooke successfully contested the myth that older workers represent an increased cost in human resources in a cost benefit analysis of retaining mature-age workers utilised by a major bank in Australia.

Relevant publications:

**Professor Hal Kendig (ANU)**

Professor Kendig is Professor of Ageing and Public Policy at the Centre for Research on Ageing, Health and Wellbeing (CRAHW). He is Chief Investigator for the ARC's Centre of Excellence in Population Ageing Research (CEPAR) - within which he serves on the Management Committee; leads research on healthy and productive ageing and social determinants of health over the life course; and collaborates in research on aged care, attitudes, health services, men's health, and international comparisons. He is a sociologist and gerontologist who served as Professor of Ageing and Population Health and as Head of the Ageing, Health and Work Research Unit at the University of Sydney. He previously was National Convenor of the ARC/NHMRC Research Network in Ageing Well, Dean of the Faculty of Health Sciences at the University of Sydney, Director of the ARC Key Centre in Gerontology at La Trobe University, and Senior Fellow in the Research School of Social Sciences at the Australian National University. Professor Kendig’s research interests are healthy and productive ageing, including: Health and aged care policies and services, International comparisons, Societal attitudes to older people, Intergenerational justice and social change, Family care-giving and Social activity.

Relevant publications:


**Dr. Helen Feist (University of Adelaide)**

Dr Helen Feist is Acting Director of the Australian Population and Migration Research Centre at the University of Adelaide. She has a current research project investigating the role of free transport in enabling mobility and wellbeing in older South Australians. Helen’s recent work encapsulates the topics of rural health and ageing, population studies, and the assistance of technology in health.


**Professor Julie Byles (University of Newcastle)**

Professor Byles is Director of the Priority Research Centre for Generational Health and Ageing at the University of Newcastle. Professor Byles has research interests in risk determination, health assessment, health care
evaluation, and measurement of health outcomes. As a Gerontologist and Fellow of the Australian Association of Gerontology, Professor Byles' research interests in ageing include the role of health services, preventive activities, and treatments in maintaining quality of life for older people, and in determining physical, psychological and social factors associated with optimal physical and mental health of men and women as they age. Her work has included health assessment, medications used by older people, sleep disturbance, health effects of alcohol, nutrition screening and interventions, health and retirement, and prevention of falls in residential care.

**Relevant publications:**


**Dr Jack Noone (University of Sydney)**

Dr Jack Noone is a Research Fellow and Project Manager for the Australian Life Histories and Health Project at the Faculty of Health Sciences. His background is in Health Psychology, in which he holds a Bachelor of Science, a Master of Science (Honours), and a Doctorate. His doctoral thesis on the psychosocial and economic determinants of retirement planning was placed on the Massey University Dean's List of Exceptional Doctoral Theses. He has taught university courses in social psychology, research methods, and health psychology at the undergraduate and post graduate level.

Dr Noone's research interests include the psychosocial and socioeconomic determinants of healthy and productive aging with a particular focus on gender, social class, and preparation for retirement.

**Relevant publications:**


**Associate Professor Kate O'Loughlin (University of Sydney)**

Associate Professor Kate O'Loughlin is a Senior Lecturer in Health Sociology in the Faculty of Health Sciences and is a member of the Ageing, Work and Health Research Unit. She has collaborated on projects with Professor Hal Kendig and others analyzing longitudinal data related to life transitions and social pathways in later life and the effect of these on health, as well as national data on ageing and disability (hearing loss). These projects were based on data from the Melbourne Longitudinal Surveys of Healthy Ageing (MELSHA) and the ABS Disability and Carers Survey respectively.

A/Prof O'Loughlin is currently involved in three ARC-funded projects: as a Chief Investigator on the ARC Linkages research project (2008-2011) Ageing Baby Boomers in Australia being conducted in collaboration with National Seniors Association, the US AARP, and La Trobe University; as a collaborator with Professors Hal Kendig, Julie Byles, and James Nazroo on the ARC Discovery project (2010-2012) Socio-economic Determinants and Health Inequalities over the Life Course: Australian and British experiences; and as an Associate Investigator in the Centre of Excellence in Population Ageing Research (2011-2017) programs on healthy and productive ageing. These projects draw on large-scale longitudinal data sets including HILDA, the 45 and Up Study and the English Longitudinal Study of Ageing.

