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Ageing and Australian Disability Enterprises

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Administrative Arrangements Orders changes

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Foreword

It's widely known that Australia has an ageing population. The combined effect of decreasing birth rates and increasing life expectancy means that the population aged over 65 years will grow at a faster rate than younger age cohorts.

The population of people with disability is also ageing. In many ways, this is a success for a social support system that has moved to improve accommodation and care for people with disability over time. People with disability are now living much longer than they did before, and with a far better quality of life. While this is a great social policy outcome, it creates a new set of challenges. We need to ensure people with disability have the same opportunities as other Australians to have a fulfilling and meaningful life as they age.

Some sectors are being affected harder and faster by the changes in demographic than others. Australian Disability Enterprises provide supported employment for workers with disability who are unable to find or maintain work without substantial ongoing support. Australian Disability Enterprises traditionally have an older workforce because of their roots as sheltered workshops in the 1950s to the 1970s. Despite significant service reforms over many years, some Australian Disability Enterprises struggle to attract younger workers, because young people with disability leaving school now have different expectations and ideas about their working life.

The focus of Australian Disability Enterprises is twofold. While operating as viable businesses providing real work for employees, they must also deliver high quality support to people with disability to help them stay in work. As their workforce ages, Australian Disability Enterprises frequently struggle to find appropriate retirement options for their employees. There's a significant inadequacy of age appropriate support and services for people with disability in communities across Australia.

The ageing of this very special workforce raises many basic questions for policy makers in the areas of disability and ageing services. How do we assist older people with disability employed in Australian Disability Enterprises to retire with dignity? Where does responsibility lie for service provision in the disability and ageing areas? How do we best balance the contribution of the Australian Government, State and Territory Governments and Australian Disability Enterprises when it comes to the cost of transitioning older people with disability into retirement?

This is a challenge to be shared across all levels of government. It is only by working cooperatively across service delivery systems that solutions for this group can be found.

The Australian Government has introduced initiatives in the past to attempt to address the issue of ageing and retirement in Australian Disability Enterprises but these have not been successful. For example, the Targeted Support program was not widely used by Australian Disability Enterprises to move older workers into retirement.

The Australian Government recognises that there is a need for new and different innovative planning and policy reform to meet the impact of an ageing Australian Disability Enterprises workforce. This planning and policy reform must bring together our State, Territory and local government counterparts to deliver solutions.

There is a clear need for evidence-based research for policy development in response to the ageing Australian Disability Enterprises workforce.

The commissioning of the Ageing and Australian Disability Enterprises research is an attempt to come to grips with the issues for Australian Disability Enterprises workers with disability as they age, and the implications of these issues for Australian Disability Enterprises providers. This research explores the social and economic issues associated with the ageing of the Australian Disability Enterprises workforce, the opportunities and challenges for people with disability in their transition to retirement, as well as the ability of the current service delivery system to meet their needs.
This research suggests that people with disability employed in Australian Disability Enterprises can be reconciled to the idea of retirement if they are appropriately supported to do so and are given the choice of a variety of flexible program options after they have retired.

It also highlights the service delivery gaps in programs that both prepare people with disability to transition to retirement and enable them to continue to be active after they have retired.

Government responsibility is a vexed issue due to the current separation of funding for disability and aged care services, and the cross-jurisdiction of Australian and State/Territory areas of responsibility for disability funding.

Under the National Disability Agreement, the Australian Government undertakes responsibility for the provision of employment services for people with disability. State and Territory Governments are responsible for the provision of specialist disability services, excluding disability employment services.

This cannot be an excuse for inaction. We need to fix these problems to make sure the service system fits the needs of the people who use it.

While challenges lie ahead, I believe that by fostering strong partnerships with State and Territory Governments, Australian Disability Enterprises and older people with disability who wish to retire and their families, the longer-term issues facing the sector can be addressed.

By forging these partnerships, it is hoped that people with disability employed in Australian Disability Enterprises will be able to attain a timely, appropriate and fulfilling retirement.

I record appreciation of the Australian Government to the Social Policy Research Centre for their professional and competent approach to the research. I acknowledge the contribution of the Australian Disability Enterprises staff and employees with disability and their families/carers, as well as other members of the sector who provided submissions to the research. The Australian Government now has the necessary information and data to make sound policy decisions and to commence engaging other levels of government in a conversation about how this significant issue may be addressed.

Older Australians with disability are a precious resource. They deserve our care and support and the right to retire with dignity. This research will benefit Australians with disability as they age and transition to retirement for years into the future.

The Hon Bill Shorten MP
Parliamentary Secretary for Disabilities and Children's Services

The Hon Bill Shorten MP
Parliamentary Secretary for Disabilities and Children's Services
Executive summary

Australia is facing an increase in the number of people with disability who are ageing, a trend caused by demographic shifts and advances in medical technology. Like other Australian industries, the ageing of people with disability is becoming evident in the supported employment sector (Australian Disability Enterprises). This research examined the:

- social and economic issues facing the Australian Disability Enterprise industry and supported employees
- opportunities and challenges for ageing employees with disability
- ability of the current service delivery system to meet the needs of ageing workers.

The research also considered the barriers to retirement for people working in Australian Disability Enterprises.

Literature review

Analysis of disability services data has shown an increase in the proportion of people with disability between the ages of 45 years and 64 years (AIHW 2000, 2008c). This suggests that people using disability services are ageing, because people with certain types of lifelong disability tend to have shorter life expectancies than the general population. In addition, some people with lifelong disability experience changes associated with the ageing process earlier than the general population. The ageing of people with lifelong disability can bring additional burdens for their carers, especially where the carers themselves are ageing (Hogg et al. 2001), and it also presents considerable challenges for policy makers because ageing policy and disability policy are largely formulated separately.

Although most people with disability work in the open employment labour market, approximately 20,000 people with disability are employed in the supported labour market, or Australian Disability Enterprises, which provide work opportunities that mirror those in the open market. Supported employment enterprises have a dual purpose—to provide support for people with disability and to operate as viable businesses. Approximately one-fifth of Australian Disability Enterprise employees (21 per cent) are over the age of 50 years, compared with 13 per cent of those in open employment. A review of the sparse literature on people with disability working in Australian Disability Enterprises found that people do not consider retirement to be a time when they might pursue leisure activities, and those who are still working want to continue work rather than to retire.

Methodology

The research included a projection of the number of older people in Australian Disability Enterprises in 5, 10 and 15 years based on data from the Department of Families, Housing, Community Services and Indigenous Affairs’ (FaHCSIA) Online Funding Management System (FOFMS), and semi-structured interviews with workers, carers and stakeholders (n=79). Stakeholders from 31 organisations (26 of which were Australian Disability Enterprises) took part: 16 interviews were conducted and 15 organisations submitted written responses. Interviews were also conducted with 46 people with disability (including 36 who were still working and 10 who were retired) and two carers.

Results

Ageing of the Australian Disability Enterprises workforce

Projections from the current workforce on the FOFMS database indicate that the number of people with disability over 50 years of age working in Australian Disability Enterprises will increase dramatically over the next 15 years, from 21 per cent of the current workforce, to 33 per cent in five years’ time, and close to 50 per cent of the supported employment workforce in 15 years’ time. Most stakeholders interviewed reported that older workers with disability employed in Australian Disability Enterprises are experiencing ageing at an accelerated rate,
including memory loss, decreases in cognitive abilities and higher medical needs. Many of the people with disability who participated in this research also said they are experiencing a wide range of health problems including diabetes, hearing loss, high blood pressure, joint and weight problems, and asthma.

**Implications for the Australian Disability Enterprises sector**

The ageing of the workforce has implications for the productivity of Australian Disability Enterprises, and for the ways in which they are funded. The competitive nature of these businesses means that some supported employers feel they have to put pressure on workers to maintain levels of productivity even as ageing diminishes workers’ skills and competencies. This creates a tension between maintaining a competitive edge over other businesses and providing appropriate support to an ageing workforce. Their ability to run supported employment enterprises as competitive businesses is also limited by the fact that the number of funded places for people with disability at each enterprise is capped, which limits the extent to which older people with disability can be replaced with more productive workers with disability.

Most of the supported employment providers who participated in this research had put informal processes in place to support older workers, such as work appropriate for the person’s ability and part-time work. Six enterprises actively developed transition plans to prepare older workers for retirement and two supported employment services in New South Wales and South Australia convinced their respective state governments to fund pilot projects to support older workers in retirement. Stakeholders acknowledged that the responsibility for providing additional services to support older people with disability to retire should be shared by the Australian Government, state and territory governments and Australian Disability Enterprises; however, they believed that the Australian Government should assume the lead role.

**Retirement from Australian Disability Enterprises**

There was general agreement among the stakeholders who participated in this research that everybody, including people with disability, should have the right to retire with dignity and to enjoy a meaningful life after work. This requires that people retire early enough to enjoy good health and have control over what happens in retirement. However, both structural and interpersonal impediments to retiring with dignity emerged from the interviews: the structural impediments depended on the living arrangements of people with disability; the shortage of appropriate services; lack of superannuation and savings for retirement; and the capacity of carers to continue to provide care as they age. The interpersonal impediments to retiring included: a lack of understanding of what retirement involves; a reluctance to leave behind friendships made at work; the meaningfulness people find in work; and an entrenched dependency on the workplace.

The 10 participants with disability who had retired spoke positively about their experiences of retirement and said they preferred it to working. Their primary reasons for liking retirement were that they had more choice about how they would spend their time, and less stress than when they were working. They had also made new friends.

**Options for supporting older people with disability to retire**

It is clear that people with disability who work in supported employment need additional personal and structural support to enable them to retire with dignity, and there are a number of ways in which older workers in Australian Disability Enterprises can be better supported.

**Transition to retirement programs**

Transition to retirement programs could be implemented across the disability sector to prepare older people for retirement. Successful transition should include: preparing the person with disability and their family for retirement; tailoring the program to suit the needs of the person with disability; providing ongoing services; and showing people with disability examples of activities they can participate in upon retirement. The workplace provides the ideal setting to begin planning for the transition to retirement, but Australian Disability Enterprises require additional funding to conduct thorough plans.
Services to support older people with disability in retirement

Services to support older people with disability in retirement are essential if transitions to retirement programs are to be meaningful. Any such programs should provide flexible opportunities to participate in the community according to individual interests. The provision of funded activities is important because most people with disability who retire from supported employment have limited income. It may be useful to utilise a case management or mentoring function to provide people with disability with the opportunity to participate in society in a meaningful way. Case managers could assist in arranging community participation programs, such as volunteering, which have been found to provide a meaningful alternative for older people with disability who have retired from supported employment (Balandin et al. 2006). Case managers could also build linkages with mainstream aged care services, holiday programs and other social networks.

Responsibility

Funding activities to support people with disability to retire is complicated due to the separation of disability and aged care services, as well as the split between Australian Government and state and territory areas of responsibility for disability funding. Under the National Disability Agreement, states and territories are required to provide appropriate disability services with the exception of employment services. However, when people with disability face issues associated with early ageing, it is possible that responsibility for service provision should also be shared with the Australian Government’s Department of Health and Ageing, which holds primary responsibility for ageing programs. For these reasons, it is likely that the responsibility for providing pre and post-retirement programs for people with disability in supported employment will need to be shared across both national and state and territory levels of government.

Conclusion

Given the barriers facing people with disability to retiring from supported employment, sustained and coordinated action is needed to provide them with the option to retire with dignity.
1 Introduction

Australia is facing an increase in the number of people with disability who are ageing (Australian Institute of Health and Welfare 2000). This is a relatively new trend caused by demographic shifts in age cohorts in the wider population, as well as by advances in medical technology, rehabilitation and assessment of disability (Zarb 1992). Although the wider demographic shift has been thoroughly documented by the Australian Institute of Health and Welfare (AIHW) (2000, 2002, 2007, 2008b), the implications of the shift for people with disability, and policies to support them, are relatively underresearched.

One area in which the ageing of people with disability is beginning to have an impact is the employment sector. People with disability can be employed either through an open employment scheme—the Disability Employment Network or Vocational Rehabilitation Services, funded by the Department of Education, Employment and Workplace Relations (DEEWR)—or through supported employment, funded by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). Supported employment, undertaken in Australian Disability Enterprises (previously known as ‘Business Services’), are commercial businesses funded by FaHCSIA to provide employment for people with moderate to severe disability who need support to maintain their employment. This sector developed out of the sheltered workshops that were established in the 1950s to provide vocational activity and social contact for people with disability (FaCS 2004; Treloar 2002).

Recent data showed that 28 per cent of people with disability who accessed an employment service did so through supported employment (AIHW 2008c; FaCSIA 2007). According to FaCSIA (2007), the percentage of people employed in supported employment as a proportion of all employment services increases with age: of all people using employment services who are over 65 years of age, approximately 56 per cent are in supported employment and 43 per cent are in open employment. In contrast, younger people with disability are employed predominantly in open employment; only 10 per cent of 16 to 19 year olds use supported employment services (FaCSIA 2007). These figures indicate that the supported employment sector will face issues associated with an ageing workforce sooner than open employment.

This is the report of a research project exploring the social and economic issues related to ageing in the Australian Disability Enterprises workforce, the opportunities and challenges for people with disability, and the ability of the current service delivery system to meet the needs of this ageing workforce. The research also considered the barriers to retirement for people working in Australian Disability Enterprises, and the extent to which pre and post-retirement programs, flexible day programs and mainstream ageing services can appropriately support the needs of older people with disability. An inclusive and participatory approach was used to meet these aims, and a range of stakeholders, older workers with disability and workers who had retired from Australian Disability Enterprises were interviewed. The interviews were complemented with an analysis of FaHCSIA's Online Funding Management System (OFMMS) database to gain an understanding of the cohort of older workers in supported employment who are approaching or who have surpassed retirement age.

This report begins with a literature review (Section 2) that places the research in context. It explores the differential effects of ageing on people with disability, issues faced by their ageing parent carers, and the implications of ageing and disability policy on the experience of ageing with disability. Section 2 also explores the limited amount of research that has been completed on retirement for people with disability. This is followed by a methodology section, which outlines the qualitative and quantitative methods used to address the research aims. Section 4 investigates what is currently known about ageing within Australian Disability Enterprises and considers the implications of the ageing trend, while Section 5 provides an overview of the experience of ageing with disability and issues facing special groups, including ageing carers. Section 6 considers the implications of retirement for Australian Disability Enterprises and the barriers to retirement faced by older people with disability. The final section considers the challenges and opportunities currently facing policy makers.
1.1 Clarification of terms

Disability increases with age, with more than 92 per cent of people over the age of 90 years reporting a disability (Australian Bureau of Statistics 2003). However, the term disability is used in this report to refer to people with an early onset or lifelong disability. This definition is based on the one adopted in the Disability Services Act 1986 (Commonwealth of Australia 2007), in which disabilities:

- are attributed to some combination of intellectual, sensory, psychiatric, neurological or physical impairment or acquired brain injury
- are permanent
- result in reduced capacity for self-care and self-management and/or mobility and/or communication.
2 Literature review

It is now established that, due to diminishing fertility rates and increases in life expectancy, older people make up an increasing percentage of the Australian population (Productivity Commission 2005; Saunders 1996). This section considers the reasons behind this demographic shift, and some of the issues faced by people with disability who are ageing and by their ageing carers.

2.1 Ageing and disability: the demographic shift

Statistical evidence for an ageing trend among people with disability comes primarily from the Commonwealth, State and Territory Disability Agreement (CSTDA) data (AIHW 2000, 2001, 2008a, 2008b, 2008c). The CSTDA was recently replaced by the National Disability Agreement (NDA), which now provides the framework that unites policies and services provided by all state and territory governments for people with disability and their carers (Council of Australian Governments 2009). Analysis of data collected on disability services over time has shown an increase in both the proportion and the number of people with disability between 45 and 64 years of age (AIHW 2000, 2008c). The highest rate of demographic change in the Australian population overall is expected to occur in the group of people who are 85 years of age and over (Walker 1998). People with disability face the highest rate of change among the ‘young-old’ range, or in the 45 to 64 age bracket (AIHW 2000; Bigby 2002a). Because people with disability have a lower life expectancy than the general population, this suggests that the group of people using disability services is ageing.

