ATTRACTING AND RETAINING OLDER WORKERS IN THE HUMAN SERVICES SECTOR

A LITERATURE REVIEW

JULY 2005

BUSINESS WORK & AGEING

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Introduction

The implications of population ageing are an increasing area of policy focus amongst governments, social and economic commentators and business groups across developed nations. 'Australia faces pronounced ageing of its population over the next forty years. One quarter of Australians will be aged 65 years or more by 2044-45, roughly double the present proportion.' (Australian Government Productivity Commission, 2004)

Not only is population ageing drawing into question the costs associated with the additional provision of health and community services it is also having significant impact on the profile and supply of labour. The combined influence of lower rates of fertility and increasing longevity on labour supply is exacerbated as the baby boomer generation progressively reach retirement age over the next two decades.

Impacts on the labour market include decreasing overall growth in labour supply and increasing proportional representation of people aged 45 years and over (Access Economics 2001). The trend to early retirement amongst males established over recent decades is also diminishing the potential pool of labour. This combined with higher levels of long term unemployment and receipt of disability allowance amongst people in older age groups results in one in three Australians aged 44 – 64 not being in employment. (Encel, 2003)

During an era of high unemployment, particularly amongst younger people, early withdrawal from the labour market to retirement amongst older workers was of little policy concern. In the current era increasing the participation of people in the 55 to 64 age group will boost the availability of labour and act to offset costs associated with population ageing. Health care costs associated with ageing are projected to be the major source of budgetary pressure over the next 40 years, with 50% of increased costs in this area ascribed to population ageing (Australian Government Productivity Commission, 2005). Given this the attention of government and industry is now focusing on the settings that will result in an increased level of employment participation of people into later life (Victorian Department of Treasury and Finance, 2004)

Industry and organisations are also being called on to consider how the shifting profile of labour and skills will impact on their current people management practices. In many areas of the economy skill shortages and supply pressures are evident. These pressures are predicted to extend across trade and professional occupations over the next decade (Department of Employment and Workplace Relations 2004)

The ageing of the workforce and the need to increase the participation of people in the 55 to 64 age group in work presents significant challenges to people management practices and work and life course norms at both the industry and organisational level. Age is a clear predictor of the likelihood of recruitment, opportunities for progression, participation in learning and development and the nature of exit from an organisation or the workforce.

Socially embedded, age related influences on the employment experience are entrenched in the structures, systems and cultures of organisations. These influences are complex and interrelated so it is only through an integrated, long term and strategic commitment that the changes required to position for the emerging environment will be achieved (DRAKE/BWA, 2005).

The starting point for such a commitment must be to build an understanding of the age related trends active within an industry sector and how these translate within organisational settings.

This report identifies key literature related in general to the impacts of population ageing on the workforce and more specifically (where possible) on the human services sector. It considers what is known of the factors that contribute to the attraction and retention of older workers.

The report is structured to consider the individual and their transit through the employment continuum, from recruitment, to progression and then exit. The broader individual influences on attraction and retention of heath and well being and learning and development are also discussed. At the organisational level job content and structures, occupational health and safety and age management capacity and awareness are considered.

Age Awareness

"Current national data indicates that workers over 45 are more likely to be retrenched than younger workers, to remain outside the workforce for a longer period of time, and to receive less training to assist them to re-enter the workforce" (Victorian, South Australian and Western Australian Equal Opportunity Commissions, 2001),

In the context of this review 'Age Awareness' refers to employers' perspectives towards ageing which, as identified in a recent study carried out for the Victorian, South Australian and Western Australian Equal Opportunity Commissions (2001), "often influence who should be recruited, trained and retained, and whether or not it is worthwhile to develop strategies to optimise their ageing workforces." There is no specific literature found on age awareness in the Human Services industry, however, the general literature in this area can be applied.

General literature on the ageing workforce indicates that negative employer attitudes are a major barrier to employment faced by older workers (Reark Research, 1994; Steinberg et al., 1994; Bennington and Tharenou, 1995; Pickersgill et al., 1996; Urbis Keys Young, 1999 cited in Bittman 2001). Older workers are often perceived as resistant to change, inflexible, less motivated, difficult to train and having potential poor health (Steinberg 1998; Encel, 1998). Studies of employer attitudes towards older workers have found that employers are often reluctant to employ older workers, and that, in fact the very concept of being 'older' ranged from as low as 45 through to 60 years of age (Steinberg 1998; Encel 1998). Furthermore, various studies have shown that older workers are much more vulnerable to dismissal when employers are downsizing (Encel & Studencki, 1996; Encel 1998; Victorian Equal Opportunity Commission et al 2001).

In addition, older workers themselves are often influenced by social stereotypes that impact on their ongoing connection to, and participation in the workforce. For example, older workers often perceive that they are viewed as becoming too old to work efficiently and effectively, as not being able to learn new skills, and thus exclude themselves from new learning and employment opportunities (Victorian Equal Opportunity Commission et al 2001). This in turn can lead to low motivation to return to work – a situation exacerbated by underlying financial incentives, which often enhance the attractiveness of early retirement (largely bought about by government policies developed during earlier decades)(Steinberg 1998).

Such negative perceptions and stereotypes create barriers for older workers in three key areas –

i. Recruitment: confusion still exists around rights and responsibilities in recruitment, for example Australian research carried out in 1996 found that "many of the employers in the study acknowledged that their companies had policies (stated or implicit) regarding maximum age on entry", "some employers believed (wrongly) that it was against the law to employ people above the official retiring age", and "employers thought (wrongly) that there were very few older workers actively seeking employment" (Artcraft Research 1999 cited in Bittman et al 2001). Three aspects of recruitment where negative perceptions of older workers can act as a barrier: the recruitment process; age stereotypes in

recruitment; older workers experience of powerlessness (subsequent to ongoing attempts to gain work).

ii. Training: has a low profile as an age discrimination issue and older workers commonly lack information about where they can find and gain access to appropriate training. This affects their ability to self-initiate training. Generally, older workers are not assertive in asking for training. "If employers do not offer training, older workers are disadvantaged in not knowing how training can improve their employment opportunities" and "negative perceptions of the suitability of older workers may cancel out any benefits they accrue by upgrading their skills through training" (Victorian Equal Opportunity Commission et al, 2001).

iii. Retention / Exit Policies: continuing pressures to retire early are supported by age stereotypes – "A lag exists between the legislative abolition of mandatory retirement and community attitudes. Covert and overt pressures exist that induce early retirement." Furthermore: "Employers and older workers lack information on the range of exit policies, including innovative retirement options. Older workers in the focus groups commonly supported phased retirement options, as long as they were not financially disadvantaged in relation to superannuation and pension entitlements" (Victorian Equal Opportunity Commission et al, 2001)

iv. Of particular relevance to the Human Services sector where the workforce is predominantly female, a study carried out by Nuccio (1989) found that older women trying to enter the job market for the first time or re-enter the workforce after an absence face a combination of age and gender barriers. These include 'lack of up-to-date qualifications', 'lack of experience', or conversely, being prevented from opportunities on the ground of being 'over-qualified'. "Age and gender thus interact to create a subclass of highly vulnerable workers, subject simultaneously to ageing and sexism" (Nuccio, 1989: 217-35).

The stereotypes and barriers faced by older workers have a direct influence on their participation, opportunities, and motivation within the workforce, such that stereotypes are often reinforced. "Age bound systems are evident in all organisations and cultures that reduce opportunities for recruitment, development, progression or job mobility and lead to: A self fulfilling prophecy based in a silent collusion between the individual, their peers and the organisation that often results in the very behaviour that the stereotypes describe" (BWA 2004)

However, research examining employers' experience of older workers has found that these negative generalisations are not reliable and conclude that age does not determine performance (Pickersgill et al 1996). Indeed, numerous studies (Cooper & Torrington 1981; AARP 1995; Bitmann et al 2001) have highlighted positive qualities attributed to older workers which include: attendance and punctuality; commitment and consciousness to quality; loyalty to employer; practical knowledge; solid experience; reliable performance; motivation; stability in the job; ability to take, understand and carry out orders; and reliability and loyalty. In a Social Policy Research Centre study of employers' attitudes and practices in recruiting older

workers, informants generally responded positively about the characteristics associated with older workers (Bittman et al 2001).

Furthermore, Steinberg et al (1996) state that older workers are "particularly valuable in industries involving human contact, service, non-standard flexible hours, community-based workplace location and routine work". In these contexts, older workers were found to "have good learning capacity, taking longer to train, but retaining the information better".

It is clear that in order to address the gap that currently exists between older workers' availability and capacity for positive contribution to the workplace and the perceptual barriers and policies which limit their optimal utilisation, key stakeholders (employers and organisations) within the community need to revisit their perceptions of older workers.

Literature frequently states that age awareness needs to be part of an overall organisational strategy, including both preventative measures (e.g. life long learning and job redesign) and remedial actions (e.g. training for older workers lacking specific skills such as in new technology). Ideally, age and employment would be integrated to include the whole career cycle, rather than just the later years of working life (Walker 1997a). Such a holistic approach would also assist in avoiding intergenerational conflict with younger workers (Walker 1997b).

The need to encourage lifelong learning as a counter to age discrimination is imperative in this process. A 1996 report by the OECD stresses the value of lifelong learning in upgrading labour productivity and enhancing the adaptive capacities of workers (Encel 1998). "A lifelong learning approach, it is argued, would help or improve the 'attachment' (participation) of older workers to the labour market. Steps need to be taken to improve the low rate of participation by older workers" (OECD, 1996).

Organisational Culture

Organisational culture, such as management style and people management policies can either support or hinder an organisation's ability to successfully implement age management policies and practices. Widespread organisational change is not brought about by policy alone, formal policy does not necessarily equate to practice (Kirby & Krone 2002). A research project on age barriers conducted by the European Foundation for the Improvement of Living and Working Conditions identified organisational culture as a key factor to ensuring the development of good practice in this area (Walker 1997b). A Canadian case study analysis of policies and practices affecting the ageing workforce also found managerial discretion was an important aspect of organisational culture (Marshall 1996). Perceptions, behaviour and attitudes of colleagues and managers affect cultural norms regarding the utilisation of flexible work options. Line management have to be convinced of the value age management initiatives bring to their organisation or department.

Implications for Practice

The literature review found negative perceptions and attitudes based on age created barriers for older workers, particularly in recruitment, learning and development and retention/exit policies (see Steinberg et al 1996; Nuccio 1989; Victorian Equal Opportunity Commission et al 2001). Attitudinal changes within the general community, but more importantly changes in the perceptions of older workers held by organisations must change to improve attraction and retention rates of older workers. The sector can play a leadership role by attempting to influence attitudes through information campaigns to reduce prejudice and discrimination in addition to promoting the virtues of employing older workers, as suggested in the CSHTA study (2003). Organisations with best practice resulting from age management policies and practices illustrate the tangible outcomes of what can be achieved which can be used to provide examples of successful outcomes to other organisations.

Age Management

Age management is a relatively new concept to people managers within Australian organisations. It is only in recent times that information about the impacts of demography on the structure of age in the population and workforce has been directed at leaders of organisations and human resource managers.

According to a Canadian study few companies explicitly consider the demographic composition of their workforce when developing their human resource policies; this is particularly significant as a further finding was that practices and policies of employers have more of an influence on the ways in which age related issues are dealt with than demographic pressures (Marshall 1996).

