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Recent Australasian Journal on Ageing articles have made significant contributions to the research landscape underpinning the Australian Association of Gerontology's 2018 'hot topic, 'Working in ageing and working while ageing'. The articles address cornerstones of knowledge on the demography of mature age workforce participation, issues concerning the health, wellbeing and training of the older workforce and age discrimination.

An article in the previous issue of the AJA by Temple and McDonald, based on Australian Bureau of Statistics data, explains increases in mature age labour supply for the period 2000 to 2015 and projections of mature age labour supply from 2015 to 2030 [1]. Over the period 2000 to 2015 increased participation resulted in an additional 786,000 persons aged 50-80 in the labour force. Between 2015 and 2030 projections of increased labour supply of workers aged 50 to 80 range from 304,000 based on lowest assumptions, to 900,000, based on the higher level of New Zealand mature age participation.

The authors explain that much of this increase, particularly in female labour force participation is cohort-driven, associated with cultural changes related to gender roles and the higher levels of educational attainment of the babyboomer generation. The projected increase underscores the necessity for government policies, which support extended working lives and meet the policy objective of deferring eligibility for the age pension to 70 years by 2035.

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Although mandatory retirement was abolished in Australian states in the 1990s and in 2004 in federal legislation, a structural lag exists between this legislation and extending working lives. The Willing to Work (WTW) inquiry implemented by the Australian Human Rights Commission established a framework to develop a national strategy to significantly lift labour force participation rates for older people and people with disability. The national strategies include targets, actions, performance indicators and timeframes. 'Coordinated and effective action is required to address employment discrimination and reduce the barriers to workforce participation' [2]. The WTW report proposes cross-portfolio coordination in developing a national healthy ageing strategy to promote evidence-based workplace preventative health practices, skilling and training initiatives and community communication countering age discrimination.

A paper in this issue [3] of the *Journal* focuses on the relationship between health and workforce participation based on data on respondents aged 45 to 64 years from the longitudinal nationally representative Household and Income and Labour Dynamics in Australia Survey (HILDA) (2002 to 2011). The study compared the impacts on health and wellbeing of treatment groups that made transitions into and out of work with control groups remaining in employment. A significantly higher proportion of treatment groups reported poor health in transitions from working to not working, including both voluntary and involuntary workforce transitions. This proportion increased particularly for those aged 55–64 suggesting related health and wellbeing risks for the older age group making transitions. An earlier population-based study [4], based on samples born 1946–1965 drawn from the NorthWest Adelaide Health Study and the Florey Adelaide Male Ageing Study, found that supervisor and co-worker support, along with other aspects of the psychosocial work environment such as work demands and control, affect workers' psychological state]. Psychosocial factors in the work environment were considered to become more pressing as babyboomers reach retirement age.

Seminal articles on age discrimination in employment have appeared in earlier AJA issues, exposing this psychosocial factor in the work environment. Most recently, an analysis of data from the Attitudes to Ageing in Australia (AAA) Study, a component

of the national Australian Survey of Social Attitudes (AuSSA) (2015-2016) found that older workers over 55 years were perceived to be more likely to be made redundant, less likely to be promoted and more likely to have difficulty adapting to change [5]. Nevertheless, even positive stereotypes can restrict the 'age-free' individualisation of attributes by ascribing these attributes to an age cohort and thus perpetuate age discrimination. Moreover, older workers can also experience more nuanced and concealed 'everyday' discrimination beyond common stereotypic descriptors, for example, exclusion from social relationships and deployment to undervalued work roles.

A 2003 article on age discrimination in recruitment investigated disclosure of age in resumes by job applicants, which could possibly inform future age discrimination [6]. Systemic age discrimination in recruitment is indicated by the age-related increase in long-term employment of over 104 weeks for people aged 65+ of 209,000 in October 2017 declining to 192,000 for people aged 55-64 and to 1700,00 for people aged 34-44 [7]. Restart, instituted in 2014, a government subsidy of \$10000 paid to employers, has been underutilised, particularly by women. Yet current government policy is tightening work tests for people over 50 as well as other beneficiary groups. This subsidy to employers does not require portable skills training for older workers themselves. The OECD observes that facilitating the adjustment process and helping displaced workers find a new job are critical and require well-designed active labour market policies. These include re-employment services, training initiatives linked with jobs and publically subsidised work experience programs [8].

Previous AJA research has explored relationships between training and educational attainment and workforce participation [9]. A study based on a nationally representative sample of 3000 people aged 45 to 74 conducted by National Seniors Australia revealed that demand for training to improve job performance was reported by two-thirds and just under half the sample wanted computer training in order to upskill. Women and people from culturally and linguistically diverse backgrounds were also less likely to receive training. The authors observed that there was unmet training demand related to reducing risks of unemployment and under-employment. Skills and training in digital technologies can assist in adapting older workers to transforming workplaces, thereby enhancing job performance and productivity.

At the industry level, external factors related to industry growth contribute to mature age labour force participation [5]. The labour supply required to meet the escalating care needs of the ageing population concurrently has promoted mature age labour force participation, interconnecting with the AAG's 2018 'hot topic' of 'working in ageing'. Health and social assistance formed the highest industry-based increase in labour supply to meet care imperatives of ageing populations. Over the two decades (1994-2014) the health and social assistance industry, which employs 12.1% of the workforce, underwent the greatest proportional growth of 6 percent in workers over 45 [8].

As the population ages, accurately estimating geriatrician workforce requirements for the 'working in ageing' industry is essential. **This issue (pp. x-x)** also contains a significant study which primarily aimed to illustrate a methodology for deducing benchmark Australian 'specialist-to-patient ratios' (SPRs) as a useful workforce metric for geriatricians. A secondary aim was to generate a discussion within the Australian and New Zealand Society for Geriatric Medicine (ANZSGM) regarding the establishment of a national benchmark SPR[10].

At the micro-level of organisations, the *Journal* has featured organisational case studies focused on public and private sector internal labour market policies [11]. A common question is whether increased flexibility can continue to engage workers as they age, enabling them to work longer. A survey of 2000 Queensland large organisations found that organisation size and sector are significant factors determining employer orientations and practices towards older workers. Mentorship and knowledge transfer were adopted by just over half of the organisations, with flexible reduction of working hours by one third. Access to flexible, reduced working hours prior to retirement was most strongly correlated with expectations of a loss of staff to retirement by large, mainly public sector employers, suggesting that only a minority of employers were prepared to make adjustments to working time to retain older employees.

The complexity of barriers interrelating age discrimination, poor health, skilling, flexibility and caring responsibilities calls for longitudinal multifactorial studies [1].

The AJA is building the foundations of the research landscape on mature age workforce participation through its past and recent research. The lack of joined up policies across these multidimensional domains allows the contradiction between public policy and practice to persist. Concomitant research is integral to aligning top down policy with the achievements and limitations of ‘working while ageing’.

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