Disability and ageing

Although the life expectancy of people with lifelong disability is increasing, it still falls short of the general population. People with intellectual disability and Down syndrome, for example, have a life expectancy approximately 15 years less than the general population (Parmenter 2006). Life expectancy is also affected by the severity of the disability. A study of people with intellectual disability found that the median life expectancy decreased as the severity of the disability increased — people with mild intellectual disability had a median lifespan of 74 years, while people with severe levels of intellectual disability had a median lifespan of only 59 years (Bittles et al. 2002).

In addition to having shorter life spans, some people with lifelong disability experience changes associated with the ageing process earlier than the general population. Those with intellectual disability, Down syndrome and acquired brain injury have been found to be at higher risk of developing Alzheimer’s disease at an earlier age than the rest of the population (Lye & Shores 2000; Prasher 2005; Zigman & Lott 2007). People with Down syndrome affected by Alzheimer’s often experience a steep decline in functional ability and loss of skills within a short period of time (Wilkinson & Janicki 2002). Women with intellectual disability have been found to experience menopause earlier than women in the general population (Martin et al. 2001; Willis 2008).

The ageing experience also differs according to the disability. Older adults with lifelong psychiatric disorders such as schizophrenia, for example, can have more difficulty learning new information than people without schizophrenia, but otherwise research has found that the disorder tends to remain stable as people age (Palmer & McClure 2001; Tune & Salzman 2003).

Older people with intellectual disability have been found to have lower levels of independent living skills than younger people. Ashman, Suttie and Bramley (1994) attribute this to past practices of institutionalisation. They suggest that staff in institutions put little effort into training residents for life outside the institution because the possibility of their leaving was remote and, in later years, the focus of attention was on younger people. Furthermore, the Australian health system has a limited capacity to meet the complex and chronic needs of people with intellectual disability in general (Goddard et al. 2008), much less their increased needs as people age.

On a more optimistic note, a study from the United States found that people with intellectual disability engaged in challenging behaviours to a lesser extent as they aged. This was an unexpected finding given the high prevalence of dementia among this population, which the researchers hypothesised would cause an increase in challenging behaviour among this group (Hartley & MacLean 2007). Furthermore, the loss of functional skills
experienced by older people with disability may only indicate the existence of an underlying health condition which, if acknowledged, can often be treated, alleviated or managed (Ashman, Suttie & Bramley 1994; Goddard et al. 2008; Hartley & MacLean 2007; Strydom, Hassiotis & Livingston 2005).

This brief review of the literature suggests that it is important to take into account the different types of lifelong disability, and people’s different experiences of the ageing process, in order to understand and respond to the full range of people’s needs as they age.

Ageing carers
The importance of informal care for people with disability is increasingly recognised in the academic literature (Walden, Pistrang & Joyce 2000). Due to the combined effects of population ageing and trends in deinstitutionalisation in the aged care, mental health and disability sectors, there has been an increase in the proportion of people with disability living with their relatives (AIHW 2000; Goddard et al. 2008; Standing Committee on Community Affairs 2007). The most recent data show that 45 per cent of people using disability services had informal carers, such as neighbours, family or friends, who provided regular, ongoing assistance. A proportion of these carers (13 per cent or 10,454 people) were over the age of 65 years, and most of these older carers (72 per cent or 7,585 people) were parents of the person using disability services (AIHW 2008c).

While care giving can be a fulfilling and satisfying activity, carers of people with disability face high levels of stress due to their caring responsibilities (Schofield & Bloch 1998). They are twice as likely as the general population to suffer from poor health, are less likely to be employed and are more likely to suffer from financial hardship (Australian Institute of Family Studies 2008). The care recipient’s level of challenging behaviour and physical dependency, and the carer’s level of satisfaction with the informal support they receive, all have strong influences on the wellbeing of carers, as does the extent to which the carer believes he or she is held captive by caring responsibilities (Walden, Pistrang & Joyce 2000).

The ageing of people with lifelong disability can bring additional burdens for their carers, especially where the carers themselves are ageing (Hogg et al. 2001). Older carers may have difficulty admitting that they can no longer cope with their caring responsibilities and, as a consequence, establish little or no contact with formal services (Watchman 2003). They may be at increased risk of depression and social isolation due to the increasing stress (Australian Institute of Family Studies 2008; Goddard et al. 2008). Furthermore, there may be cultural factors in relation to family care that influence care planning for the future (Hogg et al. 2001).

2.2 Implications for policy
The ageing of people with lifelong disability presents considerable challenges for policy makers, largely because ageing policy and disability policy are formulated separately, leading to substantial gaps in the service system for older people with disability. This section details current trends in both areas and the overlaps between the ageing and disability sectors.

Ageing policy
In Australia, providing care for older people is primarily the responsibility of the Australian Government. This level of government sets policy and funds the relevant support systems including: the retirement income system; Medicare; the Pharmaceutical Benefits Scheme; community and residential aged care facilities for frail older people; and the Aged Care Assessment Teams (ACAT), which assess eligibility for aged care services (Department of Health and Ageing 2008). Assistance in the home for people with low levels of care needs is provided by the Home and Community Care (HACC) program. This is administered by state and territory governments but is jointly funded with the Australian Government (Home and Community Care Program 2008).

Private providers run some retirement villages and provide some care to people inside the home (Home and Community Care Program 2008).

The ageing of the population is expected to have substantial implications for the Australian Government’s capacity to fund aged care services (Productivity Commission 2005). To combat what is seen as an impending cost burden, the government is focusing on ways to reduce the projected costs of providing health care, age pensions and other social security payments to the ageing population.
One strategy for doing this is to promote community care over institutional care, a trend called ‘ageing in place’ (Barnes 1997; Russell & Schofield 1999). Although the Australian Government provides some support to older people in their homes through HACC and Community Aged Care Packages (CACPs), community care continues to rely heavily on informal support, of which the majority is provided, unpaid, by women (Courtney, Minichiello & Waite 1997), or a workforce that is heavily reliant on casual staff (Courtney, Minichiello & Waite 1997; Walker 1998). Increasingly, these community services are contracted out to private providers (Barnes 1997; Jamrozik 2005).

A second strategy for containing the costs of service provision is to encourage individuals to contribute towards their retirement (superannuation) and to purchase private health care insurance (McKenzie 1999). This strategy is useful in minimising the cost to government of supporting older people, but it has the potential to create inequalities within the aged population through a two-tiered system of provision whereby the top tier is composed of those who can afford to pay for private health care, retirement and care giving services, and the second tier is made up of those who cannot afford to do so (Ozanne 1997). Those who can afford to purchase services have an easier time maintaining control over care, and this serves to reinforce already existing inequalities in access to care (Lloyd 2004).

Superannuation is particularly problematic in terms of equity across the population because it is directly affected by the amount of time people spend in the workforce. Jefferson and Preston (2005) estimate that there is a 35 per cent gap between men and women because women are more likely to take time out of the workforce to provide informal care. This percentage would be even higher if factors such as differences in salaries were taken into account. Superannuation also discriminates against low-wage workers because employers are only required to put a percentage of the worker's earnings into a superannuation fund if he or she earns $450.00 or more per month (Hawley et al. 2005). Those who have minimal income and assets and who are over the age of 65 years are supported through the universal, means-tested age pension (Department of Health and Ageing 2008).

The Australian Government also introduced a ‘Healthy Ageing Framework’, which aims to encourage people to make lifestyle choices that optimise physical, social and mental wellbeing throughout their lifespan (Department of Health and Ageing 2001). This additional government strategy for reducing health care costs has received much attention from policy makers and gerontologists (Holstein & Minkler 2003; Peel, Bartlett & McClure 2004). The framework and the policy flowing from it are based on the assumption that people can strive for and achieve lifelong health by practising strategies such as eating sensibly, exercising and not smoking, thus reducing the chance of suffering long-term debilitating illnesses (Holstein & Minkler 2003).

Some researchers have pointed out that the concept ‘healthy ageing’ has serious limitations. It ignores the influence of factors such as race or class, both of which can undermine a person’s ability to prevent disease (Holstein & Minkler 2003; Phillipson 1998). As well, healthy ageing assumes that individuals have control over and responsibility for the lifestyle behaviours that contribute to illness, which implies that those who fall ill did not exercise sufficient control and are therefore responsible for their illness (Minkler 1990). Furthermore, this approach creates a dichotomy between the healthy and unhealthy: while one group of older people is viewed as ageing well, anyone with disability becomes further marginalised. Thus, in emphasising the healthy side of older age, society has ‘traded our earlier, limited view of aging for an even more limited vision of what it means to be old and disabled’ (Minkler 1990, p. 252; Ranzijn, Patrickson & Le Sueur 2004).

Aged care policy increasingly encourages individuals to provide for their own care in old age. This is evident in policies that support ageing in place, superannuation and healthy ageing. The next section provides a brief overview of the trends in disability policy.

**Disability policy**

In the last three decades, disability policy in developed countries, including Australia, has evolved due to changing understandings of disability. Up to the 1980s, discussions of disability focused on minimising individual incapacity through medical intervention; this emphasis led to policies and programs that institutionalised and segregated people with disability from the rest of society (Dowse 2007). More recently, there has been a move away from medical understandings of disability to focus on how the experience of disability is mediated through society. As a consequence, there has been a push to equalise opportunities and
to empower people with disabilities through fully inclusive policies and programs (Metts 2000; Young & Quibell 2000). At the same time, there has been an increasing emphasis in Australia and in many other developed countries on the concept of 'mutual obligation', whereby people who receive assistance are expected to give something back to the community (Saunders 2002). Both the proponents of mutual obligation and disability rights’ activists support policies that encourage access, participation and functional independence (Galvin 2004). Disability policies that increasingly focus on deinstitutionalisation and that promote social inclusion, access and autonomy are favoured by both groups, although for different reasons.

Deinstitutionalisation is one of the primary shifts in social policy for people with disability in Australia; it was presented as a major step towards the social inclusion of people with disability by providing them with the right to live in ordinary houses within the community. However, policies associated with deinstitutionalisation have not been altogether successful in introducing community-based housing and support services that might overcome the social exclusion of people with intellectual disability (Bostock et al. 2004). Chenoweth (2000) argues that deinstitutionalisation alone cannot increase the autonomy and dignity of people with disability and, without sufficient support in the community, people may be no more better off than they were in institutions. Nonetheless, comparisons between community-based services and those provided in an institutional environment have shown positive results for people with intellectual disability involved in community-based services, including increased living skills, increased contact with family and friends, and greater participation in the community (Young et al. 1998).

Disability services continue to be based on the principles of inclusion and integration. The Disability Service Standards, developed by a working party involving states, territories and the Australian Government in 1992, aim to provide people with disability the opportunity to participate in the community through the provision of appropriate services (Disability Service Standards Working Party 1993). As a result, there has been increased funding for open employment services rather than supported (or sheltered) employment (Treloar 2002). Whether this is the best option for all people with disability is still open to debate. One study in South Australia found, for example, that people in sheltered employment had higher levels of self-esteem and psychological wellbeing than those in open employment, although those in open employment had higher levels of job satisfaction (Jiranek & Kirby 1990). This finding is also reflected in a more recent Australian study which found that people with disability in open employment are more likely to report higher levels of satisfaction with their work than people in supported employment (Kober & Eggleton 2005). The researchers surmised that this could be due to the fact that people in open employment tend to have higher levels of ability and a higher quality of life.

As with ageing, disability policies and programs are administered at both the Australian and state and territory government levels. Under the NDA, disability employment services are provided by the Australian Government: FaHCSIA in the case of supported employment; DEEWR in the case of open employment. As well as its responsibilities under the NDA, the Australian Government provides the Disability Support Pension (DSP), Carer Allowance, Carer Payment, Mobility Allowance, HACC and the Commonwealth Rehabilitation Service (Standing Committee on Community Affairs 2007). However, unlike in the ageing sector, states and territories are responsible for the provision of most disability services such as day programs and group homes (Standing Committee on Community Affairs 2007). The Standing Committee on Community Affairs (2007) noted that this division of responsibility between the Australian Government and states and territories leads to a substantial amount of inflexibility in the provision of disability services.

This section has discussed some of the current trends in disability policies and programs and has also briefly outlined the way in which disability programs are administered in Australia. The ways in which the ageing and disability sectors come together to support people with lifelong disability who are ageing is discussed in the next section.

Interface between ageing and disability

As the previous sections suggest, the connections between ageing and disability policies are complex; this complexity affects both workers with disability who are approaching retirement and ageing parents who are the primary carers for their adult children (Carers Australia 2005). The latter group has attracted significant
public and policy attention, and Australian Government, state and territory disability agencies are developing responses to support ageing parent carers, including respite programs and supported accommodation options (Carers Australia 2005).

According to Bigby (2002a), both the ageing and the disability sectors are moving towards deinstitutionalisation and are sharpening the focus on individual rights and independence. Yet despite these similarities, older people with lifelong disability are not well supported by current government policies. For example, many older people with disability are excluded from aged care programs by age criteria that do not account for the reality that they undergo the ageing process earlier than the general population. These people are therefore at risk of being caught between the aged care and the disability sectors, deemed ‘too young’ for aged care programs yet ‘low priority’ for disability services because of their age (Fyffe 2007, p. 73). Although HACC services are based on need and not on age, people with disability under the age of 65 years cannot access ACATs or CACPs (Standing Committee on Community Affairs 2007). The gaps in the service system faced by people with disability working in Australian Disability Enterprises are discussed in Section 6.

2.3 Work and retirement for people with lifelong disability

People with lifelong disability have significantly lower rates of participation in employment than the general population. In 2003, the unemployment rate was 5 per cent for the general population and 9 per cent for people with disability. The rate of participation in the workforce for people with disability was only 53 per cent, compared with 81 per cent of people without disability. It is therefore not surprising that people with disability between the ages of 18 years and 65 years earn on average $246 per week less than people who report not having a disability ($255 per week as opposed to $501 per week) (ABS 2003). This figure excludes income derived from government pensions.

The 1996 to 1997 Disability Employment Assistance Reform agenda aimed to improve employment outcomes, choice and access for people with disability and brought about a number of changes in the ways in which disability services are funded and managed. The reform agenda introduced case-based rather than block-grant funding, quality assurance systems and a requirement to provide fair wages for work (FaCS 2004; FaCSIA 2006; FaHCSIA 2008a; Health Outcomes International Pty Ltd 2001). The differences between the open and the supported employment systems are discussed below.

Disability Employment Network and Vocational Rehabilitation Services

Open employment provides support for people with disability to find and maintain jobs in the open labour market (FaCSIA 2007; National Disability Services 2004). The two programs that deliver open employment for people with disability are the Disability Employment Network and Vocational Rehabilitation Services, both of which are funded by DEEWR. Open employment is the type of employment service most commonly accessed by people with disability: in 2006–07, there were 60,774 people in open employment compared with 21,993 people in supported employment, and there are more than 880 open employment outlets across the country (AIHW 2008b; FaCSIA 2007; National Disability Services 2004).

