

Active ageing and age management – European case studies focusing on the caring sectors and local government

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Abstract

Active ageing has been developed as a policy response to population ageing in the UK and in other parts of Europe. A key focus of this policy is the extension of working lives, yet it needs to be supported by other measures enabling and also encouraging individuals to continue working longer. Age management in organisations has an important role to play in this respect. This article mainly presents the findings of case studies on good practice in age management in health and social care organisations and local authorities which were conducted as part of the European study on 'Activating Senior Potential in Ageing Europe'. The article focuses on selected dimensions of age management, including recruitment, training, career development, flexible working and health promotion, while highlighting good practices that relate to wider age management approaches and developments over time. It ends with a brief note on the results of quantitative longitudinal studies which have examined the impact of extending working lives on individuals' health.

Keywords: extending working lives, age management, Europe, case study research

Introduction

The UK population, like many others in the western world, is ageing due to increased life expectancy, the baby boom after the second world war and a subsequent fall in fertility. *Active ageing* emerged about a decade ago as an overall policy approach both to dealing with these demographic changes and to re-assessing how best to enable people to flourish in later life (Walker & Maltby, 2012). The concept, mainly driven by concerns about expected shortfalls in the funding of pension systems and lack of adequate older adult care provision, promotes the extension of working lives and other forms of active participation in society, such as volunteering.

While a substantial group of workers aims for early retirement, others plan to continue working past state pension age either due to financial need or because they enjoy their work (Smeaton *et al.*, 2009). According to a recent EU survey, 56% of UK respondents would like to continue working past the age at

which they are entitled to a pension (Eurobarometer, 2012), compared to an EU27 average of a third, and nearly one in five in the UK are already working past the age of 65, compared to the EU27 average of one in ten (Eurofound, 2012). Retirement decisions are complex though, affected by individual attributes such as age, education, health, financial resources; past/current employment and organisational/institutional factors, such as opportunities for flexible working; the family situation; and the socio-economic environment (Wang & Schulz, 2010; see also Nilsson *et al.*, 2011 for an example in the healthcare sector in Sweden).

However, in order to enable the extension of working lives, the preferences and needs of older people need to be taken into account, such as requests for more flexible working, particularly among those with caring responsibilities and with individual health difficulties (Vickerstaff *et al.*, 2008; Smeaton *et al.*, 2009). Moreover, barriers need to be removed, such as those relating to negative age stereotypes, access to training and to

recruitment of older workers (OECD, 2006; Eurobarometer, 2012). Furthermore, employment conditions need to be improved in order to prevent work-related deterioration in employee health (Ilmarinen, 2005; OECD, 2006; Walker & Maltby, 2012).

Walker & Maltby (2012) argue that age management, in combination with the assessment of the work ability of the individual (Ilmarinen, 2005), supports active ageing in the workplace through prevention rather than remedial action. The concept of age management emerged about twenty years ago when researchers at the Finnish Institute of Occupational Health realised that line managers were pivotal to helping improve the work ability of the individual, a concept developed by Ilmarinen and colleagues about thirty years ago to assess the balance between the resources of the individual and the demands at work through the so-called 'work ability index' derived from a short self-assessment questionnaire (Ilmarinen, 2011).

Research into good practice case studies of age management in Europe began in the mid-1990s, initially commissioned by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) (see e.g. Walker, 1997; Walker & Taylor, 1998). Other European studies include Lindley & Düll (2006) and www.esfage.eu/. Naegele & Walker (2006, p.3) defined good practice in age management 'as those measures that combat age barriers and/or promote age diversity' in one or more dimensions of practice that relate to the employment cycle. These are, in particular, recruitment; initial induction, training and lifelong learning; career development; flexible working time practices; health protection and promotion, and workplace design; redeployment; employment exit and ultimately the transition to retirement. Moreover, organisations may adopt a more holistic human resources (HR) policy that addresses several key dimensions.