It has been identified that the decision by an organisation to develop initiatives to retain, reintegrate and train older staff was largely a response to three key drivers. Firstly, as a response to both labour shortages and labour surpluses, for example a shortage of young nursing staff led to the recruitment of older nurses. Secondly, in response to changes in public policy. For example, the provision of special training grants instigated the recruitment and training of older workers. Thirdly, organisational culture including the HR tradition, current personnel policies and management style was also found to support age management policies. It was noted that both public policy and organisational culture can also negatively influence good practice. In Canada, researchers found that companies rarely adapted organisational structures to specifically accommodate older workers whereas it was not unusual for companies to adopt organisational features that may benefit one age group more than another, for example flexible work hours benefiting employees with childcare or eldercare obligations (Marshall 1996).

The European study, Combating Age Barriers in Employment found that initial investments made in planning and preparation to be one of the key factors in the successful implementation of age related policies. Pro-active initiatives such as engaging people in the organisation in a dialogue around age through consultations were found to be effective. The Dutch company Fontijne successfully developed and initiated their policy using targeted publicity material published in the company magazine (Walker 1997b).

Line managers were found in some cases to be a hindrance to age initiatives. At Glaxo R & D in the UK line managers were found to have discriminatory beliefs or attitudes that acted as a barrier to implementing good practice (Walker 1997b). St Ivel, another UK case study, experienced similar problems, with the human resource department responding by insisting managers place older workers in positions which it perceived as unsuitable, in order to challenge age stereotypes.

Engaging the unions was also found to be an important consideration in the design and implementation of age management approaches. Concerns from unions were expressed in a number of case studies however once the issues were explained they were supportive of the initiatives (Walker 1997b).

The European Foundation for the Improvement of Living and Working Conditions launched the Combating Age Barriers in Job Recruitment and Training Project in 1994. The project aimed to improve the employment prospects of an ageing workforce focusing on initiatives to develop retention, reintegration and the retraining of older workers in the seven member states; Belgium, France, Germany, Greece, Italy, the Netherlands and the United Kingdom (Walker 1997b). Case study organisations in the private, public and not for profit sector were researched and used to categorise aspects of good practice. Good practice was defined as the combating of age barriers both directly and indirectly and providing an environment in which each individual is able to achieve his or her potential without being disadvantaged by their age (Walker 1997b).

Four main elements of good practice in age management identified by the Combating Age Barriers in Employment Project were:

- The need for backing from senior management, without this the necessary interventions could not proceed. In some instances management support was won through a targeted campaign.
- A supportive HR environment.
- The involvement and commitment of older workers in the initiative.
- Carefully prepared implementation processes and regular review and adaptation of the interventions.

Some unintended benefits were found to result from age management initiatives including improved morale and team working, reductions in staff turnover, the transference of skills between generations, and economic benefits related to the retention of workers who would otherwise have retired early (Walker 1997b).

In order to achieve an ageless workforce, there is a need for change in the attitudes of employers, trainers and those aged over 45 years of age (CSHTA 2003). Government plays a role as a facilitator and policy setter, but the employers need to realise the potential of older workers and provide them with opportunities and support in the workplace.

Implications for Practice

International research by Walker (1997a & 1997b) and Marshall (1996) state that a strategic, integrated approach to age management is necessary, at both the sector and organisational level. Age management filters through all areas of the employment continuum, from recruitment, learning and development, health and well-being and exit. Successful age management requires a supportive HR environment and organisational culture, commitment from all levels of management and monitoring and evaluation (see Walker 1997b).

Recruitment

According to ABS data a person under the age of 45 years was much more likely to have been recruited over the past year than those over the age of 45 years. Recruitment has been identified in a range of literature as the most overt point for age discrimination to occur.

International and Australian literature have found that recruitment practices are influenced by age and associated stereotypes (Steinberg et al 1996; Encel 1998). In a study of large UK employers Taylor and Walker (1998) found that age stereotypes may influence employers' recruitment decisions, with 43 per cent of managers viewing age as an important consideration in the recruitment process. Australian studies echo these findings. A large-scale study of employers' attitudes to and practices in the recruitment of older workers, Bittman (2001) found that age was a key factor in recruitment decisions, with approximately 65 per cent viewing the best age for new recruits to be under 45 years.

Age discrimination is most visible in the recruitment process. The 'Age Limits' study (2001) consulted older workers and employers across Victoria, South Australia and Western Australia in order to identify perceptions held of and by older workers and to identify forms of age discrimination in employment. The aims of the study were furthered in the "Optimising Recruitment Practices for Older Job Candidates" project (BWA 2004), which examined age related barriers in the recruitment of older job seekers in the retail and manufacturing industries of South Australia. The project found that older workers can experience age discrimination through each stage of the recruitment process, including the way in which positions are promoted as well as through the screening, assessment and induction processes.

Promotion of Vacancies

Anti discrimination laws prohibit the use of age requirements in advertisements, but covert methods of age discrimination still exist, such as the use of language and imagery. The use of terms such as 'dynamic', energetic' and 'fit' tend to be used to target younger candidates, and words such as 'mature' 'knowledge' and 'expertise' are expected to attract older candidates. A recruitment tool kit produced for the South Australian government recommends that employers should aim for age neutral language and focus on the skills and competencies required for the position.

Focus group discussions with older candidates and recruiters in the 'Optimising Recruitment Practices for Older Job Candidates' project found that some older candidates have limited IT skills, which hinders their job searching and participation in the application process (Business Work & Ageing 2004d). The introduction of the internet has changed they way vacancies are promoted, with the use of IT enabled technologies to advertise vacancies having grown significantly over the past five years. The narrow demography of Internet users, 'white, young Anglo-Saxon males' note Mayson and Storen (2003, cited in BWA 2004), is a further limitation of the Internet as a recruitment tool. This may affect the diversity of potential applicants reached, including women, older workers, and those without computer or Internet access.

Recruitment methods within the community care sector vary. In a Victorian study of community care organisations Angley and Newman (2003) found that rather than advertising positions directly, many of the organisations used information sessions to inform potential applicants of the nature of the job. It was thought that this assisted in reducing the turnover rate amongst new recruits. Information sessions were advertised in local newspapers, which were reported to be more successful than advertising in the large daily papers.

Older workers often lack an understanding of modern recruitment practices, which may hinder their employment chances. Information sessions have been found to be a successful recruitment method for older workers in a retail banking project undertaken by BWA, as it allows older workers to familiarise themselves with the work environment and ask questions in an informal setting. Word-of-mouth referrals were another recruitment method used by some organisations, but not all found it a useful approach. Use of Job Network Providers was not found to be a very successful recruitment method by organisations, as they generally lacked interest in community care work and candidates sourced through Job Network agencies only stayed for a short period.

Screening Processes

The Age Limits (2001) study found that many older candidates felt that they were screened out from the selection process on the basis of their age. Age discrimination legislation precludes candidates from being required to declare their age and prohibits employers from directing questions regarding a candidate's age; the study found older candidates felt uncomfortable disclosing their age (Victorian Equal Opportunity Commission et al 2001). However, age can be inferred by questions regarding experience, length of service/education and family/home situation.

Assessment processes

Psychological testing can be used during the screening process to gain information about the applicant in relation to personality, behavioural type and suitability for the position. Older candidates may not be familiar with the process, and so may be disadvantaged. Older candidates with low IT literacy or anxiety over using technology may be further disadvantaged by psychological tests administered electronically.

Pre-employment medical tests have been found to be increasingly common particularly amongst labour hire firms filling blue-collar vacancies and also in some government positions requiring manual handling tasks (BWA 2004d). Key reasons stated for conducting pre-employment medicals were to identify prior Work Cover claims, and to establish a base line for potential risks and injuries.

Stakeholders expressed concern that these tests could have a negative impact on the outcomes for older job candidates suffering from illness or injury that did not directly impact on their ability to carry out the tasks involved in the job they were applying for. Although anti discrimination, privacy and defamation laws may find employers liable if tests are conducted or designed improperly or test result misused, this was not seen to protect the interests of vulnerable candidates. This led to uncertainty amongst older

candidates about disclosure of their health status, with one manager of a non-profit organisation reporting that older candidates often self-excluding from jobs requiring medicals (BWA 2004d).

There is limited literature addressing the recruitment of older workers in the human services industry. Workforce strategies within the community care and health sector frequently target the recruitment of those at the earlier stages of their working life in response to labour and skill shortages (DHS 2003; VAHEC 2002), through such methods as graduate recruitment schemes or traineeships. However, older workers are the group with the highest representation in the sector, so even though targeting higher levels of representation of younger people appear desirable, it may be nevertheless be easier to attract and retain people at older ages to the sector.

Much of the employment growth in the human services industry is predicted to be in aged care, which is an area where older workers are well matched with the client base (CSHTA 2003). The HACC New Entrant Development Project (DHS 2003) notes that mature aged men or mature aged underemployed or unemployed should be targeted, but does not expand on strategies to achieve this. The project includes a pilot project to test recruitment approaches towards three groups identified by the report as under-utilised labour supply; men, younger people or people from culturally and linguistically diverse backgrounds.

In a Victorian study of Community Care organisations by Angley and Newman some respondents expressed a preference for younger workers, finding them to be "diligent, energetic and eager to make a career out of community care work" (Angley & Newman, 2003). However other organisations in the study preferred employing older workers, viewing younger workers as lacking life experience, skills and training. This illustrates how perceptions of age may impact on the recruitment process.

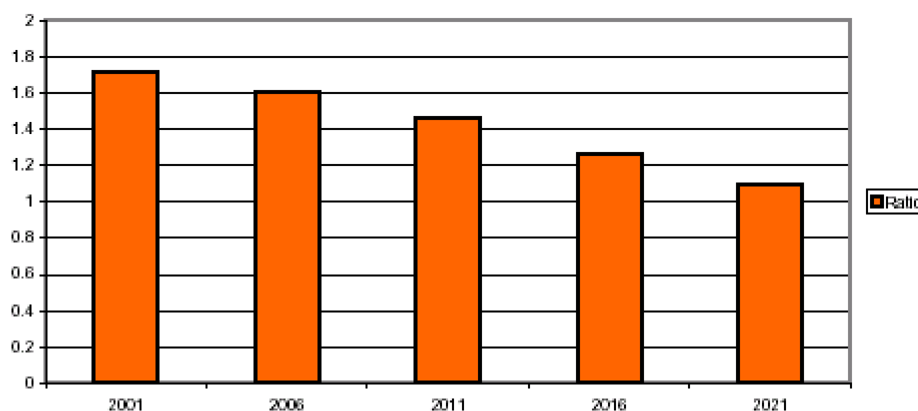
Recruitment difficulties in the community care sector were clearly evident in recent studies. One study found that more than 50% of respite and personal care providers and 43% of home care providers reported difficulty recruiting staff. Personal care positions were reported as the most difficult to fill, which may be due to the qualifications required prior to employment by many organisations require (Angley and Newman, 2003). Research in the UK found that providers of child care experienced recruitment problems due to poor responses to job advertisements and a shortage of suitable applicants, pay was attributed to be a key factor. Other factors included short working hours, low status and competition from other sectors (Rolfe 2005). Similar experiences were also found in the US (Strober et al. 1995).

National studies also emphasise the difficulty in attracting and retaining workers in the community care and health industry (DEWR 2004; MAV 2004; DHS 2003; AHWAC 2004). The reasons for labour shortages in the industry are varied and complex, it has been noted that factors other than supply are driving shortages, one being an ageing workforce (AHWAC 2004).