Although most people with disability engaged through open employment are paid full rates of pay, there are some whose disability affects their productivity in the workplace. In such cases, eligible people with disability are assessed using a productivity-based wage assessment to determine their rate of pay. Called the Supported Wage System (SWS), this process allows employers to pay less than the minimum wage after an independent assessment of the person’s productivity over a 12 week trial period has been conducted. The person with disability is paid a proportion of the award wage depending on the results of the assessment (Job Access 2008). Assessment under the SWS requires that the job be covered by a wage-assessment tool, the person is on the DSP, and works more than eight hours per week (Department of Employment and Workplace Relations 2007). Employers can also receive payments to offset the cost of employing a person through the SWS, and to pay for appropriate workplace modifications (Job Access 2008).
Australian Disability Enterprises

Australian Disability Enterprises (previously known as ‘Business Services’) are commercial businesses funded by FaHCSIA to provide employment for people with moderate to severe disability who need support to maintain their employment. They grew out of the sheltered workshops established in the 1950s by families to provide people with disability access to vocational activity and social contact (FaCS 2004; Treloar 2002). There are approximately 355 Australian Disability Enterprise outlets across Australia that provide assistance for around 20,000 people. After the introduction of the Disability Services Act 1986 (Cwlth), the older style sheltered workshops moved into a business model. Towards the end of 2008, all supported employment providers were unified under the single national brand of Australian Disability Enterprises. Employees in this sector work in a range of fields, including recycling, packaging, shredding, horticulture, printing, hospitality, woodworking and other miscellaneous activities (KPMG Consulting 2000; National Disability Services 2007).

Of the approximately 20,000 people with disability employed in Australian Disability Enterprises, 4,100 (19 per cent) are over the age of 50 years. In contrast, only 13 per cent of people employed through open employment are over the age of 50 years (AIHW 2008c; FaCSIA 2007). The most prevalent type of disability in open employment is psychiatric (26 per cent), followed by intellectual (22 per cent) and physical (17 per cent). In contrast, the most prevalent type of disability in Australian Disability Enterprises is intellectual (75 per cent), followed by psychiatric (11 per cent) and physical (7 per cent) (AIHW 2008c). People in supported employment are more likely to need assistance with activities of daily living and areas of interpersonal communication than those in open employment; as well, people accessing supported employment services are the least likely of all disability services clients to have an informal carer (FaCSIA 2007).

Wages for people with disability working in the supported employment sector are determined by one of 30 wage-assessment tools and, as of 11 May 2008, enterprises that do not use a recognised assessment tool no longer qualify for Australian Government funding (Australian Fair Pay Commission 2008; Jenny Pearson & Associates Pty Ltd 2005). A special pay scale sets the minimum wage that must be paid to people with disability during the 12-week period before their work capacity is assessed (Australian Fair Pay Commission 2008; Harper et al. 2007). In addition to their wage, people employed in Australian Disability Enterprises receive the DSP, which is subject to an income and assets test. The payment amount varies by age and marital status, but for a single person over 21 years the amount is currently $562.10 per fortnight (Centrelink 2008). People receiving the DSP may also be entitled to other forms of assistance, including pharmaceutical, rent, telephone, utility and mobility allowances. A single person working in supported employment can earn up to $120 per fortnight at work without losing any of their DSP ($212 per fortnight for a couple) (FaCS 2004).

Due in part to the emphasis on full participation of people with disability, Australian Disability Enterprises now provide work opportunities that mirror those in the open market (KPMG Consulting 2000; Lindsay 2004). The enterprises are currently viewed as commercial industries with a dual purpose of providing support and employment opportunities to people with disability and operating as viable businesses (KPMG Consulting 2000). To address the latter purpose, FaHCSIA funded the Business Service Assistance Packages in 2004, providing employers with access to free business consultancy and assistance based on consultant advice (FaCS 2003).

As employers, Australian Disability Enterprises are also required to provide all employees with leave, superannuation, appropriate wages, safe workplaces and opportunities for skill and career development. Income is received from business activities and from FaHCSIA, which funds a capped number of places at each supported employment provider. The average annual payment per person to supported employment enterprises is $8,286, but this varies according to the person’s level of support need (National Disability Administrators 2006).

Retirement from Australian Disability Enterprises

It was previously argued that the number of older people in supported employment is increasing, which makes it important to examine the implications of this trend for Australian Disability Enterprises. While most people in the general population expect to retire (as do most people with disability in open employment), it is unclear whether retirement is an articulated option for people employed in Australian Disability Enterprises. This section considers the extent to which the structure and make-up of Australian Disability Enterprises may impact on retirement choices for older people employed in this sector.
The average retirement age for people in the general population is 60 years (ABS 2006). A recent review of the literature uncovered 195 studies published on retirement in Australia (Quine & Carter 2006), although few are relevant to older people with disability in Australian Disability Enterprises. The review conducted for this research uncovered only three articles directly relating to ageing in the sector (see Box 1). The studies found that as people with intellectual disability age they want to continue to be active and participate in activities they find interesting, including continuing to work, participating in leisure activities and learning new skills (Bigby 2007; Buys et al. 2008). People with disability do not consider retirement to be a time when they might pursue leisure activities, and those who were working wanted to continue doing so rather than to retire (Ashman, Suttie & Bramley 1995; Bigby 2004; Buys et al. 2008; Hawley et al. 2005).

Box 1: Recent Australian studies on ageing with a lifelong disability

**Buys et al. (2008)** aimed to understand how 16 people with intellectual disability over the age of 50 years in Australia defined active ageing. Participants desired to be empowered, independent and healthy, to feel safe, secure and in control, and to maintain satisfactory relationships, skills and living arrangements. Five people worked in paid employment and three were volunteering. Those participants who were working did not consider retirement to be an option, and all expressed the desire to maintain their current routines.

**Hawley et al. (2006)** explored the issues of ageing and retirement with a cohort of 45 people with intellectual disability who worked in Australian Disability Enterprises, with 23 carers and 34 service providers. Their study found that many people with disability feared retirement and believed the transition would be a time of stress. They had few long-term plans in relation to accommodation, financial planning or social networks. This lack of long-term planning put people with disability at risk of increased health and mental health problems post-work. The study argued for the implementation of formal transition to retirement plans for people with disability, funding for supported employers to assist workers with long-term planning, and the provision of additional information and support for carers. They also emphasised the importance of bridging the gaps between the ageing, disability and health care sectors.

**Bigby (2004)** examined the use of day programs by people with disability who were over 55 years of age. A survey of 596 day programs in Victoria (response rate of 28 per cent) found that older people made up 19 per cent of day-program service users and only 34 per cent of services provided day programs specifically aimed at older people. The study found a number of challenges in providing support for older people with lifelong disability, including difficulty in accessing day programs due to restricted eligibility, and a lack of skills among staff to appropriately support older people with disability.

While these studies provide a solid foundation for this research, there are still a number of unanswered questions around the impact of ageing on the supported employment sector and on people with disability themselves. This research aims to address four key gaps in the literature:

- the extent to which ageing will pose a problem for Australian Disability Enterprises in the near future
- how this issue is already impacting on Australian Disability Enterprises
- the needs of people with disability
- whether people with disability want to continue working because they like to work, or because they have no other option but to work.

The way in which these gaps will be addressed in this research is discussed in the next section.
2.4 Conclusion

Retirement for the general population is a transition that is both encouraged and taken for granted. People working in supported employment, however, face numerous barriers to retiring. This raises questions around who makes decisions about retirement and what, or whose, purpose retirement will serve (Bigby 2007). It is likely that special support will be required if retirement from supported employment for people with disability is to be a realistic option, if people are to continue to be active, and if they are to be provided with financial security.
3 Methodology

The issue of the ageing of people with disability is expected to present considerable challenges for the Australian Disability Enterprises sector and for the Australian Government. The sector has long been aware of the issue, yet few studies have comprehensively explored it in relation to the supported employment sector. In addition, further analysis of the reasons behind why people with disability choose to remain working is needed. The research was therefore organised around the following questions:

- What is the cohort and expected projection of ageing in the Australian Disability Enterprises workforce over the next 5, 10 and 15 years?
- What are the social and economic issues, opportunities and challenges for people with disability ageing in the Australian Disability Enterprises workforce?
- What is the ability of the current service delivery system to meet the needs of this ageing workforce?
- What are the policy implications for addressing the challenges presented by the ageing of the workforce in this sector?

These questions were addressed in two ways: by analysing data from the FOFMS; and through semi-structured interviews with stakeholders, people with disability over the age of 50 years currently working in Australian Disability Enterprises, and people with disability who had retired from working in Australian Disability Enterprises. This section explains the rationale behind these methods and briefly discusses the limitations of the research.

3.1 Methods

A mixture of quantitative and qualitative methods was used to understand the future makeup of Australian Disability Enterprises and to support stakeholders and people with disability to contribute to this research. Ethics approval for the research was obtained through the Human Research Ethics Committee at the University of New South Wales.

Projected workforce in Australian Disability Enterprises

The current cohort of workers in Australian Disability Enterprises was used as the basis for the projections of the ageing of the workforce over the next 5, 10 and 15 years. The data source for the analysis was a snapshot of de-identified information from the FOFMS system (provided by FaHCSIA). As at June 2008, 18,868 people with disability were actively working in Australian Disability Enterprises. The youngest person in the cohort was 15 years of age and the oldest was 83 years of age.

The proportion of the workforce in a range of age brackets was determined—15 to 24 years, 25 to 34 years, 35 to 44 years, 45 to 54 years, 55 to 64 years, 65 to 74 years, 75 to 84 years—and projections of the age structure of Australian Disability Enterprises in five years’ time were calculated by adding five years to the age of each current worker. A similar method was used to make projections for 10 and 15 years’ time. The projections are based on three assumptions:

- that people exit supported employment at age 68 years, which is the average age of current employees who are over 65 years of age. This age was chosen because information from the qualitative interviews suggested that current workers were unlikely to retire before 65 years unless forced to by ill health and the average age of people who exit supported employment is unknown.
- that people who leave are replaced by a young person who is on average 33 years of age
- that everyone who leaves the service is replaced and so the total number of people in Australian Disability Enterprises remains constant over time (n=18,868).
The third assumption was made because the Australian Government remains committed to providing supported employment places and the number of places continues to grow in some areas and, as demographics change, there may be less demand for supported employment in some areas. The extent to which the program grows or shrinks will impact on the projections: for example, if retirees from the workforce are not replaced then these projections will underestimate the proportion of older workers and overestimate the total numbers.

Descriptive statistics on the current cohort of people in Australian Disability Enterprises are presented in Section 5 of this report.

**Semi-structured interviews**

The qualitative research method of semi-structured interviews was chosen as the most appropriate way of investigating the experiences of people with disability and other stakeholders, including the social and economic issues around ageing in the Australian Disability Enterprises workforce, as well as the ability of the current service delivery system to meet the needs of ageing people with disability. A large-scale survey of workers with disability was not deemed appropriate for this group, nor would it have been feasible within the project timeframe.

Stakeholders in national disability peak bodies and government organisations, and within Australian Disability Enterprises, were identified in the early stages of the research and invited by email to take part in a telephone or face-to-face interview. The interview questions were also emailed to all Australian Disability Enterprises across the country to give them the opportunity to participate if they so wished. Thirty-one organisations took part in the research (26 of these were Australian Disability Enterprises and the remainder peak disability agencies): 16 interviews were conducted and 15 organisations submitted written responses to the interview questions. The topic guide for stakeholders can be found in Appendix A.

The 26 Australian Disability Enterprises that participated in the research included a spread of area types, with 65 per cent in metropolitan areas, 12 per cent in regional areas and 23 per cent in rural areas. This spread is detailed in Table 1.

<table>
<thead>
<tr>
<th>Interviewed</th>
<th>Made submission</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Regional</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Rural</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

Interviews were also conducted with people working in Australian Disability Enterprises at the time and those who had retired in New South Wales and South Australia. These states were chosen because both have begun to develop informal responses to ageing (see Section 5.2), and so provided the best opportunities to speak with retired people. The workers interviewed were employed at 11 Australian Disability Enterprises, which were chosen to include urban, rural and regional sites and a diversity of disabilities with the greatest spread of characteristics possible within the constraints of the research budget. A total of 46 workers were interviewed, including 36 working in Australian Disability Enterprises and 10 retired workers. This allowed the researchers to explore the differences in experiences of ageing and retirement between those still working and those who had retired.

Interviews with the workers canvassed information about their duties, attitudes towards their employers and co-workers, living skills, leisure-time activities, interactions with family and friends (if any), finances and perceptions of retirement. The topic guide for people who were working can be found in Appendix B and the questions for those who had already retired can be found in Appendix C.
Table 2 details the number of participants within each interview group.

**Table 2: Research participant numbers**

<table>
<thead>
<tr>
<th>Research stakeholders</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees with disability</td>
<td>46</td>
</tr>
<tr>
<td>Carers of employees</td>
<td>2</td>
</tr>
<tr>
<td>Supported employment providers (interviews)</td>
<td>12</td>
</tr>
<tr>
<td>Supported employment providers (written submission)</td>
<td>14</td>
</tr>
<tr>
<td>Peak organisations</td>
<td>4</td>
</tr>
<tr>
<td>Other industry stakeholders</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>79</strong></td>
</tr>
</tbody>
</table>

All interviews were transcribed by a professional transcriber and imported into NVivo, which is a software program used to organise and analyse qualitative data. The coding schema was developed inductively from the data using open coding and was initially tested on six interviews, after which new codes were added and others merged. Once it was agreed that the coding structure effectively captured key ideas in the data, and that coding was consistent across researchers, the remaining interviews were analysed. Interview data is integrated into Section 5 and Section 6 of this report.

### 3.2 Demographics of participants

The majority of people with disability interviewed for this research had intellectual disability (87 per cent; n=40) followed by psychiatric disability (7 per cent; n=3). The majority of people with disability who were interviewed were under 65 years of age because researchers aimed to understand people's perceptions of ageing and retirement as they approached retirement age. Sixty per cent of the sample was male and, of the 40 per cent of the sample who were female, all were under 65 years of age (Figure 1). These characteristics are roughly representative of the population of people in supported employment, although people with intellectual disability are slightly overrepresented in this study.

**Figure 1: Research cohort by gender and age (n=46)**

![Research cohort by gender and age](image-url)
Most of the people with disability interviewed for this research had been employed for long periods of time with their current employer—46 per cent had worked for their current employer for more than 20 years (Figure 2). It is not known if this is representative of the supported employment workforce overall, because this information was not systematically captured in the FOFMS data.

**Figure 2: Research cohort by gender and length of service with current employer (n=46)**

### 3.3 Limitations

There are three main limitations to this research.

First, the projections of the workers’ age profiles are not entirely adequate because the information supplied was not detailed enough to enable the building of a more complex model. More accurate projections would need longitudinal data in order to understand how the population changes over time, such as at what point people enter and exit the program, and the length of time people spend in supported employment. Because the current projections are based on a single point in time, they should be treated with caution.

Second, while interviews are an acceptable method of qualitative data collection, their usefulness depends on the extent to which interviewees are forthcoming in their responses (Denzin 1970). This is particularly pertinent when interviewing people with intellectual disability, who might have trouble understanding the questions or who might have told the researchers only what they thought we wanted to hear. This limitation was addressed by consulting with disability experts on the development of the interview questions and on techniques of effective communication with people with different levels and types of disability.

The third and final limitation concerns the small number of interviews with carers. The original intention was to interview 10 carers but only two interviews took place, despite a number of efforts made to contact carers. Many of the older carers of people with disability were ill, and that made it inappropriate to conduct phone interviews with this group. While this is a recognised limitation of this present research, carer issues were raised and discussed in the interviews with stakeholders.

### 3.4 Conclusion

This section has provided a description of and justification for the methodology used in this research. Sections 4, 5 and 6 detail the results from the research, including the projections and interviews with stakeholders, people with disability and their carers. These findings are discussed in relation to the literature presented in Section 2, in which some policy options for consideration by the Australian and state and territory governments are also considered.
4 Ageing of the Australian Disability Enterprises workforce

This section examines the issue of ageing in the Australian Disability Enterprises workforce through an analysis of the FOFMS database information provided by FaHCSIA. It also discusses some findings from the interviews about workers’ experiences of ageing and how ageing impacts on particular groups of people with disability.