A/Prof O'Loughlin's primary research interests and expertise are healthy ageing with a focus on behaviours and exposures across the life course and the effect of these on health outcomes in later life; health policy; occupational health and rehabilitation; and the baby boom cohort.

**Relevant publications:**


Adjunct Associate Professor Lixin Cai (Flinders University)

Adjunct Associate Professor Lixin Cai is Director at Australian Government Department of Employment and associated with Flinders University. Lixin has extensive work experience in both academia and the public service. He has strong analytical and quantitative skills, including (behavioural) micro-simulation modelling, advanced econometric methods and extensive experience in analysing large scale survey and administrative data. He has conducted research in low pay dynamics; income distribution, inequality and poverty; the effects of tax and transfers on labour supply; (dynamic) labour supply of women; the relationship between health and labour market outcomes; the relationship between socioeconomic status and health; the distribution of wages and wage inequality; and the dynamics of income support recipients. In addition to authoring numerous research reports and working papers, Lixin has published 25 referred journal articles in prominent international and Australian journals, such as the Journal of Comparative Economics, British Journal of Industrial Relations, Labour Economics, Health Economics, Fiscal Studies, Economic Record, Applied Economics Letters, Journal of Sociology, Australian Economic Papers, and Australian Economic Review.

Relevant publications:

- Work Choices of Married Women: Drivers of Change, Lixin Cai 01/2010
- Impact of Education and Training on Income Support recipients, Lixin Cai, Daniel Kuehnle, Yi-Ping Tseng 01/2010;
- Be Wealthy to Stay Healthy: An Analysis of Older Australians Using the HILDA Survey , Lixin Cai, Journal of Sociology 06/2008; · 0.88 Impact Factor

Associate Professor Margaret Patrickson (University of South Australia)

Margaret Patrickson is an Adjunct Associate Professor with the International Graduate School of Business at the University of South Australia. Her main research interests are international diversity and management, ageing workforce and change management. She is an expert in the field of older workers. Her research interests are Change Management, Diversity Management and Aging Workforce

Relevant publications:

- Bounded choices in work and retirement in Australia, Margaret Patrickson, Rob Ranzijn, Employee Relations 01/2004; 26(4):422-432.
- Employability of older workers , Margaret Patrickson, Robert Ranzijn, Equal Opportunities International 06/2003; 22(5):50-63.

Dr Meredith Tavener (University of Newcastle)
As a social gerontologist, Dr Meredith Tavener's research encompasses identity in older age, women's health across the life course, baby boomers, narrative analysis, and qualitative methodologies. She is a Research Fellow of both the Australian Longitudinal Study on Women's Health (ALSWH) and the Research Centre for Gender, Health and Ageing (RCGHA), a Priority Research Centre at the University of Newcastle. Meredith researches and publishes on issues such as retirement, time use, and factors for health creation. Employing applied thematic analysis, Meredith interprets the texts against how she believes the writer would operationalise the theoretical meaning.

Relevant publications:


Associate Professor Peter Butterworth (ANU)

Peter Butterworth is an Associate Professor at the Centre for Research on Ageing, Health and Wellbeing. Peter founded the Psychiatric Epidemiology and Social Issues (PEaSI) Unit in 2007 and he and his team undertake epidemiological research to better understand the social causes and social consequences of common mental disorders. This research includes a focus on employment, job quality and welfare dependency across the life course. He works closely with policy makers and the community sector to provide an evidence base to inform the development of effective health and social policy. For example, through the Work Wellbeing project, Peter is working in partnership with Safe Work Australia to better understand the impact on psychosocial job characteristics, workplace bullying and the interaction between individual and workplace characteristics on workforce participation and productivity. He has a PhD in psychology from the University of Queensland, and experience in social policy research and development in the Commonwealth public sector. His Areas of expertise are Epidemiology, Health Promotion, Environmental and Occupational Health and Safety, Mental Health, Developmental Psychology And Ageing, Social Policy and Demography. He is a primary Investigator on ARC grant 2014-2017: Mental health, job quality and workforce participation: evidence from population health research to address complex problems and conflicting policies.

