



Lifelong Health and Wellbeing Phase 4

Extending Working Lives

Additional Information on each award, including a list of the co-investigators and an abstract of the proposal, can be found by clicking the name of the Principle Investigator.

Research Partnership Awards

| Name | Institution | Award title |
|------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------|
| Professor Ewan Macdonald | University of Glasgow | Supporting Older People into Employment (SOPIE): Identifying factors influencing return to work in the over 50s. |
| Dr Daniel Mackay | University of Glasgow | Exploring the Impact of pensions on working lifetimes and subsequent longevity |
| Professor Peter Nolan | University of Leicester | Extending Working Lives in the National Health Service: Opportunities, Challenges and Prospects |

Interdisciplinary Research Consortia

| Name | Institution | Award title |
|---------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Ms Jennifer Head | University College London | Integrated studies of working later in life: individual and contextual determinants of extended working |
| Professor Keith Palmer | University of Southampton | Health risks and benefits of extended working life (the HEAF Study) |
| Dr Karen Glaser | King's College London | How does extending paid work later in life impact on the health of the population? Using the past to understand the future. |
| Professor Sarah Vickerstaff | University of Kent | Uncertain Futures: Managing Late-Career Transitions and Extended Working Life |
| Ms Deborah Smeaton | University of Westminster | Extending working lives: causes, correlates and consequences for health |

| Lifelong Health and Wellbeing Phase 4 – Extending Working Lives | |
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| Title of Award | |
| Supporting Older People into Employment (SOPIE): Identifying factors influencing return to work in the over 50s | |
| Grant holder | Institutions |
| Professor Ewan Macdonald | University of Glasgow |
| Co-Investigators | |
| Dr Judith Brown | University of Glasgow |
| Professor Alastair Leyland | University of Glasgow |
| Dr Srinivasa Vittal Katikireddi | MRC Social and Public Health Sciences |
| Dr Hilary Thomson | University of Glasgow |
| Professor John Frank | Scottish Collaboration for Public Health Research & Policy |
| Professor Ronald McQuaid | Edinburgh Napier University |
| Abstract | |
| <p>This research will be undertaken by a unique partnership between Ingeus, a welfare-to-work provider, and an academic team led by the University of Glasgow and will study the Ingeus workless clients including those with health problems, who participate in interventions to help them return to work (RTW) and sustain employment and there will be a particular focus on those over 50.</p> <p>In the UK there has been a steady increase during the past 40 years in the number of people (now 2.6 million) on long term health related benefits despite work becoming much safer and less physically demanding. We know that generally work is good for our health. Life expectancy has also improved. However health problems are inevitable with age and over the age of 45 years an increasing number of people leave work through ill health. Sometimes this may have been precipitated by closure of industries and lack of suitable alternative work, and sometimes by a lack of skills in the individual. There may be very little difference in the health of some of those who fall out of work due to ill health, and those with health problems who stay in work, and we know that many of those who are long term workless can be rehabilitated to work. Those that leave work and go onto benefits tend to experience more rapid deterioration in their health and die younger than those who are able to stay in work and it has also has been shown that people who RTW become healthier and generally live longer.</p> <p>In the past these individuals have not had enough help in improving their health, nor have they had enough support in terms of retraining, building their confidence, and helping them find work. The Work Programme (WP) introduced in 2011 across the UK is intended to provide this help and in Scotland Ingeus is one of two providers. Ingeus estimate referrals of 17,000 per year for 2013-2015 with around 15% over 50.</p> <p>This partnership between academics and Ingeus provides a unique opportunity to establish a long term study of older people going through the WP and comparison of those who succeed in returning to and staying in work with those who do not. In the past this has been a population who have been hard to reach and this research will identify what are the needs of people over 50 and, what needs to be done to help them improve their health and RTW. By studying the other age groups the research will also provide information on the lifecourse of this population and may provide information on which interventions could be introduced in future to prevent people falling out of work. All of this will require the consent of the people involved to use their data in a completely anonymised way and also to link information to other records on economic factors, deprivation, employment opportunities in different parts of the country and health usage.</p> <p>The research will gather data on the numbers going through the different interventions and</p> | |

the results of these interventions, including if they RTW and what happens subsequently. Clients of the WP will also be interviewed so that we can gather information on how they feel about the WP and understand their perspectives. Ingeus staff and advisors will also be interviewed separately.