4.1 The future workforce in Australian Disability Enterprises

Evidence from the FOFMS database shows that workers in Australian Disability Enterprises are predominantly born in Australia (93 per cent) and speak English as their first language (86 per cent). There is a substantial discrepancy between the participation rates of men and women in supported employment—64 per cent are men and 36 per cent are women—but it is unclear why this is so. The primary disability of the majority of workers is intellectual disability (72 per cent), followed by psychiatric disability (10 per cent) and physical disability (6 per cent). Although females are more likely to have intellectual disability than males, the rates of different types of disability did not differ significantly between males and females (Table 3).

Table 3: Primary disability of Australian Disability Enterprises clients (n=18,868)

<table>
<thead>
<tr>
<th>Disability by gender (%)</th>
<th>Australian Disability Enterprises clients (%)</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual</td>
<td>72</td>
<td>77</td>
<td>69</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>10</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Physical</td>
<td>6</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Acquired brain injury</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensory</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Autism</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Neurological</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Specific learning</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Speech</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total (%)</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

(a) Percentages based on 6,784 females and 12,084 males.

The average age of Australian Disability Enterprises clients is 39 years; the proportion of males and females is roughly the same in each age range, although women were less represented in the youngest (15 to 24 years) and the oldest (65 to 74 years and 75 to 84 years) age groups (Figure 3 and Table 4).
Figure 3: Age profile of Australian Disability Enterprises clients (n=18,868)

![Age profile of Australian Disability Enterprises clients](image)

Table 4: Age profile of Australian Disability Enterprises clients by gender (n=18,868)

<table>
<thead>
<tr>
<th>Age</th>
<th>Total</th>
<th>Female (%)&lt;sup&gt;(a)&lt;/sup&gt;</th>
<th>Male (%)&lt;sup&gt;(a)&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>15–24</td>
<td>2,783</td>
<td>33</td>
<td>67</td>
</tr>
<tr>
<td>25–34</td>
<td>4,216</td>
<td>36</td>
<td>64</td>
</tr>
<tr>
<td>35–44</td>
<td>5,294</td>
<td>37</td>
<td>63</td>
</tr>
<tr>
<td>45–54</td>
<td>4,476</td>
<td>39</td>
<td>62</td>
</tr>
<tr>
<td>55–64</td>
<td>1,864</td>
<td>34</td>
<td>66</td>
</tr>
<tr>
<td>65–74</td>
<td>221</td>
<td>28</td>
<td>72</td>
</tr>
<tr>
<td>75–84</td>
<td>14</td>
<td>29</td>
<td>71</td>
</tr>
<tr>
<td>Total</td>
<td>18,868</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>

(a) Percentages of total number of people in the age bracket.

The average age of clients did not vary greatly by state or territory. New South Wales and Victoria had the highest proportion of people employed in Australian Disability Enterprises. The services users in these states, along with those in Tasmania and South Australia, had an average age of 39 years or above (Table 5).
Table 5: Age profile of Australian Disability Enterprises clients by state (n=18,868)

<table>
<thead>
<tr>
<th>Australian Disability Enterprises (%)</th>
<th>Average age (years)</th>
<th>Minimum (years)</th>
<th>Maximum (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New South Wales 38</td>
<td>40</td>
<td>15</td>
<td>83</td>
</tr>
<tr>
<td>Victoria 22</td>
<td>39</td>
<td>17</td>
<td>78</td>
</tr>
<tr>
<td>South Australia 13</td>
<td>39</td>
<td>16</td>
<td>74</td>
</tr>
<tr>
<td>Queensland 12</td>
<td>38</td>
<td>14</td>
<td>79</td>
</tr>
<tr>
<td>Western Australia 11</td>
<td>39</td>
<td>15</td>
<td>82</td>
</tr>
<tr>
<td>Tasmania 3</td>
<td>39</td>
<td>16</td>
<td>66</td>
</tr>
<tr>
<td>Australian Capital Territory 1</td>
<td>35</td>
<td>17</td>
<td>72</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>1</td>
<td>16</td>
<td>73</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>15</td>
<td>83</td>
</tr>
</tbody>
</table>

Note: Postcode was not recorded for 50 clients (0.2 per cent).

It is common for people working in Australian Disability Enterprises to live with family. Across the population, 50 per cent of clients live with family, while 22 per cent live with others and 13 per cent live alone (the living arrangements of 15 per cent of clients are unknown). The numbers of people living alone and living with others increases as people aged, and after age 55 years, it is more common for people to live with others than to live with family (Table 6 and Figure 4).

Table 6: Living arrangements of clients by age (n=18,868)

<table>
<thead>
<tr>
<th>Australian Disability Enterprises clients (%)</th>
<th>Age (years)</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15–24</td>
<td>25–34</td>
</tr>
<tr>
<td>Lives alone</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Lives with family</td>
<td>50</td>
<td>76</td>
</tr>
<tr>
<td>Lives with others</td>
<td>22</td>
<td>5</td>
</tr>
<tr>
<td>Not known</td>
<td>15</td>
<td>–</td>
</tr>
</tbody>
</table>
4.2 Projections

Projections from the current workforce indicate that the number of people over 50 years of age will increase dramatically over the next 15 years, from 21 per cent of the current workforce, to 33 per cent in five years’ time, and close to 50 per cent of the workforce in 15 years’ time (Table 7). This mirrors predictions by Donne (2008), who estimated that, in five years, 33 per cent of supported employees would be over 50 years of age, and in 10 years, 46 per cent of all supported employees would be over 50 years of age.

Table 7: Projection of clients over the age of 50 years (n=18,868)

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Now</th>
<th>5 years</th>
<th>10 years</th>
<th>15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 50(a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>3,994</td>
<td>6,138</td>
<td>7,963</td>
<td>9,079</td>
</tr>
<tr>
<td>%</td>
<td>21</td>
<td>33</td>
<td>42</td>
<td>48</td>
</tr>
<tr>
<td>50–54</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>1,895</td>
<td>2,581</td>
<td>2,642</td>
<td>2,652</td>
</tr>
<tr>
<td>%</td>
<td>10</td>
<td>14</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>55–59</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>1,221</td>
<td>1,895</td>
<td>2,581</td>
<td>2,642</td>
</tr>
<tr>
<td>%</td>
<td>7</td>
<td>10</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>60–64</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>643</td>
<td>1,221</td>
<td>1,895</td>
<td>2,581</td>
</tr>
<tr>
<td>%</td>
<td>3</td>
<td>7</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>65–67</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>134</td>
<td>441</td>
<td>845</td>
<td>1,204</td>
</tr>
<tr>
<td>%</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

(a) Total includes people in the current population who are 68 years of age or over (0.5 per cent of the total population).
Figure 5 shows that, in 15 years’ time, the number of people over 50 could constitute almost half of the population of Australian Disability Enterprises. The relationship shown between the percentage of the workforce over the age of 50 years and time is linear because of the simplicity of the model used to make this projection; as discussed in the Section 3, however, it is unlikely that this relationship will be linear.

**Figure 5: Proportion of clients over the age of 50 years over time (n=18,868)**

Figure 6 shows that, in five years’ time, the number of people between the ages of 50 to 54 years, 55 to 59 years and 60 to 64 years will increase sharply.

**Figure 6: Growth in particular age brackets (n=18,868)**
4.3 Age-related changes

The projections from the FOFMS data suggest that the Australian Disability Enterprises workforce is ageing rapidly and that, in 5 to 10 years, this will become a significant issue facing the sector. This was a common theme in the interviews with stakeholders, most of whom reported that older workers with disability employed in Australian Disability Enterprises at the time were experiencing ageing at an accelerated rate, including memory loss, decreases in cognitive abilities and higher medical needs.

Stakeholders reported that many older workers tire more quickly and can find it difficult to keep up with their colleagues and maintain the same level of productivity as before. These changes were also noticed by older workers interviewed for this research who said that they sometimes feel that they are in competition with younger employees. In addition, other workers can have a limited understanding of the ageing process, and some stakeholders noted that teasing comments are sometimes made to older workers about their decreasing abilities, which, in turn, challenges older workers’ sense of worth. Health problems also lead to increasing dependence on staff for carrying out activities of daily living, and some stakeholders noted that the ageing process can also lead to increases in challenging behaviours.

Aside from the increased likelihood of health problems, ageing is also associated with other concerns such as changes in a person’s support system. As family is an integral component of the support system of the majority of people working in Australian Disability Enterprises, the ageing of family carers has the potential to lead to increased isolation for older people with disability. The following story demonstrates the confluence of health-related issues with loss of family experienced by a man with Down syndrome:

We've got a man in his 50s, some onset of a regression in ... social skills, some onset of regression in his personal care, some onset of regression in his ability to respond to direction. He's a man with Down syndrome and he's also lost two significant people in his life, his mum and dad.

It is important to note, however, that the impact of age differs depending on the type of disability and the geographical area in which the person lives. For example, isolation is more of a concern for people living in rural and regional areas due to the lack of suitable transportation and other support services. In addition, people with physical disability may not have as many problems with social isolation because they are more likely than people with intellectual disability or Down syndrome to be married and have children.

The majority of the people with disability who participated in this research revealed that they were experiencing a wide range of health problems including diabetes, hearing loss, high blood pressure, joint and weight problems, and asthma. Some older workers reported needing regular assistance due to their health-related problems, such as the provision of walking aids to prevent falls and to assist with mobility. However, most kept working despite failing health. One participant who survived breast cancer returned to work full time and had no intention of leaving again. Speaking of the experience of going through radiation treatment, loss of hair and illness, she said:

I actually had to try and fight tough, for my own life.

Some workers recognised they were ageing and that their health was impacting on their work and productivity. One 70 year-old man said he had trouble keeping up at work:

Oh, I think it’s because of my age, I don’t like doing too much physical work. I can’t keep up with them [fellow workers].

Many workers said they wanted to keep working, but admitted they would consider retiring if their health declined further. One woman with disability said she wanted to keep working until she reached the 25-year mark, when she would be given a gold watch and an achievement award. However, she had already had one knee replaced and, at the time of the interview, was experiencing a great deal of pain in her other knee. Giving her future working life a realistic appraisal, she said:

I just have to see how my health goes ... if I can’t last that long, then I might have to think about retiring.
This woman’s association of retirement with a deterioration in health status is typical of respondents in this study. This is discussed more fully in Section 6.

4.4 Conclusion

Both the FOFMS and interview data show that ageing is an emerging issue for Australian Disability Enterprises and for people with disability. The data suggest that age-related changes impact on worker productivity, self-esteem, choice and independence. This, in turn, impacts on supported employment providers who struggle to support the increasingly complex needs of their ageing workforce.
5 Implications for the Australian Disability Enterprises sector

Australian Disability Enterprises have undergone substantial changes since their inception as sheltered workshops in the 1950s and 1960s. With the implementation of the Disability Services Standard in 1992, which encouraged community integration for people with disability, Australian Disability Enterprises now provide work opportunities that mirror those in the open market (KPMG Consulting 2000; Lindsay 2004). According to stakeholders, the new model presents unique challenges to the sustainability of Australian Disability Enterprises as its workforce ages; these challenges and the sector response to ageing are discussed in this section.

5.1 Sustainability

The ageing of the workforce has implications for the productivity of Australian Disability Enterprises and, ultimately, their ability to run as competitive businesses. Maintaining productivity is particularly difficult for older people working in enterprises whose core business involves physical labour such as mowing lawns, wood cutting or recycling. According to stakeholders, some older workers become increasingly forgetful and can struggle to complete complex tasks. For other workers, ageing results in a reduction in the skills needed to complete tasks, which requires employers to continually retrain workers. In the experience of one stakeholder:

    Production drops as skill levels decrease. There are more instances of forgetfulness, increased behaviours, especially more instances of playfulness or being childlike.

The reduction in mobility and strength and the increased fatigue experienced by some older workers also results in higher occupational health and safety risks for employers. Some supported employment providers described a higher incidence of incontinence among their older workers, which had a substantial impact on the worker’s independence. Many stakeholders reported that making the workplace safe and comfortable for older workers requires more staff time and is an increased cost for supported employers.

Ageing is not always seen as a problem, however. A number of stakeholders noted that older workers were not necessarily less productive than younger workers, and that productivity could be impacted by other factors such as:

    ... ability, working together with others, working safely, eagerness to try new things, and confidence. One of our most productive people is nearly 67.

The majority of service providers, however, were grappling with the decreased productivity of their workforce due to the increase in the number of older workers. All of the providers of supported employment who participated in this research struggled with the tension between maintaining a competitive edge over other businesses and at the same time providing adequate support to an ageing workforce. One participant said that the requirement to operate as a ‘normal’ workforce meant that:

    Our people are on full award payment, they get sick leave, holidays, long service leave, and therefore need to be treated the same way as people in the real world.

This implies that people should shift out of the workforce as they age, and yet most stakeholders did not necessarily want to move people out. They spoke of creating a culture within their businesses that encourages a supportive, inclusive, positive and safe working atmosphere for all people with disability. Respondents believed they have a responsibility to care for older workers, as well as to provide support to their ageing carers:

    We wouldn’t exit them from the service because they’d been with us for 30 or 40 years. We have a responsibility to the family and that client to actually look after them as long as we can even though they weren’t productive. Often many of them leave [the service] when they died or they just got so sick that they couldn’t come to work anymore.

Although there were a few stakeholders who believed that operating as a business is not necessarily problematic, the moral obligations felt by service providers place a number of restrictions on business activities.
Decisions about wage levels are one such example. Because wages in the sector are determined through one of 30 standard productivity assessment tools, service providers have the option of reassessing a worker's wage as their productivity decreases. However, participants were reluctant to reduce the wages of less productive workers even after a wage assessment demonstrated a reduction in productivity.

Providers reported that their ability to run supported employment enterprises as competitive businesses is also limited by the fact that the number of places FaHCSIA funds is capped, and once a person has been allocated a place he or she can keep it as long as they are capable of working a minimum of eight hours a week. This has resulted in a low workforce turnover and limited capacity for supported employment enterprises to replace ageing workers in funded places with more productive ones. This problem is exacerbated by the fact that once a person moves out of the workforce he or she may have difficulty getting a reallocated place in supported employment. As the following quote highlights, this tension is understandably frustrating for some providers:

What do we do with them if we cannot sack them or the department has no initiative for transferring them to a state program or nursing home?

5.2 Current responses to ageing

The research uncovered few formal programs to support older people with disability. Stakeholders reported that large Australian Disability Enterprises have taken the lead in developing responses to ageing because they receive funding from a variety of sources, which provides them with more flexibility to implement new services than smaller enterprises. While formal services to assist ageing workers are virtually non-existent, most of the supported employment providers who participated in this research had implemented informal processes for supporting older workers. Strategies used by most of the Australian Disability Enterprises in the study include:

- **Work that is appropriate for the person's ability**, such as work that allows older people to sit down. For example, one supported employment provider established a new service:

  ... to enable supported employees who were ageing or whose productivity levels had decreased to maintain some type of employment. This business is an Enterprise Centre which does rag cutting and security shredding. Most of the jobs enable employees to sit down while they perform the task.

- **Part-time work**, such as shorter working days or working fewer days in the week:

  A lot of people cut their hours down as they're getting older ... We're lucky because we can be really flexible about the hours that people do work in some of our areas. So and some people might not start 'til 10 and finish at 3, just whatever they can sort of cope with.

- **Transport** for older people who lacked the ability to transport themselves to work by other means. One supported employment provider offers a transport service:

  ... a driver who picks people up and brings them to work. If it gets to the point where someone can't drive or catch public transport then we offer them that.

Six respondents said they are actively involved in the development of transition plans to prepare older workers for retirement. These respondents felt they had an obligation to assist workers to consider their transition to retirement including accommodation support and support for the ageing carers. One supported employment provider, for example, runs a family network group where they meet with families and encourage them to contact the state disability peak body to identify accommodation and respite options long before the person retires. Another provider reported that transition to retirement planning begins when they identify a declining ability to participate effectively in the workforce. Plans are developed:

... in conjunction with carers to gradually reduce the number of days per week that they[people with disability] work or even the number of hours per day. We may work on those plans over a number of years but it is up to the person or carer to engage the person in alternative activities for the days they no longer attend. These activities are often not structured or planned and may lead to the worker becoming depressed or disillusioned about what retirement should be like.
Stakeholders reported that the process of planning for retirement is essential for workers, but that it is also time consuming because there are so few services available in the community that can appropriately support older people with disability. Although some believed that day centre programs are a good option, others resisted this idea, believing the model to be outmoded. In the words of one stakeholder:

> It’s the wrong answer because they do have day centres for older people. They’re not hugely popular, they’re incredibly unsupported and they’re archaic. And if we run archaic style services then we’re going to get archaic outcomes.

Less common strategies to support older people in Australian Disability Enterprises included training older people to become mentors to younger workers and inviting people who have left the program to continue to participate in holiday parties and other special events at the organisation. One supported employment provider decided to provide superannuation to all workers regardless of their income. But, while this will be useful to support the incomes of future retirees, it is not likely to influence the choices of current older workers who are close to retirement. Two of the 26 supported employment enterprises that participated in this research had created unfunded day programs to assist older workers with disability to transition away from work. Finally, two additional services, one in New South Wales and one in South Australia, reported that they had managed to convince their respective state governments to fund pilot projects supporting older workers in retirement. Profiles of these services are provided below, details of which were drawn from the interviews with the service providers.

**Examples of programs to facilitate retirement from Australian Disability Enterprises**

**Greenacres Retirement Options (New South Wales)**

Greenacres Retirement Options (GRO) is a centre-based day program in Wollongong run by Greenacres Disability Services. It was set up and funded by the state government in response to the increasing numbers of workers with disability whose productivity and wages were decreasing due to age-related changes, and who had no option but to cease work and remain at home. GRO was funded by the state government after a long period of advocacy at both Australian Government and state and territory levels for this type of service. It is presently funded at a rate of $225,000 a week for 15 places a day or 75 places a week. The average attendance is 2.5 days, and hence the cost of the average placement is $7,500. The ratio of clients to support workers is 5:1, not one-on-one, as the service users have come from the highly socialised environment of work.

The service provides a day program through which older people with disability who have retired from Greenacres-supported employment can participate in a mix of structured and unstructured activities. GRO includes programs that enhance social and living skills as well as those that provide recreation, leisure, community access, attendance at all local cultural and community events, and opportunities for volunteering. Retirees can volunteer to work for a community service such as Meals on Wheels, and can also be linked with a volunteer in the community who provides one-on-one support in activities of mutual interest. To maximise choices about the activities people can become involved in, the program also provides individual planning and respite for carers.

The number of people who were interested in participating in the service was initially low. Workers were extremely reluctant to leave work, and their families were resistant to the idea of their son or daughter retiring because they thought it meant they would be staying at home. To assist with the transition to retirement, older workers were gradually shown what the experience of retirement could entail by, in the first instance, bringing them to GRO to have morning tea. This gave them the opportunity to experience beforehand the programs they would be participating in after they left work. The transition period de-mystified retirement and once workers began to spend a few days a week in retirement activities they came to realise that retirement was more fun than working and this put them under far less pressure. Once this was recognised, the numbers of people wanting to participate expanded rapidly and the service now has a waiting list.

The entry criteria to participate in the program are: a lower age limit of 55 years; workforce experience at some stage of an applicant’s life or current employment; and a desire to retire.

Older workers at the Australian Disability Enterprise on site are currently being transitioned into retirement after a period of part-time work and time spent at GRO. Those who want to retire do so once they are comfortable at
GRO, at which point they lose their funded employment place. The flexibility of the service and its empowering effects has allowed people to retire from supported employment. This has had some remarkable consequences:

There's one lady that I'm thinking of, she was on oxygen for her health, she was having trouble breathing and her sister said, 'Oh we don't really take her out much'. By the end of the first six months [in the program] she wasn't even in a wheelchair any more, she's walking around, the oxygen bottle's gone and she's ... you could see in her face that she had this new lease on life. So it created opportunities for her that she probably just had given up on.

A further benefit of GRO is that the places vacated by older workers become available for young people leaving school. The retirement of older workers who have lost their stamina and need to move to the next stage of their life creates a flow-through system of benefits for school leavers.

Greenacres is currently looking for funding either to commence a second service or to set up another five places a day at the existing GRO centre.

**Minda Retirement Lifestyle Options (South Australia)**

Minda Incorporated is the oldest organisation in South Australia providing residential care, education and employment services for people with intellectual disability. Twelve years ago a retirement lifestyle service was established within the organisation when it was recognised that some of the older people employed in Minda Disability Enterprises could no longer continue working. The original service provided a centre-based day program, but that was soon expanded because it was found not to be flexible enough to provide options for people with different interests. In addition, many who attended the original day program said they would rather stay at home and go out to attend activities in the community.

The new program mirrors retirement as it is experienced by the general population. The day program was retained, but Minda also implemented a retirement lifestyle service whereby people are assisted to access existing opportunities in the community, both individually and in groups, and to establish their own networks and supports within general community organisations. The service also creates new opportunities in the community (there is a fishing group and a pub group), and provides transportation and funding for these activities. The final component of the retirement service is a home-based program which supports people who prefer to stay at home and provides activities such as reading and massage. The program has 86 clients, half of whom do not come to a centre-based program. The project is run by three team leaders (one each for the senior citizens’ program, the community options program and the home-based program), five staff and a number of volunteers.

Like the GRO, Minda allows people to work part time while also being involved part time in the retirement services, as a way of easing people's transition to retirement. This acknowledges the fact that there are different reasons for starting on the retirement path, such as a decrease in productivity, an increased interest in recreational activities, a desire to reduce working hours, or ill health that makes it difficult to work.

Participants in this research reported positive outcomes from Minda's Retirement Lifestyle Services. As one participant said:

Yes, I'm retired. I really love it. I come down here [Retirement Leisure Centre], go for bus rides with them on a Monday and spend more or less of the time home with the cat ... and then sometimes I go shopping on my own and banking. And if it's a nice day I just go for a walk or sit home and knit and watch television.

This retiree makes her own decisions about how she will spend her days and has gained independence through her participation in the retirement program.

Minda Lifestyle Retirement Options is funded by the state government through a block grant and Minda Incorporated makes up any deficit. The program is not financially sustainable in its present format with the current level of funding.
5.3 Conclusion

The ageing of the supported employment workforce has become a pressing issue for this sector because of the tensions management face between running the supported employment enterprises as businesses and providing adequate support for their workers. The Australian Disability Enterprises sector is reluctant to retire workers because staff know there is inadequate support in the community for older people with disability, but this jeopardises the ability of these Australian Disability Enterprises to run as businesses. Stakeholders interviewed for this study believed that the only way through this impasse, given the systematic difficulties faced by supported employment enterprises, is to ensure that older people can retire. As one participant put it:

Retirement must be an option for people with disability who are working. Whatever that means in practice, business services cannot afford to carry the burden of care for people with disability who are ageing. This is not meant to sound harsh, but while we have this complex, siloed and compliance-based system, a business service will struggle with supporting increasing needs of an older workforce.

The lack of retirement options for people with disability means that the right to retire is not straightforward, and it raises the question of whether the current service system supports people with disability to access this right. The next section explores these issues.
6 Retirement from Australian Disability Enterprises

The literature review uncovered a number of barriers faced by people with disability considering retirement from Australian Disability Enterprises. This section explores stakeholders’ and workers’ views about these barriers. It starts by discussing the right to retirement and the meaning of retirement with dignity, and goes on to investigate the structural and interpersonal barriers to retirement as reported both by stakeholders and by people with disability working in supported employment. The final part of this section discusses the experiences of those who have retired.

6.1 Dignity and the right to retire

Stakeholders overwhelmingly agreed that retirement is a right for the people with disability working in Australian Disability Enterprises, just as it is for the general population. They felt strongly that workers should have the opportunity to lead a meaningful life after work, particularly because many older employees work for the same employer for more than 20 years. As one stakeholder said:

[Older workers have done] their fair share in their working life, and like any other citizen they should have the opportunity to access a place that would cater for the next stage of their lives.

Participants also believed that part of the retirement process should involve acknowledging the contributions older workers had made during their working lives and the skills they had learned while employed, such as budgeting or working well in a team.

In addition to the right to retirement, stakeholders espoused the idea of retirement with dignity for older people with disability. This refers to the opportunity to enjoy a meaningful life after work, one of the chief requirements for which is retiring while a person is still in good health, so they can become involved in activities that provide a high quality of life. Retirement with dignity was also believed by stakeholders to involve control over what happens in retirement, including making choices about how to spend free time. One provider, for example, stated that retiring with dignity means to be given options:

They have a right to maintain the option of working and should not be deterred because they are no longer as fast or as capable or as productive. They have made a valued contribution to their employer and often have little else in their lives, so forcing them to finish work because of ageing issues and narrow definitions of 'employment' are discriminatory.

In other words, people must be given a choice to retire; this can also involve respecting the decisions of some older, less productive workers to remain in the workforce.

Many participants in this research spoke passionately about giving people with disability the right to retire, but they were pessimistic about the possibilities for workers to exercise this right. They pointed out that few services that provide activities which generate enjoyment and satisfaction exist and, as a consequence, people with disability keep working until they are forced to stop for health reasons. One provider believed that:

...retirement is an option but there are still too many hurdles in the way to allow to it to be a smooth process. These hurdles hinder retiring with dignity.

These hurdles are described in the next two subsections.
6.2 Structural impediments to retirement

Workers with disability are more limited in their retirement options than most Australian workers for a number of reasons. This section discusses the structural impediments to retirement mentioned by stakeholders and people with disability in the interviews in relation to: living arrangements; the shortage of appropriate services; and superannuation. It also discusses issues for special groups of people with disability, and some of the concerns of ageing carers.

Living arrangements

As noted in Section 4.1 (Figure 4), older people with disability working in supported employment are less likely than younger people to live with family and more likely to live alone (in public housing or private accommodation) or with others (in publicly or privately-run group homes). Most of the 46 people with disability interviewed lived in one of three accommodation types—group homes, independently or with aged parent carers—and each type of living arrangement creates its own challenges and opportunities as people start to consider retirement.

According to stakeholders, ‘ageing in place’ is difficult in group homes because of the way services are funded. Most supported accommodation places are not staffed during the day, which means that residents must vacate the building until late in the afternoon. A number of stakeholders reported that this places Australian Disability Enterprises in the position of acting as de facto day centres for people who cannot remain at home during the day. One provider of supported employment said:

We are actually contacted by DADHC [Ageing, Disability and Home Care in New South Wales], on a sort of half-regular basis to say “Oh, could you take Joe Bloggs because we don’t have the funds to staff that house today”. But we’re not a babysitting service!

The funding mechanisms for supported accommodation substantially restrict people’s choices around retirement and ageing in place. For example, one 71 year-old participant, who lived in a group home and who needed to retire because he had health and mobility problems, was unable to stay at home during the day because there are no support staff available. He would have liked to stay at home during the day but, as he reported:

I can’t stay at home unless there’s someone [who] will look after me ... and that’s why I come in to work.

There were no other services to support this man even though the group home was in a metropolitan area with a number of ageing and disability services. This is a clear example of how supported employment enterprises end up functioning as de facto day centres.

The participants who lived independently had different abilities and opportunities from those who lived with family. Those living independently were able to carry out most activities of daily living, including using public transport, domestic duties, shopping and preparing meals. Their ability to function independently in the community facilitated more choice about when to retire than that available to those who lived with aged parent carers whose choices were more constrained because this decision had a substantial impact on their carers. Those living with aged parent carers also tended to be more confined to the home than those living independently, and had fewer outside interests. One interviewee who lives with her aged parent carer, for example, said she ‘gets sick of staying at home’.

While people who live in supported accommodation were reported to have more independence than people who live with their aged parent carers, their ability to age in place is limited because they are not eligible to receive HACC due to concerns over doubling up of services. This raises questions about where people without family can live once they are no longer able to stay in supported accommodation due to age-related needs. According to one stakeholder:

There is no such thing as ‘retire with dignity’ for people with disabilities. Where do they go? Nursing homes are not the answer.
The paucity of accommodation services for older people with disability is part of the wider issue of the lack of appropriate services that emerged in the research.

**Shortage of appropriate services**

Stakeholders said there is a distinct shortage of appropriate services to prepare people for retirement and to support them after they had retired. Transition to retirement services were believed to be particularly important for people with intellectual disability who tend to rely heavily on routine and who require time and support to plan ahead. Some supported employment providers spoke specifically about implementing formal transition to retirement plans. Others, however, did not have a strong focus on retirement planning. Providers called for additional financial support to facilitate more holistic retirement planning, including linking people with services that could support them post-retirement. One stakeholder pointed out that, while school leavers are provided with transition-to-work services, the transition to retirement is not formalised:

School leavers get a two to four-year transition to work, after 12 years on average of schooling, but after 30 plus years of work, there is no option for transitioning to retirement.

One difficulty with retirement planning is that because there are few services to support people post-retirement, the only formal service options for older people with disability who retire are aged care facilities or conventional day programs. Entry into these services is restricted by eligibility requirements and waiting lists. Stakeholders were further concerned that the existing disability and aged care services are not appropriate for people with disability retiring from supported employment: disability services for those not working are directed towards younger people with higher needs, while aged care services are not set up to assess and provide support to younger people with disability experiencing symptoms normally associated with ageing. One stakeholder gave an example of the difficulty of getting a younger person assessed by aged care services:

We had to humbug for some months to get someone from the Northern Territory ACAT to conduct an assessment on a lady with Down syndrome who started to display overt dementia symptoms, but due to her age, only 42 years old, they declined the request for some time.

Service options are particularly scarce in rural and regional areas. One regional area in which interviews were conducted had a single centre in the middle of the town, and it offered leisure activities to people with disability only once a week. The service provider felt that this is not enough to make structured retirement a possibility for older workers:

They have made a valued contribution to their employer and often have little else in their lives, so forcing them to finish work because of aging issues and narrow definitions of 'employment' are discriminatory. There are NO alternatives here for ageing clients ... it is different in the eastern seaboard states.

Almost all stakeholders believed that some type of structured activity is important to support people with disability in retirement. In their experience, without it people have the potential to make choices that result in adverse health consequences. For example, one service provider said:

If they don't have something meaningful in their life they will ... return to smoking, they'll return to drinking, they'll be couch potatoes, they'll sit and watch TV all day and eat, and other health problems will come in as a consequence of that.

In other words, without a structured activity to replace working, retirement in itself could pose a health hazard to older people with disability. Indeed, all but one of the 36 people with disability interviewed for this research who were still working had difficulty imagining what they would do with their free time during retirement. This is discussed more fully later in this section.

All stakeholders believed that the primary responsibility for funding programs to support people with disability to retire from work lay with the Australian Government, although many also felt the responsibility should be shared with state and territory governments, peak bodies, Australian Disability Enterprises and carers. Some stakeholders thought that supported employment providers should receive additional financial incentives to be involved in retirement planning, since the activity does not strictly fit in with their requirement to run as businesses.
Finances and superannuation

A further barrier to retirement is the reduction in income when older workers with disability stop working. Most workers at Australian Disability Enterprises receive the DSP and, even though wages are low, they make a significant contribution towards weekly living expenses and social and recreational activities. Thus, the reduction in pay could be a central disincentive to retirement. One participant was clear that the drop in income was the reason he was not looking forward to retirement:

I really haven’t got much money to retire on ... that’s the hard bit. But if I leave here I lose about $80 a week. That’s a big drop ... I get $50 a week here and the government gives me $30 a week in incentive allowance. When I go on the age pension I lose that.