Table 1. Typology of age management practices

Level of organisational preparedness (A)	Age awareness of HR policies (B)	Typologies of age management practices – based on the combination of (A) and (B)
Proactive	Equal opportunity / individual accommodation of requests and needs	V. Life-course approach – HR policies apply to all employees to ensure flexibility over the life-course (3rd generation of AMP*)
Proactive	Ageing as an opportunity	IV. Focus on intergenerational learning that offers a two-way knowledge transfer and at the same time less physically demanding tasks (2nd generation of AMP)
Proactive	Ageing as a challenge	III. Focus on enhancing individual resources (e.g. through health promotion, training and lifelong learning) while also decreasing work demands (1st generation of AMP – deficit oriented approach)
Reactive	Ageing as a challenge	II. Focus on decreasing work demands (e.g. through redeployment, reduced/no shift work, additional leave or gradual retirement)
Reactive	No age awareness	I. Focus on tackling skills shortages the organisation experienced (retrospective AMP as older workers benefited from innovative solutions through recruitment and deployment to jobs that matched their needs/requests)

Source: adapted from Wallin & Hussi (2011), drawing on the Eurofound database of case studies.

* AMP: age management approach.

Recently, Wallin & Hussi (2011) developed a typology of age management practices, following a secondary analysis of published Eurofound case studies (see **Table 1**). It is based on two dimensions: level of organisational preparedness and age awareness of HR policies. At the bottom of their hierarchical typology the focus is on reaching out to older workers in an effort to tackle the organisation's immediate skill shortages (reactive stance without any age awareness). Further up the hierarchy are approaches concerned with enhancing the older worker's individual resources, while still focusing on decreasing work demands for older workers (a proactive stance seeing ageing as a challenge). The top of the hierarchy forms the life-course approach, a proactive stance accommodating individual requests throughout the life-course.

This article presents the results of recent case study research on good practice of age management, with a particular emphasis on sub-sectors relevant for the scope of this journal. Following a brief overview of the research aims and methods of the study, examples of good practice in five age management dimensions are presented in turn, providing additional contextual information for some cases. The focus then turns to age management drivers and outcomes. The article finishes with some insight into longitudinal studies which have examined the impact of extending working lives on the health of individuals and some concluding remarks.

The ASPA study: research aims and methods

Conducted as part of the 'Activating Senior Potential in Ageing Europe' (ASPA) project, the case study research aimed to identify, assess and analyse examples of good practice organisations implemented in order to promote the retention, recruitment and employability of older workers and more widely all workers as they age. The fieldwork was conducted during 2010/11 in eight European countries – Germany (DE),

Denmark (DK), France (FR), Italy (IT), the Netherlands (NL), Poland (PL), Sweden (SE) and the UK. The study followed up a number of earlier good practice case studies published by Eurofound or elsewhere, and also targeted additional organisations through a range of sources. Information was gathered through semi-structured interviews with HR representatives or owners/managers in small organisations and trade union or employee representatives, typically on site. Topics covered included details about the organisation, the rationale, development and outcomes of the specific measure(s), if and how the policies or practices had changed over time and the overall age management practice.

The ASPA study draws on a portfolio of 83 case studies. They are considered to be good practice in the respective countries by stakeholders (as evidenced by awards conferred) and/or researchers and range across the typology of age management practices developed by Wallin & Hussi (2011). The focus of these initiatives is typically on older workers (here defined as 50 plus) although the actual target group may vary between organisations, with some initiatives targeting people at an earlier age in order to enhance the person's employability in the longer term.

While the portfolio includes large employers and SMEs from a range of economic sectors, the selection was not intended to be representative (for details see Frerichs *et al.*, 2011).

Sectoral scope

Given the remit of this journal, particular attention is paid to fifteen cases from the health and social care sector (ten cases from five countries) and local authorities (five cases from five countries), which have responsibility for social services and in England for public health at local level (as of March 2013). Cases also include some co-operatives, which are of interest, given the new models of in-house delivery, such as

social enterprises, staff mutuals or co-operatives that may gain more prominence in England through the impact of the Localism Bill. Moreover, the workforces in both social care and the local authorities have high shares of workers aged 50 plus (Hussein & Manthorpe, 2011; Local Government Association Analysis and Research, 2010), therefore these case studies have a particular relevance for active ageing.