The research will provide new information on the interventions, support, and individual factors which assist the over 50s RTW and sustain work and the academic research will not only help to inform how the Ingeus interventions can be improved, but may also provide new information on how to prevent people having to leave work and extend working lives of this most disadvantaged group. The benefits to these individuals are clear as it is well established that safe work improves the health of those who are long term workless. This research will inform current and future welfare-to-work and job retention initiatives and improve their effectiveness in helping working age people extend their healthy working lives, which will benefit them and society.

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| Title of Award | |
| Exploring the Impact of pensions on working lifetimes and subsequent longevity | |
| Grant holder | Institutions |
| Dr Daniel Mackay | University of Glasgow |
| Co-Investigators | |
| Dr Evangelia Demou | University of Glasgow |
| Professor EwanMacdonald | University of Glasgow |
| Professor Jill Pell | University of Glasgow |
| Professor Kathryn Hunt | University of Glasgow |
| Professor David Bell | University of Stirling |
| Abstract | |
| <p>Due to improvements in life expectancy, an increasing proportion of the population are now in retirement. This has put increasing and unsustainable pressure on state, occupational and private pension schemes. Retiring later in life appears to be an obvious solution. However, there is a lack of information on the factors that encourage or discourage people from retiring later, and the health and wealth implications of such decisions. It is likely that both the decision making and outcomes vary according to the socioeconomic status of the individual. Therefore, encouraging people to retire later in life may impact on both health and wealth inequalities. Understanding these issues is essential to informing the actions of policy-makers and employers. Therefore, the objectives of our project are:</p> <ol style="list-style-type: none"> 1. to determine the factors that influence decisions as to whether to extend working life by retiring later, and 2. to determine the health, wealth and inequality impacts of extending working life by retiring later. <p>Our research proposal has four components:</p> <ol style="list-style-type: none"> 1. a systematic literature review, 2. quantitative secondary analyses of an existing pensions database, 3. record linkage of the database to routine hospital admissions data and death certificates, and 4. qualitative interviews and focus groups <p>Our proposal has high policy relevance at the level of both government and employers. It represents a novel, cross-sectoral collaboration between academics at Glasgow University and a very successful, independent pensions consultancy firm, Hymans Robertson, whose clients include private and public sector managers and trustees, corporate sponsors and financial institutions. As demonstrated in the appended letters, the application has wide support (public and private sector). These important stakeholders have been included in the project from the outset in order to ensure that the findings are translated into interventions that impact on health and wealth.</p> | |

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| Title of Award | |
| Extending Working Lives in the National Health Service: Opportunities, Challenges and Prospects | |
| Grant holder | Institutions |
| Professor Peter Nolan | University of Leicester |
| Dr Andrew Weyman | University of Bath |
| Ms Hilary Metcalf | National Institute of Economic & Social Research |
| Abstract | |
| <p>The proposed research, a case study of the management of employment change in the NHS, is advanced against the backdrop of far-reaching changes in the UK state pension age and the abolition of the mandatory retirement age. The NHS is the world's largest publicly funded health service and as such provides a critical reference point for the generation of new knowledge and understandings of how organisations are responding to the challenges of the ageing population. Can working lives be extended in ways that reconcile the possibly conflicting aims of supporting and promoting health and well being on the one hand and the quality and efficiency of service provision on the other? Is it possible to identify the management practices and employment systems that best promote the internal organisational flexibilities that serve to reconcile these critical policy objectives?</p> <p>The raising of the NHS occupational pension age to 66 (2020) and 68 years (2028), depending on occupation, is a large-scale challenge to the NHS employment system and this dynamic setting provides the opportunity to improve our understanding of the implications of an ageing workforce for working-life longevity, healthy ageing, and performance within the NHS and more broadly.</p> <p>Our investigation of the public health sector will deepen theoretical and empirical knowledge of how an ageing workforce, health and work interact, and thus improve the quality of information available to managers and other stakeholders to better understand how policies might be changed to improve outcomes. It will enable a better assessment of the impact of an ageing workforce on organisational performance, with three distinctive issues under consideration. First, whereas previous research on labour productivity has been highly aggregated and focused on crucially important measurement issues, our research will also investigate the processes underlying age-wage-productivity dynamics through a mixture of quantitative and qualitative research at Trust and occupational level. Second, it will allow interrogation of the connections between inputs (differentiated by skill, gender, age and occupation), processes (eg, employee voice, participation, joint consultation) and outputs (absenteeism, response times, exit rates). Finally, it will explore perceived (and real) differences in interests between groups (eg, intergenerational and management/employees).</p> <p>Taking a dynamic, longitudinal approach, our research will recognise that employees are members of teams within inter-related strategic functions in health care delivery. Attitudes and behaviour are thus formed within specific social settings and against particular histories that bear on current choice sets. It will examine the formation of individual beliefs and knowledge (mental models) and their impact on employee decision making over working life and retirement planning. A key focus is how aspects of the decision architecture rooted in employer practices impact on employee behaviour at key points of transition in career pathways, retirement planning, and pension choices. How do, for example, the availability of flexible working and the scope for redeployment construct and constrain behaviour? The significance of job design and redesign, and management support for disability and rehabilitation, will also be investigated.</p> | |

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| Title of Award | |
| Integrated studies of working later in life: individual and contextual determinants of extended working | |
| Grant holder | Institutions |
| Ms Jennifer Head | University College London |
| Co-Investigators | |
| Dr Mai Stafford | MRC Unit for Lifelong Health and Ageing |
| Professor Diana Kuh | MRC Unit for Lifelong Health and Ageing |
| Dr Nicola Shelton | University College London |
| Mrs Paola Zaninotto | University College London |
| Dr Gareth Hagger-Johnson | University College London |
| Dr Charlotte Clark | Queen Mary, University of London |
| Professor Stephen Stansfeld | Queen Mary, University of London |
| Professor Kristina Alexanderson | Karolinska Institute |
| Professor Hugo Westerlund | Stockholm University |
| Abstract | |
| <p>With the growth of the older population predicted to continue in coming decades, it is increasingly important to understand how to encourage work participation in older people in jobs that will be satisfying and will promote healthy ageing. This project will explore characteristics of individuals and their family, workplace and living environments that promote working beyond age 50. Existing research has identified several factors that make a person more or less likely to retire from paid work including their health, financial circumstances, pension provision, their partner's health and partner's employment status and these have different contributions depending on whether we consider voluntary or disability-related retirement. These determinants have typically been measured around the time of retirement. Using long-running surveys, including some surveys which have been following a set of people from birth onwards, we will look further back in a person's life to see if there are factors which can be identified earlier on that could help identify early intervention points and help us understand more about how the health and social circumstances of an individual and their family across life promote or inhibit options for extended working.</p> <p>Work environments may be more or less supportive of extended working. We will use several on-going surveys, including some occupational surveys that have recorded detailed information on a person's work environment across most of their career. We will examine features of workplaces and jobs, such as the extent of autonomy, control and satisfaction that an employee has in their work, their working hours, and the physical demands of the job. We will consider whether any of these work-related factors contribute to helping or hindering older people with long-term musculoskeletal or psychological ill health to remain in work.</p> <p>Although there are considerable regional differences in the proportions of older people that are in work, studies have not yet explored what underlies these differences between regions. We will examine whether the local context, including local area unemployment rates and other characteristics of local industry, at various points in time over the last four decades or more contributes to extended working. These are known to be related to an individual's likelihood of being in paid work across the age range of working adults but their particular relevance for working in later life, and the ways in which they might interact with individual characteristics, is not yet clear. Finally, we will consider the national setting. The employment rate of older people varies substantially across countries, which indicates that national policies and cultural norms of extended working could contribute to retirement decisions. We have identified several surveys from Europe which will allow us to compare</p> | |

health and workplace characteristics with our UK studies.

The project makes excellent use of existing surveys that have been invested in over several decades so we will not have to collect new data. A key part of the analysis will be to standardise the data from the various surveys as much as is possible. We will then use statistical techniques to look at whether the likelihood of working beyond 50 years of age (with and without a chronic musculoskeletal or psychological condition) differs according to individual, workplace, or local area factors.

We will be developing these research questions and sharing research findings with a range of interested parties through written reports, presentations at conferences (including a conference we will organise to bring together people working in different disciplines and service sectors), a project website, our links with Government and employers, and, where appropriate, through the national media.

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| Lifelong Health and Wellbeing Phase 4 - Extending Working Lives | |
| Title of Award | |
| Health risks and benefits of extended working life (the HEAF Study) | |
| Grant holder | Institutions |
| Professor Keith Palmer | University of Southampton |
| Co-Investigators | |
| Professor Maria Evandrou | University of Southampton |
| Abstract | |
| <p>The need to keep Britain's ageing population economically active has prompted government policies aimed at extending working lives. However, working beyond the traditional retirement age may not be feasible for those with major health problems of ageing and, depending on occupational and personal circumstances (e.g. savings, retirement intentions, domestic responsibilities, whether work is arduous, rewarding), might be either good or bad for health. Non-medical circumstances, including the design of work and workplace policies, may also hinder or harm prospects of job retention.</p> <p>Better information on these questions has many potential uses - e.g. to optimise government and employer policies; to identify interventions that may help older workers with health problems to remain in work; to alert doctors to medical problems associated with poor vocation outcomes; and to inform fitness for work decisions; to improve the design of work for older people; evidence on health, ageing, and risk of occupational injury can be used to ensure older workers are placed in safe work and that, where possible, their employment opportunities are not restricted without good justification.</p> <p>We are being funded by the charity Arthritis Research UK to recruit and follow 6,000 men and women aged 50-64 years from some 18 general practices in England. The practices contribute to the Clinical Practice Research Datalink (CPRD), a research database maintained by the government's Medicines and Healthcare Products Regulatory Agency (MHRA). The CPRD contains a log of every medical consultation episode associated with significant events, illnesses, or medical activity (diagnosis, referral, prescription, death etc) among the patients of participating general practices. These data are pseudo-anonymised (only identifiable by an ID code) and collected by MHRA from 250 practices in England and Wales, from which we will sample practices.</p> <p>CPRD linkage offers compelling scientific and logistic advantages. In particular, because we will access the entire GP medical records of participants in selected areas of inquiry, we can pursue our study questions using a hugely detailed database in which many health events and their timings are objectively corroborated. This will enable us to explore the effect of health on work, and vice versa, at a level of detail that is not feasible in periodic interviewer-administered or postal surveys. Moreover, the data will be captured at very low cost relative to alternative means of acquiring the same information.</p> <p>ARUK has provided funding only to investigate the impact of common musculoskeletal disorders (MSDs) of ageing on work retention and the effect of deferring retirement on musculoskeletal health. This leaves us short, particularly in respect of research assistant time to develop the cohort and computing and statistical time to analyse the many non-MSD problems that the dataset offers. We hope through this bid to maximise the value of the cohort, and the efforts of participants, by extending our analysis to a much broader range of health conditions and their impact on work participation. Funding will be used to purchase more research assistant, data programmer and statistical time, but many of the other costs (eg mailing, clerical, payment to practices) are already met and many of the practical hurdles (eg ethics and governance permissions, access rights to CPRD data) have already been resolved. The MHRA's research director is a collaborator in this application.</p> <p>Patients from participating general practices who agree to be studied will complete</p> | |

questionnaires about their work and home circumstances, initially over a 3-year follow-up. With their written permission, we will access their health data via the CPRD and link this to their questionnaire data. The inter-relation of changes in employment (with reasons) and changes in health (eg major new illnesses, new treatments, mortality) will be examined statistically.

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| Title of Award | |
| How does extending paid work later in life impact on the health of the population? Using the past to understand the future | |
| Grant holder | Institutions |
| Dr Karen Glaser | King's College London |
| Co-Investigators | |
| Dr Laurie Corna | King's College London |
| Dr Debora Price | King's College London |
| Dr Peggy Ann McDonough | University of Toronto |
| Professor Amanda Sacker | University College London |
| Professor Robert Stewart | King's College London |
| Mr Chris Curry | Pensions Policy Institute |
| Abstract | |
| <p>Our project will examine a crucial question for ageing societies: how inequalities across the life course relate to paid work in later life in the UK. This issue is of growing importance since the UK, in common with many other governments across the world, is rapidly extending the working lives of older adults through the postponement of State Pension Age (SPA) and other measures. These policy reforms affect millions of people, yet their implications for health and wellbeing are unknown. Do these policies harm, benefit or have little effect on the population? To answer this, we need to understand the lifelong drivers affecting the complex relationship between paid work in later life, health and wellbeing.</p> <p>Our project extends an existing UK-Canadian collaboration that is examining lifecourse influences on later life work trajectories and their implications for health and wellbeing across five countries (including the UK). We will build on this work to address the implications for health and wellbeing of undertaking paid work up to and beyond SPA in the UK. This is important because comprehending what distinguishes those who work beyond SPA from those who retire at or before SPA is key to understanding the extent to which there is scope to extend SPA without exacerbating social inequalities.</p> <p>In industrial societies, near universal retirement from paid labour linked to the provision of state pensions has been heralded as a significant advance in older people's wellbeing. It is increasingly clear, however, that as longevity increases social welfare systems face significant fiscal challenges. In response, many countries, including the UK, have implemented retirement reforms such as abolishing mandatory retirement and raising state pension ages. These changes have fostered tension between the desire by individuals for a funded retirement at the normative age (e.g. 60 or 65) and the perceived economic need for populations to work longer in the context of societal ageing.</p> <p>Moreover, there is increasing concern that these policies may have disparate effects on different segments of society. However, most prior research in this area has focused on the effect of early retirement on health. We already know something of the characteristics of those who retire early and those who work beyond SPA. For instance, in Britain, ill-health and disability are the most important reasons for early retirement. Those who work beyond SPA are more likely to be better educated, in good health and have a partner in paid work but they are also more likely to be self-employed, to work part-time and, among women, to be in low skill jobs. However, to our best knowledge, nobody has addressed the consequences for health and wellbeing of working up to or beyond SPA. We also know little about the life course trajectories that influence who works up to or beyond SPA; or how they shape the relationships between later life work and health or economic resources. There is also little understanding of the underlying biological mechanisms that might link</p> | |

paid work and physical and psychological health outcomes. Last, by defining how the relationship between SPA and health has changed over time, and across cohorts, we will be better placed to inform debate on the potential impact of future policy decisions. Understanding these issues is critical to the development of policy that minimizes how inequalities may be perpetuated through the lifecourse.

Our interdisciplinary team will tackle these issues in projects that cover three major areas: i) a comprehensive assessment of the lifecourse determinants and consequences for health and wellbeing of working up to and beyond SPA; ii) an evaluation of whether (and how) these relationships have changed for different cohorts and over time; and iii) modelling of the financial consequences of working up to and beyond SPA for those with different lifecourse trajectories.

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| Title of Award | |
| Uncertain Futures: Managing Late-Career Transitions and Extended Working Life | |
| Grant holder | Institutions |
| Professor Sarah Vickerstaff | University of Kent |
| Co-Investigators | |
| Dr Mark Robinson | Leeds Metropolitan University |
| Dr Charlotte Clark | Queen Mary, University of London |
| Dr David Wainwright | University of Bath |
| Dr Andrew Weyman | University of Bath |
| Dr Benjamin Baumberg | University of Kent |
| Professor Christopher Phillipson | The University of Manchester |
| Dr Joanne Crawford | Institute of Occupational Medicine |
| Professor Wendy Loretto | University of Edinburgh |
| Dr David Lain | University of Brighton |
| Abstract | |
| <p>The various transitions from work to retirement have undergone radical transformation over the past few decades. From a period when individuals were encouraged and looked forward to retiring early we have entered an era when living longer is presented as an opportunity, or an obligation, to work longer and extend our working lives. A review of the research literature on the extension of working life has identified a variety of factors implicated in individual decision-taking. These include: health status, pension provision, caring responsibilities, opportunities for flexible work and other external and individual factors. Statistical models using these determinants have left much of the variance in employment between individuals unexplained, because of the difficulty of capturing the complexity of factors in each case. The aim of this study is to contribute to knowledge about the processes and factors which exert influence on working in later life with the aim of enhancing policy development and employer practice.</p> <p>The ending of the default retirement age (DRA) opens up a radically different environment for the individual and the employer: both are entering periods of uncertainty in exploring work options for the future. The transition from work to retirement is no longer well-institutionalised but much more subject to a myriad of organisational and individual pressures which may be unpredictable; as such these transitions carry new risks both for employers and employees. This proposal from a multidisciplinary team will use a mixed methods approach to develop a richer picture of what is happening at the end of working life.</p> <p>These issues will be addressed through a series of work packages:</p> <p>WP1: International literature and policy review; to what extent are similar developments being studied and tracked in other parts of Europe, Australia and the USA. WP2: Analysis of existing data sets (English Longitudinal Study of Ageing (ELSA), National Child Development Study (NCDS) and Health and Retirement Survey (HRS); WP3: The collection of new data through organisational case studies; and WP4: The synthesis of data and theoretical development: the data will be used to gain a clearer understanding of the interaction between individual and external determinants in shaping later life work transitions.</p> | |

The research will enhance our understanding of the range of later life work transitions, i.e. gradual retirement, bridge jobs, returns to retirement ('unretirement') and will develop theoretical approaches to the new forms of risk and uncertainty in the middle and later stages of the life course.

The research consortia includes early, middle and later career academics from a variety of academic disciplines which provides the opportunity to benefit from the insights, approaches and methodological variety that multi-disciplinarity brings as well as from the inter-generational transfer of ideas. The team is also in a position to offer excellent development opportunities to two post-docs and two PhD students who it is hoped will go on to enrich the research community in the field of older workers and establish their own high quality research careers.

In addition to traditional academic outputs the dissemination will also include the development of more practical tools useful for research users. These will include guidance for groups including human resource managers on factors to consider in later life working and ergonomists and occupational health professionals on work capacity changes and workplace and work organisation changes that can be considered.

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| Title of Award | |
| Extending working lives: causes, correlates and consequences for health | |
| Grant holder | Institutions |
| Ms Deborah Smeaton | University of Westminster |
| Co-Investigators | |
| Professor A Clow | University of Westminster |
| Dr Sergio Salis | University of Westminster |
| Dr Getinet Haile | University of Nottingham |
| Professor Philip Taylor | Monash University |
| Dr Kevin Cahill | Boston College |
| Mr Martin Nekola | Charles University |
| Professor Gerhard Naegele | University of Dortmund |
| Dr Andrea Principi | INRCA |
| Abstract | |
| <p>The key focus of this international and interdisciplinary programme of research is to provide insights into how to promote longer and healthier working lives which are resilient to the pressures of globalised, intensified and highly competitive labour markets. The study is divided into four work strands which examine macro, meso and micro levels and are unified by a focus on the maintenance of health and well being among older workers.</p> <p>WP1 investigates recent and planned international policy responses to ageing workforce issues. This strand of research will identify measures taken in relation to both the demand and supply side, and explore the rationale and trade-off decisions taken by policy makers. The implications of particular reform paths for different social groups will be examined. Also of interest is the extent to which welfare regime/varieties of capitalism typologies remain relevant in terms of the priorities and policies pursued and how policymakers articulate ageing worker issues and solutions.</p> <p>Work package 2 investigates the health and well being implications of longer working lives for different socio-economic groups, comparing health and well being outcomes among those 'retiring' compared with those remaining employed at older ages. Econometric analysis of several international panel datasets will be used to model impacts. In addition, a qualitative longitudinal study of individuals, followed for 3 years as they make the transition from employment to retirement, will be undertaken. A sample of 140 individuals in the UK, US and Italy will be selected. The qualitative strand of the research will shed light on the quantitative findings and indicate the mechanisms by which health outcomes may vary for different social groups in different cultural contexts, tracking changes in a wide range of health related behaviours over the transitional period.</p> <p>Work package 3 focuses on the workplace to investigate workplace policies and practices which may be associated with perceptions of work strain, well being and satisfaction, exploring how and whether impacts differ among different age groups and whether particular practices may therefore impede or promote extended working lives.</p> <p>WP 4 aims to understand the operation of older worker labour markets (OWLMs) (including changing jobs, changing hours of work and employment re-entry following a period of retirement/unemployment/inactivity). The study will investigate whether, how and why OWLMs differ in different national contexts and examine the implications of different OWLMs for (a) different social groups in terms of opportunities and job quality (b) competition between young and older workers (c) employment duration and (d) ability to adequately prepare financially for 'retirement'.</p> | |

As an interdisciplinary study, the research will promote the cross fertilisation of ideas and approaches from economists, gerontologists, psychologists, sociologists and health experts all of whom bring distinctive perspectives to bear. The study will adopt and develop broad theoretical frameworks to explore the issues of interest.