The majority of people who participated in this research had their disabilities either from birth or from an early age. A lifetime on welfare payments, even supplemented by wages in supported employment, meant that most had not planned financially or saved for retirement. In only a minority of cases had families initiated financial planning.

Of the nine Australian Disability Enterprises at which interviews with people with disability took place, only two paid superannuation to all workers regardless of wage. The majority of the people with disability interviewed received wages below the superannuation benchmark ($450 per month), so employers were not legally required to pay the 9 per cent contribution. Thus, the majority of workers interviewed will retire with no superannuation, even though they had worked for most of their lives. Most interviewees had never heard of superannuation, and the only participants who understood the concept were those working in enterprises that paid superannuation to all employees. One participant had a detailed knowledge of her superannuation fund:

I get some money from it when you retire. So the one I’m under here at [name of supported employment enterprise] is AMP. I’ve sort of joined.

Stakeholders recommended extending superannuation to all people working in Australian Disability Enterprises regardless of the level of their wage. One stakeholder described its importance thus:

I believe that an older age disability costs more than an older age without disability ... While the disability support pension is useful to provide shelter and food, it doesn’t also stretch to the other things that come with whatever disability you live with.

However, even if this is implemented across the supported employment sector, it will not impact on the current cohort of older people in Australian Disability Enterprises who are now close to retirement.

Issues for special groups of people with disability

Stakeholders commented that people from Culturally and Linguistically Diverse (CALD) backgrounds, Aboriginal and Torres Strait Islanders, and people in rural and regional areas, face particular issues as they age.1 Stakeholders did not mention particular needs faced by women.

According to the FOFMS data, the majority (93 per cent) of people working in Australian Disability Enterprises are born in Australia, and only 3 per cent speak a language other than English at home. In the interviews, only a few stakeholders discussed any special issues facing this group. Those who did believed that people of CALD backgrounds were underrepresented in supported employment because of language barriers, a lack of consideration of cultural needs and people’s lack of knowledge about available services. One respondent noted one example of a refusal to allow the person’s family to become involved in their planning:

Services do not involve family members in planning. We know of one case where the employer prevented family involvement and refused to use an interpreter for the family.

These stakeholders believed that when people from non–English speaking backgrounds retire they often move back in with their families because there are few services catering to the cultural needs of older people with disabilities.
Aboriginal and Torres Strait Islander peoples make up approximately 2 per cent of the current supported employment workforce. The two respondents from Australian Disability Enterprises with older Aboriginal and Torres Strait Islanders in their workforce commented that there is a significant lack of services appropriate to supporting the needs of this group. This view is reflected in the following quote:

There is such unmet need here, especially for the Indigenous mob.

These two stakeholders have found that they can best support older people by creating a sense of community, or a place to sit and meet and talk, while still enabling access to the services and support to which they have become accustomed. A respondent from one service said:

[We] have talked with our clients here and have painted the transition to retirement in a differing light: they are mentors, they are respected. They buddy up and are role models for newer and younger clients. They help instill a sense of ownership, which in turn fosters a sense of responsibility, and then they start to feel they can make decisions, state their preferences and are overall more empowered.

People who live in rural and regional areas can be disadvantaged by a lack of transportation and other support services, but at the same time they can be better supported by smaller communities. One stakeholder from a rural centre reported that, if a supported employee wanders off, someone will ring the centre and report on their whereabouts:

We often get phone calls from people saying ‘Look I think there's one of your guys’—it might be sort of 6, 7 at night—‘I think it's one of your guys and he's sitting out the front and he seems lost’ or ‘I've just seen somebody go past I think comes from [agency]’.

Another rural stakeholder commented that some older people from small towns have strong informal networks and these people do well in retirement. In his experience, retirement is most difficult for people who return to family farms, because they can become extremely isolated.

**Ageing carers**

The final structural barrier to retirement for people working in Australian Disability Enterprises is the reluctance of older carers to take on the extra demands of a full-time caring role. The two ageing carers who took part in this research were strongly opposed to their adult children retiring, because work provides them with respite five days a week. The 78 year-old carer said:

I hope he doesn’t ever [retire]. Not while I’m alive anyway. There’s nothing for him to do at home. See, he wouldn’t do anything around the place, he wouldn’t get the mower out and mow the lawns or anything. He’d just go off wandering somewhere.

Stakeholders believed that the ageing of the carers of the people working in supported employment is one of the most significant issues facing this sector. They confirmed that respite services are often in limited supply, so substantial burdens are placed on carers when people with disability retire from supported employment. This often results in strong family pressure to remain in employment despite decreasing productivity or a worker’s desire to stop work. While stakeholders recognised that the Australian Government is attempting to address this issue by adding more capacity to existing respite services, a number of stakeholders voiced strong opposition to the continued reliance on informal caring:

I do know that the federal government has put in all sorts of supports to enable that caring relationship to be maintained. I think that’s obscene. I think it’s obscene that a family carer who has been doing it for 50 years is provided with support services to do it for another 10. I think that’s obscene and it’s also unnatural.

If people with disability who live with aged parent carers are to retire with dignity, appropriate transition plans will have to take their carers’ needs into consideration, and include services that can appropriately support them in retirement.

Interviews with people with disability often indicated that there is a degree of reciprocity in their caring
relationships, and several living with aged parent carers provide assistance to their parents. One stakeholder reported that a 67 year-old woman:

... catches public transport and comes to work every day. She lives with an aged mother who's in her 80s and has dementia and she has become the alternative carer.

Another interviewee said she arrived home once:

... [and] found mum on the floor. She fell over. Two hours she was there ... I went into the butcher's straight away, I says to him: ‘You come and get mum up from off the floor’. And my mum said to me: ‘You're a good girl to do that, for thinking about that’.

These stories demonstrate that the caring relationship between people with disability and their carers is not a one-way relationship, and that when carers themselves become frail through age, people with disability can take their turn in becoming carers, even if only briefly and on occasion.

6.3 Interpersonal impediments: the experience of workers with disability

The interviews with people with disability uncovered a number of interpersonal barriers to retirement. These included: attitudes toward retirement; the meaningfulness of work; and relationships at work. Each of these elements is discussed below.

Attitudes toward retirement

Only a few of the people interviewed who were working in Australian Disability Enterprises at the time (n=36) had no understanding of retirement. These people said staff had not discussed retirement with them, even though formal retirement planning is part of the formal training supported employment enterprises provide to people with disabilities. Most workers interviewed had some understanding of retirement, but they were adamant they did not want to retire from work. They saw retirement as an option only when their health declines to the point where they can no longer work. People's resistance to retiring was a constant theme throughout the interviews, largely because they had negative views of retirement, associating it with ageing, bad health and moving into nursing homes. Only one current worker had made the decision to retire and was looking forward to it because people had been bullying her and her husband at work. She had already thought about what she was going to do during retirement, such as housework, knitting and watching TV, and she was looking forward to having more choice about what she does in her day.

All of the other workers who participated in this research found it difficult to imagine how they would spend their time during retirement. The prevailing view was that they would probably spend their days at home by themselves watching television; however, this attitude was influenced by whether the person enjoys spending free time at home. Those who do not enjoy spending this type of time at home were particularly fearful of retirement because it is associated with having nothing to do. One participant reflected this concern when he said he would ‘probably end up doing nothing’ when he retires. Even those who worked part time, and hence often spent their day/s off doing domestic chores, shopping, paying bills and banking, were not looking forward to retirement.

But while those who were still working had difficulty imagining what they would do to fill time in retirement, they also reported a wide range of interests and hobbies such as football, ballroom dancing, bushwalking, collecting Egyptian souvenirs, listening to music, crocheting and singing. Few participants, however, associated these interests with retirement. This may, in part, be due to the lack of services available to support people in retirement. As one participant said:

We feel that at this point in time most workers in business services may be aware of the possibility of retirement from the workforce, but may not have any plans due to the lack of current suitable services existing.
The meaningfulness of work

In addition to the difficulty of imagining how they would spend their free time in retirement, most workers interviewed for this research were also strongly attached to their workplaces. Work played an important role in some participant’s lives by giving them a sense of purpose and meaning. Most of those interviewed attested to liking their work and demonstrated a strong commitment to it. As one worker said:

I like to work here. It keeps my mind off a few of my other problems. And it gives me something to do, right? And I’ve met new friends, women and men, staff and workers. So I find it very rewarding.

Another person’s great pride in and love for her work showed in the fact that she knew the exact date she commenced work:

I have been here for 29 years. I actually started January 22nd, 1979. I was in my teens.

However, not all activities were meaningful. A number of people, particularly those who worked on jobs requiring little skill such as shredding paper with scissors, reported being bored at work. Others talked about the unpleasant nature of the jobs they had done, some of which involved unpleasant physical work. As one person said:

The occupation here can be a little bit boring.

And as another said:

Some outside work I did [like but] I didn’t like working in the abattoir.

Relationships at work

Apart from the sense of meaning associated with work, people also had strong connections to the people they worked with. Co-workers provided many people with long-standing social networks in places where they could feel safe and comfortable. A woman who had a brain haemorrhage 12 years earlier, for example, said she enjoyed her work environment because it made her feel as though she fitted in:

When I walk through the door here I don’t get treated like ... ‘Oh, you poor thing ... You can’t do this, you can’t do that.’ You’re just treated normal. And that’s what I like. People don’t look at me and say, ‘Oh look at you, what’s wrong with your leg?’ And you know you just fit in.

Another participant had worked in the same service for most of his working life. Everyone—fellow employees and staff—knew him and greeted him by name when he arrived in the mornings. These relationships sustained him and he feared their loss if he retired:

I just want to keep company with other people. If I was home all the time I think I’d go six foot under in no time because I don’t like my own company.

Work was especially important as a source of social networks for those who lived at home with family. Interviewees who lived with their aged parent carers tended to be less connected than people in other living arrangements with social and recreational activities outside work. Those who lived in group homes reported the most access to social and recreational activities, companionship and transportation.

Most participants also reported having good relationships with their supervisors, on whom they relied for the organisation of jobs and tasks, a pleasant and safe working environment, and help with other problems in their lives. The threatened loss of these relationships was a deterrent to retirement, especially because participants reported that these relationships are confined to the work environment—people rarely saw their work friends on the weekends or after hours.

Although interviewees overwhelmingly reported favourable experiences at work, a minority of people faced difficulties such as bullying or teasing by co-workers. Stakeholders also reported that older workers were sometimes bullied by other workers who did not understand the age-related changes older people were going through. For those experiencing bullying and who were bored at work, retirement could be an attractive option:

I don’t like it when they ... you get talked about behind ... when all the others, the rest of them, you know, talk about you behind your back.
As stated previously, bullying was the reason why one participant had decided to retire, even though she needed the wage she earned at work.

6.4 Experiences of those who have retired

Ten people interviewed in this research were either fully retired or semi-retired and were clients of the two programs (Greenacres Retirement Options and Minda Retirement Lifestyle Options) described earlier that had received state funding to provide services specifically for retired older people with disability (Section 5.2). The services were designed to replace previous weekly work routines, as well as to encourage people to take up new interests. Both services also provide people with the opportunity to interact with the local communities through such activities as volunteering, walking or fishing, and transportation was supplied to further facilitate community access. In stark contrast to interviews conducted with people working in supported employment, all 10 retirees spoke positively about their experiences of retirement and said they preferred it to working. Their primary reasons for liking retirement were that they had more choice about how to spend their time, and less stress than when they were working. They had also made new friends.

Choice

One of the chief reasons people gave for enjoying retirement was the fact that they could decide how to spend their time. This was a considerable contrast with the lives of employees, where decisions about their work and working time were generally made by supported employment staff and managers. One retired person said:

The best thing is I don't have to get up so early. I can decide what I want to do.

Both retirement services left the day-to-day decision making to the people with disability themselves, and it was evident from the interviews that people liked making decisions about how they would spend their time. A number of retirees spoke positively about having the opportunity to have some free time after a working life that was highly structured and very much a routine, which was again in contrast to the opinions of other participants. One person was very pleased she was no longer required to fit in with the time demands of work:

[I don't] have to work. [I] can relax and do what I want to do.

There were a few retirees whose responses suggested they found it difficult to make decisions and articulate what they would like to do. This could be a consequence of working in organisations where people with disability are routinely told what to do, and hence have limited experience in voicing their choices and preferences.

Stress reduction and new relationships

A number of retirees spoke about the stress they had felt while at work, especially during busy periods when they were required to complete large jobs quickly. These participants said they found it difficult to keep up with the demands of the job and were much happier and less stressed after they had formally retired. This is one retiree's experience:

Coming here's better. I'm more happier here than I am at work ... no stress now, I was stressed at work. No, I love it here better than anywhere else ... I loved work, but then it started to stress me out ... Too many arguments all the time and [I] couldn't handle it any longer ... some of the people used to drive me up the wall, used to be nasty.

Another retiree also spoke positively about her experience of retirement after working for more than 30 years in the one supported employment organisation:

Yes, I'm retired. I really love it. I come down here [to the Retirement Leisure Centre], go for bus rides on a Monday and spend more or less time home with the cat ... and then sometimes I go shopping on me own and banking. And if it's a nice day I just go for a walk or sit home and knit and watch television. [I do it] without rushing ... [without] thinking about getting up and getting there to work on time.
Retirees spoke of the importance of the friendships they had formed with people at the retirement centres they attended, and these relationships mirrored the importance of the friendships they had formed in their previous workplaces. This suggests that, with the appropriate services and support structures, older people with disability can retire with dignity and have meaningful lives when work is ended.

6.5 Conclusion

All stakeholders agreed it is important to give people the opportunity to retire from work but, as the discussion showed, the decision to retire is constrained by a number of structural and interpersonal barriers. The interviews suggest, however, that while people who are working in Australian Disability Enterprises resist the idea of retirement, putting structures in place to support people to retire could make it an attractive option. Some policy options to address these issues are proposed in the next section.
7 Discussion

The Australian Disability Enterprises sector is beginning to experience significant challenges associated with the ageing of people with lifelong disability. The ageing trend has substantial implications for the supported employment sector, for older people with disability and their carers. Recognising the factors associated with the ageing of people with lifelong disability represents an opportunity for the Australian Government to take the lead in providing innovative support for this group. But there are also a number of challenges for the Australian Government, especially around the allocation of funding responsibilities between it and state and territory levels in both the disability and the ageing sectors. This section considers these implications in relation to the findings of this research and the literature.

7.1 Implications of population ageing

Australian Disability Enterprises

Australian Disability Enterprises have long recognised that the ageing of the workforce is a challenge to sustainability, given the ways in which supported employment is funded. Both the funding through business activities and Australian Government are adversely affected by the ageing of a workforce where people cannot, except in certain circumstances, be retired on a compulsory basis provided they can work a minimum of eight hours per week (FaCS 2004). Workers’ reluctance to retire as they age and, in some cases, become less productive places restrictions on the business activities of Australian Disability Enterprises, as funded places cannot be filled by more productive workers. The reduced productivity of the workforce makes it difficult for supported employment providers to remain financially sustainable and continue to survive as viable business enterprises. FaHCSIA has attempted to address this issue through the implementation of a Targeted Support Program, which aims to find more appropriate services for people whose productivity is very low. The few stakeholders in this research who mentioned this program reported that, while it has had some benefits, it has not fully solved the issues around productivity associated with an ageing workforce.

The ageing workforce can affect differently situated supported employment providers in different ways. Employers in urban areas, for example, may find themselves having to become more competitive in their tendering for contracts, and this could result in an increased emphasis on ensuring that workers remain productive. There is also more demand for the supported employment places in urban areas, which is an increased incentive to encourage less productive workers to retire so these places can be filled with more productive workers.

In contrast, there may be less competition in rural and regional areas and hence less pressure on workers to be productive, although enterprises in rural and regional areas might find it difficult to generate enough work to keep people with disability employed. There could also be a lower demand for places in rural and regional areas due to the lower population density. It is possible, then, that some supported employment providers in these areas may have difficulty filling places after older workers retire. If this is the case, an organisation may have an incentive to retain older people with high needs, especially if there is money from FaHCSIA to support those places.

The sector on the whole continues to grapple with the tension between providing support to employees and operating as businesses. Many older workers have worked for the same employers for a long periods of time, and employers are reluctant to retire people as long as there are no services in place to support them; this lack of appropriate services in the community has meant that some supported employment enterprises operate as de facto day programs. Although most organisations have put some type of transition to retirement plans in place, responses have largely been fragmented because of the lack of consensus around whose responsibility it is to address the issue and the lack of government funding to support responses within the sector.

There are also a number of unknown factors that may impact on future planning and demand for places in the sector. Because of the increased emphasis on open employment, some of the stakeholders interviewed were unsure whether they could attract enough people with the right abilities to work in supported employment. In addition, the large number of supported employment enterprises across the country may compete to attract
more productive workers as open employment becomes a more common employment choice than supported employment. As a consequence, older people with disability who retire or leave the workforce due to illness may become a threat to the sustainability of some Australian Disability Enterprises.

People with disability

The research uncovered a substantial number of impediments to retiring from supported employment.

The ageing process affects people differently depending on their living arrangements. Those in supported accommodation—funded by state and territory governments—do not have access to in-home support through HACC or other such programs, which are funded by the Australian Government, because access to one source of support makes people ineligible for the other (Standing Committee on Community Affairs 2007). If a person with disability requires additional in-home support due to age-related changes, they may not be eligible for more intensive packages because 65 years is the lower age limit for the ‘frail aged’. This age limit denies services to people with lifelong disability who may experience age-related changes sooner than the general population. People who live independently or with aged parent carers risk being unable to maintain their accommodation if they are unable to access aged care support in the home because they are too young.

Moreover, few services can provide appropriate support to people who have dual needs associated with ageing and disability. Housing and in-home support options are limited for older people with lifelong disability. There are even fewer appropriate support options for people of CALD backgrounds, for Aboriginal and Torres Strait Islanders, and for people who live in rural and regional areas of Australia.

The loss of wages and lack of savings also acted as a disincentive to retirement. If people with lifelong disability retire they may move onto the Age Pension, which disqualifies the person from receiving some types of allowances, such as Mobility Allowance (Centrelink 2008; Standing Committee on Community Affairs 2007). People who retire from supported employment lose their wage (around $120 per fortnight) and incentive allowance ($75.90 per fortnight). They also have few alternative sources of retirement funds aside from Age Pension or DSP. Few would have earned superannuation because most would have earned less than the $450 per month that requires employers to set aside those contributions (Bill et al. 2004; Jefferson & Preston 2005). Thus, if supported employees transfer to the Age Pension, most will have no additional savings even after working for most or all of their adult lives.

The interviews with people with disability uncovered additional issues acting as barriers to retirement. Most of the 36 people who were working feared that life after retirement would involve a loss of independence and control, a fear that could be magnified by the physical and personal changes associated with ageing (Zarb 1992). Indeed, control has been found to play an important role in the wellbeing of people in general as they age. For example, when a person is forced to stop working and has no control over this decision, it can negatively affect that person’s wellbeing for up to three years after retirement (Quine, Bernard & Kendig 2006; Quine et al. 2007; Wells & Kendig 1999). If this is the case for people in the general population, the loss of control would be even more pronounced for people with disability who already face substantial barriers to exercising control in their lives.

Unlike the general population, people with disability tend not to retire simply because of the length of time they have been working. They are usually highly dependent on their workplaces, far more so than most people without disability. Their working lives are highly structured and based on routine, which is also the reason why many of the workers who were interviewed found it difficult to relax, to have free time or to plan. Only one interviewee considered retirement as a positive step; the prospect of leaving a workplace was not so daunting or unimaginable for her, possibly because she had worked in more than one place over the course of her working life.

It is possible that retirement presents more of a problem for the current cohort of older people than it would for future generations of workers. The current cohort is more likely to have experienced years of being institutionalised, as evidenced by the fact that people have tended not to move out of the Australian Disability Enterprises workforce and into other types of employment. Younger people are now encouraged to take up employment in the open labour market, and recent changes to eligibility requirements for the DSP mean they are expected to take a more active role in looking for work. It is also possible that the current generation of baby
boomers is more proactive in seeking opportunities that maximise social inclusion and participation and, as a consequence, retirement could become more familiar to the next generation of people working in Australian Disability Enterprises.

Hawley et al. (2005) and Buys et al. (2008) found that people with disability wanted to ‘keep on keeping on’ in established routines as they aged. However, the interviews conducted with the 10 people who had retired suggests otherwise. These people were thoroughly enjoying retirement and making choices about how they would spend time and use their free time and they had learned how to enjoy leisure time. However, they were well supported by flexible, age-appropriate programs and, as this research has found, retirement options for people with disability are in short supply.

People in this research resisted the notion of retirement because they simply could not imagine life any other way. Hence, an important element in any retirement program is to show people what retirement is like, rather than talking about it in an abstract manner. Putting appropriate plans and structures in place is vital for empowering people to make choices about their lives. The negative beliefs about retirement held by the people who were still working could be because they were not helped to see the options in retirement beyond activities such as sitting at home alone watching television. If the people with disability working in Australian Disability Enterprises are to retire with dignity, adequate funding for appropriate services—supporting both workers and carers—is crucial. It is also important to address the issue of the ways in which services for this cohort are fragmented and dispersed, a consequence of the separation of the ageing sector from the disability sector. This separation has led to major impediments to the support of people with disability in retirement.

Carers of older people with disability

The issue of retirement for ageing people with disability has considerable consequences for their carers. The two carers who participated in this research were both strongly opposed to their children's retirement from supported employment. Hawley et al. (2005) also found that carers were concerned about how they would cope if their children retired, because of the extra caring burdens of time and energy that would be needed. This concern was particularly pressing because of the shortage of activities for retired older people with disability. In this sense, these concerns of carers are an additional impediment for some who wish to retire from supported employment.

There has been increasing awareness of this issue, particularly because of the limited availability of accommodation for people with disability after their carers die. The fact that carers are ageing has been recognised as a substantive policy issue—indeed, in 2004, the Australian Government provided an additional $72.5 million over four years to provide respite for older carers of people with disability (FaHCSIA 2008b). However, a number of stakeholders in this research were dubious about the adequacy of this measure alone. While providing more respite is important, it does not address the more urgent problem of the shortage of accommodation dedicated to housing people with lifelong disability when their carers die.

7.2 Policy options

Suggestions for supporting older people with disability to retire from supported employment focus on two main areas. The first involves recommendations around transition to retirement programs to assist people to prepare for leaving work by developing skills and interests they can use when they can no longer rely on the routines of working life (Hawley et al. 2005). The second involves the development of retirement programs that provide meaningful leisure activities, preventive health care, and opportunities for people to maintain social contacts and friendships with former work colleagues. The challenges facing retirement programs for older people in supported employment involve ways of creating meaningful participation outside work and assisting people to purposefully occupy what may otherwise be empty days (Bigby 2007). This section outlines some policy options for supporting older workers to retire.
Pre-retirement: transition to retirement programs

Because the transition to retirement can be a stressful time for anyone (Butterworth et al. 2006), employer-sponsored programs that assist workers to prepare for it have become commonplace (see, for example, O’Shea 2004). But programs for supporting older people with intellectual disability to retire are rare, even though research has shown they have the desire to lead active lives and are capable of becoming more independent, learning new skills and acquiring new interests (Ashman, Suttie & Bramley 1995; Bigby 2007; Bigby & Ozanne 2001; Lifshitz 2002; Llewellyn et al. 2004). This is too often a self-fulfilling prophecy. Services are not provided because of negative views and low expectations held by services and the wider society, people do not achieve as much as they are capable of as a result, and this then justifies the scarcity of service provision (Bigby 2002a). Lack of preparation for retirement can put workers with disability at risk of financial hardship and social exclusion following retirement. In addition, unplanned retirement can result in increased crisis demands on services and on family members who are also ageing and frail.

It has been argued that retirement planning should not be confined to the period just before retirement, but involve ‘transition planning through the life cycle so that retirement options and day activities at an individual level are known’ (Parmenter 2006, p. 10). Such planning could develop links between people with similar interests and activities allow people to gradually reduce their hours in employment, and give people with disability and their carers time to prepare for the new direction in their lives. If alternative services were available in the community, the transition period would provide people with opportunities to experience beforehand what retirement might be like, and ease them into new ways of interacting with the community. Transition programs could educate both the person with disability and their carer about retirement paths and options, so that adequate caring arrangements and appropriate housing could be found before the person retires.

While the supported employment workplace arguably provides the best setting to begin planning and programming for the transition to retirement, additional funding needs to be found for more comprehensive programs (Hawley et al. 2005; Llewellyn et al. 2004). Australian Disability Enterprises provide training material on retirement planning to all supported employment providers, but stakeholders reported that they are limited in their ability to do much else, such as setting workers up with alternative services to support them post-retirement. Such activities are a substantial cost in terms of staff time due to the lack of available support in the community.

Post-retirement: retirement programs

When older people with disability retire from supported employment, they need meaningful leisure pursuits if they are to have viable alternatives to work (Hawley et al. 2005). Some studies have found that this support is adequately supplied by state and territory government day programs intended both for younger people with disability who have moderate to high support needs and for frail aged people (NSW Department of Ageing, Disability and Home Care 2008).

Other studies found limitations with these day programs in the extent to which they can provide support for older people with disability. A national survey of specialist disability day programs found that only 47 out of 167 service organisations (28 per cent) provided programs specifically designed for older people with disability (Bigby 2004). It can also be difficult to integrate older people with disability into generic day centres for the aged (Bigby 2007). Additionally, access to day programs for older people with disability is limited because of long waiting lists and variations in the eligibility criteria (Hawley et al. 2005).

Post-retirement day programs for people with disability could be provided through the supported employment enterprises; this would allow people to maintain their social connections to friends at work and to feel as though they were still contributing to society. It would also minimise the disruption to people’s routines. The transition from work to day programs could be negotiated through an automatic transfer from one to the other; current transitions are difficult even for Australian Disability Enterprises that run both supported employment and day programs because the two services are funded by different levels of government.

But, as supported employment is largely segregated from the broader community, services supporting people to retire would need to be flexible and provide a range of choices. Ideal services would be those providing
programs supporting both the person with disability and the person’s carers, which could be accessed at home as well as through centre-based activities and in the community. These programs could incorporate the following elements:

- volunteering, which has been found to provide a meaningful alternative for older people with disability who have retired from supported employment (Balandin et al. 2006)
- some degree of access to the former workplace
- contact with fellow retirees
- opportunities to make new friends and build new community networks
- opportunities for ongoing learning
- transport
- money to support participation in programs
- a mix of one-on-one, group activities and time alone at home.

Case management would be useful to tailor services to individual need, with staff trained in both aged care and disability. Because of its flexibility, this approach would serve people with different types of disability, who have different needs as they age (Bigby 2002b). Bigby (2004) also noted that services allowing for flexible attendance and a variety of age-appropriate activities, and with staff trained in aged care issues, can provide appropriate support for older people with disability. A number of the stakeholders interviewed suggested that such programs could be funded through portable funding that can more easily move across Australian Government and state and territory boundaries. While this would maximise the options for people with disability, it would make it more difficult for supported employment providers to plan for the future.

The advantage of smaller, more flexible programs is that they can be tailored for both individual needs and the needs of specific communities. The same approach cannot work for all people in all communities across Australia, however. For example, providing programs through supported employment enterprises may be more important in rural and regional areas, because the greater scarcity of services for people with disability more generally further limits the options available for them when they retire. People with different types of disability may also have particular needs, such as early onset dementia or incontinence, and some places may need to provide one-on-one care to assist people to participate in activities or help them spend time at home safely.

The best options for supporting older people do not require creating large new services. The examples set by Greenacres and Minda, which already successfully engage older people with disability post-work, demonstrate it is possible to provide places for people with disability to gain assistance and support tailored to their needs and help by supporting them at home.

### 7.3 Responsibility

The Australian Government and state and territory governments play different roles in relation to funding and providing services in the ageing and disability sectors. Under the NDA, states and territories are required to provide most disability services but, when people with disability are ageing, this responsibility overlaps with the provision of aged care services, which is the responsibility of the Australian Government. Funding programs for older people with disability who work in Australian Disability Enterprises is further complicated because employment is the only disability support program that is the responsibility of the Australian Government, rather than states and territories.

For these reasons, the responsibility for providing services for older people who work in supported employment needs to be shared by Australian and state and territory levels of government. A possible breakdown could be that FaHCSIA takes responsibility for the provision of pre-retirement programs, while state and territories fund post-retirement programs. This does not, however, address the issue of the suitability of aged care programs for people with disability once they turn 65 years. A broader conversation between FaHCSIA, the Department...
of Health and Ageing, and states and territories is required to holistically and seamlessly address this issue. Without better coordination, it is likely that people with disability will continue to fall into the gaps between existing services.

7.4 Conclusion

The ageing of people with lifelong disability is likely to become more pressing as people with disability live longer and make up an ever higher proportion of the workforce. For this reason, policy makers need to consider how people with disability can be provided with better support as they age. For example, people in group homes could be better supported to age in place if funds were provided to staff homes during the day. The 2004 Aged Care (Innovative Pool) Pilot Project clearly showed that providing flexible, in-home support for people with disability living in group homes is an effective way of preventing early entry into nursing homes (Hales, Ross & Ryan 2006). Yet funding for this project was not renewed, despite its positive outcomes, on the grounds that further work was needed (Standing Committee on Community Affairs 2007).

Furthermore, the ageing of people with disability has uncovered serious service deficiencies in the separation between the ageing and the disability sectors, as well as in the separation of the responsibilities of the Australian and state and territory levels of government. There also needs to be an increased awareness that people with disability on the whole experience the debilitating effects of the ageing process earlier than people without disability. This has implications for the eligibility criteria of some programs on the grounds of age. These would need to be reconsidered if these programs are to support people with disability appropriately. At present, aged care services do not effectively accommodate the needs of older people with disability, but this could change if services became more integrated and inclusive and people in the general population came to have more contact with people with disability.
8 Conclusion

Australia is facing an increase in the number of people with disability who are ageing (Australian Institute of Health and Welfare 2000). The percentage of people with disability in supported employment as a total of all employment services increases with age, meaning that Australian Disability Enterprises are facing issues surrounding the ageing of people with disability sooner than in open employment. This research aimed to explore the social and economic issues of the ageing of the Australian Disability Enterprises workforce, as well as the opportunities and challenges for people with disability. In particular, the research aimed to understand the:

- social and economic issues facing the Australian Disability Enterprise industry and supported employees
- opportunities and challenges for ageing employees with disability
- ability of the current service delivery system—pre and post-retirement programs, flexible day programs and mainstream ageing services—to meet the needs of ageing workers
- barriers to retirement for people working in Australian Disability Enterprises.

The ageing of the supported employment workforce results in a number of challenges for Australian Disability Enterprises, including difficulties remaining competitive and functioning as commercially viable businesses. The strict limits on the number of funded places mean that, if older workers do not retire, supported employment enterprises cannot hire more productive workers to fill those places. In addition, the ageing of the workforce results in increasing costs of addressing occupational health and safety risks and continually retraining older workers.

Most people with disability who were working did not believe that retirement would allow them to pursue other activities, and these participants wanted to continue to work rather than retire. However, the 10 people with disability who had retired had a positive view of retirement because they were more able to make decisions about how to spend their time, they had more free time and were less stressed than when they were working. People also liked the activities they were involved in, such as volunteering and other day-centre activities like bus trips, crafts and art.

Information from the interviews suggested that people with disability can be reconciled to the idea of retirement if they are appropriately supported to make this transition. The Australian Government should take the lead in providing programs to support older people to retire, because that would ensure uniformity in policies and programs and greater equity of access across the country. The programs themselves would require only a small monetary investment, as older people with disability are not a large proportion of the population and this group has many valuable skills that were gained through many years of working and contributing and supported employees. Furthermore, the returns from funding these programs would be significant as people would gain the right to retire with dignity and it would assist Australian Disability Enterprises to become more sustainable by freeing up space for more productive people to transition into work.

Sustained and coordinated action on behalf of older people with disability is needed to provide people with the option of retiring with dignity. There also needs to be more recognition of the unique issues faced by people with lifelong disability in policies and programs both for people with disability and for older people.
Appendix A: Topic guide—government stakeholders, peak and service provider interviews

1. What is your background and experience in the Australian Disability Enterprises sector?

2. What are some of the issues affecting older workers with disability in the Australian Disability Enterprises sector?
   a. health
   b. support and community
   c. housing
   d. finances
   e. productivity
   f. carers (aged parents).

3. Are there particular issues or needs for certain groups of older people with disability?
   a. Aboriginal and Torres Strait Islanders
   b. people from culturally and linguistically diverse backgrounds
   c. women
   d. people from regional or rural areas.

4. How would you describe the ‘workplace culture’ of Australian Disability Enterprises?

5. What issues do Australian Disability Enterprises face due to the ageing of workers with disability?
   a. business viability
   b. retirement of workers
   c. workplace flexibility.

6. How has the Australian Disability Enterprises sector responded to the issue of retirement and the ageing workforce? What do you think of this response?
   a. What is the experience of people with disability in open employment. How do they go about retirement?

7. Do you think retirement is an option for older workers in Australian Disability Enterprises? Why or why not? What do you think ‘retire with dignity’ means in practice?
   a. daytime activities to replace work
   b. financial implications
   c. implications for community connections
   d. implications for housing
   e. implications for aged parent carers.

8. Do you think older workers in Australian Disability Enterprises see retirement as an option? Why or why not? Is retirement a socially valued role for older people with disability?
   a. finances and superannuation
   b. community connections
   c. socially valued role/s to replace work
   d. day activities/programs.
9. Do any services exist to help older workers with a transition to retirement?

10. What could a transition to retirement program offer to older workers in Australian Disability Enterprises?

11. Do you think such services would be useful? Why or why not?

12. What options, or services, are currently available for workers of retirement age?
   a. options through Australian Disability Enterprises
   b. options in other disability programs, for example day centres
   c. mainstream services
   d. volunteering
   e. part-time work or more flexible hours.

13. What gaps exist in the service system for older people with disability who have retired from Australian Disability Enterprises? How could those gaps be addressed?

14. Whose responsibility is it to address these gaps? Why?
   a. role of Australian and state/territory governments
   b. role of Australian Disability Enterprises
   c. what about trade unions? Do they have a role? Are workers members of a union (which one) and what does the union offer to them?

15. (If not covered in question 14) Do you think Australian Disability Enterprises have a responsibility to respond to the retirement issues of their workers? What is the capacity of Australian Disability Enterprises to do this?

16. Do you have any other comments on the issues we have discussed today? What would you like to see come out of this research?
Appendix B: Topic guide—people who are still working interviews

I would like us to first talk about work. (What do you call this place?)

1. What jobs do you do here?
   a. Tell me what you did here this morning.
   b. How many days a week do you work here?
   c. How long have you worked here?

2. Do you like working here? (Why or why not?)
   a. Do you have friends here?
   b. What don't you like about working here?

We are now going to talk about retirement. Do you use the word retirement? It means when people stop working because they get older.

3. (If people don't understand) Do you know any family or friends here who have stopped work when they get old? How old are you now?

4. Has anyone ever talked to you about retirement?

5. What do you think happens to people when they retire?

6. Do you want to retire from work some time? Why will you retire?
   a. What do you want to do with your time when you retire? What support will you need?
   b. What DON'T you want to do when you retire?
   c. What will you do without the money you earn from working here?

7. (If the answer is no to question 6) Will you ever want to stop work?
   d. Why or why not?
   e. What are the reasons some people retire? (e.g. age, health, more time to have fun during the day).

We are now going to talk about money.

8. Have you heard of superannuation? (It's money some people get when they retire.) Will you get superannuation when you retire?

9. Do you look after your own money or does someone else do that for you?

10. What do you buy with the money you get from work? Do you save any money in the bank?

Let's talk about what you do when you're not at work.

11. What do you like to do for fun? (hobbies, interests, community groups, day programs, etc.)

12. Do you have some friends?
   a. What do you do with your friends?

14. Do you spend much time with your family?
   a. What do you do with them?

15. Does your family help you if you need help?
   b. What do they help you with?
   c. How do you help them?

We are going to finish by talking about your hopes for the future.

16. What do you want to do when you get older? What support will you need?

Further contacts?

Earlier you said that [person] helps you. Would I be able to speak to them about how they help you?

Interview wind up
Appendix C: Topic guide—people who are retired interviews

Let’s talk about what you do here at [Business service retirement program]. (Do you call it that?)

1. Tell me what you did here this morning? (work with response)

I would like us to talk about when you used to work (before you came to this program)

2. Did you work at [same Australian Disability Enterprises]?  
3. What jobs did you do at work?  
   a. How long did you work there?
3. Did you have friends at work? (Was that fun? What did you do with them?)
4. Did you like working there? (Why or why not?) What was good about working?  
   a. What didn’t you like about working?

We are now going to talk about retirement. Do you use the word retirement? It means people stop working when they get old.

5. When did you retire from work? How old were you?  
6. Why did you retire from work? (age, health, to be happy, have more time)  
7. Are you happy you retired from work? Why or why not? Did you want to retire?  
8. Do you still spend time with your friends from work? (Do you have fun, what do you do with them?)

I want us to talk about what you like doing in the day

9. What do you do during the day?  
   a. Do you like coming here? Why or why not? What’s good about coming here? What support do you get here?  
   b. What don’t you like about coming here?  
10. What do you like to do for fun (hobbies, interests, community groups, etc)?  
11. Do you have some friends? What do you do with them?  
12. Where do you live? Do you like where you live?  
13. Can you stay at home during the day? Do you like that? What do you do at home? Who supports you there?

We are now going to talk about money

14. When you stopped working, did you have enough money to buy the things you need?  
15. Are there things you want to buy but you haven’t got the money to buy them?  
16. When you retired from work did you have any savings (money in the bank?)  
17. Have you heard of superannuation? (It’s money some people get when they retire.) Did you get any superannuation?
We are going to finish by talking about your hopes for the future

18. Are you happy being retired? Why/why not?

19. What would you like to be doing when you get older?

20. What support do you need?

Further contacts?

Earlier you said that [person] helps you. Would I be able to speak to them about how they help you?
Appendix D: Topic guide—invited submissions from Australian Disability Enterprises

1. What are some of the issues affecting older workers with disability in the Australian Disability Enterprises sector?

2. Are there particular issues or needs for certain groups of older people with disability?

3. How would you describe the ‘workplace culture’ of Australian Disability Enterprises?

4. What issues do Australian Disability Enterprises face due to the ageing of workers with disability?

5. How has the Australian Disability Enterprises sector responded to the issue of retirement and the ageing workforce? What do you think of this response?

6. Do you think retirement is an option for older workers in Australian Disability Enterprises? Why or why not? What do you think ‘retire with dignity’ means in practice?

7. Do you think older workers in Australian Disability Enterprises see retirement as an option? Why or why not? Is retirement a socially valued role for older people with disability?

8. Do any services exist to help older workers with a transition to retirement?

9. What could a Transition to Retirement program offer to older workers in Australian Disability Enterprises?

10. Do you think such services would be useful? Why or why not?

11. What options, or services, are currently available for workers of retirement age?

12. What gaps exist in the service system for older people with disability who have retired from Australian Disability Enterprises? How could those gaps be addressed?

13. Whose responsibility is it to address these gaps? Why?

14. Other comments:
Appendix E: Topic guide—family/carers of people who have retired interviews

1. What is your relationship to xx?

2. What support do you provide for xx?
   a. How long have you provided support for this person?

3. How have xx's needs changed as he or she has grown older?
   a. health
   b. support and community
   c. housing
   d. finances
   e. productivity
   f. carers (aged parent).

4. How long was xx been involved in Australian Disability Enterprises?

5. What was xx's experience at Australian Disability Enterprises? Did he/she enjoy working there? Why or why not?
   a. community
   b. friends
   c. finances.

6. How did xx being involved in Australian Disability Enterprises affect your life as his/her carer?

7. What has been xx's experience of retirement?
   a. daytime activities to replace work
   b. financial implications
   c. implications for community connections
   d. implications for housing
   e. implications for aged parent carers.

8. Did any programs exist to support xx when he/she retired?
   a. (If yes) What were they? What did you think of these programs?
   b. (If no) What services or programs should have been offered to support xx during this time?

9. Did any programs help to support you when xx retired?
   a. (If yes) What were they? What did you think of these programs?
   b. (If no) What services or programs should have been offered to support you during this time?

10. Do you have any other comments on the issues we have discussed today? What would you like to see come out of this research?
Appendix F: Topic guide—family/carers of people still working interviews

1. What is your relationship to xx?
2. What support do you provide for xx?
   a. How long have you provided support for this person?
3. How have xx’s needs changed as he or she has grown older?
   a. health
   b. support and community
   c. housing
   d. finances
   e. productivity
   f. carers (aged parent).
4. How long has xx been involved in Australian Disability Enterprises?
5. What has been xx’s experience at Australian Disability Enterprises?
   a. Does he/she enjoy working there? Why or why not?
6. Do you think retirement is an option for xx? Why or why not?
   a. daytime activities to replace work
   b. financial implications
   c. implications for community connections
   d. implications for housing
   e. implications for aged parent carers.
7. Do you think xx should have the option to retire? Why or why not?
8. Do you think xx sees retirement as an option when he/she gets older? Why or why not?
   a. finances and superannuation
   b. community connections
   c. socially valued role/s to replace work
   d. day activities/programs.
9. Do you know of any options, or services, that are currently available for xx now that he/she is of retirement age?
   a. options through Australian Disability Enterprises
   b. options in other disability programs, for example day centres
   c. mainstream services
   d. volunteering
   e. part-time work or more flexible hours
   f. transition to retirement programs.
10. What other services or programs do you think should be offered to xx as he/she gets older?
11. Do you know of any options, or services, that are currently available to support you now that xx is of retirement age?
12. What other services or programs should be offered to support you as xx’s carer as you get older?
13. Do you have any other comments on the issues we have discussed today? What would you like to see come out of this research?
List of shortened forms

ACAT  Aged Care Assessment Team
AIHW  Australian Institute of Health and Welfare
CACP  Community Aged Care Package
CALD  Culturally and Linguistically Diverse Community
CSTDA Commonwealth State/Territory Disability Agreement (now NDA)
DEEWR Department of Education, Employment and Workplace Relations
DSP  Disability Support Pension
FaCS  Department of Family and Community Services (now FaHCSIA)
FaCSIA Department of Families, Community Services and Indigenous Affairs (now FaHCSIA)
FaHCSIA Department of Families, Housing, Community Services and Indigenous Affairs
FOFMS FaHCSIA Online Funding Management System
GRO  Greenacres Retirement Options
HACC  Home and Community Care
NDA  National Disability Agreement
NDS  National Disability Services
SWS  Supported Wage System
Endnote

1  The term CALD is used here to refer to migrants to Australia from non-English speaking backgrounds.
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AGEING AND AUSTRALIAN DISABILITY ENTERPRISES


Occasional Papers

1. Income support and related statistics: a ten-year compendium, 1989–99
Kim Bond and Jie Wang (January 2001)

2. Low fertility: a discussion paper
Alison Barnes (February 2001)

3. The identification and analysis of indicators of community strength and outcomes
Alan Black and Phillip Hughes (June 2001)

Household Expenditure Survey
J Rob Bray (December 2001)

5. Welfare Reform Pilots: characteristics and participation patterns of three disadvantaged groups
Chris Carlile, Michael Fuery, Carole Heyworth, Mary Ivec, Kerry Marshall and Marie Newey (June 2002)

6. The Australian system of social protection—an overview (second edition)
Peter Whiteford and Gregory Angenent (June 2002)

7. Income support customers: a statistical overview 2001
Corporate Information and Mapping Services, Strategic Policy and Knowledge Branch, Family and
Community Services (March 2003)

8. Inquiry into long-term strategies to address the ageing of the Australian population over the next 40 years
Commonwealth Department of Family and Community Services submission to the 2003 House of
Representatives Standing Committee on Ageing (October 2003)

9. Inquiry into poverty and financial hardship
Commonwealth Department of Family and Community Services submission to the Senate
Community Affairs References Committee (October 2003)

10. Families of prisoners: literature review on issues and difficulties
Rosemary Woodward (September 2003)

11. Inquiries into retirement and superannuation
Australian Government Department of Family and Community Services submissions to the Senate Select
Committee on Superannuation (December 2003)

12. A compendium of legislative changes in social security 1908–1982
(June 2006)

Bob Daprè (June 2006)

14. Evaluation of Fixing Houses for Better Health Projects 2, 3 and 4
SGS Economics & Planning in conjunction with Tallegalla Consultants Pty Ltd (August 2006)

15. The ‘growing up’ of Aboriginal and Torres Strait Islander children: a literature review
Professor Robyn Penman (November 2006)

16. Aboriginal and Torres Strait Islander views on research in their communities
Professor Robyn Penman (November 2006)

17. Growing up in the Torres Strait Islands: a report from the Footprints in Time trials
Cooperative Research Centre for Aboriginal Health in collaboration with the Telethon Institute for Child Health
Research and the Department of Families, Community Services and Indigenous Affairs (November 2006)
18. Costs of children: research commissioned by the Ministerial Taskforce on Child Support
   Paul Henman; Richard Percival and Ann Harding; Matthew Gray (July 2007)

19. Lessons learnt about strengthening Indigenous families and communities: what’s working and what’s not?
   John Scougall (March 2008)

20. Stories on ‘growing up’ from Indigenous people in the ACT metro/Queanbeyan region
   Cooperative Research Centre for Aboriginal Health in collaboration with the Telethon Institute for Child
   Health Research and the Department of Families, Housing, Community Services and Indigenous Affairs
   (April 2008)

21. Inquiry into the cost of living pressures on older Australians
   Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
   submissions to the Senate Standing Committee on Community Affairs (August 2008)

22. Engaging fathers in child and family services: participation, perception and good practice
   Claire Berlyn, Sarah Wise and Grace Soriano (December 2008)

23. Indigenous families and children: coordination and provision of services
   Saul Flaxman, Kristy Muir and Ioana Oprea (June 2009)

   Kristy Muir, Ilan Katz, Christiane Purcal, Roger Patulny, Saul Flaxman, David Abellô, Natasha Cortis,
   Cathy Thomson, Ioana Oprea, Sarah Wise, Ben Edwards, Matthew Gray and Alan Hayes
   (June 2009)

25. Stronger Families in Australia study: the impact of Communities for Children
   Ben Edwards, Sarah Wise, Matthew Gray, Alan Hayes, Ilan Katz, Sebastian Misson, Roger Patulny and Kristy Muir
   (June 2009)

26. Engaging hard-to-reach families and children
   Natasha Cortis, Ilan Katz and Roger Patulny (June 2009)