Relevant publications:

• Butterworth, P & Rodgers, B 2007, His retirement or Hers? Retirement and wellbeing within families, Department Family &Community Services.

Prof Philip Taylor (Monash University)

Philip was Professor of Employment Policy at Swinburne University of Technology where he directed the Business, Work and Ageing Centre for Research. Before this he was Executive Director of the Cambridge Interdisciplinary Research Centre in Ageing, University of Cambridge. He has researched and written in the field of age and the labour market for more than 20 years. He leads a major program of research on ageing workforces.
He has worked on and been successful in obtaining substantial funding for several major multi-disciplinary and international programs of research on ageing and the labour market. He is also currently leading on grants from the New South Wales Office for Ageing, CSIRO, and the British ESRC/MRC.

He has addressed the House of Lords Economic Affairs Committee on Aspects of the Economics of an Ageing Population, and the Employment Committee of the European Union. He has lead a Presidential Symposium for the 60th Annual Scientific meeting of the Gerontological Society of America, and was a member of the Advisory Board of experts for the World Ageing and Generations Congress. Philip was also involved in organizing an international symposium on public policy, age and the labour market, which attracted representatives of government, business groups, groups representing older people and leading academics from six countries to the University of Cambridge.
Interests include the management of labour supply, individual orientations to work and retirement, employers’ attitudes and practices towards older workers and international developments in public policies aimed at combating age barriers in the labour market and prolonging working life.

Relevant publications:
• Taylor, P., 2011, Ageism and age discrimination in the labour market and employer responses, National Centre for Vocational Education Research (NCVER), Adelaide SA Australia, pp. 46-63.

Dr Sabrina Pit (University of Sydney)

Sabrina has a PhD in Health Behaviour (University of Newcastle), a Master of Science Degree in Household & Consumer Sciences (The Netherlands) and a Diploma in Occupational Health and Safety (RMIT University). Sabrina Pit has over 20 years of experience in public health research to improve the quality of life of older people. She has experience in complex data analysis, large datasets, longitudinal data analysis, randomized controlled trials, and mixed methods. During her Ph.D. work, she conducted an NHMRC-funded cluster-randomized controlled trial which improved the use of medicines and reduced falls among older people through changing GPs behavior. In 2008, she was awarded a 4-year postdoctoral NHMRC part-time research training fellowship to continue her research in ageing well and productively by exploring pathways to healthy workforce participation. She is now the Workforce Research Stream Leader at the University Center for Rural Health, University of Sydney, Lismore. Currently, she is investigating how to prolong general practitioners and health care workers working life in a healthy and happy manner. Among her research areas are work ability, productivity, sustainable employability, absenteeism, medicines use, healthy ageing, quality of life, rural health, preventative health, and health promotion. She believes in improving intergenerational communication.

Relevant publications:

Dr Sarah Olesen (ANU)

Dr Olesen completed a Bachelor of Arts (Psychology/Criminology) with Honours degree at the University of Melbourne in 2003 before beginning a career in mental health research at The Australian National University. Since 2004 she has undertaken research projects on the topics of workforce and community participation, childhood adversity, and health service use, leading to published work in quality academic journals. This included a PhD entitled: “The transition from work to retirement during later adulthood: Its relationship to mental health and role of alternative forms of participation”. Dr Olesen has completed specialised training in longitudinal data analyses and health program evaluation, and contributed to documents and forums that aim to translate research findings into policy and practice recommendations. She continues to undertake research that tackles current public health issues using methods that maximise the ability of this research to inform mental health service delivery. Her research interests are Mental health epidemiology, Mental health service use, Community and workforce participation and mental health, Health program evaluation and Research translation.