Results are presented for five age management dimensions in turn: (i) recruitment; (ii) training, lifelong learning and knowledge transfer; (iii) career development and mobility management; (iv) flexible working practices; and (v) health promotion and workplace design. However, these dimensions are not entirely clear cut as there can be some overlap between them. These were the five dimensions most often found in the case studies of health and social care organisations and local authorities. Similar findings emerged among the overall portfolio of case studies, although here initiatives concerned with employment exit and the transition to retirement were more prevalent than recruitment measures. **Table 2** shows the measures found among the case

studies as a whole and **Table 3** lists the core cases covered in this article.

While the interview topic guide contained questions about the gender dimension of the measure, the data are in fact too patchy for an analysis. Information on the participation in the measure by gender could be inferred, where the respective organisation has a female or male dominated workforce (e.g. social care), but not where it is more gender balanced (e.g. local authorities).

Rather than being named, case studies will be referred to using a combination of the country acronym, the case study number and the sector in which they operate (e.g. UK03 Care).

Recruitment

Seeking to re-enter the labour market at an older age often poses significant challenges (see e.g. Green *et al.*, 2012) as may changing employers in later life. Research on employer policies has also shown that there is a greater focus on retaining older workers than on recruiting them (Loretto, 2010).

Table 2. Overview of the case studies per dimension of good practice

Number	Dimension	Number of cases
1	Job recruitment	30
2	Awareness-raising, changing attitudes and diversity	20
3	Training, lifelong learning and knowledge transfer	59
4	Career development and mobility management	40
5	Remuneration	2
6	Flexible working practices	45
7	Health protection and promotion and workplace design	45
8	Redeployment and retention	25
9	Employment exit and the transition to retirement	37
10	Comprehensive approaches	15

Source: Frerichs *et al.*, 2011.

Table 3. Overview of the case study organisations in the health and social care sector and local authorities: background details and type of measure

Organisation	Legal form	Branch of economy ¹	Size ²	Dimension of good practice ³	Long-standing case ⁴
DK04 Care	Public	RCA	29	2, 3, 4, 6, 7	No
DK09 Care	Public	RCA	90	2, 4, 7, 9	Yes
FR06 Care	Public	RCA, SWA	102	1, 3, 4, 6, 7	No
IT01 Care	Non-profit co-operative	SWA, RCA	350	1, 6	Yes
IT03 Social	Non-profit co-operative	SWA	101	1, 3	No
IT08 Social	Non-profit co-operative	Other SWA	13	1	Yes
PL07 Co-op. A	Co-operative	SWA	7	1, 2, 3, 6, 7, 8	Yes
UK03 Care	Public	RCA	67	10	Yes
DK07 Hospital	Public	HHA	128	6, 7	Yes
IT11 Hospital	Public	HHA	1,871	3, 9	No
DK06 Municipality	Public	Public Administration	284	6, 7	No
DE03 Administration	Public	Public Administration	1,440	2, 3, 4, 6, 7, 9, 10	Yes
IT05 Municipality	Public	Public Administration	1,540	1, 6, 8	Yes
NL12 Municipality	Public	Public Administration	483	3, 4, 5, 6, 7, 9	No
UK10 Council	Public	Public Administration	8,100	10	Yes

Legend:

¹ Number of employees

² RCA: residential care activities; SWA: social work activities; HHA: human health activities

³ See Table 2 for the list of numbered dimensions

⁴ Measure(s) in place for more than three years.

Coding to this category of age management practice either meant that organisations had age-neutral recruitment policies or practices in place, or aimed at attracting (more) older people in response to different drivers. While larger organisations may have written equality and diversity policies, including some relating to age, and procedures supporting it, e.g. requesting date of birth for equality monitoring purposes only, smaller ones may be more likely to have relevant practices than policies, unless they are part of a larger organisation (e.g. UK03 Care). Some organisations were still recruiting substantial

numbers at the beginning of the economic downturn, including older workers (e.g. UK10 Council, where 14% of those recruited within the last 12 months were aged 50 plus).

An example of a recruitment initiative that is part of what Wallin & Hussi (2011) termed a life-stage age management approach is UK07 Call Centre. Having a predominantly younger workforce, the company aims at increasing its mature workforce (50 plus) from currently 8% to 10% through innovative recruitment campaigns, targeting people at both ends of the age spectrum (rather than primarily the

young) through different recruitment channels, while also working to improve the appeal of call centre work through better career development opportunities. Moreover, the company is also attracting mature people through its work with an intermediary organisation helping people back into work, including unemployed people seeking a career change, with job-related training being offered pre and post recruitment.

Other organisations sought older unemployed people and retirees because they found a pool of labour that was well suited to meeting the organisation's immediate skill needs. The co-operative IT01 Care, for example, has recruited older unemployed people and retirees since its establishment in the early 1990s when the labour market was tight. Initially, it offered older nurses (mainly women) management posts in care homes on a part-time basis and thus flexible work they had failed to find elsewhere. Since the initiative led to positive outcomes (including reduction of sickness absence rates), the organisation started to employ mainly older men (often on low retirement incomes) as tutors for young people and those with mental health problems.

Some organisations were set up by older people helping themselves (and others) to pursue paid work they had failed to find elsewhere (PL07 Co-operative A and IT08 Social, also a co-operative). While these initiatives generated paid work, much of it was work that is typically low paid, such as care services or cleaning. However, the Polish co-operative also offered other benefits as it acted as a support network for its members who were all women who had been affected by serious illness. The women, it was argued, would have faced great difficulties returning to the regular labour market due to the combination of age, gender and health status.

A different type of example, more akin to a remedial active labour market policy, is IT05 Municipality. Following a regional lead by the Council of the Autonomous Province of Trento, its initiative was designed to help

combat social exclusion and prevent poverty in old age by offering some of its temporary jobs to unemployed people aged 55 and those who need a few more pensionable years to enable them to reach retirement age by the end of the three-year fixed-term job. In total, twelve people, mainly women and all selected on the basis of their skills, were recruited through the initiative during 2006-10. The recruits were reported to be highly motivated, with some also having experienced improved (mental) health. While the initiative was deemed to be successful in this respect, no cost-benefit data were available.

Training, lifelong learning and knowledge transfer

Training and lifelong learning is pivotal to the extension of working lives where fast-paced changes devalue skills within ever shorter periods of time and people may need to embark on new careers in order to adapt to changing circumstances. There are concerns though that older workers are 'overlooked' (Loretto, 2010, p.285) primarily due to stereotyping or cost-benefit considerations.

A range of case study organisations asserted that they provided training and lifelong learning opportunities irrespective of age. Some organisations offered particular measures to help increase employability more generally through an individual training budget to facilitate career development (e.g. NL12 Municipality), or more specifically to enable people to take on jobs that are better aligned to their changed capabilities, extending employability in the long run, for example through innovative ways of job rotation.

Others offered specific training to support organisational changes or restructuring, or gave financial assistance to employees to upgrade their skills at times when qualification requirements are changing. While such opportunities may be limited, they help to improve employability during mid and later life, as they strengthen the skills

base and facilitate job mobility. For example, when FR06 Care, a former hospital for older people was converted to a care home for older people, a diploma for care staff became advantageous to improve one's career. Financial support was offered to employees who were encouraged by the manager to take part in training and overall at least seven people had registered, with four having been awarded the diploma in 2009. The one-year training course option, widening skills and offering more opportunities for job mobility, was preferred by younger people whereas middle-aged people tended to opt for the course based on professional experience as they were reported to be less keen on examinations.

A special case is IT03 Social, a co-operative established to offer employment opportunities to disadvantaged groups. It encourages employees, including older workers, to engage in lifelong learning, particularly in completing qualifications they may have abandoned earlier in life, while supporting them through a range of measures, including financial incentives and flexible working hours. It was acknowledged that improved skills benefit the organisation but may also lead to external mobility. Following the initial success, there was reported to be scope to increase the uptake of training further.

Developing mentoring roles is an area of interest across occupations (including health and social care) as it allows for a two-way knowledge transfer within the organisation - with the younger worker benefiting from the experience of the older worker and the latter from the recent training and the new skills of the former. It may also provide a temporary break from physically demanding jobs. Taking an example from another sector, formalising the mentoring role, with support from trade unions, led to increased job satisfaction and morale among mentors, and was also a cost-effective way for the company to train staff (P01 Shipyards).

Career development and mobility management

Career development is usually paid particular attention during the early stages of working life, yet it needs to be kept under review throughout the life-course to facilitate adaptation to changing circumstances or capabilities. Some older workers may be looking for opportunities to downshift, while others are still searching for promotion opportunities (Smeaton *et al.*, 2009). There is also some evidence in adult social care that among those who would like to progress, older workers were just as interested as younger people (Rubery *et al.*, 2011).

In France, companies have begun to respond to new legislation requiring companies with more than 50 employees to improve the recruitment and retention of older workers through action plans in specified areas (Jolivet *et al.*, 2011). In addition to other measures, career development is being paid more attention with some case study companies beginning to establish career reviews for people aged 45 or 50 and older. This provides an opportunity to assess (future) skill needs aligned with the employee's plans for the years ahead in an effort to reverse an early retirement mentality. Most of the French case studies had an element of career development although measures were at an early stage. Similarly, organisations in other countries are putting or beginning to put more emphasis on individual development plans for older people (e.g. DK09 Care).

Opportunities for career development in nursing that involve taking on less physically demanding tasks while building on the specific skills and experience of (older) people are explored elsewhere (Jahn & Ulbricht, 2011; Roundtree, 2012). Designing new jobs to suit changed capacities of (older) workers was firmly on the agenda of one social care organisation at a time of staff shortages, but activities later on somewhat stalled due to budget deficits and organisational changes (DK09 Care).

Flexible working practices

Flexible working is an area many case study organisations are aiming to facilitate to improve the work-life-balance of employees or in response to health problems when requests meet with business needs. Some may have flexible working policies in place (covering a range of options, e.g. UK10 Council) or may offer additional flexibility informally, including working from home on occasions. Other organisations, where flexibility is more difficult to implement, may offer employees the opportunity to take a maximum number of additional days leave instead of hourly reductions of work or implement self-rostering.

How flexible working is best facilitated may differ between organisations and sectors. UK03 Care, a public sector care home, offers different contracts, but otherwise the same terms and conditions, for in-built flexibility. So-called relief contracts offer guaranteed number of hours with the option of taking on more hours and this is an option older workers may prefer, although some may be effectively working full-time. There were also specific examples of (older) employees who were granted requested changes in working patterns that suited their specific situation. At DK04 Care, a small care home, offering part-time work on request is part of the manager's retention strategy for older workers, along with other measures, such as providing scope for competence development (e.g. mentor training), interesting tasks and an engaging human resources management approach. Denmark is also a special case as it offers health and care workers in municipalities the choice between the allocation of additional government funded leave (four days at age 58, rising to six days at age 60) or an equivalent financial reward; at DK04 Care older people had a clear preference for the former.

Partly depending on the countries' welfare system, part-time work can be supported or discouraged due to the financial implications it has for the person's pension. An example of

the former is an organisation from another sector, which offered older employees reduced hours while continuing to pay full pension contributions. However, it has since developed a modified model (reduction to 30 hours for five years following five years tenure) that is age-neutral and was reported to be popular both with older workers and those with small children (DK01 IT). In contrast, at IT05 Municipality, where people aged 55 have been offered preferential access to part-time jobs on request for many years, take up has been very low, largely because pensions are based on the final salary before retirement.

Health protection and promotion and workplace design

A range of health promotion measures in these case studies benefited the entire workforce, while some organisations may offer (additional) measures targeted at older people. Depending on the industry sector, measures adopted in the case study organisations included a combination of some of the following:

- prevention of injuries or work-related illnesses and sickness absence through health and safety training (including refresher courses); using available equipment to help reduce the physical demands of the job and monitoring its compliance; investment in new equipment, or ergonomic measures leading to better working conditions;
- promoting the take-up of healthier lifestyles, e.g. through information on diseases and what individuals can do to prevent or alleviate specific illnesses; subsidies for sports activities; offering voluntary health check-ups; or,
- providing specific support to reduce musculoskeletal tensions or stress (e.g. massage or physiotherapy; counselling in crisis situations or addressing mental health issues).

In care homes, particular attention was paid to health and safety and preventing work-related injuries (DK04 Care, DK09 Care, FR03 Care and UK03 Care) by using existing - or purchasing new - moving and handling equipment (e.g. hoists, electronic profiling beds), while also monitoring compliance with health and safety regulations. At UK03 Care, the manager was supported by the local authority's occupational health department when long-term sickness occurred. There is recognition though that, while these measures help to reduce risks, some significant risks remain (e.g. pushing and pulling).

Health promotion can also be encouraged through external stimuli. For example, UK10 Council signed up to the Scottish Government's strategy aimed at improving the health of the workforce and has achieved the highest award, demanding a firm ongoing focus on health promotion issues.

Health measures may, however, need to be offered in conjunction with other measures in order to maintain effectively the work ability of (older) employees. At DE03 Municipality, the ageing of its workforce as well as health issues among older workers (50 plus) - who constituted about one third of its workforce - led to a particular course of action. Assessing the current situation, through an age structure analysis, an employee survey about work ability and employability and self-checks, provided pointers for action in a range of areas. This included health promotion, with one priority being a workplace and risk analysis and the need for new ergonomic furniture to replace outdated stock. The step-wise implementation of measures was taking place against tight budgets.

Age management drivers and outcomes

Policies and practices of age management are developed and adapted over time in response to the organisation's internal and external environment. In order to capture such journeys the ASPA project introduced the concept of 'pathways of practice', reported elsewhere in more detail (see Frerichs *et al.*, 2011; Frerichs *et al.*, 2012). Drivers of age

management policies were found to be more reactive than proactive. An example of the former are responses to immediate recruitment or retention problems, and an example of the latter, assessing the need for a strategic response to an ageing workforce or a potential future shortage of skilled workers.

While in some cases policies have been developed top-down, in many others a participative approach - involving key stakeholders, including older workers and trade unions - has been crucial to the success of the measure. A number of organisations have also recognised the need to sensitise management to the needs and requests of an older workforce (e.g. DK09 Care) or to offer support for managers on request (e.g. UK10 Council). Wider ranging initiatives took time to develop, adapt and embed, and some case studies, particularly in Germany, benefited from external consultancy. Naegele & Krämer (2002) found in their work that, while models of good practice of age management were useful for organisations, solutions needed to be developed in response to the particular circumstances and challenges the organisation was facing.

There has been a shift in a number of organisations from a policy for older workers to an age-neutral life-stage policy, driven by concerns over age discrimination or insight gained that retention measures need to be improved across all age groups (e.g. at DK06 Municipality through work-life balance and skills development measures). Moreover, there was also an explicit recognition among some managers that older people are a diverse group with different interests and needs. Also, the badging of measures as those for older people led to a low take-up in some cases as particularly the younger cohort among this group felt stigmatized or not affected. In a similar vein, Timmons *et al.* (2011) in their US study on good practice advocate a 'universally designed workplace' that suits people of all ages.

Age management measures had some success in facilitating the extension of working lives.

This can be illustrated using particularly striking examples. UK10 Council introduced its flexible retirement policy in the middle of 2000 in an effort to become an employer of choice and also with demographic changes in mind, and now has 2% of its workforce working beyond the age of 65. When management at a case study organisation in another sector (DK05 Construction) became aware of negative attitudes towards older workers, the measures put in place to address this led to a substantial increase of older workers staying with the company for longer (estimated to be 10% – 20% five years after the initiative began).

Working longer and the impact on health – some results from the literature

The above focuses on how some organisations have sought to enable older workers to prolong employment, but what would be the impact on physical and mental health in later life if measures designed to extend working lives were indeed successful? The case studies were not designed to provide such answers. While it seems straightforward to ask this question, few longitudinal datasets exist that would allow us to answer it. Moreover, those that are available tend not to capture the dynamics of *changing strategies* in the light of circumstances that differ from earlier expectations. This final section encompasses a brief account of some pertinent evidence deriving from recent UK and US quantitative studies that are based on longitudinal data of individual activity and health.

Seeking relevant evidence, it is quite natural to turn to the US in this context because of the quality of their data, as exemplified by the Health and Retirement Study. Mandal & Roe (2008) and Zahn *et al.* (2009) provide evidence of some health benefits from extending working lives before and after retirement respectively, although their studies are based on earlier periods (1992 up to 2002), and the results of the latter study may not be directly transferable to the UK due to differences in social security systems.

Mandal & Roe (2008) showed that involuntary job loss among older Americans (particularly women) has a negative impact on their mental health. However, re-employment was shown to help to regain their previous level of mental health, after controlling for a number of variables.

When investigating the growing phenomenon of bridge employment in the US, Zahn *et al.* (2009) found that those who engaged in a bridge job (i.e. paid work after retirement before complete withdrawal from the labour market) and those who continued to work in their job experienced fewer major diseases and functional limitations, compared to those who retired fully. However, only those who worked in a career-related bridge job and, less so, those who continued to work in their job, experienced better mental health than those who fully retired. Those with a non-career related bridge job, the authors suggest, may not benefit from improvements in mental health because they had to adapt more or were working more for financial rather than other reasons. Results had been controlled for the individual's health before retirement and the number of working hours.

Somewhat more limited evidence exists for the UK. An analysis of the Whitehall II study - a large-scale longitudinal survey of civil servants working in London - by Mein *et al.* (2003) found no differences in physical health between people aged 54-59, who were still working about three years later, and those who retired at age 60. However, improvements in mental health were found among the retired group - albeit only for those at the highest levels in the occupational hierarchy. It was thought that the removal of work-related demands and stress at a time of substantial reorganisation played a role. In a later analysis of the Whitehall II study, covering a 15 year period, Jokela *et al.* (2010) found that mental health and to (a lesser degree) physical functioning of voluntary early retirees and statutory retirees was better compared to those still working at age 60 - while at age 65 differences in mental health

had disappeared due to the improved mental health of those still working.

These studies indicate that factors that influence how health outcomes turn out include experience of unemployment or redundancy in later life, or the nature of the work in relation to previous occupation/career or the reasons for extending working life beyond what was apparently intended.

Concluding remarks

Case studies presented in this article are not intended to be representative but rather to be suggestive of the measures and initiatives which organisations in eight European countries have introduced to facilitate the recruitment, retention and employability of older workers. The particular emphasis has been on health and social care organisations and local authorities within a wider portfolio of cases encompassed by the overall project.

Age management measures that emerged in the social care sector with its physically demanding jobs included age-unspecific health promotions to prevent work-related illnesses and opportunities to reduce work demands temporarily or permanently. This was facilitated by responding positively to requests for part-time work or by finding individual solutions when capacities change, either at the time when it was occurring or more in anticipation as part of regular staff development talks. An important measure to help retain older care workers was through opportunities for competence development - while respecting preferences among some employees for minimal engagement in training. In one small care home the culture and environment was a particularly important factor that fostered the retention of older workers, demonstrating that, contrary to some expectations, smaller care organisations can have better HR practices than larger ones (see Rubery *et al.*, 2011).

The case studies in local authorities are rather too diverse for many commonalities to emerge. However, local authorities across the

five countries shared an ageing workforce, operated in a tight financial environment and were more likely to foster a life-stage or comprehensive approach.

Overall, age awareness was an important issue that emerged in a number of case studies: awareness of managers to the requests and needs of an ageing workforce and awareness of the individual in terms of opportunities and challenges in later life.

Finally, while some quantitative studies based on longitudinal data show that there are benefits of working later for the individual's health, the evidence is more mixed than its advocates might like it to be.

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