Women provide a large part of the labour supply pool for the community care sector. In a US study Dawson & Surpin (2001) developed the "elderly support ratio" - population projections to calculate the number of women aged 25 to 54 who were the common source of community care workers, against the total population aged 65

years and over. In a report on the recruitment and retention of community care workers, Angley and Newman (2003) used the elderly support ratio to calculate the figures for Victoria, shown in the table below[1]. This table illustrates that the projected ratio for Victoria steadily decreases from 1.72 women aged 25-54 per individual aged 65 and over in 2001 to 1.1 by 2021.

Figure 1 Elderly support ratio, Victoria 2001-2021
(females aged 25-54 per individual aged 65 and over)



Implications for Practice

The review of available literature showed that a range of recruitment barriers exist, including age stereotypes which influence employers' recruitment decisions. Older workers also often lack understanding of how to put themselves forward for recruitment which can compound age bound perceptions held by employers and recruiters (BWA 2004). The review found workforce strategies in the health and community services sector (see DHS 2003; VAHEC 2002) frequently target those at earlier stages of their working lives. Incipient recruitment projects e.g. HACC New Entrant Development Project (DHS 2003) notes that mature aged under employed/un-employed should be targeted. These initiatives are indicative of increasing awareness of the need for age management of recruitment strategies in the Human Services sector.

[1] Reproduced from Angley.P, & Newman, B., 2003, *Who Will Care? The recruitment and retention of community care (aged and disability) workers,* Brotherhood of St. Lawrence, Fitzroy, Victoria, p7

Career Pathways and Job Mobility

Career pathways into and through the Human Services industry impact significantly on attraction and retention. Possible career structures may also affect a worker's decision to enter or remain in the workforce. The key message emerging from the literature in this area expresses a need for greater flexibility in industry regulations and career pathways.

Accreditations

Accreditations, qualifications and regulations vary widely across the industry depending on such variables as occupation, sector, position and jurisdiction (DHS 2003). Whilst a close examination of the impact of this on attraction and retention is outside of the scope of this report, the general theme was regulations are needed to facilitate workforce supply. As the National Health Workforce Framework states:

> "Regulators may also be expected to better recognise and respond to the evolution of innovative solutions to work practice and workplace design (or redesign) and the associated recognition of knowledge and skills and the ability to practice safely and competently" (Australian Health Ministers' Conference 2004).

The Australian Health Workforce Advisory Committee (2004) is currently exploring regulatory issues and approaches to health workforce reform and redesign in their National Health Workforce Action Plan.

A similar view was presented in a recent community skills report (CSHIC & ANTA 2005):

"the traditional approach to regulation and licensing requirements may hamper diversity and reinforce traditional work roles at a time when innovative work solutions and role configurations may be the answer to persistent workforce shortages" (Rogers cited in CSHIC & ANTA 2005)

An example at a sub sectoral level was noted in the report, stating that in the aged care and children's services, accreditation standards should be reviewed in conjunction with industry, and realigned with the competence the role requires.

Research into the views of older employees in the National Health Service (NHS) found that qualification requirements were a deterrent to entry (Meadows 2002). The study identified a need to accredit previous learning by experience. A study on "Engaging the Untapped Workforce" stating that "qualifications/credentials will continue to be prerequisites in a growing number of employment avenues within the sector" (CSHTA 2003). The report identified increasing creditialism as a barrier to attracting older workers to the health and community industry.

Career Pathways

Lack of clearly identified career paths is noted by a recent industry skills report as a factor contributing to attraction and retention difficulties (CSHIC & ANTA 2005).

Entry to the health and community services industry should be based on competency rather than qualifications, as the report states:

> "Objective assessment processes for points of entry to the health and community services workforces, such as registration an area of need positions, should be based on competency not qualifications." (CSHIC & ANTA 2005).

For community care workers, lack of career structures will lead to attrition of existing workers and deter new entrants, stated a Victorian study of community care organisations (VAHEC 2002). A common career pathway within the community care sector is from home care to personal or respite care, as Angley & Newman (2003) found. Some organisations reported concern that some home care staff left the residential care sub sector after receiving a qualification, however Angley & Newman state that more information is needed before it can be considered a general concern for the sector.

A Western Australian study by Baldock and Mulligan (1996) found that career progression in community care organisations is limited by their small organisational structure, which commonly consists of direct care workers, an administrator and a project co-ordinator. They found that direct care workers frequently moved into project co-coordinator roles. Lack of career structure and possible career progression was also noted as possibly contributing to recruitment problems in the housing sub sector (Bourke 2002).

Qualifications are integral to career structuring. The need for qualifications in the Community care sector varies by role and organisation. In Victoria, Angley and Newman (2003) found community care organisations surveyed had varying requirements regarding qualifications, with some requiring qualifications prior to employment whilst others employed unqualified workers and supported them through their training. The position also affected organisations' view on training requirements, with some requiring qualifications for personal or respite care but not home care.

Alternative pathways into the sector such as via voluntary work could be the focus of further research. Volunteers play a large role in the industry - much caring work is informal and unpaid (CSHIC 2005). The industry skills body notes "the contribution of the supplementary workforce in community services is significant and will remain a critical component of the labour pool" (CSHIC 2005). Key stakeholders consulted by the CSHTA were positive about the role of part time and volunteer options as avenues into the community services and health industry (CHSTA, 2003). However, access to training was identified as a barrier to the participation of volunteers in the health and community workforce (CSHIC 2005). One practice approach converts Recognised Prior Learning achieved through informal care volunteering to credentialised

qualifications. An example of this is the Future of Work initiative in Norway where home carers receive support including training and a home care wage (Keefe 2004).

There is much literature on career pathways into the health force, and the need for models to be developed to allow multiple and flexible career pathways (AHWAC, 2004; Department of Health and Ageing, 2005). Career pathways including re entry pathways in the nursing workforce have also received attention (Department of Education Training and Youth Affairs 2001; AHWAC 2004; ANF 2004; DHS). The complexities of career structuring in the health industry are an area for detailed examination outside this report. An example of this is the medical careers survey being undertaken by AHWAC to "gain information about the factors influencing the career choice and workforce participation decisions of doctors in vocational training and enable career tracking of participants".

The Australian industry literature reviewed on career pathways did not mention the impact on older workers. However, a study on recruitment and retention of older workers in the NHS in the UK noted rigid career structure was a major cause of early exit (Meadows 2002).

Job Mobility

Job mobility refers to movement between jobs; people aged 45 years and over have significantly lower levels of job mobility. According to ABS statistics (2004) in 2002 the most mobile age group was the 20 to 24 age bracket, with changing their employer within the previous twelve months. 55 to 69 year olds were the least mobile age bracket, with just 5.6 per cent changing employer/business or locality during the year. Research by Business, Work and Ageing (2001) has found that low job mobility of older workers results in long-term, productive returns on investments in recruitment and training as well as a reduction in the on-costs associated with replacement in a high staff turnover environment.

Lower job mobility may decrease skills currency and exposure to new opportunities, which may affect the employability of older workers. A study of the retirement intentions of the Victorian Public Service concluded that job mobility, both vertical and horizontal provides staff greater opportunities and can aid in retention (Office of Public Employment 2004). The study found that lack of opportunities impacted on a worker's decision to leave the VPS. Horizontal movement should be encouraged, and may assist in retaining older workers found research on age management by Walker and Taylor in the European Union (Walker 2001).

There was little literature found on job mobility in the human services industry relating to older workers. The 2005 Community Services and Health Industry Skills report (2005) states that "research is needed on labour movements within the health and community services industries". Job mobility in the community services and health industries is comparable to the average across all industries, indicating that similar patterns of attrition and attraction would be expected, that is, that older workers are more likely to stay in a job longer, and younger workers spend less time in one position.

Career plateauing can result from a lack of opportunity to move higher in the organisational structure and can occur when workers are too familiar with their job and may no longer face challenges. Older workers may be more vulnerable to career plateauing, suggests Savery and Luks (1998). Reasons for career plateauing include organisational change, demographic shift and technological developments. Plateauing can have a negative affect on both organisations and individuals, with such consequences as reduced work performance, high absenteeism and damage to a worker's self esteem (Savery & Luks 1998). Approaches to combating this outcome need to renew workers' interest in and engagement with work and may include:

- Flexible work arrangements
- Training and development
- Lateral movement within the organisation, such as job rotation
- Involvement in decision making
- Career planning

Communication of information regarding promotion opportunities is a key factor in retention (Bardwick 1986, Thompson & Hammond 1988, Feldmann & Weitz 1988, Kirtz 1989 cited in Savery & Luks, 1998).

Recognition of achievement may also assist in countering career plateauing, as suggested by Patrickson and Hartmann (1995). In a study of Victorian Community Care organisations, it was found that approximately half provided non-monetary awards for achievements and contributions, such as certificates of appreciation, morning or afternoon teas (Angley & Newman 2003). Most organisations surveyed felt that management "needed to work hard to ensure staff felt valued". A UK study by the Joseph Rowntree Foundation (1998) of the employment practices and potential of home care workers found that lack of acknowledgment of a worker's contribution negatively affected the staff turnover rate.

Implications for Practice

Accreditation requirements vary widely across the sector and there was little literature on the impact on older workers. However, some literature suggested accreditation requirements may act as barriers to entry, re-entry and movement within the human services industry for older workers (see Meadows 2002 & CHSTA 2003).

The role of career pathways and job mobility in the attraction and retention of older workers in the Human Services industry needs further investigation. It is a complex domain containing interdependent factors including organisational policies, external regulation, education and training as well as individual factors such as aspirations.

Retention

The retention of workers into later life is a critical concern for many industries as the baby boomer generation nears retirement and takes with them significant knowledge and experience. Improved retention into later life is a key platform in securing adequate levels of labour supply into the future. However, for many a lifetime of heavy or stressful work results in the desire to achieve life balance once the mid to late 50's are reached. On average people in Australia retire at the age of 59 years (ABS 2004).

The dual challenges of recruitment and retention of older workers is a key concern of health and community care industry. High staff turnover is costly to organisations in time lost, replacement costs, training of new staff, administration and loss of organisational knowledge. High numbers of staff exiting also places pressure on remaining staff and may reduce the quality of care provided. The recruitment and retention challenges in the sector are well documented in the literature which also acknowledges the problems presented by the ageing workforce. Areas for attention identified in the literature are complex and vary between sub sector, occupation and other variables such as geographic location.

Health Services

It is widely acknowledged that the healthcare workforce is experiencing labour skills shortages, particularly for Registered Nurses and health specialists and that the ageing of the workforce will exacerbate these shortages. Poor retention is thought to be a major contributor to shortages in some health occupations, such as nursing, where approximately only half of the eligible nursing workforce will be active at any point in time.

The ageing of the nursing workforce is significant and frequently noted in the literature (Australian Institute for Health and Welfare, 2003). The average age of a nurse is 42.2 years, and 47 years in aged care nursing (Australian Nursing Federation, 2004). An analysis using Australian Institute for Health and Welfare data on age structures in the nursing workforce found that in 2002 37% of the aged care nursing workforce would retire over the next ten years (12,761) and that 26% of other nursing (53,112) would retire over the next ten years, suggesting a total of 65,873 retirements from the nursing workforce over the next ten years (AHWAC, 2004).

In a submission to the Productivity Commission on the economic implications of an ageing Australia, the Australian Nurses Federation noted the following barriers to women's continued participation in the workforce (ANF, 2005):

- Occupational health and safety issues, including workload.
- Access to education and training.
- Paid carer's leave.
- Child and elder care services.
- Paid maternity leave.
- Issues associated with the casualisation of the workforce and consequential underemployment.
- Cultural attitudes of employers, employees and the community generally to older workers.

- Attitudes of employers, employees and the community regarding rehabilitation and the employment of injured workers, indigenous Australians and the long-term unemployed.

These barriers are not exclusive to older nurses, but affect the attraction and retention of older women in work generally.

A report on nurses aged over 50 years by the Joseph Rowntree Foundation (2003) in the UK found that ignoring the needs of this group would lead to a staffing crisis. The NHS faces a similar situation to Australia with an ageing nursing workforce and growing numbers of nurses exiting the industry early. The report examined the employment options, decisions and outcomes of nurses over 50 years of age and identified the factors contributing to early exit. These were found to be the fast pace of technological change and stress, with many nurses reporting feeling 'worn out'. Reasons to continue in nursing were found to be flexible work hours, financial influences and the availability of opportunities for continuing professional development. The report recommended that those returning to the profession be accommodated through access to training to keep up with technological change and to develop new areas of expertise that would allow them to move to less demanding roles. It also suggested flexible work options and 'family friendly policies need to be offered to nurses, and not just those with young children. The report concluded HR policy should focus on how older nurses' expertise can be used to alleviate current shortages. (Joseph Rowntree Foundation, 2003)

Remuneration is unlikely to explain recruitment and retention difficulties in most of the health sector, (CSHIC & ANTA 2005) however this may not apply to sub sectors within the industry. An Australian study on workforce planning for nursing found that relative pay and other economic considerations were a factor influencing the attraction and retention of nurses (AHWAC 2004). The impact of remuneration in attracting and retaining older workers, however, requires further supporting evidence as a key influence.

Community Services

Literature indicated that staff turnover rates are relatively high within the community care sector. According to the Australian Human Resources Institute in 1999 all industry average turnover was 9.1%. In comparison the median for the human services industry was 14.7%, (CSHTA, 2003).

The VAHEC study of private sector community care organisations in Victoria found that approximately one third of organisations surveyed reported a high annual turnover of 21% to 30%. The Victorian study by Angley & Newman (2003) found that 44% of organisations surveyed were concerned about the level of staff turnover, with 55% indicating that staff turnover had been a problem for more than 24 months. Greatest concern regarding turnover was reported by regional city councils (60%). Two organisations reported staff turnover was highest among younger workers. Many of the organisations had implemented strategies to improve retention, but there was no evaluation of the initiatives available. Lack of data collection by organisations makes it difficult to estimate the actual cost of turnover in the sector. Angley and Newman suggest a standard approach to data collection by organisations would

improve knowledge of the community services workforce, though they acknowledge the difficulty in achieving this given that workers are predominately employed on a casual or part time basis (Angley and Newman 2003).

An industry skills report suggested relatively low wages may affect attraction and retention rates in childcare, personal care and aged care (CSHIC & ANTA 2005). It is unclear from the literature how this affects attraction and retention of older workers.

Improving terms and conditions of employment in the home care sector was identified by care workers as a main factor affecting attraction and retentions rates (VAHEC 2002), with wide variations across the industry, public and private sectors. Including:

- No consistent award coverage
- Wide ranging pay rates and pay structures for skills and experience
- Variation in causal loading rates and travel allowance arrangements
- Diverse spread of working hours

A study of home care workers in Western Australia found several factors that negatively impact on the recruitment and retention of workers in the HACC system, including the frequency of casual or contract employment, which denies penalty rates and annual leave and that these arrangements often provided no guarantee of minimum hours of work (Baldock and Mulligan).

Funding arrangements and the need for flexibility in meeting client needs results in a high rate of casualisation in the community care sector. Whilst workers are commonly employed on a part time or casual basis, and these modes of employment may provide flexibility for older workers, Angley and Newman (2003) found some workers preferred full time employment. The lack of permanent positions was often cited as a reason for high staff turnover and was thought to have a negative affect on attracting new recruits (QLD Govt., 2004).

Relatively low wages were found by a Victorian study to impact on the recruitment and retention of community care workers (Angley & Newman 2003) and child care workers (Rolfe 2005). Pay in relation to experience, increased base rates of pay and regularity of work were viewed by care workers as factors that would encourage retention (VAHEC 2002). The literature reviewed did not refer to the impact of remuneration on attraction and retention of older workers in community services.

Implications for Practice

Retention is a key issue for the industry generally, but more acutely in specific sub sectors such as nursing and community care and this is reflected in the industry literature (see ANF 2005; Joseph Rowntree Foundation 2003; VAHEC 2002; Angley and Newman 2003). The ageing workforce in these sub-sectors face organisational retention challenges. Factors affecting retention vary by sub sector and occupation/profession and could be examined within these parameters.

Exit

There has been an increasing trend over the past twenty years toward early retirement in Australia, with exit from the workforce frequently beginning at around 55 years of age, with around 60% of people having left the workforce by age 60 (Blodel, 1998). There are many factors leading to early retirement, such as lifestyle preference, financial considerations, health problems and caring responsibilities. Rappaport (2001) found that those from middle or lower socio-economic groups were more likely to stay in the labour force beyond average retirement age for financial reasons, whilst those in professional occupations were more likely to continue for social or ego enhancement reasons.

The aged pension and superannuation are the two main sources of income for the majority of retired Australians. Men are eligible for the pension at the age of sixty-five years and women from sixty years onwards depending on their year of birth. The government has acted to remove incentives for early retirement by gradually increasing the age women are eligible for the aged pension, increasing the age people can access their superannuation savings and financially rewarding those who stay in employment beyond aged pension entitlement.

At an industry level, "Demand replacement as a result of retirement and urban migration is the most pressing problem facing the community services and health workforce". (CSHIC 2005). There are large numbers of health practitioners in the older cohorts, who will be exiting the workforce in the next twenty years. Exit and retention in the health workforce has been identified at a national level as a concern (Australian Health Ministers Conference, 2004). The National Health workforce Plan has the aim of achieving long term national self sufficiency of supply, with one strategy being 'The Extending Workforce Participation Project' (AHWOC, 2004) This project examines strategies to address the ageing of the Australian health workforce and consider options for extending working life. The project also explores issues around retirement and exit from the health workforce. The Productivity Commission is also examining issues impacting on the Australian health workforce. Their focus includes workforce planning, education and training and workforce participation (Australian Government Productivity Commission, 2005). Measures to improve workforce participation through initiatives such as improving job design and job satisfaction will be discussed in a paper released at the end of May 2005.

A 2002 UK study by The Kings Fund (Meadows 2002) examined the reasons for the prevalence of early exit in the National Health Service (NHS) workforce. The study drew on learning from other sectors and government policy. The report found that the main reason NHS staff left the workforce early was the 'toll' of too much pressure'. Contributing factors reported by the study included:

- Increased workload
- Lack of recognition
- A culture of long working hours
- Lack of support
- Physical demands
- Rigid career structures
- Demands of technological change and the pressure to keep up

The report found that flexible approaches to retirement were attractive to study participants. Key messages emerging from the paper included designing policies to attract and retain older workers and ensuring recruitment and retention issues are key priority at management level to ensure adequate resources to address the issue. (Meadows, 2002).

Possible Approaches – Phased Retirement

Phased retirement is a common approach taken by organisations in assisting workers to exit the work force, benefiting both the individual and the organisation. Phased retirement encompasses a variety of work arrangements/modes that can facilitate the transition from full time employment to fully exiting the work force. Examples include part time work, compressed working week, flexi hours or a reduction in responsibilities or job sharing positions (Rappaport, 2001). In a recent study of retirement intentions of people aged over 50 years currently employed in the Victorian Public Service, the availability of part time work influenced a worker's decision to leave their current job. Permanent part time work was the most popular of various phased retirement options amongst respondents to the survey (OPE, Victoria 2004). This suggests that offering secure part time work may be a way to attract and retain older workers. Offering workers coaching and mentoring roles can also benefit employers by assisting succession planning and the retention of organisational knowledge. Delaying retirement can significantly benefit workers financially, allowing workers to accrue further superannuation and delay the withdrawal of funds. Phased retirement also has important consequences for the health and well being of workers (Marshall, 1996).

Implications for Practice

Literature relating to exit of older workers in the Human Services industry frequently focused on nursing due to its large and rapidly ageing workforce (see Joseph Rowntree Foundation 2003). General literature on work and ageing indicates flexible retirement options are a possible approach to slowing early exit rates (see OPE 2004; Rappaport 2001**).**

Learning & Development

Lifetime employment with a single employer is no longer the common experience. Technological changes, globalisation and competitive business environments have altered the way people work, this requires people to attend to maintaining current skills, regardless of their age (Smith 1999). Employability and job security are proven to be enhanced by current education and training qualifications (O'Rand 2002). This places older worker at a significant disadvantage as they have a markedly lower level of education attainment when compared to their younger counterparts. (ABS, 2002)

Although continuing skill development is recognised as a requirement across working life, the Australian Bureau of Statistics data indicates a low level of participation by people over the age of 45 years in Australia in education and or training (ABS 2001).

BWA research into pathways to vocational education and training for disadvantaged older workers found that individuals generally see the relationship between skill development and employability and want to participate in training, but face significant barriers that limit their capacity to do so (BWA 2004a). This research confirmed that the primary motivation for participating in education or training amongst older, unemployed people was to secure employment. The research also found that around two-thirds of older unemployed clients of the Job Network surveyed were training to develop new vocational skills, or to update existing skills. This indicates that given adequate support and access, older people will actively engage in vocational education and training opportunities.

Technological and broader changes in the health sector will place increasing pressure on the health workforce to maintain and update knowledge and skills throughout working life. The literature highlights the importance of education and training to the sector. The Community Services and Health Industry Skills Council states that the demographic changes of both the health and community workforce and clients will demand increased flexibility of skills and knowledge to undertake broader responsibilities. It recommended that, "skills strategies should focus on prolonging the working years of ageing workers" (CSHISC & ANTA 2005).

Barriers to Learning and Development in Later Life

As workers age a number of barriers to learning and development arise. These include (BWA 2004a & ABS 2001):

- Workplace culture
- Prior levels of education attainment
- Numeracy and literacy levels
- Cost
- Personal motivation
- Access to vocational advice
- Access to relevant education and training options
- Facilitation of transitions to, through and from education and training

Workplace Culture

Workplace culture and attitudes have also been found to affect training and development opportunities of and participation by older people. As stated by Brooke, "The effect of age stereotypes is evident in training as it depends on assumptions about older people's capacities to learn and adapt" (Brooke 2001). A common perception amongst employers that limits access to training opportunities for older workers is that a better return on investment is achieved when training expenditure is directed to the young (Steinberg et al, 1996).

Prior education and literacy levels

Those with past post-secondary education are more likely to do further study than those who have not (ABS 2001). This indicates the challenge in engaging the current cohort of workers over the age of 45 years in further education or training given that 47% of people aged 45 to 64 years in Australia in 2001 had educational attainment levels of year 11 or below (ABS, 2002).

Financial Issues

One in eight people aged 45 and over indicated financial constraints were a reason why they did not participate in education and training (ABS 2001).

Personal motivation

Attitudes held by the worker may act as a barrier to participation, with some workers self-excluding themselves from training opportunities due to a lack of confidence, often related to limited, recent exposure to formal learning environments (Victorian Equal Opportunity Commission et al 2001).

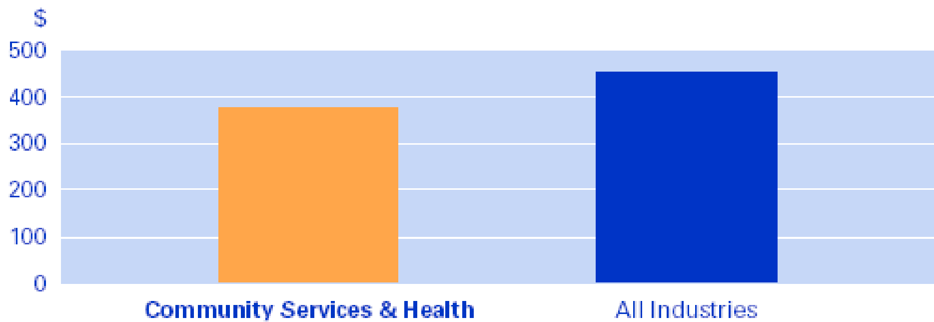
Access to information

A report on barriers to training in the Health and Community Service industry found that a lack of information about the availability of and access to education and training opportunities acted as a barrier to participation for older workers. The report found that there is limited awareness of the vocational education and training options available to older workers in the community and health sector. Better communication of the opportunities and the level of assistance available to older people were identified as priorities (CSHTA 2003). A study on age discrimination in employment also found that older women re-entering the workforce needed assistance to identify training relevant to their employment opportunities (Victorian Equal Opportunity Commission et al 2001).

Access

A Western Australian study of the HACC workforce by Baldock & Mulligan (1996) found older workers in community care organisations had limited access to paid training. Organisations were found to need to balance the competing pressures of adequate spending on service delivery versus remuneration and training for staff.

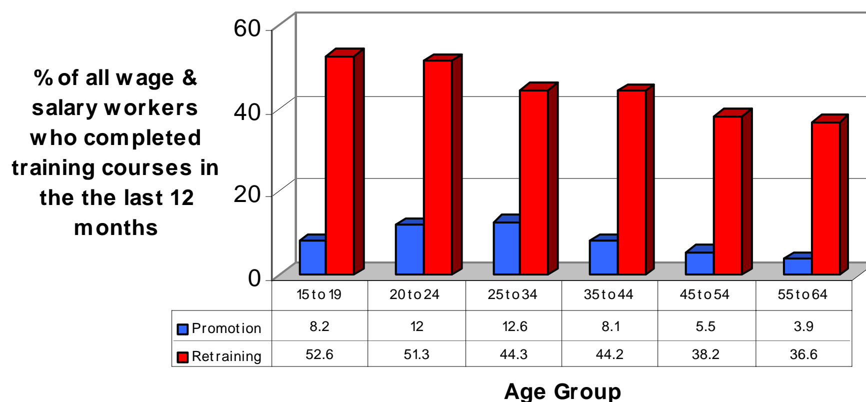
ABS data indicates that on average, employers in the health and community services industry spend less on training per employee compared to the all industry average (CSHIC & ANTA 2005).



Training outcomes

In a 2001 survey of training outcomes over half the people aged 15 to 24 years (54 per cent), compared with just over one third of people aged 55 to 64 years gained employment as a result of training.

People aged 20 to 34 years were more than twice as likely to gain a promotion for undertaking training compared to workers aged 45 to 64 years.



(ABS , ABS Education and Training Experience Cat 6278, May 1997)

A more recent analysis of ABS Education and Training Experience data (2001) shows that older workers were unlikely to obtain career progression through a pay rise or promotion as an outcome of participating in training.

Other Factors

Training opportunities may be affected by employment status. This is of relevance to the Human Services industry due to the high incidence of casual and part time arrangements. An Australian study on the quality of part time work suggests training opportunities may be reduced when minimal hours are worked (Campbell et al. 2005). The report states, “Where training is not provided during a part time phase, the cost to both to the worker and to the broader economy can be large” (2005). UK research also suggests that the child care sector suffers from a poor reputation in areas of training and skills which deters potential recruits. Workers in the child care industry work short and inflexible hours making it difficult for them to undertake training. Staff with qualifications may also be no more advantaged in terms of pay and promotion than unqualified staff (Rolfe 2005).

Case studies

The **M**ature **A**ged Workers **G**iving **i**n **C**are or “MAGIC” Program is a good example of an Industry Training Strategy to address skill need shortages in the Community Services and Health Industry specifically in the areas of Aged Care Work, Children’s Services and Youth Work using New Apprenticeships. The program reports on issues and strategies to support wider utilisation by employers of training packages using New Apprenticeship pathways.

Support for Over 45s Workers/Learners to Access Training in the Community Services and Health Industries
“MAGIC” Pilot in Regional NSW

The project aimed to gather further intelligence for the Industry Skills Council about issues and strategies to support wider utilisation by employers of training packages using New Apprenticeship pathways particularly focussing in areas of skills shortage in Community Services. In addition, the project sought to assist employers’ understanding of the flexibilities available through the utilisation of nationally endorsed Training Packages and New Apprenticeships.

The MAGIC Program is nationally relevant and addresses the following priority areas:

A. **Address skill needs or shortages** in the Community Services industries using New Apprenticeships as part of the solution.
B. **Help refocus particular sectors** - Children’s Services, Youth Work and Aged Care Work -- as case studies of CS&H industries to integrate New Apprenticeships into its recruitment and employment practices for over 45s and non traditional target groups through a community partnership building model.
C. **Increase the participation in New Apprenticeships of identified target group** utilising a pilot program in rural and regional Australia – The Hunter Region NSW. A roll out strategy promoting and expanding the application of the pilot will target regional settings across Australia.
D. **Successfully place mature-age workers** in sustainable employment while providing satisfaction for both the employer and employee through the process
E. **Provide materials and resources** to encourage other employers and providers to take on the model used for the project and apply it in their own localities in regional Australia as a priority

The MAGIC Program place mature-aged workers in the Community Services Industry, specifically in the areas of:

- Children’s Services – as an area of skills shortage and as a sector that tends to attract young female workers – need to attract older workers and hopefully some males as well as attracting workers to the new Out of School Hours Care specialisation
- Youth Work – as a “test” area which historically attracts male workers, a percentage of which are over 45/mature aged to establish the lessons learned from their success

- Aged Care Work – as an area that predominantly has older female workers – need to attract older male workers

Building on previous research undertaken through ITSP programs by the Industry Skills Council, this Project aims to:

- Increase the number and range of New Apprentices in training, and
- Improve the balance between supply and demand for training, particularly in regional Australia, by ensuring that employers are offered the full range of current training options to make the right choice for their needs

The "MAGIC" program was implemented in three stages, summarised below:

Stage 1: *Conduct of Research and Develop Trial Model* in the Hunter Region (September to December 2004)

The focus of this stage was on changing attitudes within organisations in relation to training development and promotion and recruitment practices. The pilot was conducted in the Hunter Region/Newcastle area, with a consortia of stakeholders as the Project Steering Committee

Key Outcomes:

- Built strong partnerships with employers the mature-aged candidates/trainees Job Network/employment services staff to ensure success of the project
- Developed marketing messages to attract Mature Age and non-traditional workers (e.g. males in child care) and to influence employers to recruit and employ the target groups
- Developed promotion and recruitment resources to assist employers in attracting Over 45s/Mature-Age groups into the CS&H industries,
- Identified the "triggers" that will attract male workers and learners to the Children's services

Stage 2: Implement Trial Model and Development of Resource and Information Kit (January to March 2005)

- The focus of this stage was to test the Resource Kit profiling the learning from the project for Employers, NACs, RTOs, CentreLink and Job Networks that will assist in addressing the Dimensions of Good Practice[2] requirements for recruiting over 45's into the workplace; conduct a series of information sessions to attract Mature Age Worker candidates; match trainees with employers and conduct a 4-week training program with selected candidates

Key outcomes

- A model and associated resource kit including a video with promotional material specifically targeted to employers, potential workers/learners for the CS&H industries and training organisations interested in replicating the MAGIC Program

Stage 3: *Engaging Others and Testing Assumptions Beyond Newcastle/Hunter Region Pilot* (April to June 2005)

Key outcomes

- Resources disseminated at the sessions included details of the model used in the program, and the criteria for success and tools for both RTOs and employers who wish to replicate the process.

[2] The good practice requirements were identified during the Industry Skills Council's previous research on "Engaging the Untapped Workforce

Application to human services contexts

Recruitment and training strategies that are built on strong partnerships with employers the mature-aged candidates/trainees Job Network/employment services staff can increase the attraction and retention of older workers. Knowledge and ready access to promotional materials and recruitment resources designed to attract Mature Age and non-traditional workers (e.g. males in child care) assists employers in recruiting over 45s/Mature-Age groups into the CS&H industries

Implications for Practice

On the basis of the above Industry reports (see CSHTA 2003; CSHIC 2005; ANTA 2004) participation in learning and development impacts on the attraction and retention of older workers in the Human Services Industry. The general literature on ageing and work, (see Steinberg et al 1996) supported by ABS statistics (2001); (see Final Report: Attracting and Retaining Older Workers – Challenges and Opportunities for the Human Services Sector).

Health and Well Being

This section includes literature on the impact of the physical and psychosocial environment on older workers' health and wellbeing. It examines possible approaches to improving health and well being of older workers which emerged from the literature, such as job design, education and training and health promotion at work. An integrated approach to health and well being, the Finnish Work Ability model is discussed. The Nurse Early Exit study, which uses the work ability model to look at retention issues of nurses in the European Union is briefly examined.

Much of the literature around age, health and well being in the workplace is generic. There is some industry specific literature, but the focus tends to be on workplaces with heavy manual handling or extreme physical demands, as these sectors experience obvious impacts from the nature of work. It is also important to note that health and well-being issues can be discussed in a general nature, but apply differently to every individual. So they need to be considered from a generic as well as an individual perspective. Just as not all older workers experience a marked decline in physical health, nor are all younger workers fit and healthy.

There is a close relationship between a person's health and participation in the labour force – health and well –being can play a significant role in early departure from the work force, with one third of workers retiring from the workforce due to health related reasons, according to ABS retirement survey (1997). The literature attributes decline in health and well being to be a key contributing factor to early exit from the health and community services workforce (DHA 2002). The National Occupational Health and Safety Commission's 2000 *Data on OHS in Australia the Overall Scene* makes the following general observations about worker health and ageing:

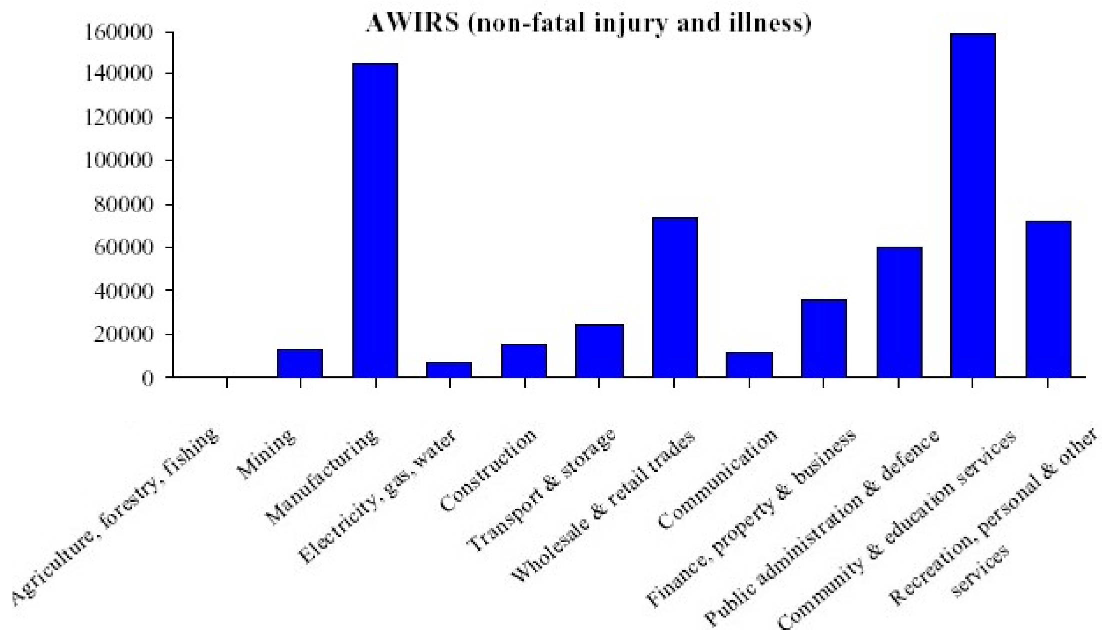
- The number of injuries is greatest in the 25 to 44 age group range
- There is an increased risk of work-related fatality with age, although, the marked increased above age 64 years may only be for certain occupations,
- There is an increased risk of work-related non-fatal with the age group up to age 64 years,
- There does not appear to be an increased risk of fatal or non-fatal injury for younger workers (NOHSC 2000).

Whilst health and well –being issues are very individual, some generalisations can be made about the effects of ageing on general health and "work ability":

- A person's aerobic capacity tends to decline with age.
- People generally experience a reduction in endurance associated with ageing.
- Musculoskeletal strength decrease with age (especially around the ages of 45 to 50)
- There is a decreased capacity to cope with shiftwork.
- There is a diminished resistance to physical stress – leading to an increased chance of injury and a longer recovery time (Parker 2002).

The following chart shows AWIRS data on non-fatal injury and illness (number of cases) by industry sector in 2000.

Figure 5.29 Number of non-fatal and fatal injury and illness cases, by industry



Although this chart combines the community and education services sectors, it is clear the injury and illness rate in this sector from a purely numerical standpoint is quite high. These figures look different as a percentage of the entire workforce in these areas (with mining manufacturing, agriculture having higher percentages of the workforce getting injured or ill at work); however, from a cost perspective, the raw numbers offer a convincing view that injury and illness rates impair productivity in the industry.

Research indicates that physiological functions such as muscle strength and cardiovascular activity decline with age, which reduces a worker's ability to perform heavy or repetitive work at a fast speed or work in heat (Shepherd 1999). Changes in cognitive abilities as people age tend to be small, with a decrease in perceptive functions and psychomotor speed; however, intelligence remains stable for most until aged 80 (Taylor & Francis 1994). Other factors other than age can affect a person's health, such as lifestyle and job demands but many people remain healthy until old age.

Research shows that older workers are sometimes perceived as more prone to illness and accidents (Barthe & McNaught 1991 cited in De Cieri 1998). Angley and Newman (2003) found evidence of this with two Victorian community care organisations expressing concern that older workers experienced greater number of injuries.

The WHO study of ageing suggests that physical decline can be accommodated with adaptation of work methods, job design and the work environment (WHO 1993). The European Foundation for Living and Working Conditions also suggests the following will improve the health and employability of older workers (Nauta 2005):

- Regular job rotation
- Designing workplaces to be accessible for diverse employees
- Age-sensitive human Resources Management
- Integrated health management: set of practices to keep employees healthy

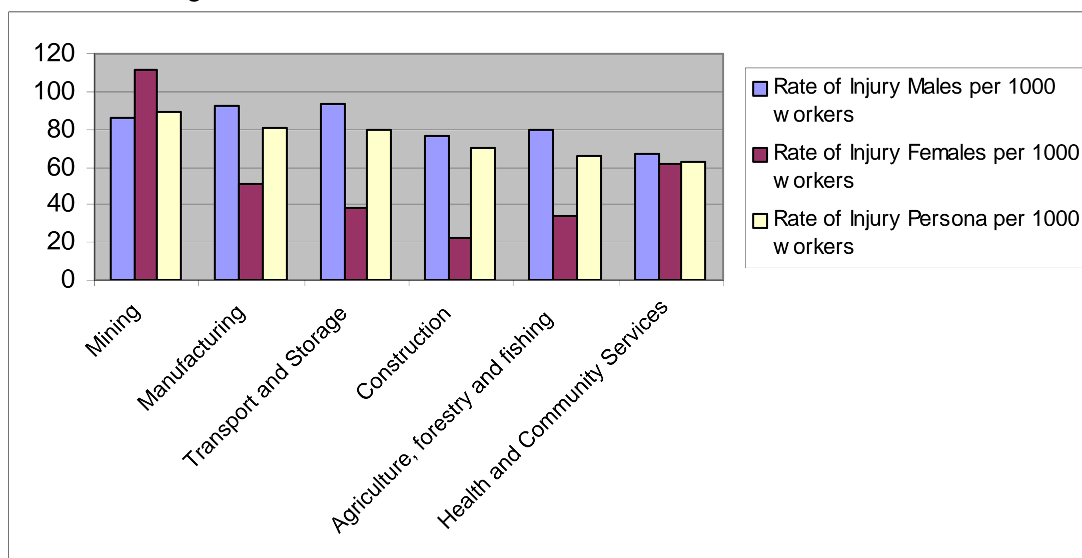
Ilmarinen from the Finnish Institute for Occupational Health states for those in physically demanding roles, age-related health problems can be accommodated by a reduction in working hours, decreasing the physical demands of work and increasing the individual's physical capacity (2001). The German New Quality of Work Initiative report *Safe, healthy, competitive* suggests that "enterprises must face the fact today that in future they will have to master the challenges of a globalised economy with older workforces" (Dicke & Zumdick 2003). This picture is no different in Australia, where the vast supply of labour for the economy is coming from the 45+ age group.

Physical Environment

The physical environment at work can have an impact on the ability of workers to do their job. Many workplace injuries and illnesses are as a result of the physical environment at work, and also the psychosocial environment.

Workplace injuries are a key concern for the health and community services workforce with the incidence of workplace injuries higher in the industry than the all industry average (CSHIC 2005). In 2000, the health and community services industry had the sixth highest rate of injuries per 1000 workers, and accounted for the third largest number of injured workers (52,900) after the manufacturing (91,800) and retail trade (54,100)(ABS 2002). However, injuries per 1000 workers in this sector were greater than those of the retail sector. (40.9 per 1000 in retail compared to 62.7 for health and community services)(ABS 2002). This is partly due to the large number of workers in the industry, but the industry still had relatively high injury rates.

The following chart shows the injury rates of males, females and all workers in the six industry sectors with the highest injury rates. An interesting difference in the health and community services sector to four of the other five sectors is the close correlation between male and female injury rates. Only the mining sector showed more women per 1000 as having work-related injuries, which may be to the relatively low number of women working in this sector.



ABS, 'Injured Workers: Industry- 2000', cited in ABS, 2002, Australian Social trends 2002, Health: Risk Factors: Work-rated injuries, ABS, Canberra

The negative influences in a worker's occupation can significantly contribute to lost years of healthy life. For males, their occupation can mean up to 2.5 lost years of healthy life, for women about one year. This figure is roughly the same as for illicit drug use (NOHSC 2000). Other factors that have a significant impact, such as hypertension (5.5 years for men and 6.0 years for women) and lack of physical activity (6 years for men and 8 years for women) can overlap the way organisations consider their physical and psychosocial environments. Organisations therefore need to consider the environment that they create, encourage and nurture and what impact it

has not only on employee capacity, but also their ability to work into the future and the lifestyle they can enjoy both at work and at home.

The physical environment can influence a worker's decision to leave the workforce. Those in physically demanding occupations such as nursing or physiotherapy are more likely to retire early (ANF 2004). Studies indicated that workplace injuries result in 1 in 6 physiotherapists changing their profession (Cromie et al 2001). Work-related injuries and accidents may negatively affect recruitment and retention rates in the community care sector, states a US study (Stone & Steiner 2001). However recent research suggests that due to the complexity of data and the diversity of older workers, conclusions cannot be made regarding the relationship between older workers and work related injuries (Schower & May 1996 in De Cieri 1998).

Some general statistics around work-related injuries in Australian workplaces, which are commonly caused by influences in the physical environment, include:

- In 1999-2000, the most common type of non-fatal compensated injuries and illnesses, which resulted in at least 10 days off work, were sprains and strains of joints and adjacent muscles, accounting for 54% of claims.
- Back injuries accounted for 25% of claims, making the back the most commonly injured part of the body.
- Non-powered tools or equipment were involved in the injury in 25% of all claims, and
- Environmental causes, such as slippery ground surfaces, high traffic areas, or steps and stairways, were involved in 14% of claims.
- In all, 92,900 such claims were lodged, meaning 1% of workers were compensated for an illness or injury that entailed at least 10 days off work (ABS 2002).

The impact of ageing on work capacity is more likely to be visible in physically demanding work environments. Three types of risks contribute to a decrease in work capacity (Ilmarinen 1997 & Munk 2002 in APSC 2003):

- Work content/physical loading – static muscular work, lifting and carrying, sudden peak loads, repetitive movements and awkward postures
- Stressful and dangerous workplaces – noise, fumes heat and humidity
- Organisational environment – poor supervision and planning, time pressure, role conflicts.

A European Union study on physical work and older workers identified the main problem being the combination of the decline in older workers' physical work capacity and the unchanged physical demands of work (Ilmarinen 2002). Physical overload can lead to physical pain, and if overload continues, absence, sickness and potential disability may result (Ilmarinen 2002). As previously mentioned in the work ability model (see Health and Well–Being), factors on a personal level contribute to an individual's work capacity, and individual capacity must be strengthened. The study concluded that at a workplace level, greater consideration of the impact of ageing on physical capacity were needed. That is, "physical requirements of work should decline with advancing age because the dimensions of physical work capacity of individuals decline with age"(Imarinen 2002).

Studies suggest that a mismatch between older workers' physical capacity and the physical requirements of a job can lead to work-related injuries (Ringenbach & Jacobs, 1995 cited in De Cieri, 1998). The challenge is for organisations to consider the impacts of an ageing workforce and to creatively re-design the physical demands and environment to meet the changing needs of this demographic.

International studies indicate that workers who have previously been exposed to physically demanding environment are more likely to have more muscularskeletal disorders, poorer health, and higher rates of permanent disability (Ilmarinen at al 1997). Conversely, work performance and general health improved when workers moved to less physically demanding roles, research found (Ilmarinen 1997). Organisations had the capacity to improve the well-being of employees if targeted strategies were implemented which focussed on a range of factors, including the physical and psycho-social environment at work.

Manual handling is a particular health and safety risk to workers in the health community services sector (Arnott 2005). A MAV submission to the productivity commission states the manual handling requirements of some of direct care roles "makes them unsuitable for older workers, restricting the ability to keep existing employees in the workforce for longer periods" (MAV 2004). In his book on *Working in Aged Care and Disability Services*, Arnott (2005) states there are high incidences of back injuries in the aged care and disability services workforce due to the nature of the work.

Common tasks required of workers depend on their position but may include lifting, moving clients or equipment, bathing of clients and bending, reaching and twisting. These tasks can be more hazardous depending on the disability or condition of the client. Poor technique and wear and tear over time will increase the likelihood of injury to workers. Other occupational health and safety risks include:

- Slipping and tripping,
- abuse and threats to personal safety,
- repetitive injuries though general wear and tear
- biological hazards.

Direct care workers face additional occupational health and safety risks working in private homes, with potential hazards such as slippery floors, untidy work areas and poor lighting. Use of aide mechanisms would assist in preventing workplace injuries for older and younger workers, however, the Municipal Association of Victoria (2004) notes this requires capital investment which may place pressure on already scarce resources.

Casual and contract working arrangements may increase the likelihood of work-related accidents due to the reduced familiarity of the workplace and reduced opportunities for occupational health and safety training (Op De Bececk & Van Heuverswyn, 2002).

Possible Approaches

The literature suggests that job re-design, education and training and adjustments to the workplace and health promotion at work may assist older workers in remaining in the workforce.

However, strategies should not be targeted solely at older workers, state de Zwart et al (1998) in a paper on successful ageing in physically demanding work. Addressing the needs of all workers is vital as problems may begin at a younger age. Therefore, ageing in the workforce needs to be considered as a life course issue, affecting different aged workers in different ways. Organisations can implement work environment re-design not only to help older workers suffering from incapacity, but to help prevent longer term issues in younger workers.

With the shift in the age demographics in Australian workers, organisations will be forced to solve future business issues with older workers; therefore keeping workers healthier and productive at work longer is a key imperative at both ends of the workforce age continuum. Prevention of work-related physical decline should be a policy focus, to address the change in the balance between physical workload and physical work capacity as workers age. De Zwart suggests four strategies to address this:

- Career Planning and development
- Ergonomic interventions
- Reduced time of exposure to physical demanding tasks
- Promotion of physical exercise

Job redesign

Job redesign for older workers in more physical demanding occupations may assist them to remain in the workforce (CSHISC 2005). Employers need to consider the impact of continuing physically demanding work on employees' capacity to continue doing their job. An Australian Public Service Commission (APSC) paper suggests greater autonomy about how workers do their job can lead to workers being able to adapt work demand to fit their individual needs. Giving people sufficient control over how they do their work can help avoid many potential problems, including:

- *Overload* – and resultant poorer quality performance, physical overuse issues, accidents and stress-related injuries and illness.
- *Underload* – which can result in poorer quality performance, as well as boredom-induced psychological injury and related health problems (APSC 2005).

Other job re-design issues suggested in the APSC paper include:

- Improved work scheduling, especially in relation to shift work and night shifts for older workers (who generally find shift work more difficult),
- Allowing workers flexibility in when they take their breaks which allows them to compensate when necessary for differences in their physical performance capacities (which may be related to age, physical ability, general health or other factors)
- Minimising glare, which has a greater impact on us as we age.

- Ensuring good lighting levels, as eyesight usually decreases with age. In addition, task-specific lighting should be made available where necessary.
- Minimising noise levels, again as hearing also deteriorates with age so older workers can find it more difficult to hear speech in noisy environments.
- Eliminating slip, trip and fall hazards (something that should be common to all workplaces), and
- Making allowances for working in the heat and the sun as older workers have a reduced capacity to work in these conditions (including humid conditions) than younger workers.

Education and training

Much of the literature recommends education and training as a method of managing the occupational health and safety needs of older workers (Huuhtanen 1988; Friedman 1992 cited in De Cieri 1998). In a chapter on occupational health and safety issues and older workers, De Cieri (1998) states that flexible education and management strategies are required to accommodate the diverse needs of older workers. As an industry skills report states (CSHISC 2005), "Education and training can play a vital role in shaping a workplace culture that would reduce workplace incidents and adverse events". This assertion is also put forward by other authors who suggest safety awareness and employee fitness programs may also assist in a reduction of work place related injury and illness (Pfeiffer 1986 & Ringenbacj & Jacobs 1995 cited in De Cieri, 1998).A German initiative, The New Quality of Work Initiative, recommends organisations look at health and safety in all its aspects. "A development must be promoted which extends the previous focus of 'safety and health at the workplace' to 'safety and health in all fields of life'. The objective is to conduct a constant examination, stimulated by concrete campaigns, of these subjects throughout people's entire development and education phase, i.e. from nursery school through secondary school to vocational training and beyond. In this way, health competence is to be created which makes safe and healthy behaviour a matter of course – everywhere, your whole life long" (Federal Institute for Occupational Health and Safety, 2003)

Health Promotion at Work

Health promotion in the workplace quite often attracts workers who naturally engage in healthy lifestyle choices anyway. Therefore, health promotion at work needs to be strategic and align with organisational needs. Health promotion at work should reflect the principles of:

- Prevention
- Participation
- Access and equity; and,
- Responsibility (ACT State Government, 2003).

Health promotion in the workforce needs to focus on the prevention of injury and illness, especially in relation to retain a healthy ageing workforce into the future. Health promotion is not a substitute for OH&S activity, but a separate and distinct function within organisations (ACT State Government 2003). Ensuring participation in health promotions requires engagement of all key stakeholders, employees,

management, unions and where possible, health providers. Health activities need to be made available to all workers and at times that are convenient. Both employers and employees have a responsibility for health promotions in the workplace. This shared responsibility encompasses consultation, commitment, participation, research and evaluation, information dissemination and education (ACT State Government 2003).

Psychosocial Environment

Psychosocial factors can contribute to workplace related injury and illness, such as stress, lack of support from management, conflict.

The Beyond Blue organisation has conducted research into the cost of stress and depression in the Australian workforce. Depression is the leading non-fatal disability in Australia, costing business $3.3 billion each year, yet only 3% of Australians identify depression as a major health problem (Beyond Blue 2005).

Research has suggested that the combination of high psychological demands, low decision latitude, and poor social support is related to premature development of cardiovascular symptoms (Theorell et al cited in De Cieri 1998). Depression will be second only to heart disease as the leading medical cause of death and disability in 20 years (Beyond Blue 2005).

Stress

A major trend in discussion on health and well-being in Australian workplaces, and indeed throughout the western world, is the impact and cost stress has on individual health and well-being as well as organisational performance. Stress is loosely defined as the misfit between a worker's needs and capabilities and what the workplace offers and demands (VTHC OHS Unit, 2005)

A 1997 ACTU survey found;

- One in four people took time off work for stress.
- The most stressful conditions at work reported were management issues including lack of communication and consultation, increased workload, organisational change and restructuring and job insecurity.
- People reported a range of symptoms. More than 60 % reported headaches, continual tiredness, anger and sleeplessness.
- Over half the respondents nominated better management, including more communication and consultation, as the solution to stress at work. Other solutions included less workload, less performance monitoring, better work organisation, more training, job security and better carer opportunities (2005).

Organisations are faced with the challenge of being aware of the impact of stress on their workforce and maintaining proactive approaches to dealing with common stressors. The Work Ability model (Ilmarinen) is one method used to identify workforce health and well being as a central factor predicting retention, including the impact of mental health issues such as stress. It is used extensively throughout Europe, and was developed by the Finnish Institute of Occupational Health.

Literature stated that violence and bullying faced by workers in some occupations in the industry e.g. mental health nursing, child protection, social work may contribute to burn out and staff turnover and was identified as a barrier to recruitment and retention (AHWAC 2003; Markiewicz 1996; Briggs et al. 2004). Child protection workers particularly, experience high levels of stress in their work. Stressors range from individual stressors, stress that arises from contact with clients such as abuse and threats, and stress in the work setting resulting from changes in policy and law, inadequate resources and low status (Markewicz 1996). These all result in high burnout. The effect of these factors upon older workers in the Human Services industry was unclear from the literature.

Implications for Practice

The literature review found that the physical and psychosocial environment have an affect on a worker's decision to leave the human services workforce (see Ilmarinen 2002). DHA 2005; Meadows 2002). Many of the physical demands in the human services sector lie in the nature of the work and repeated physical demands (e.g. nursing) and stresses (e.g. social work) on workers. The impact varies across the sector by occupation and generalisations could not be made across the sector as a whole. Job design and workplace adjustments emerged from the review of work and ageing literature as possible approaches to extending participation in the workforce (see DeZwart 1998; CSHIC 2005; APSC 2005).

Work Ability

The Work Ability model, developed by the Finnish Institute of Occupational Health (FIOH) is an integrated approach to understanding the factors that influence a worker's basic ability to work. It acknowledges a range of factors that can influence our ability to work which include a range of individual factors, the organisational environment, the influences an individual have from immediately outside work, such as family influences and from the broader social and policy environment (Ilmarinen & Rantanen 1999). Ilmarinen sees these influences as focussing on the individual at the following levels:

- Health and Functional Capacities (this examines the individual's physical capacity to do their job now and asks them to predict 2 years into the future. It also measures illnesses and injuries diagnosed by a doctor).
- Competence (this part of the assessment looks at the skills and knowledge employees have to do their job)
- Attitudes and values; (this part of the assessment looks at the attitudes and motivation to work and life in general held by employees)

And on the work environment at the following level:

- Work environment, content and demands, community and organisation and management and leadership (this part of the assessment measures how the actual physical and psychosocial environment at work impacts on the employee's ability to do their job.)

As an integrated approach, work ability also extends outside the work environment to factors that are known to influence work ability such as family, friends and relatives and the broader social and policy environment.

The work ability model is based on an assessment of individual workers and uses a tool called the Work Ability Index or WAI, which measures a person's ability to work. It was developed using the baseline data of about 6500 employees in different occupations (Ilmarinen & Rantanen 1999). Ilmarinen describes the conceptual definition of work ability as presented by the question, "How good is the worker at present and in the near future, and how *able* is he/she to do his/her job with respect to work demands, health and mental resource?" The WAI is made up of 7 items and each individual is given a score or index that is derived from the sum of these ratings. The summative index ranges from 7 to 49 and an individual employee is classified into poor, moderate, good and excellent work ability. There are four main factors that significantly influence how well or how poorly a worker uses his or her resources. These include, job demands and environment, work organization and work community, professional competence and lifestyle (Camerino et al., 2003). The challenge Ilmarinen sees for the organisation is to measure what specific drivers are having a measurable impact on the work ability of employees and then to target interventions to address these. Any organisation that requires quality work of employees must also look after the quality of the work environment and well being of employees. The WAI is one method that can help an organisation or industry target the specific areas of health and well being that are pertinent to their workforce. In this respect, a German database has been developed so that industry specific data from across Europe can be accessed. At this stage, it is only available in German (GWAIN 2005).

The WAI has been proven useful in the detection and prevention of high stress levels, predicting disability pension and mortality and occupational risk factors for early retirement (Camerino et al. 2003). Throughout 4 and 11 year follow-up studies, the work ability index has shown that a decrease in repetitive movements, increased satisfaction with supervisor's attitudes, and an increase in vigorous physical exercise in leisure time are significant predictors of improved work ability from age 51 to age 62 years (Ilmarinen & Rantanen 1999). This applies to people in physical, mixed and mentally demanding work.

Work Ability and Physical Labour

Research on work ability and ageing workers suggests that the work ability of physical workers both among men and women is significantly poorer than that of workers for whom the demands of the job are more mental than physical in nature. The premature decline of work ability between 51 and 58 years of age is also much higher in physically demanding than mentally demanding jobs (Ilmarinen 2003). Ilmarinen (2003) contends that to combat this premature decline in work ability, physical workloads must decrease with age and individual physical capacity must be strengthened through exercise. A normal ageing process between 45 and 65 years of age requires a decrease of about 20% to 25% in physical workload (Ilmarinen 2003). Poor work postures, restless work environment, poor physical climate, tool failure and workrooms were found to be strongly associated with poor work ability. The work ability of older workers is poorer than that of younger workers and job retraining in

physical and mixed work environments improved work ability. A study of ageing workers in the European Union found that physical requirements are still common among older workers in the EU and physical workload did not differ between younger and older workers in the entire EU (Tuomi et al.1997).

This research is supported by the German New Quality of Work Initiative paper, Safe, healthy, competitive. "Whoever wants to employ healthy, efficient and motivated workers tomorrow, must therefore increasingly look after the employees still active in working life today so that they 'age differently' " (Dicke & Zumdick 2003). The Pro-Aged group at the Federal Institute of Occupational Health and Safety in Germany believe "workplace health promotion measures are sensible to safeguard the employability of older workers" (2003). They make several recommendations in this regard:

- Activity change and teamwork for stressful activities.
- Active inclusion of the issues of the demographic change into the company staff development and further training program.
- Workforces, groups and teams of mixed ages.
- Design of work and career (e.g. so-called horizontal careers) that are based on the different ages.

The Nurses Early Exit (NEXT) study

The Nurses Early Exit (NEXT) study in the European Union is investigating the reasons, circumstances and consequences surrounding premature departure from the nursing profession and how the retention of existing nursing staff can be promoted (NEXT 2005). The NEXT study is a longitudinal study that is currently being carried out simultaneously in Belgium, Finland, Germany, Great Britain, Italy, the Netherlands, Poland, Sweden and Slovakia where they have a lack of active nurses. The study aims to investigate why in many European countries nursing staff are predominantly young and why middle aged and older nurses leave the profession earlier than workers in other occupational groups. Repeated questionnaires were sent to 585 hospitals, nursing homes and home care institutions across the 9 countries. Between 6,400 and 13,000 nursing staff of all qualifications were approached in each country.

Results of the NEXT study thus far indicate that in most countries, nurses working in old people's homes have the worst WAI score. Male nurses in all countries have higher WAI scores than females. WAI scores decrease significantly with age in most countries. Most importantly the intent to leave is two times higher in nurses with low WAI scores than in the other group. The intent to leave also varies according to gender and type of institution. The relationship between work ability and variables such as stress, perceived burnout and perceived health are significant. Stress and burnout are positively related to intent to leave the nursing profession (Camerino et al. 2003). Shortages in the nursing industry are being felt in various Western countries and the findings of the NEXT study may be pertinent to the Australian context.

Implications for Practice

Whilst there is quite a deal of literature around health and well-being of workers in Australia and abroad, there seems to be a need for more research into industry

specific trends around employee health and well-being and organisational best practice in this area. There are diagnostic tools, such as the WAI, available for companies, but much of the activity around health and well-being in the workplace seems to lack structure and an ability to target appropriate interventions.

Content & Structure of Work

Flexibility of work arrangements

Flexibility in work arrangements can be of benefit to both older and younger workers, but may be an important method of retaining older workers or assisting re-entry into the workforce (UK Department for Work and Pensions 2001). Examples of flexible work options include part time work, flexitime, and purchase of additional annual leave these can allow workers to achieve a positive balance between work and home responsibilities, including elder care and volunteer work (Pocock 2001).

A large percentage of the community services and health workforce is employed part time. One explanation for this may be that particularly the large proportion of mature aged females in the industry workforce are looking for a better work-life balance (CSHISC 2005). The Community Services and Health Industry Skills Council predicts that workers will continue to demand more flexible work arrangements in order to attain better work-life balance and that workforce shortages will force employers to meet these demands (CSHISC & ANTA 2005). Flexibility of working hours is valued by workers in community services sector, as found in the UK study by the Joseph Rowntree foundation (1998). A Victorian study concluded that variety and flexibility in working arrangements may assist in reducing recruitment and retention difficulties faced by community service organisations (Angley and Newman 2003).

However, the Industry Skills Council noted that not all part-time workers choose to work less hours. They found that many part-time employees in some sectors want more hours but cannot get them. Angley and Newman found in their Victorian study that only 51% of organisations reported offering staff a guaranteed minimum hours of work, either formally or verbally. The effect of no guarantee of minimum hours upon attraction and retention rates in addition to underemployment should be considered.

Part time work can also have negative effects, including:

- The loss of family support payments when a parent re-enters the workforce,
- Limited career progression and training opportunities
- High burnout rate if part time hours carry a full time workload (CSHISC & ANTA 2005).

Higher rates of part time employment also increase training costs and expenses associated with employing and co-ordinating more workers.

A Municipal Association of Victoria submission to the Productivity Commission on the economic implications of an ageing population stated that attraction and retention may be negatively affected by the prevalence of part time and casual positions in the human services industry (MAV 2004). However, a VPS study of recruitment, retirement and resignation intentions of people in the Victorian Public Service found that of those who intended to seek further employment after leaving the VPS, 62% would be seeking part time work (OPE, 2004).

A scoping paper from the Commonwealth Department of Health & Ageing (2005) states that a reduction in the hours worked has been a contributing factor to labour shortages in the health care industry. The reasons for this are complex, including, a

desire for greater work-life balance, changes of the role of doctors in the community and increasing feminisation of the health workforce.

Recent decades have seen a large increase in the participation of women in the labour force in general and within the health industry workforce, for example, the proportion of doctors who are female has increased from 11% in 1961 to 32% in 2001 (ABS 2001 cited in AIHW). There is a high representation of women in the human services industry, 72% of the health workforce, and 73% of the community services workforce (CSHIC 2005). On average, females are more likely to want to work part time (DHA 2005).

Implications for Practice

The literature suggests that as the human services workforce is ageing and predominantly female, this profile will influence preferences for flexible work arrangements (CSHIC 2005; DHA 2005). This is reflected in the high proportion of part time work in the industry.

Job Design

The Community Services and Health Industry Skills Council's submission to the Productivity Commission contends that the changing demography of the health workforce and their consumers requires the health worker to be more flexible in their skills and knowledge as they take on broader responsibilities. To facilitate these new responsibilities changes will need to be made to work roles (CSHISC, 2005). The Skills Council argues that there is a need to redesign job roles so that traditional functional silos are broken down to support hybrid roles whereby work is undertaken by those who are competent to carry out the tasks not necessarily by those who have traditionally undertaken them (2005). The Australian Health Workforce Advisory Committee has identified redesigning tasks to vary the combination of skills and professions as a possible strategic option in workforce planning (AHWAC 2004).

An example of job redesign can be seen in the nursing sector. A strategy called credentialing is used by the sector to facilitate workplace flexibility. Credentialing involves the task being broken down into component parts so that it becomes routine and then having the RN observe that the staff member is competent to perform the task. The staff member is then re-credentialed as required. This strategy enables employers to utilise other parts of their workforce to perform tasks previously performed by RNs (CSHISC 2005). Another example of job redesign in the nursing sector is the Victorian Nurse Practitioner Project, which is implementing new models of practice to extend the nursing role beyond the traditional scope.

Due to the reduction in doctors because of contractual changes and the need for the medical profession to comply with European Working Time Directives, health staff in the UK have been encouraged to multi skill. This means that work traditionally done by medical staff has been delegated to other staff groups (Stubbings & Scott 2004,). In the UK health system this drive to change skills has often been financial (2004, p.181). Stubbings and Scott note that in the UK, more medical staff have been employed but their reduced hours, changed patterns of work and education have led to nurses encompassing more of what was a doctors role into the nursing routine

(2004). Qualified nurses faced increasingly demanding workplaces as tasks such as domestic and clerical duties had been delegated from other groups. In addition nurses reported increasing management responsibilities.

As part of the new National Health Workforce Strategic Framework the Australian Government is planning to better link the health workforce with emerging health system priorities, a significant change will be in making professional roles more flexible and boundaries more permeable (Productivity Commission 2005). Development of flexible working environments to reflect the changing needs and profile of the workforce has been identified as a strategic direction by the Australian health workforce strategy. This is supported by an industry skills report which states ‘flexible workforce structures that support multi skilling and the redefinition of traditional roles and boundaries” is needed to address labour shortages (CSHISC & ANTA 2005).

Implications for Practice

Literature on recruitment and retention in the Human Services industry identifies a need for greater flexibility in job design in order to address labour shortages (CSHIC 2005; Australian Health Ministers Conference 2004). The literature suggested increased flexibility in roles may assist entry, re-entry and movement within the industry for workers across the life course and therefore positively affect attraction and retention rates. However the reviewed literature did not explicitly draw out the implications for older workers.

General Summary

Whilst a body of literature on attraction and retention barriers across the workforce and a more confined literature on the Human Services industry barriers exist, further drilling down into the literature on human services did not produce a significant body of references in relation to older workers. This review was conducted at a broad level but it should be acknowledged that the industry is vast and differs by sub sector, occupation and regulations, amongst other variables. The sparser industry literature commonly focused on recruitment and retention examples specific to sub sectors or occupations which have been reviewed in the discussion. Inferences derived from the international and national literature on work and ageing were brought in as indicative practices. At this stage of organisational responses, practices which counter attitudinal and structural barriers to older workers in the human services sector are mainly derived from these leading edge practices, internationally and nationally.

The sections within this review lead into implications for practice. The literature review found negative perceptions and attitudes based on age created barriers for older workers, particularly in recruitment, learning and development and retention/exit policies. A strategic, integrated approach to age management is necessary, at both the sectoral and organisational level. Age management filters through all areas of the employment continuum, from recruitment, learning and development, health and well being and exit. On the basis of the above literature, potential ways forward in securing attraction and retention of older workers in the Human Services Industry would involve strategic age management approaches based on opportunities in:

The Employment Continuum:

- Recruitment, involving all stakeholders (including employers, recruiters, professional organisations and candidates) in dispelling age stereotypes which influence employers' recruitment decisions and age management initiatives.
- Job Mobility and Career Pathways, managing interdependent factors including organisational policies, education and training linked with careers as well as individual factors such as aspirations.
- Retention, factors affecting retention vary by sub sector as outcomes of influences acting on the employment continuum.
- Exit, opportunities for flexible retirement options as a possible approach to slowing early exit rates.

The Organisational Environment:

- Learning and Development, older workers face numerous barriers to participation in education and training addressed at an individual, organisational and sector level.
- Health and Well Being, responses may involve physical, psychosocial and job design as well as health promotion.
- Content and structure of work, particularly in relation to aligning work life with working arrangements.
- Age Awareness countering attitudinal barriers permeates all aspects of the employment continuum.
- The findings of the reviewed literature and an industry profile are drawn together in the final report to identify key drivers of the attraction and retention of older workers in the Human Services Industry.

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