Relevant publications:
- Olesen, S & Butterworth, P 2013, 'Retirement: a trigger for distress or welcome relief from the rat race?'.

Professor Simon Biggs (Melbourne University)

Professor Simon Biggs works within the School of social and political sciences at Melbourne University. Simon has worked as a Community Psychologist and for the UK Social Work Council before joining Keele University, becoming Professor of Social Gerontology in 2000. He was a visiting research fellow at the Department of Social Medicine, Harvard University in 2002, and the UK representative on the EC Masters in Gerontology Programme 2002-2004. He is currently engaged in a number of Australian research initiatives including: mature-age workers (ARC); intergenerational relationships (LMCF); Peri-urban growth (Vic Health) and social aspects of dementia (NHMRC). His interests include the relationship between social identity and adult ageing, including the analysis of international and national social policy and the changing adult life-course. Written work has extended to: community care policies; technologies of self, such as counselling and psychotherapy in later life; midlife and maturity; intergenerational relationships; spirituality and ageing; lifestyles and retirement communities; public policy toward old age; social theory and ageing.

Relevant publications:
- Work, Aging, and Risks to Family Life: The Case of Australia 2015
- International and European policy on work and retirement: Reinventing critical perspectives on active ageing and mature subjectivity. Human Relations. 66. 2013
- New Lifestyles in Old Age: Health, Identity and Wellbeing in Retirement Communities. Policy Press. 2004
Tazeen Majeed (University of Newcastle)

Tazeen Majeed is a research academic at the Priority Centre for Generational Health and Ageing (RCGHA). Her background is in Public health and Medicine in which she holds a Masters and Bachelors degree. Tazeen recently completed her PhD titled – ‘Workforce Participation Patterns over the Life Course and the Association With Chronic Diseases – A Gendered Approach’. She is collaborating on projects with Prof. Julie Byles, Dr. Meredith Tavener and others on the topics of workforce, women and employment, retirement, health services use and asthma in elderly women.

Tazeen’s research interests are: Workforce participation, Gender, Health services use, Health issues in elderly and Quantitative research methods.

Relevant publications:


Associate Professor Therese Jefferson (Curtin Graduate School of Business)

Therese Jefferson is an Associate Professor at the Curtin Graduate School of Business. She is also a member of the Women in Social & Economic Research (WiSER) unit. She has longstanding research interests in gendered aspects of paid and unpaid work and the research methods employed by economists to investigate questions of gender and pay. Therese's research interests are reflected in a range of contract and consultancy projects she has undertaken for organisations such as the Workplace Gender Equality Agency, Human Rights and Equal Opportunity Commission, FairWork Australia, Western Australian Health Department and Resources Industry Training Council. Therese's research has been published in a range of national and international journals and other forums. Therese is currently involved with two major research projects. The first is an ARC Discovery funded project titled "Missing workers: retaining mature age women workers to ensure future labour security". It is focused on the employment intentions of women aged 45 and over working in the aged care sector. The second project is funded by the Australian Housing and Urban Research Institute and is exploring the use of housing equity withdrawal among home owners aged 45 and over. Both projects reflect Therese's ongoing interest in the economic wellbeing of people in later life. Therese's research interests include gendered aspects of employment, economic security and labour markets. She also has a strong interest in methodologies and the use of mixed methods in economics.

Relevant publications:

Association for Industrial Relations Academics of Australian and New Zealand (AIRANZ), Feb 8, 2012, Gold Coast, Queensland, Australia: AIRANZ.


Professor Yvonne Wells

Professor Yvonne Wells is the head of the La Trobe Research on Ageing Group and the Professor of Aged Care Research. Her main research areas include transitions in later life, healthy ageing, community aged care services, and residential aged care, and she has had a longstanding interest in caregiving, especially for people living with dementia.

Relevant publications: