



Supported by



Leaving service and retiring well

A review of mental health and wellbeing challenges
and programming solutions for retiring and retired
emergency responders

Dr Sarah Hewat

Project Manager

Emergency Services Foundation Learning Network

November 2021

Leaving service and retiring well

Table of contents

Executive summary	iii
Why we need to support retiring and retired emergency service workers	iii
What the research tells us	iii
Conclusion and recommended next steps.....	v
About this report.....	1
Defining key terms: Older worker, retirement, transitions and wellbeing	1
Introduction	3
The complexities of retirement for emergency responders (ERs).....	3
Retiring well: A wicked problem	4
Study methodology.....	5
Scope and structure of this report.....	6
Section one: Setting the scene.....	8
Why should we support workers and volunteers leaving the emergency services?.....	8
Increasing demand for retirement support	9
What kind of support is needed?.....	10
Section two: Key themes - Trauma, psychosocial losses, and experience diversity	11
Theme 1: Trauma and work-related stress.....	11
Theme 2: Attachment and Loss	12
Social identity theory	13
Loss of identity	14
Loss of meaning	15
Loss of social connectedness	16
Theme 3: Diversity of retirement experiences	17
Section three: Factors that influence experiences of retirement	19
Stigma and help seeking	19
Gender	20
Marriage and Family	21

The timing and nature of retirement.....	22
After the honeymoon phase.....	22
Voluntary vs involuntary.....	23
Abrupt vs gradual.....	23
Finances	24
Physical health	25
COVID-19.....	26
Section four: Innovative resources and programs for retirement and transitions	27
Retirement resources	27
Good practice framework for mental health and wellbeing in first responder organisations (Beyond Blue).....	27
Support at work accommodation plan (SES)	27
Looking Forward to Retirement (Ambulance Victoria).....	28
Transitioning Well (Transitioning Well)	28
Programs and services	29
International	29
National.....	31
Section five: Elements of best practice retirement and transitions support	35
Next steps	40
References.....	41

Executive summary

This report contributes to an evidence base for developing the Emergency Services Foundation's (ESF) Well Beyond initiative. It builds on three preliminary studies undertaken by ESF in 2019, 2020 and 2021. This program of works will play an important role in addressing the call for better mental health support for emergency responders (herein referred to as ERs) leaving employment (Beyond Blue 2018, Australian Parliament 2019, Vic. Police 2019; McCreary 2019), a cohort identified by WorkSafe Victoria as vulnerable.

Why we need to support retiring and retired emergency service workers

Under existing Australian legislation, there is no legal obligation to support older workers and volunteers in transitioning to retirement. There is, however, a growing recognition that agencies have an ethical obligation to provide care and help for the men and women who have dedicated years of their life to serving our communities.

The negative impact of emergency services work on health and wellbeing is well known, not only in Australia but internationally (Berger et al. 2012). According to research, frontline workers have more than twice the rate of psychological distress and suicidal thoughts than the general population. For example, in Australia, a study commissioned by Beyond Blue (2018) found an increase in post-traumatic stress disorder (PTSD), depression, and binge drinking among emergency service retirees.

Demand for supporting older workers, including during the transition to and after retirement, is growing in Australia. Demographic factors, such as rising life expectancy and a retirement population that is increasing in size, is converting the 'baby boom' of the 1950s into the 'baby bust' of the 2020s. Considering this demographic shift, in combination with the high probability of complex mental health issues, there is a clear need for an updated sector-wide approach to retirement transitions.

What the research tells us

Gathering evidence from both the current literature and an examination of best practice approaches to support older and transitioning workers, this report offers insights into the specific context within which ERs work (and which, consequently, impact experiences of retirement). This centres on three key themes:

1. Trauma and work-related stress
2. Issues of attachment and loss of identity, social connections and life meaning
3. Diversity of retirement experiences

Within this specific context, the report also examines certain factors that influence experiences of retirement, as follows:

- Stigma and help-seeking behaviour
- Gender
- Family
- The timing and nature of retirement (e.g. voluntary or involuntary, gradual or abrupt).
- Finances
- Physical health

The report also discusses existing resources and support programs at the cutting edge of innovations.

Finally, we list (in tabular form) key approaches and activities for better retirement support. These can be summarised as:

Approaches

- Early intervention and a career span approach to retirement planning (i.e. throughout the career span, not just at the point of retirement).
- A systems approach to retirement, but with tailored individual support.
- Developing mental health programs and resources that are accessible.
- Including families in retirement planning.
- Improving the systematic evaluation of programs.

Activities

- Phased retirement, flexible work options, and age-adjusted fitness requirements.
- Debrief/exit interviews.
- Ceremonies that recognise retirement.
- Social organisations or alumni programs for retired ERs.
- Peer support.
- Mentoring and knowledge transfer (i.e. retired ERs supporting younger colleagues).

Conclusion and recommended next steps

Despite the identified need for a holistic approach, the agencies working with ESF have not yet implemented a comprehensive retirement program that focuses on the physical and mental wellbeing of individuals. While some organisations in the sector run programs that encompass facets of a transition to retirement plan, there is no evidence of a comprehensive program.

In response to the evidence and the call for Victorian agencies to provide better support options, ESF recommends the following approach to current retirement programming across the sector:

- A proactive ('reach in') and holistic (all facets of wellbeing) approach that is evidence-informed to address the existing gap in support and assist people across the emergency services sector in transitioning 'well' from service
- An approach that is tailored to the needs of an individual, includes family or significant others, and provides support before and during transition and for two years after.
- A sustainable solution that is co-designed with end users to ensure it is low cost and has high uptake because it is needs-based and gender sensitive
- An approach that not only works with individuals, but with organisational systems and culture to embed retirement wellbeing into agency processes and across the career span
- A program that is evaluated to assess its impact to preserve and promote the mental health and wellbeing of retiring workers.

This approach will be developed in ESF's Well Beyond.

About this report

This report contributes to an evidence base for developing the Emergency Services Foundation's (ESF) Well Beyond initiative. This program of works will play an important role in addressing the call for better mental health support for first responders leaving employment (Beyond Blue 2018, Australian Parliament 2019, Victoria Police 2019; McCreary 2019), a cohort identified by WorkSafe Victoria as vulnerable. Members of ESF's Stakeholder Council (representing the CEOs or heads of 14 Victorian emergency management organisations) provided the impetus for exploring opportunities in this area.

Drawing inspiration from a successful program for Australian Defence Force (ADF) personnel, ESF will tailor the Well Beyond program through sector-wide collaboration and, importantly, look to contemporary research and leading practice to inform its development. As part of this approach, ESF undertook three studies to better understand the challenges and needs of retiring or retired ERs in Victoria. This literature review has also been developed to guide thinking about better ways to support older, transitioning, and retired workers and volunteers.

Within this document, evidence is presented that has been gathered from both an assessment of the current literature on retirement issues and experiences, and an examination of best practice approaches and activities. The report offers insights into the specific obstacles and barriers that ERs face when they leave service, as well as the factors that both promote successful retirement and prevent maladjustments. In so doing, the report also identifies opportunities for better retirement support and discusses existing resources and support programs at the cutting edge of innovations.

Defining key terms: Older worker, retirement, transitions and wellbeing

Before examining the gathered research, it's important to define some of the key terms that dominate this report.

There is no standard definition of **older worker**. In this report we use the term to describe someone in the late career stage, a phase of life, "that has been defined as 55-70 years of age" (Transitioning Well 2021, p.4). Using a subjective measure, late career can be defined as a time when an individual is adjusting to the prospect of retirement. There are socio-historical influences at play in the definition of older workers. As Transitioning Well note (2021, p. 4) our ability to live longer and healthier lives and changes to pension entitlements and the practicalities of saving are, and will continue to, extend the late career stage.

In this study, **retirement** refers to leaving a paid or volunteer role in the emergency services sector to either cease working altogether, or to commence work in a different sector or capacity. It is a dynamic phase of life that is associated with autonomy and independence. It involves specific process that look different for different people, depending on their unique characters and life circumstances.

One of the earliest attempts to understand **retirement adjustment** was offered by Robert Atchley (1976), who put forth a model of retirement with the following five phases:

1. *Honeymoon*: An exciting time of rest and ticking off ideas and goals on a 'bucket-list'.
2. *Disenchantment*: Can set in a few months or a year after the honeymoon phase. It is a time when retirement may not be as fun as expected, and a time of struggle with social stereotypes of retirement and feelings of being unmoored, adrift or even worse, depression.
3. *Reorientation*: In the high-risk period of disenchantment, it is important to navigate difficulties with the support of family, friends, and professionals. There is an opportunity one year after retirement for agencies to connect and intervene to support retirement adjustments.
4. *Stability*: Settling into a rhythm and routine is the ideal of reorientation, and involves creating a new identity, new day-to-day activities, and a new social role. It might also include new friendships and support networks.
5. *Termination*: Is the final phase of retirement, characterised by an eventual loss of independence due to illness and disability.

Adjusting to retirement is an ongoing process, with alternating periods of stabilisation and re-adjustment. It involves a period of **transition** from full-time employment to full-time retirement, which can happen at a set date or via a range of intermediate states. Transition states can include a reduction in hours worked, change in the type or intensity of work, or a reduction in responsibilities at work (SafeWork Australia 2019).

Wellbeing encompasses mental health but is more expansive because it considers the whole person as a social identity and being. It is often conceptualised as a wheel where the 'spokes' correspond to the different parts of a self: including physical, intellectual, social, emotional, occupational, spiritual, financial, political, and environmental dimensions. Wellbeing is premised on the idea that mind and body interact to produce contentment, health, and happiness; health has socio-cultural and political-economic determinants, and that the sum is greater than its parts.

Introduction

The complexities of retirement for emergency responders (ERs)

Transitioning from work to retirement is “a process of psychologically and behaviourally distancing oneself from the workforce and is often accompanied by other social changes in daily routine, the involvement in social groups, or income acquisition that can entail lifestyle modifications” (Rodríguez-Monforte et al. 2020, p. 4341). Responses to transition and retirement are diverse yet many entering this new life phase experience struggle and difficulty with adjustment. This is the case among the Australian workforce in general yet high-risk workplaces, which include military and emergency service organisations, face greater than usual transition challenges (Van Hooff et al. 2018; Beyond Blue 2018).

While providing frontline responses, firefighters, police, rescue workers, paramedics, and other staff and volunteers come face to face with natural disasters, accidents or human actions that cause or threaten loss of life. The predictable risk of exposure to potentially traumatic events and inherent organisational stressors due to the physical nature of work or job demand creates a situation where ERs suffer greater stress and mental ill health after retirement compared to retirees from other sectors in Australia (Beyond Blue 2018; Barrat, Stephens & Palmer 2018; Australian Parliament 2019; Legislative Assembly Parliament of Western Australia 2012; Conroy et al. 2019) and overseas (Bracken-Scalley, McGilloway & Mitchell 2014; Ruiz & Morrow 2005; Black, McCabe and McConnell 2013; Alexander & Klein 2001).

The psychological toll on ERs from exposure to trauma is well documented (Alexander & Klein 2001), with the impact of other workplace factors gaining increased recognition. A major study (Beyond Blue 2018) of the Australian emergency management sector found “a workforce that is deeply impacted, both by the nature of the work they do *and* the pressures of the environments in which they work”. Heavy workloads, endless paperwork, shift work, bullying and managers with little understanding of their impact on wellbeing, for example, erode workplace mental health and irrespective of the work you do.

Strong identification with work and close social ties with colleagues protect ERs from mental stress and strain at work and yet, in retirement, these protective factors can complicate mental health outcomes. A significant proportion of ERs experience loneliness from losing daily connections with colleagues, and identity rupture from hanging up or handing in their uniform. General research indicates that when work identity is core to a sense of self, retirement can be a source of significant stress (Haslam & Ellemers 2005; Christophilakis, Kuryluk & Hunt, A. 2021).

Research shows that leaving service tends to bring up ambivalent emotions. For example, retiring police officers in Queensland reported conflicting emotions of relief and sadness when they left work (Carney, Bates and Sargeant 2021). In her study of South Australian firefighters, Kragt (2019) found retirement was viewed by firefighters as something that is both good and desirable, and a life phase to be avoided and feared (Kragt 2019). Paradoxical views can manifest as an overly optimistic outlook of retirement as a time of fishing and playing golf. This prevents adequate planning and preparation for a time of life that inevitably brings complex health and wellbeing challenges in a range of areas (Kragt 2019, Conroy et al. 2019).

Many ERs find retirement a time of relaxation, leisure, and engagement in new pursuits. Many others face social and psychological challenges associated with transitioning to this phase of life. The study of the Australian emergency management sector commissioned by Beyond Blue surveyed over 21,000 ERs (Beyond Blue 2018) and notes, “unfortunately there is often little support available to police and emergency services personnel at this point of their career”.

What little support is available for older workers and volunteers, in preparation for retirement, varies between agencies. Research not only points to sector inconsistency and different levels of maturity in retirement transition support, but also highlights a gap between what agencies are offering and what ERs want to help prepare for transition and support their mental health (Conroy et al. 2019).

It is clearly not enough to just offer support services, if we are to care for this cohort, we need to offer the *right* kinds of support at the right time. We need to shift the focus from finances and the individual to approaches that recognise the individual as a social being in relationships and who faces complex issues at retirement to do with loss of identity, collegiality, and life purpose.

This shift necessitates drilling down into the challenges ERs face so that the *actual* needs of retiring and retired ERs are met. In addition to identifying the risks of retirement maladjustment, an evidence-informed approach for meeting actual needs will also consider protective factors for mental health and wellbeing before, during, and after the transition to retirement.

Retiring well: A wicked problem

From the outset, however, it is important to acknowledge that finding solutions to support good mental health in the retirement of ERs is not straightforward as it is what is known as a ‘wicked’ problem. A wicked problem is a “social or cultural problem that is difficult or impossible to solve for as many as four reasons: incomplete or contradictory knowledge, the number of people and opinions involved, the large economic burden, and the interconnected nature of these problems with *other* problems” (Kolko 2012, p. 12).

Paradoxical attitudes towards retirement are, for ERs, influenced by social understandings of youth and ageing, productivity and leisure, and other cultural values. In general, the mystique around this time of life generate misunderstandings about what challenges are likely to lie ahead and, concomitantly, a lack of planning, or limited planning.

When assessing the challenges of supporting ageing and retiring ERs, therefore, we need to be aware of, and address, multiple and intertwining factors, and a number of unknowns:

- People don't know how long they're going to live.
- People don't know how much money is enough to enjoy their retirement.
- People might imagine, but they don't actually know, what they will be doing in their active retirement.
- Ageing is unknown territory and people tend to avoid the unknown.
- Related to the above, a "let's wait and see" or "let's leave it until it becomes someone else's problem" attitude prevails.
- The length of time in emergency service work is positively correlated with poor mental health.
- Retirement does not happen in a vacuum; people are more disconnected than ever despite being more digitally connected - loneliness is an epidemic.
- Compared to many other cultures in which elders are highly respected, Australian society devalues older people.
- Rules around pensions and superannuation are constantly shifting.

Given the complexity of the issues, the analysis presented in this report is not definitive. Nonetheless, increasing our understanding of the problem increases our ability to address it.

Study methodology

In building the evidence base for the Well Beyond program, we determined to review a range of sources, consisting of published and peer-reviewed academic research, agency-specific studies and resources, and an analysis of approaches in peak bodies, not-for-profits and other organisations that tackle workplace mental health. Retirement service associations were a rich source of data, especially for our understanding of innovations and supports that have wide reach and uptake. We also looked at a growing number of studies focused on the experience of retirement from the perspectives of retirees themselves.

Most academic research and commissioned studies we reviewed were based on a mixture of qualitative and quantitative methods, and most were focused on a specific point in time rather than examining issues across a longer-term period. Given that retirement is a complex and dynamic process where mental health ebbs and flows, long-term research would illuminate aspects that give a deeper understanding of the experience.

Our review draws heavily on two studies conducted by students from the Worcestershire Polytechnic Institute (Conroy et al. 2019; Nichols, Novak & Gedgudas 2021), sponsored by the ESF. These studies responded to gaps in the data – one on retirement issues for the Victorian emergency management sector (Connor et al. 2019) and the other specifically related to volunteers (Nichols, Novak & Gedgudas 2021). The ESF has also commissioned a study that examined retiree experiences and needs based on in-depth and semi-structured interviews with retired emergency service workers (Right Management 2021).

This review is also based on ideas and experiences shared by attendees at two co-design workshops, that were run by ESF in 2021 to develop a 'system wide framework', which is another component of Well Beyond. These workshops were attended by a diversity of stakeholders, including HR and wellbeing managers from 14 Victorian emergency agencies, subject matter experts, older workers from emergency service organisations, and retired emergency service workers.

For the sake of comparative context, we deliberately focused most of our analysis on research studies conducted in Australia. However, for the sake of contrast and to scan more data in this understudied area, we also reviewed some research on emergency personnel retirement approaches and innovations in other countries, including the US, the UK, Canada, and Hong Kong.

We also looked at data and models that support *military* to civilian transitions. While military and ER life is undoubtedly different, the two sectors are often compared because of their high stress, incident-focused, uniformed, hierarchal, and masculinist work environments. We certainly found similarities in the data on specific challenges around transitions, but it is also important to note the differences around tasks, degrees of mobility and career longevity. When compared with that of the emergency services sector, retirement support is far more mature for the military cohort. Consequently, the military experience provides a strong foundation from which to draw lessons when building support for ERs as they adjust to life after service.

Scope and structure of this report

Our review focuses on ERs who have chosen to retire from their agency at an older age. It does not address the unique issues around early retirement, medical discharge or other unforeseen circumstances that lead to involuntary departure from the organisation. In addition, reflecting the weight of research, findings and recommendations are skewed towards the *paid* workforce. Our search only brought up one study, sponsored by ESF, that explores *volunteer*-specific concerns around retiring (Nichols, Novak & Gedgaudas 2021).

We have split the report into five sections:

Section one

Considers the reasons why older workers require better support as they approach and transition to retirement. It also looks at the growing demand for such support and introduces some key design features of better retirement programming for ER wellbeing.

Section two

Elaborates on the key themes that emerge from the literature in terms of the context in which ERs work and which, as a consequence, have an impact on their retirement:

- Trauma and work-related stress.
- Issues of attachment and loss of identity.
- Diversity of retirement experiences.

Section three

Within the context discussed in Section two, this section examines the factors that affect how well an ER will adapt to retirement, including their help-seeking behaviour, gender, family connections, finances, and health.

Section four

Provides examples of good-practice tools, resources, programs, and services that currently exist to help staff and volunteers adjust well to life after work.

Section five

Provides two tables to capture the elements of leading practice approaches and activities designed to meet the complex needs of ERs in retirement and transitioning to retirement.

Section one: Setting the scene

Why should we support workers and volunteers leaving the emergency services?

Under existing Australian legislation, there is no legal obligation to support older workers and volunteers in transitioning to retirement. There is, however, a growing recognition that agencies have an ethical obligation to provide care and help for the men and women who have dedicated years of their life to serving our communities.

The ethical basis of caring for older workers and volunteers is embedded in both a human-rights approach to workplace mental health and mounting evidence that ER work creates a higher risk of trauma when compared to the general Australian population (Beyond Blue 2018; Barrat, Stephens & Palmer 2018; Australian Parliament 2019; Legislative Assembly Parliament of Western Australia 2012).

Beyond Blue research (2018) found that one in three ER employees experience high or very high psychological distress, much higher than just over one in eight among all adults in Australia. The study reported that one in four former employees experience probable PTSD (compared to one in ten current employees), and one in five experience very high psychological distress. The report also found that ER employees who had worked more than 10 years were almost twice as likely to experience psychological distress and were six times more likely to experience symptoms of PTSD.

This landmark study not only highlights the negative impact of emergency services work on health and wellbeing, but it also shows that this risk *increases over time*. The longer ERs work, the greater and more acute their mental health complications and there is an increase in post-traumatic stress disorder (PTSD), depression, and binge drinking among emergency service retirees (Beyond Blue 2018).

Age disaggregated data from international settings also points to the effect of ER work over the years. For example, a study of paramedics in Ireland found that retired workers scored less on a quality-of-life scale compared to retirees from other sectors. This cohort also had significantly more trauma symptoms (Bracken-Scally, McGilloway & Mitchell 2014, Bracken-Scally & Gilloway 2016). Poor mental health among older and retired workers has been found in numerous studies of firefighters, police and paramedics in Europe, America, and Canada (Sharp et al. 2020; McCreary 2019; Caudill & Peak 2009; Ruiz & Morrow 2005; Tuohy, Knussen, & Wrennall 2005).

This picture of mental health complications becoming increasingly acute over time is both the reason for agency duty of care and a complicating factor in retirement experiences. It demands that agencies provide better support for their older workers and retirees and points to the importance of activities and initiatives that promote mental health and prevent mental distress across the career cycle. Early intervention is a gold standard approach because of its potential to prevent stress and trauma accumulating prior to retirement.

Increasing demand for retirement support

Demand for supporting older workers, including during the transition to and after retirement, is growing in Australia. Demographic factors, such as rising life expectancy and a retirement population that is increasing in size, is converting the ‘baby boom’ of the 1950s into the ‘baby bust’ of the 2020s. Considering this demographic shift, in combination with the high probability of complex mental health issues, there is a clear need for an updated sector-wide approach to retirement transitions.

The demand for better retirement transitions is front and centre of recent reports, inquiries, and research studies. Key among these is the study by Beyond Blue (Beyond Blue 2018) mentioned above. This includes a list of recommendations to government, among which is a call to provide support for those leaving the emergency services and post retirement.¹ The report also recommended agencies take a career cycle approach to mental health, a topic discussed later.²

The Victoria Police Mental Health Review (2019) came to similar conclusions in a single agency context. One of their recommendations was that all retiring employees be screened and offered a ‘treatment plan’ that responds to issues identified in the screening.³ Another recommendation was to expand the Retired Peer Support Network and diversity activity to support the quality of treatment for those undergoing clinical care for work-related conditions.⁴

A major study by Don McCreary for Movember (2019), on the effectiveness of programs and services to support veteran and first responder mental ill-health, recommended “better targeted programs for veterans” and the “need to take a lifespan or career-based approach when focusing on mental ill health and suicide prevention in veterans and first responders” (p. 80).

Another scoping review of ER mental health and wellbeing programs across the UK (Sharp et al. 2020, p.12) also identified “a need to better understand the mental health and wellbeing needs of retirees specifically around transition, retirement and post-service employment/career advice, and explore appropriate future provision of support to enable successful transitions out of ER roles”.

¹ See Beyond Blue (2018), Recommendation G4: “The Australian Government should lead the establishment of a funded national approach, implemented locally, to better support post-service employees and retirees from the police and emergency services workforce”.

² See Beyond Blue (2018), Recommendation e) for Agencies: “Address the different stages of the personnel’s lifecycle (recruitment, operational and nonoperation services and leaving the service and post-service)”.

³ See VicPol Mental Health Review (2019), Recommendation 31: “(a)ll retiring Victoria Police employees should undertake a formal mental health screening, and where significant work-related mental health issues are identified, then a treatment plan should be devised and funded by Victoria Police”.

⁴ See VicPol Mental Health Review (2019), Recommendation 32: “The Retired Peer Support Network should be expanded and sufficiently funded to maintain an adequate infrastructure to manage referrals and monitor service quality. Along the lines of how the Department of Veterans Affairs operates, some function should also be established to manage funding and clinical quality assurance of indicated treatments for work-related conditions”.

What kind of support is needed?

In their scoping review of mental health and wellbeing support across the career cycle, Smith, Dean and Holmes (2021) argue:

one way to ease the stress associated with retirement transition is through first responder organizations providing programmes that prepare employees for retirement, even several years before they reach retirement age. These retirement preparation programmes should be evidence-based and include information about what age they are required to retire by, if there is an option to extend their retirement, and promote retirement as a positive, exciting and inevitable life transition.

By outlining the ideal approach of programs that help with retirement planning, Smith, Dean and Holmes (2021) point to one of the more significant findings of our review. Namely, that there is a disconnect between what exists and what older and retired ERs want and need. As indicated earlier, in general, retirement support often appears as increased interaction with financial planners and superannuation funds. While some agencies may extend their Employee Assistance Program's (EAPs) to retirees, this is usually for paid workers and rarely for volunteers.

Financial advice and psychological interventions are important, but do not address the full spectrum of wellbeing challenges at this time of life. The research highlights that a loss of social connection, of meaning and beliefs about who one is (i.e. identity) presents as a significant challenge for retirees, and should be factored into retirement planning and support. A few agencies have retired officer associations, and there are piecemeal activities or services on offer, such as outings, yoga, or special events.

Reports and studies converge on the idea that ERs need tailored and holistic approaches to retirement to support their wellbeing. This includes individualised support that brings families/significant others into preparation and planning activities and responds to needs in relation to physical and mental health, relationships with family and friends, and meaning and purpose.

From a retiree perspective, planning for retirement is the mutual responsibility of individuals and organisations, requiring conversations at multiple career stages (Conroy et al. 2019). Leading up to retirement, flexible work and other job crafting should be provided to support the needs of individuals, and phasing retirement in stages is preferable over abrupt endings because of its strong links with good socio-psychological outcomes (Scherger 2021).

Emergency services workers, irrespective of their agency, share many common challenges in preparing for retirement (Connor et al. 2019). The case for building sector-wide consistency for supporting retirement and transitions goes beyond shared experience. Such an approach would help avoid duplication and level the field by ensuring that all ERs, regardless of the agency they are with, has access to leading practice support.

Section two: Key themes - Trauma, psychosocial losses, and experience diversity

In this section we elaborate on three key themes that were prominent across the research literature: the long-term impact of work-related trauma and stress; issues of losses related to sociopsychological aspects of the job; and the diversity of retirement experiences.

Theme 1: Trauma and work-related stress

By the time an ER retires, they are likely to be carrying a high stress load from the unpredictable, dangerous, and often traumatic environments in which they have worked. In their study of ER experiences of retirement, consultants from Right Management (2021, p.3) wrote, “Those who struggled with the transition often had physical and / or mental health issues – sometimes work related”. Exposure to trauma can be co-morbid with injury on other areas of wellbeing. As Kragt (2019) points out, retirement is a complex web of interconnected issues.

The emotional load of regular exposure to trauma is one of the most distinctive characteristics of emergency service work, as noted in the research: “They see the devastation, smell the odour of lost life, and hear the cries of families and victims alike” (Eriksson, Foy & Larson 2004, p. 246). Work design, it is important to remember, can have as much of an impact on wellbeing as exposure to violent and traumatic incidents. A key finding of Beyond Blue’s research, to reiterate a point made earlier, is that operational *and* organisational factors have equal weighting on ER mental health (Beyond Blue 2018).

There is increasing recognition of the role ‘moral injury’ plays in the build-up of stress and expressions of PTSD (Jordan et al. 2017). Jinkerson (2016, p. 123) defines moral injury as a “particular trauma syndrome including psychological, existential, behavioural, and interpersonal issues that emerge following perceived violations of deep moral beliefs by oneself or trusted individuals”. Moral injury is almost exclusively used in military contexts, but there is increasing awareness of its risk of distress and impairment for ERs (Lenz et al. 2021). Responding to emergencies can involve making snap decisions or observing or participating in an event or situation that conflicts and challenges one’s personal values. Common stressors associated with moral injury include feelings of betrayal, inability to prevent death or harm, and ethical dilemmas (Lentz et al. 2021).

Trauma is accumulative and its expression can be delayed, sometimes a reaction to stress does not occur at the time of the incident, but may occur days, weeks, months, or even years after the event (Bonanno, Westphal & Mancini 2011). The effects of trauma are complex, depending on a myriad of factors including genetic, personality, childhood experiences, demographic positioning and subjective responses to critical incidents (Declercq et al. 2011). Research by Jennifer Wild (forthcoming) also highlights the interaction of regular life stressors and hardships on ER mental health.

There is evidence that some agencies are impacted by trauma to a greater degree than others. Australian and International literature, for instance, tells us that police experience rates of suicide that are three times that of civilians (Violanti et al. 2006), lower life expectancy (five years less than the general population) (Brandl & Smith 2013; Caudill & Peak 2009; Raub 1988) and increased alcohol consumption (Ruiz & Morrow 2005; Richmond; Kohan & O'Connor 2002).

Unresolved trauma and its symptomatic expressions give rise to unique pressures in retiree populations within the emergency services. The high probability of trauma, and its effects on retirement adaptation, highlight the critical importance of addressing it in transition. It could be argued the wellbeing wheel could be adapted for the emergency services by adding 'trauma' as another spoke. Preferably, agencies should continue to explore and prioritise early interventions that target workplace factors - also known as psychosocial hazards (SafeWork 2019). Mitigating trauma prior to accumulation, rather than dealing with a backlog upon retirement, will reduce harm.

Theme 2: Attachment and Loss

Nancy Carbone, from the Friends of Firefighters Association in New York, describes ex-firefighters as feeling that leaving the firehouse is a "a death-like experience" (Conroy et al. 2019). Such dramatic and evocative turns of phrase is not uncommon in the transition to retirement literature. For example, interviews with retired Queensland Police conveyed a sense of dramatic rupture, of interacting and having fun at work with colleagues one day, then being pushed aside and forgotten the next (Carney, Bates & Sargeant 2021, p. 7).

Other quotes that illustrate a feeling of loss after leaving service include:

One day a rooster, the next a feather duster. (Right Management 2021)

I was cut off at the knees once I retired. (Right Management 2021)

You take people who have been in very trusted positions ... but the day I retired, from that day on I wasn't trusted ... the organisation has no trust for an ex (Carney, Bates & Sargeant 2021. P. 7).

Metaphors of death, of having your body cut in two, of becoming a cleaning implement capture extreme emotions at the time of leaving service. Without doubt, workers in a range of professions experience the relinquishment of a work identity as a loss, related to other losses such as the loss of social contacts, daily routines, and purpose (Price 2000; Pinguart & Schindler 2007). However, for ERs, the unique features of their work, including the intensity of bonds formed with team members and a strong attachment to the job, creates conditions for feelings of loss to be particularly acute.

A study of South and Western Australian firefight service (Kragt 2019, p. 2), for example, found that many retired firefighters “experience feelings of being rejected after having dedicated their life to the service. Many struggled with social isolation and a diminishing sense of self-worth after retirement, which may lead to mental health issues”. Other researchers, studying different agencies internationally, have similarly found that when ERs leave work, they often struggle with sense of isolation, loneliness and a lack of purpose during the transition from employment to retirement (Violanti, Vena & Petrolia 1998; Ruiz & Morrow 2005; Holmes & Smith 2008; Langworthy & Travis 2003; Brandl & Smith 2013; Carney, Bates & Sargeant 2021).

The theme of loss in an investigative study of paid and volunteer Victorian ER experiences of retirement (Conroy et al. 2019) provides a useful framework to explore the psycho-social challenges of retirement. Specifically, the study found that ERs described loss in three expressions: the loss of identity (expressed as loss of uniform), of meaning, and of social connections. Loss, moreover, was an inevitable and existential outcome of attachment. Loss, in other words, was defined through and created by attachment to the agency, to work activities, and to colleagues.

A brief overview of social identity theory provides an explanatory framework for how feelings of loss in retirement are intimately linked to the nature and culture of emergency service work.

Social identity theory

Sociologists and psychologists have been interested in identity, or an individual's conception of self, for more than a century. In the last two decades, organisational researchers have also become interested in the topic which is not surprising considering that people spend a considerable portion of their lives at work, or otherwise engaged in work-related activities. Social identity theory (Tajfel & Turner 1979) has been influential in the field of organisational psychology because it foregrounds the importance of shared meanings in understanding human behaviour.

Social identity theory proposes that social group membership is formative for identity or a sense of self. Social identity theory is based in the theory of symbolic interactionism which holds that “self-concept emerges through social interactions with others and enables a person to develop a sense of my and mine, as well as a sense of ‘we’ and ‘ours’” (Reitzes & Mutran 2004, p. 65). It is also related to, but broader than role theory (Gecas 1982; Mead 1934). Where role theory emphasises how social roles (including work-related) structures expectations of behaviour and understandings of self, social identity theory looks beyond the individual to group membership.

Social identity theory has been used to good effects in research on emergency service work (McNamara et al. 2021) and retirement adjustments (Haslam et al. 2018). Its central tenet that interaction and identification with a group is a psychological process that creates sense of self, including self-understanding and self-worth can further our understanding of retirement adjustment. So too does the notion that being part of a group creates a sense of “we”, and that the perceived attributes of the group are defined in opposition to other groups. We see this, what social psychologists refer to as ‘in group-out group’ mentality, playing out in police and firefighter retiree reluctance to socialise with ordinary retirees from other sectors.

Loss of identity

The theory of social identity explains why a person’s sense of self is disrupted when valued social identities are lost or changed. As Kragt (2019, p. 25) state, “Occupational identity is constructed and sustained within a community of workers as they aim to differentiate themselves from other occupational groups”. She demonstrated this with reference to firefighters in the UK who define themselves as:

different to other occupational groups based on notions of emotional strength, physical and technical competence, and collective understanding of risk and responsibility. The adrenaline buzz of responding to fire calls was central to how firefighters defined themselves.

Experiencing discontinuity or loss of work groups can be especially difficult for those whose occupational identity is central to their sense of self (Haslam & Ellemers 2005). In explaining their distress and declining wellbeing in the transition to retirement, many ERs invoke the pivotal moment when they lost their uniform. Having to hand in the badge or hang up their uniform was an emotionally charged experience (Conroy et al. 2019) prompting an existential search for a new identity and purpose. Retired Victorian ERs often refer to themselves as a retired police officer /fire fighter/paramedic” (Right Management 2021). This suggests that even when ERs leave their role, their role identity remains with them.

The loss of identity has been found to be difficult for volunteer as well as paid workers. Nichol et al. (2020) found that many volunteers in the emergency services were formally paid staff of emergency service organisations. This created the unique situation of facing a ‘second retirement’ (i.e., the first from paid employment and then from volunteering). This, they argued, framed retirement as an especially charged decision because it involved “Giving up lifelong commitments that bring so much pride and joy”. This is, they note, “why some volunteers resist retirement” (Nichol et al. 2020, p. 3).

Certain sectors, including elite sport (Menke & Germany 2019), the military (Van Hooff et al. 2018), and the emergency services (Conroy et al. 2019), are characterised by stronger occupational identities than others. To appreciate why, it’s worth pointing out some socio-cultural features that build and bond these groups. The emergency services, as for the military and elite sport, have work cultures with strong traditions, esteemed duties, special languages, and clearly defined roles and hierarchies. This is the basis of psychological processes that foster group over individual identification (Berger 1995).

Police, firefighters, ambulance, search and rescue, or other agencies, including those that provide psychosocial support after emergencies, tend to operate in environments with roles and ranks, uniforms and logos, and acronym-laden technical languages. The use of symbols, and bodies in uniform, is an especially powerful conduit for deindividuation and the building of a group-based identity. Social and symbolic sharpening of an in-group, as defined in relation to an outgroup, is further generated by participating in special events, such as award ceremonies, academy graduations, and memorials for those lost in the line of duty.

A coherent social identity is important for good mental health and wellbeing (Christiansen 1999; Sharma & Sharma 2010). This is because it satisfies basic psychological needs, specifically, the need to belong, the need for self-esteem, the need for control and the need for meaningful existence (Greenaway et al. 2016). Consideration of the mental health impacts of a ruptured identity therefore needs to be addressed in programs and services to support retirement transitions.

Loss of meaning

Emergency work carries a heightened risk of psychological distress and mental injury and ill-health (Beyond Blue 2018) yet there are few jobs more meaningful. Volunteers (Nichols, Novak & Gedgudas 2021) in Victoria spoke of how helping friends and neighbours outweighs the difficult events they witness. Research establishes that helping people in distress and keeping communities safe, as a form of giving to society, promotes mental health and wellbeing (Haidt 2016). Moreover, as one of the founders of positive psychology Martin Seligman (2012) identifies, engagement in meaningful activities and purposeful roles as two of the five core elements needed to achieve wellbeing.

For ERs, retirement presents a challenge because it cuts individuals off from their source of meaning and purpose. The need to have something that drives you and makes you feel good about yourself is a basic human need that ERs derive indirectly from helping others, and directly from the gratitude they often receive from members of communities, the media, and formal awards. Social identity theory reminds us that being part of an agency group is fundamental to feelings of meaning and purpose. This is because people map the positive attributes and value of a group, they identify with – such as an agency’s mission - onto their own sense of self (Gecas 1982; Hogg & Terry 2000).

Another unstudied but fascinating area for research is the interaction between psychosocial and physiological factors of ER work on feelings of meaning, purpose, and self-worth. An anecdote ESF heard describes one older SES volunteer who wanted to retire but was reluctant. His reasons were captured along the lines of, “just one more flood. I’ll wait for one more flood than I’ll retire” (Mammone, pers comm.).

Conversations in the meeting where Mammone shared this story turned to questions of the ‘high’ of turning out, which is associated with sympathetic nervous system biochemistry, is connected to a sense of purpose and reluctance to retire. Ongoing adrenaline is damaging to mental and physical health, but it is also pleasurable and perhaps a hook that plays a role in experiences of transition to a less exciting time of life.

The critical importance of passion or purpose in retirement for mental health and wellbeing is a universal finding in the literature. A major and recent study on the emotional experiences of Australians aged over 84 found that maintaining engagement with activities was essential, but the more valued or meaningful the activity the greater the emotional wellbeing activities (Windsor et al. 2021). Relying on data from a long-term study of ageing Australians, these researchers looked at areas like exercise, housework, reading and volunteering and found that activities that produced the most positive emotions were those that people thought were important. Positive emotions, in turn, boosted mental and physical health.

The implications here is that ERs facing retirement may need support finding new sources of meaning (Conroy et al. 2019; Nichols, Novak & Gedgudas 2021; Transitioning Well 2021). It has been suggested by Conroy et al (2019) that tailored planning with a retirement coach would provide avenues for meaning, and pathways to select ideas. For example, finding new employment, volunteering, opportunities for learning and or new skill development, mentoring etc.

Loss of social connectedness

According to Beyond Blue (2018), close work relationships can act as a protective factor for workplace mental health in the emergency service sector. What buffers wellbeing at work becomes a risk factor in retirement as the intensity of attachment to work colleagues often renders their loss in retirement as especially painful (Cameron & Griffiths 2017). The theme of feeling unmoored from their community, of floating adrift, and of being alone or lonely are dominant themes across the literature on ER retirement (Patterson et al. 2001; Ruiz & Morrow 2005; Cameron & Griffiths 2017; Regehr 2001; Wagner & O'Neill 2012)

A key finding of the study of the Victorian emergency management sector by Conroy et al. (2019, p.1) was that “Losing daily contact with people they worked closely with for many years often results in loneliness”. Right Management (2021) similarly found that the loss of community and camaraderie was considered the greatest challenge of retirement for the Victorian ex-ERs they interviewed. The strength of attachment to colleagues can prevent volunteers from retiring (Nichols, Novak & Gedgudas 2021) and has been described by ERs as like losing family (Bracken-Scally, McGilloway & Mitchell 2014).

To better appreciate the challenges of losing social connection, the ‘we’ and ‘us’ aspects of work group membership are worth foregrounding. In a study of retirement of US police officers, Caudill & Peak, (2009) noticed a common way of describing transitioning from service was as going from ‘insider’ to ‘outsider’ status. In Ruiz and Morrow’s (2005) study of US police retirees, the more negative the retirement process, the more embittered officers felt by becoming outsiders. They found a situation where officers who had not adapted well to retirement felt a yearning for connection with the agency. Conflict arose from their sense of loyalty to the organisation precisely at a time when they feel resentment for being snubbed by it.

Mutual work to protect property, life and limb fosters a tight knit group with, it is often said, a shared and dark sense of humour. Humour can be seen as a coping mechanism for working at the edge of life and death, but it is also formative of feeling as part of a group that is very different to others (Thoits & Virshup 1997).

Feelings of leaving a work family, the research tells us, can manifest as disconnection or alienation from others, and even downright distrust. This has real world impacts when ERs leave the agency. A study of ex-firefighters in the UK found that after leaving the station, firefighters found it hard to connect with general community members (McNamara et al. 2021). Their experiences of work life, McNamara (2021 et al., p. 2) concludes, “hindered firefighters from engaging with other social groups, which many saw as incompatible, and left them socially isolated in retirement”.

This feeling of moving from an esteemed to a foreign (‘other’) category is also found in military research, with researchers noting that strong ties to the military tend to have weak existing connections to the civilian world (Thompson et al. 2019). Findings from military research, where “weak social connections are strongly associated with increased post-release psychological distress and suicidality” (McCreary 2019, p. 39), should compel the search for supporting retirees to build social connections and provide opportunities for social interactions in retirement.

Theme 3: Diversity of retirement experiences

There is a broad range of retirement experience among ERs. Some adjust with little difficulty and see leaving a stressful working environment as the start of a more relaxed way of life (Stenholm & Vahtera 2017; Carney, Bates & Sargeant 2021). Similar with retirees in other sectors, many embrace the later stages of life as a time of less responsibility, to explore new hobbies and interests, to complete work around the house, and expand their social networks (Carney, Bates & Sargeant 2021). As for the general retiree population, they are likely to find their sleep patterns improving (Myllyntausta et al. 2017) and especially after working day and night shift rosters.

Experiences of retirement are influenced by many factors including socio-economic status indicators, personal attributes, and the nature of work. One study found that the quality of retirement for ex-Queensland police depended on factors including the role they had whilst policing, the type of social interactions they had pre- and post-retirement, and their financial position (Carney, Bates & Sargeant 2021).

Retirement journeys, moreover, are rarely entirely positive or entirely negative. Across the literature retirees report periods of ease and difficulty, which can ebb and flow with different degrees of severity. Non-linearity is partly because mental health is dynamic, an idea distilled in the ‘mental health continuum’. This is an often-used model that captures how people have good and hard phases of life, as if moving up and down a continuum which has ‘wellness’ and ‘illness’ as its end points.

Understanding how people can maintain well-being and health as they transition and retire depends on examining positive as well as negative experiences of retirement. For example, research tells us that having supportive social and familial networks reduces the effects of retirement to some extent, along with having interests external to service (Carney, Bates & Sargeant 2021). In the US, for example, police officers experiencing the smoothest transition to retirement viewed policing as “just a job”; it was their family system that provided structure to their lives (Ruiz & Morrow 2005). These findings align with the general retirement literature where retirees who have fostered interests and friendships outside their agency are found to cope better with retirement than workers who invest heavily in work for social and other emotional needs (Transitioning Well 2021).

The successful use of job-related skills in future activities, such as work or volunteering, has been linked to life-after-service wellbeing (Bracken-Scally, McGilloway and Mitchell 2016; Kragt 2019). The option to 'unretire' and re-enter the workforce in some capacity is becoming more common in Australia (Transitioning Well 2021) and many first responders continue working in some capacity after leaving service (Kragt 2019). People choose to do this for both personal and financial reasons (Kulik, Perera, & Cregan 2016).

In their study of ER retirement experiences, Right Management (2021) found several specific factors that positively correlated with successful transitions and wellbeing, including:

- **Early planning for retirement**, not only around finances and superannuation but how they might spend their time in a meaningful way.
- **Having a sense of purpose and meaning** beyond their service role, either by engaging in paid or unpaid activities.
- **Feeling supported and treated with respect**, either by their previous employer, friends from work, partners, family members, friends, and their community. Recognition of service and contribution leading up to an ER's retirement date was connected to feeling supported.
- **Being physically and mentally** healthy.

The value of retirement planning extends beyond effective preparation because it promotes an overall positive attitudes to retirement and specifically, a sense of mastery and self-efficacy over retirement behaviours (Kragt 2019). Mastery refers to the belief that we can exert influence over areas of our life, an orientation positively related to retirement adjustment among Australian retirees (Donaldson, Earl, & Muratore 2010). Self-efficacy is the belief that we are equipped with the skills and abilities to master certain activities. Retirement self-efficacy means the willingness to explore and try-out stages of retirement (Hershenson 2016). Mastery and self-efficacy boost retirement satisfaction (Hershenson 2016) to the extent that research points to them being even stronger predictor of retirement adjustment than psychological and physical health (Kragt et al. 2017).

The point here is that attention to the diversity of retirement experience, and focusing on positive coping and adjustment, is consistent with a strength-based approach to retirement programming. It is also consistent with positive psychology, a sub-discipline that focuses on 'flourishing' or the upper potential of human behaviour and existence.

Section three: Factors that influence experiences of retirement

Now that we understand the specific context in which ERs work and the potential impact of work on retirement, here we discuss several determinants that play an important role in how well a person might adapt to retirement. A smooth adjustment to retirement depends on a complex interplay of factors, and what follows explores only a few.

Stigma and help seeking

Mental health challenges in older workers often remain hidden due to stigma or concerns about job impacts or judgements from others if people speak up. Offering psychological help and wellbeing at specific times, including in exit interviews, seems an obvious solution to help with trauma accumulation yet because of mental health stigma, this solution is not so straightforward. Stigma surrounding mental health ensures first responders are reluctant to seek help for fear of appearing weak (Lawrence et al 2019). Stigma around mental health, the Beyond Blue (2018) study found, is stronger when it applies to the self than to others. This is linked to another challenge to help seeking. That is, older workers tend to demonstrate an inability or reluctance to recognise that they are suffering mental distress, injury, or illness (Beyond Blue 2018)

Self-stigma is exacerbated by cultural values of pushing through in adversity, colloquially known as 'soldering on' or 'stiff upper lip'. This cultural orientation to wellbeing is generational, and there is evidence of a shift to more open and frank discussions about mental health in younger ERs (Kragt 2019). Older workers, children of parents who went through or remember the Great War and Great Depression, are less reluctant to seek mental health services or other help (Lavorgna 2021). Culture is dynamic, and there is evidence that mental health is less taboo even in the older generation as influencers such as the media, sports and other celebrities espouse the importance of good mental health.

Organisational processes play a role in creating stigma. Workers and volunteers report not seeking out mental health services at work because they fear a lack of confidentiality. Admitting weakness, they fear, will see them being held back from promotion or operational work, a risk that is also carried in accessing support programs that are linked to management (Good Practice Framework 2018). Beyond this challenge to help-seeking, many older workers and retirees do not know what resources are available (Beyond Blue 2018; Conroy et al. 2019, p. 6). Consequently, older workers that face mental health issues and need support might not be aware of the signs of struggle, know how to access support, or fear asking for help.

In a study on help-seeking in the Victorian emergency management sector, Lawrence-Wood et al. (2021, p.13) explain what is needed to improve access to mental health supports and assistance:

... particularly against the background of possible stigma and other cultural and occupational barriers, approaches that allowed individuals to access support in a non-specific way confidentially were viewed as important. Whole of organisation or group-based education and training were seen as useful ways to give information without individuals having to publicly express need.

There was also a more general endorsement of the need for embedded training and education at all levels of organisations as a means of increasing mental health literacy, normalising conversations about mental health, and ultimately shifting the culture and narrative around mental health within emergency services.

Though general, this advice on how to tackle stigma and promote help-seeking at all organisational levels and across the career-span is critical if ERs are to retire with less mental health burden.

Gender

While the gendered impacts of retirement on ERs have not been formally studied, there is evidence to suggest women fare better than men when it comes to staying healthy and socially connected. This evidence is anecdotal and appears as a theme in studies on retirement in the emergency management sector.

In an ESF-sponsored study, male volunteers were found to be more invested in their work identity, as symbolised by their attachment to their uniform, than women (Nichols, Novak & Gedgudas 2021). This study found one SES manager stating that women tended to be happier than men throughout their life, and another argued that women are more adaptable and emotionally open. This, it was believed, made them more willing to discuss issues when they arise rather than bottling them up. In the words of one volunteer, “men rarely admit to needing help and hold onto too much pride, whereas women are more willing to ask and seek out help ... Men are proud and often do not want to ask for help” (Nichols, Novak & Gedgudas 2021, p.7).

These findings, though based on perceptions, are corroborated by empirical studies of retirement in other sectors. An Italian study of farmers that explored the self-reported health impacts of retirement found that men’s health declined shortly after retirement while no effect was found for women (Coppola & Spizzichino 2014). Better health outcomes for women post-retirement are identified in other studies (Barnes & Parry 2004; Richardson 1999), suggesting that gender roles and identities are central to this process.

Women and men have different patterns of lifetime employment, vary in their friendship and other social networks, and demonstrate patterns of engagement with caring roles within the family. Gender, therefore, is an important influence on how individuals adapt to retirement and the quality of life achieved during this phase of the lifecycle. One study found that a positive correlation between retirement adjustment and traditional gender roles (Barnes & Parry 2004). This finding, which suggests that time invested in activities and relationships outside work buffers mental health in retirement, holds an important lesson for retiring well. It also highlights that those who invest their identity and meaning in work, irrespective of gender, may feel less comfortable about retirement (Richardson & Kilty 1995).

The signs and symptoms of personal struggles with retirement have gendered expressions and men at risk may be more publicly visible (Richardson & Kilty 1995). Participants in the study of Victorian ERs could identify a man they volunteered with who would be lonely without the unit. This man had a high social dependence on his SES unit and this, the participants felt, made him reluctant to ever want to retire. Solutions, interviewees suggested, lay in creating accessible programs and providing adequate support to ensure that men and women who retired have ample access to groups and events for socializing.

Marriage and Family

Retirement is a time when personal relationships, including the marital bond and relationships with friends and family, are subject to rethinking and may be realigned. This is not only the case for ERs (Kragt 2019; Conroy et al. 2019; Carney, Bates & Sargeant 2021), retirement transitions in other populations are also influenced by quality of relationships. Spending less time at work gives space to spend more time with friends and time at home. Spending more time with adult children and grandchildren is a common theme in retiree wellbeing. Many find they use their time to support their children by doing minor renovations, home maintenance and childminding. Caring for grandchildren so their children can work is a highly valued activity, generating a strong sense of purpose.

An increase in the amount of time that spouses and families spend together inevitably leads to change in relationships. Studies report that marriages can come under strain after retirement and especially in the early stages (Barnes & Parry 2004). Pressures build from unresolved marital issues and resentments, as well as spending more time together. In the words of Jack, a 62-year-old retired policeman stated, “I love my wife, but I couldn’t live with her all day, and she couldn’t live with me all the time” (Carney, Bates & Sargeant 2021, p. 9).

The researchers of this study on Queensland police did not interview Jack’s wife but if they did, they might have found that she, like other women unaccustomed to having their partner at home for long stretches of time, experienced his retirement as a loss of personal space and encroachment into their domain (Mason 1987). This highlights how gender and generation mediate the interactions between retirement, wellbeing, and family life. Frustration in the domestic sphere is more likely to manifest in marriages with a traditional division of labour, a form more typical of older generations.

Adjusting to retirement can lead to an improvement or stabilisation in relationship quality and in general, relationships tend to polarise after retirement, either becoming more satisfying or much less so (Barnes & Perry 2003). Recent figures from the Australian Bureau of Statistics (ABS 2019) show a higher proportion of divorces where the marriage lasted 30 years or more - a surge that is expected to be compounded by COVID. This is consistent with the U.S where the overall rate of divorce in the United States has declined over the past 20 years but the 'grey divorce', or divorce rate of people over 50, is on the rise (Cheng 2019).

This evidence has at least three key implications for retirement programming:

1. Resources to support transitioning should integrate information about how retirement can be a time of realigning roles and responsibilities in the family.
2. Retirement programs should reach out to and include support people. Support people might not be a spouse, and it is important that the definition of family be inclusive and avoid hetero-normative bias.
3. The design of retirement support will depend on the existence and quality of family. For some, prompting the development of a new series of social networks, drawing upon attachments based in religious, voluntary, community or leisure associations is important. For others, retirement will be about strengthening and deepening existing relationships.

The timing and nature of retirement

After the honeymoon phase

Optimistic views of retirement can hold it as a 'holiday that never ends'. Upon entering retirement, it is not uncommon to find people enthusiastically trying new activities, taking up new hobbies, or travelling throughout Australia and overseas (Pinquart & Schindler 2007). New retirees might also increase their involvement with the community and voluntary organisations. Some undertake new jobs or job-sharing roles that take them out the home. This is known as the 'honeymoon phase of retirement', when amidst all the activities and 'busyness', the real effects and impacts of retirement are delayed.

After about 6-12 months, the honeymoon phase gives way to a time of disenchantment, when retirement may not be as fun as expected and can even bring feelings of being unmoored, adrift or without purpose (Transitioning Well 2021; Richardson & Kilty 1995). It is no coincidence that, generally, this is the time that many retirees return to part-time employment (Transitioning Well 2021). A sixty-three-year-old retired Queensland police officer told Carney, Bates & Sargeant (2021, p. 10) that after a year of retirement, life at home became strained. It felt "like you might be getting on each other's nerves a little bit".

When designing support for retiring ERs, it is important to recognise the stages of retirement. Support should be extended to two years after retirement, a time of decreasing retirement satisfaction when personnel are at a higher risk time for marital instability and depression. The goal should be to help ERs navigate difficulties with the support of family, friends, and professionals and support them to settle into a new rhythm and routine, which includes building a new identity, establishing day-to-day activities, and a new social role. It might also include new friendships and support networks.

Voluntary vs involuntary

Medical discharge or policies that enforce a mandatory retirement age have a higher probability of poor mental health outcomes for ERs (McCreary 2019). For police, as an example, a mandatory retirement age creates more obstacles than for police officers who retire at a time of their own choosing (Cameron & Griffiths 2016). This has also been found in the general population, for example, a study that analysed the US Health and Retirement Survey (1992–98) found that involuntary job loss (including retirement) was associated with ongoing health issues and depressive symptoms, particularly for those in the lower socio-economic group (Gallo et al. 2000; Gallo et al. 2006).

Qualitative data can shed light on the link between mental health effects and involuntary job loss, including retirement. Queensland police retirees described the emotional and psychological impacts of mandatory retirement (Carney, Bates & Sargeant 2021, p. 8). Tim, a 69 retired officer explained, 'I found retirement extremely distressing' and so, when faced with the impending date, he 'stuck his head in the sand'. For this retiree, it felt like "retirement had come out of nowhere" (Carney, Bates & Sargeant 2021, p. 8). Lack of control, a factor linked to depression (Haidt 2016), is a key reason why mandatory retirement can create difficulty and distress. Denial of pending retirement is, in this light, a coping mechanism used by people trying to deal with stressful situations (Lazarus & Folkman 1984).

Abrupt vs gradual

In a study of retiree experience (Right Management 2021), Victorian emergency service personnel described the sudden end to working life in evocative terms such as it being "a big drop, like falling off a cliff". Such descriptions highlight the shock of transition and are echoed in the retirement literature in general where it is recognised that abrupt departure tends to be distressing and to lead to poor mental health outcomes. The solution here is to phase retirement, which is to support the gradual transition out of work.

Phasing retirement includes lowering weekly hours worked and responsibilities a few years prior to actual retirement or delegating current responsibilities. It also includes moving to part-time or job-sharing arrangements or transferring to an office-based position or other less stressful and physically demanding role. Phasing retirement by crafting flexible work arrangements allows for adjustments to a change in status and circumstance, creating space for workers to plan and proactively approach their transition. For example, they might invest time in a new hobby or interest or pursue new work or study options.

The enormous potential benefits of introducing phased retirement are evident in a study of paramedics in Ireland in which it was noted that a transitional phase of “pre-retirement” allowed employees to adjust to retiring more easily. This type of approach allows responders to reduce their hours slowly over time, making the transition to retirement smoother (Bracken-Scally, McGilloway & Mitchell 2016).

Despite gradual or phased retirement being established best practice, this model is still uncommon in Australia (Transitioning Well 2021) and almost unheard of in the emergency management sector. In a study conducted by Kragt et al. (2017), 63% of firefighters in Australia said they would consider part-time work and deferring retirement by a few years, instead of opting for an abrupt retirement.

Interestingly, Right Management (2021) found that older workers often carve a space for gradual retirement by navigation options already available to them. For example, they interviewed some ERs who had taken long service leave as a kind of ‘retirement trial’. Using long service leave to help with retirement transitions is an example of a positive coping mechanism to support gradual easing into retirement.

Finances

For ERs, at least 30 years of service is required to reach the maximum superannuation payout. The structured nature of superannuation provides most Australians with a strong financial foundation for retirement and yet, financial security is still raised as a challenge in terms of achieving retirement wellbeing (Kragt 2019; Carney, Bates & Sargeant 2021). Anxiety about financial wellbeing is associated with retirement satisfaction or dissatisfaction (Mariappanadar 2013; Segel-Karpas & Werner 2014) and mental wellbeing (Bridges & Disney 2010).

Financial security will depend on many factors, such as rank upon retirement and the type of superannuation held and policy details (Conroy et al. 2019; Carney, Bates & Sargeant 2021). Divorce figured highly in discussions of the financial impacts of retirement. Retired Queensland police who had experienced divorce lamented the burden of having to split superannuation and other assets with their ex-partner (Carney, Bates & Sargeant 2021). The stress of financial pressure from divorce can be felt irrespective of whether the divorce occurred pre- or post-retirement (Caudill 2004; Munnell, Huo & Sanzenbacher 2018).

Even though existing services tend to focus on superannuation, finances are a key theme in the research on retirement in the emergency services. As Grant, a 61-year-old retired police officer, states, a successful retirement “boils down to how much super you have” (Carney, Bates and Sargeant 2021, p. 11). Worrying about finances transcends actual earnings or marital status, which indicates that social and psychological factors, such as values that link masculinity to providing, are at play (Hershey, Henkens, & Van Dalen 2010). Noah, a 63-year-old retired policeman, told researchers, “even though I went out with good super ... I still worry about money ... and worry about how long [it is] going to last”. Carney, Bates & Sargeant 2021, p. 12).

Physical health

Lifespan research highlights the importance of lifestyle and health behaviour for late-life physical, mental and cognitive health (Lamers et al. 2013). This is significant because decreasing levels of fitness over time can make operational work a struggle (Kragt 2019) and the shift from operational work to retirement is associated with a decline in physical activity and physical health (Conroy et al. 2019, p. 2).

We cannot generalise about a decline in physical health in the later phases of career and into retirement. Attitudes towards exercise vary and many individuals of different ages prioritise fitness, nutrition, and sleep. It is well recognised however that getting older presents health challenges, and that health quality is relatively poor among emergency service workers. For instance, a study commissioned by NSW Ambulance found paramedics exhibited high rates of injury and illness with markers of poor health, compared to the Australian population in general (MacQuarrie et al. 2018)

Physical health and fitness are not only important for physiological health; they build mental strength and resilience to wellbeing shocks (Ohrnberger, Fichera, & Sutton 2017). IN a study of stress and chronic disease in aging and retired workers it was found that prolonged stress was associated with overall morbidity and numerous physical and mental illnesses (Salonen, Arola, Nygard, & Huhtala, 2008: see also McFarlane 2010). The demands of ongoing caseloads, shift extensions or missed meals takes a toll on ER wellbeing (Gayton & Lovell 2012). The sector tends to be characterised by physical extremes, where ERs are either spending a lot of time sitting (MacQuarrie & Whitfield 2019), or else involved in intensely physical operation work.

Twenty-four-hour shift rosters affect melatonin production, which has been found to be a preventative and antiproliferative hormone for cancer cells (Ward et al. 2019). Shift work is linked to poor health and fitness outcomes, including in areas of weight and sleep, and these effects are accumulative (Matheson, O'Brien & Reid, J 2014.). Shift work disrupts family life since it challenges the ability to sleep, share meals and socialise together. These activities, formative of family bonds, are protective factors for mental health. Shift workers have been found to have higher rates of divorce than those working traditional hours (Johnson 2004; Carney, Bates & Sargeant 2021).

Several agencies have fitness initiatives (whether through sports groups, or gym access), health check-ups and access to nutritional information and support. Yet Paramedic respondents at NSW Ambulance reported barriers to accessing such supports including a lack of time, family commitments, and a lack of motivation. (MacQuarrie & Whitfield 2019).

A review of health interventions to support retiree wellbeing found that programs to enhance older people's engagement in physical activity led to better wellbeing outcomes. (Rodríguez-Monforte et al. 2021). Links between physical and mental health are both direct and indirect. An example of the former, is how chemicals and hormones released an exercise are found to boost mood (Ohrnberger, Fichera, & Sutton 2017). An example of their indirect relationship is how physical activity can improve your social networks (Stenholm et al. 2016).

COVID-19

At the time of writing this report, Australian emergency service workers had been part of the frontline response to a novel coronavirus pandemic for 20 months. Recent studies highlight the enormous impact of this work on trauma and mental health (Roberts et al. 2021; Smallwood et al. 2021a). A study by Roberts et al. (2021) found that working through the pandemic has resulted in significant changes in ER work, including work intensification, and increasing task complexity. Other research points to increased degrees of moral injury (Smallwood et al 2021b)

The impacts of COVID 19 are not only operational. Interviews with recently retired Victoria ERs (Right Management 2021) illustrate how the public health response has created special challenges to their retirement adjustments. The authors write:

The COVID lockdowns have impacted people's retirement decisions and their transition experience. Many of the typical 'rites of passage' could not occur, and people have not had access to supports that may have assisted them. Lockdown has also impacted their experience of retirement, with activities often found on retirees' 'bucket lists' not possible (such as travel, home renovation, social activities).

The issue of retiring during or after a pandemic is complex and worthy of consideration, where it applies, for retirement support.

Section four: Innovative resources and programs for retirement and transitions

Retirement resources

In this section we provide examples of existing good-practice notes, tools, resources, programs, and services designed to help staff and volunteers adjust successfully to life after work. Most examples are from Australian emergency services, with a couple from overseas, and the ADF. What we present here is not an exhaustive scan however, collectively these examples provide an evidence base of best and leading practice which stand as proof of concept for helping emergency service personnel better transition to and integrate into retirement.

Good practice framework for mental health and wellbeing in first responder organisations (Beyond Blue)

In 2016, Beyond Blue developed the first version of the *Good practice framework for mental health and wellbeing in first responder organisations*. In 2020 this framework was revised to draw on insights gained during from the Beyond Blue Police and Emergency Services Program 2017-2020. This revised framework recommends:

- Making support services available to police and emergency services personnel leaving the organisation.
- Screening police and emergency services personnel before they leave the service to help identify and lessen some of the risks associated with this transition.
- Providing advisory services to help police and emergency services personnel with this transition.
- Providing mental health supports for police and emergency services personnel once they have left the service, or for a period following their transition out of the service.

Support at work accommodation plan (SES)

The SES has developed a tool to support people to stay at work when, for various reasons (e.g., medical, parenting or ageing-related needs), they need special support. The tool was developed from the Canadian model *Guarding Minds at Work* and provides a checklist to help people identify their needs and develop a plan, in collaboration with their manager, to modify their work demands and design. This tool is a best practice example of a resource that can be used to design flexible work and even phased retirement, two elements of best practice retirement support.

The tool is also strength-based, focusing on capabilities rather than limitations or details of an employee's or volunteer's medical condition. The plan aims to:

- Helps discuss work-related triggers for emotional or cognitive issues.
- Support a thoughtful approach to finding accommodations that may best support the employee.
- Facilitate the employee's wellbeing while meeting the requirement for a safe and productive workplace.

Looking Forward to Retirement (Ambulance Victoria)

The *Looking Forward to Retirement* toolkit is a comprehensive, highly detailed resource designed to assist Ambulance Victoria employees plan for their retirement at specific intervals (ten, five and one-year pre-retirement). This includes things to consider for a meaningful retirement, as well as advice on, and links to, further resources related to a range of wellbeing needs (financial, personal, social and professional). The toolkit includes a retirement plan of work sheets for transition to retirement discussions and planning. This resource seems particularly effective when combined with Ambulance Victoria's retired peer network.

Transitioning Well (Transitioning Well)

The *Transitioning Well* project by Transitioning Well provides resources to help organisations support their older workers in proactively planning their transition to retirement. They have created the **career navigation framework**, which is a useful tool for navigating key career transition points, especially during late career. This framework is primarily a self-reflection tool that can be used at transition points across our life spans, such as: deciding our next career phase, family-transitions, embarking on further study, moving into a new career, taking a travel break, changing employer, or becoming self-employed, and transitioning to retirement.

Their [hub](#), also contains miscellaneous materials that include:

- **Creating business case for your workplace**: These materials contain ideas and arguments to help persuade organisational leaders to support older workers, with videos, infographics and white papers that build the case.
- The **menopause information pack** for organisations (MIPO) is a research-based, free, open access suite of resources to help workplaces support menopausal transition.
- Investing in mature age workers includes a range of **resources and information on mature age employment** from the Department of Education, Skills and Employment, and the Australian Human Rights Commission. This includes factsheets, worksheets and conversation guides on a variety of topics (e.g. late career, flexible work conversations, fitness for work, reasonable adjustments, wealth and values).
- **Policy and management templates** for four key policy areas (retirement, flexible work, equal opportunity and fitness for work) along with management and implementation guides for each.

- **Building organisational data:** This includes three resources developed to support organisations in identifying useful metrics and design a “dashboard” report template. These aid in the strategic use of data to understand employee demographics, gain insights into the needs of older workers, monitor the implementation of initiatives, and guide interventions.
- The **late career framework** helps identify strengths and opportunities in navigating transitions to retirement. This framework uses ‘late career factors’, including work, wealth, home, and health as starting points for deciding whether to ramp down (slow), maintain work-as usual (stay), undertake career growth or entrepreneurship (speed up), or rethink late career and retirement goals (shift).

Guarding Minds at Work

Guarding Minds at Work provides a comprehensive set of free resources to help assess and address the psychological health and safety of workplaces. This hub has quality resources about transitions and retirement, including an interview framework for capturing employee perspectives and knowledge to support a smooth transition to retirement and additional resources to help your employees transition well and retire with a sense of pride by identifying their accomplishments. This includes a series of questions to help you proactively plan for the quality-of-life in retirement, including in areas of relationships, purpose, recreation, and wellbeing.

Programs and services

Innovative programs that support workers in transitioning to retirement reflect many of the same principles. For example, they are holistic, tailored to individual needs, support ER social and identity needs, connect with them over the long term, and involve families.

In this section we provide some examples of innovative international programs and services, followed by those from the Australian context. Several of these are from the defence sector. This recognises the advances that have been made around transitions in the sector and from which we can draw lessons for successful transition to retirement in the emergency services.

International

Police Treatment Centres (UK)

Police Treatment Centres work with retired as well as active members of the police force in the UK to promote and improve health and wellbeing, and address physical and psychological injuries, conditions, and illnesses. These centres run information sessions for police considering retirement and are accessible to retired police officers.

Members can access counselling, and special programs and sessions to address different issues and needs. For example, the Psychological Wellbeing Program runs for two weeks to support officers with mild to moderate anxiety, depression, and stress related issues. Other sessions focus on stress management, coping strategies, relaxation, sleep, and mindfulness, as well as a variety of classes and workshops for wellbeing. The strength of the treatment centres is that they allow for individualised support, are tailored to issues of policing, and embed help in a structured program that recognises the shared challenges.

The Fire Fighters Charity (UK)

The Fire Fighters Charity supports past and present employees and provides services for dependents and volunteers in the UK. To be a beneficiary for life you must have completed five years or more in the fire service (or two if you were made redundant). The charity helps this cohort by designing an individualised program made up of three kinds of support: for mental health, physical health, and social wellbeing. They have an in-house team of psychological therapists, clinical psychologists and physiotherapists and are about to offer a nursing service. They are Care Quality Commission (CQC) registered for nursing and personal care so will soon provide 24/7 nursing care for individuals with complex needs. The Fire Fighters Charity offers these supports over the phone, online, or at one of their three centres. They also offer home visits and have “living well groups” in communities, which are run by volunteers. Other services offered revolve around supporting beneficiary families, including those who have children with complex needs, or families who are struggling and might need some “quality time together”.

Hong Kong Police Force

One of the main ways the Hong Kong Police Force cares for members after they retire is through post-retirement employment. The Resettlement Services Unit is a dedicated team that provides free services to employers to recruit retired police officers into security, housing estate management and investigation. Retirees can also get involved in other activities, including the Retiree Association and the Hong Kong Police Old Comrades’ Association. The Hong Kong Police Force also provides access to comprehensive information about the benefits and services provided by the government.

Friends of Firefighters (New York)

The US Friends of Firefighters organisation runs two programs that are particularly popular with retired volunteers: On-the-Arm Breakfasts and Firehouse Kitchen Talks. Both of these programs allow firefighters to feel at home, reconnect with each other and share their experiences.

As with the Fire Fighters Charity in the UK (above), these initiatives are successful because they address the social isolation many men in particular feel after leaving the camaraderie and connections they developed in their former agency. Facilitating events in which ex-ERs can reconnect and reminisce enhances and promotes wellbeing.

Shaping Purpose (Canada)

Shaping Purpose is a Canadian Veterans' Affairs program for ex-military going through a life transition. It is a four-day intensive retreat to help people connect to their 'gifts', 'passions', and 'values'. Gifts are skills applicable to the civilian world, passions are interests and activities that are crucial for ongoing wellbeing, and values are criteria for judging what is important and what motivates action. Participants create a 'Life Plan', which is a framework designed to help Canadian Armed Forces (CAF) members and their families to plan active, connected and contributing lives post transition. During the Shaping Purpose retreat, facilitators guide individuals through a series of lectures, group discussions and exercises leading to the personal planning process. An evaluation concluded that the Shaping Purpose program has demonstrated effectiveness as a planning and preparedness activity for transition (Shields, Frender & Kuhl 2018).

National

Soldier On

Soldier On is a national volunteering program that provides support for ADF personnel and their families, especially for those injured physically or psychologically in the line of duty. The program also supports the Australian Federal Police, Australian Border Force, Department of Foreign Affairs and other Australian security agencies.

The acronym 'HELP' captures the principles of the program: **H** Health and wellbeing; **E** Employment support and transition; **L** Learning and education; **P** Participation and social connection. Programs and services aim to give "skills, opportunities and support to continue to serve through purposeful work and impactful projects that help people and communities", and include:

- *VET Connect*: Disrupts isolation by bringing together male veterans in a series of residential weekends. These give opportunities for social connection, developing new skills and working toward goals for the future.
- *Family Ties*: Provides avenues to strengthen family bonds that may have been affected by service and provides tools for family to get, and stay, connected in the future.
- *Pathways*: Provides veterans and their families with free employment and education support, in collaboration with veteran-supportive companies and education partners.
- *Facing Forward*: Provides defence personnel, both men and women, with the tools to adjust and accept their self-image after leaving their service.

Fortem

The Fortem initiative emerged from Soldier On and is an enterprise that delivers activities to support the mental health and wellbeing of first responders and their families. This includes:

- *Transition and Employment Program*: Supports first responders and their family members looking for new life and career opportunities following service with state and commonwealth emergency and security agencies.
- *Wellbeing Activities*: Available online and in person almost every day, with an interactive calendar to join on the website.

NSW Police Legacy

Is a charity that supports the families of serving and retired police officers impacted by loss by providing support and social connection for the families of deceased officers. It was established as an Association in 1987 to care for the police family and became incorporated in 1991. The NSW Police Legacy provides:

Financial assistance by way of education grants, welfare grants and special assistance. It also provides compassionate support to police families through various programs.

Counselling and Referral by way of six sessions with a registered psychologist, and information and referrals to other support services. They have a c

Children and Family Program which offers welfare checks, individual support, and access to programs including children's camps, the Kokoda Trek, and the Parents of Police Officers Support Network.

Aged Care Program with care alert funding for over 65s, welfare checks, and individual support for legatees.

Social events including local area lunches for police legatees (held up to three times a year in 25 different regions across the State), Annual Christmas Luncheon, Annual Family Day Picnic, Children's Christmas Party

BACKUP for Life provides counselling services, mentorship programs, workshops, and financial assistance to help retired police officers (and their immediate family) re-enter civilian life. Developed in 2016 by the New South Wales Government and Police Legacy, this program is tailored to the unique issues of policing. BACKUP for Life workshops include Holistic Health and Wellbeing Workshops, Career Confidence Workshops, Career Transition Programs, and training for those wishing to become mentors for their mentoring program.

The Retired Police Officer Identification Card was launched by Commissioner Andrew Scipione AO, APM at the inaugural NSW Police Legacy Backup for Life Expo

Retired and Former Police Association of New South Wales Inc

Was founded in 1931 to “foster friendship, fellowship and welfare” for all former police and police widows. Has around 4000 members and 24 branches. The Association runs events, activities are run at different branches. The Association also offers care for its members in the form of ‘Welfare Officers’ people who undertake voluntary calls or visits members who are doing it tough.

Police Veterans Victoria Inc.

PVV is a not-for-profit organisation that supports Victoria Police Veterans and their families. Their dedicated focus is improving mental health amongst Victoria Police Veterans. They recognise that family members can also be impacted, and our service is extended to them. Supports offered include EAP, social worker, wellbeing services, and secondary supports (RUOK, Beyond Blue, Open Arms, Black Dog, Lifelife, Brave Health Group). They also have Veteran Peer Support Officers. These are police veterans trained to provide confidential support and referral services to those that may be experiencing mental health issues. Peer support people are not counsellors, nor do they make psychological assessments. They are ‘friends’ with access to various resources including psychologists, chaplaincy and other support services.

Life Options

Life Options is a unique life planning and career management program designed and run by Right Management for individuals who are looking to explore how they want to plan for the next phase of their life. It helps individuals who are considering options that include retirement, part-time/full-time work, self-employment, volunteering or a blend of both work and other life activities. It offers a flexible process that helps individuals assess what is important to them and what they enjoy doing and identify meaningful life and work activities. With the support of a dedicated coach, individuals develop a plan to take action to achieve your new goals based on your financial, lifestyle, wellness, social and family needs. This program is delivered face to face, virtually or via blended options.

Transition Transformation Program

Each year, ADF supports around 5,500 to 6,000 permanent members to transition to civilian life. For some, this transition can be a significant life changing event and period of uncertainty. Recognising these difficulties, in 2017 the ADF embarked on a program of work, the Transition Transformation Program, to enhance the support offered to transitioning ADF members and their families. Through the Transition Transformation Program, the ADF learned that the support and services required by transitioning members and their families varied enormously depending on individual circumstances.

These findings have formed the basis for the new needs-based approach to transition for ADF members, which encompass the broader range of services available under the Defence Force Transition Program (DFTP). The ADF looks at transition through a personal human security lens and transition programs are continually refined and analysed through this lens. This is intended to optimise the long-term outcomes for transitioning members and their families, resulting in a more seamless transition and continuity of care for members between the ADF and the Department of Veterans’ Affairs.

Go Beyond

Based on a six-year study by the Gallipoli Medical Research Foundation (GMRF), in partnership with RSL Queensland, the ADF developed a three-part model to help their personnel transition to civilian life. This comprises:

1. An online assessment tool called Military-Civilian Adjustment and Reintegration Measure (M-CARM) designed to assess adjustment and reintegration to civilian life following military service. This tool is the first of its kind to be developed and trialled within Australia. On completion of the survey, an individual profile is produced, identifying areas in which that individual may require support.
2. Individuals use the needs assessment profile to enrol in Go Beyond, a free self-directed online training program that gives information and advice to support identified needs. The program connects a person with the latest research information, learning modules, worksheets, practical exercises, and recommended ways to move forward. All exiting personnel receive a comprehensive brochure with information and useful links on finance, health and wellbeing, future, and family. The program also offers symposiums or seminars that are expo-style events for planning and supporting life after service. This includes bridging members into new support organisations and ensuring members understand their skills and career options. Another major support offered by ADF is a 'transition coach', who provides tailored services up to 12 months after leaving the military.
3. The Career Transition Assistance Scheme (CTAS) includes a job search workshop, career transition training, and a management coach to further prepare members for life after the military. This transition training and skills guide helps workers understand how their ADF skills translate outside of the military (ADF Transition 2019).

Through these supports, it is clear the ADF understands the needs of ex-military members and the importance of accessible resources.

Section five: Elements of best practice retirement and transitions support

The research presented here highlights that transitioning to retirement is a complex and potentially disruptive experience requiring planning and support in a range of social and psychological dimensions. Retirement is a significant moment in life that needs to encompass more than just financial planning and setting retirement goals. We need to work with the whole person on social dimensions to support wellbeing in the long-term (Bracken-Scally, McGilloway & Mitchell 2016; Danke, Kacherski & Werosta 2018; Conroy et al. 2019).

This section of the report provides the results of the literature scan summarising ideas and innovations to promote and support better wellbeing in retirement. Despite the diversity of research in terms of which ER cohorts and topics are investigated, researchers put forth common approaches and activities to enable better wellbeing outcomes for older, transitioning, and retired workers and volunteers.

Table 1 focuses on *approaches*, or cross-cutting elements that frame and support retirement transitions. Table 2 outlines *activities* that, if implemented and embedded in a suite of services, would facilitate successful transitions and adjustments to life after service.

Table 1: Best practice approaches for retirement and transitions support

Approach	Description	Rationale and Reference
Holistic planning and preparation/early intervention	Encourage and support individuals to invest time and effort into planning for social, physical, emotional, financial, psychological etc.. needs retirement, prior to (and many years before) retirement	Early planning and preparation for different dimensions of wellbeing are linked to better mental health outcomes post-retirement Transitioning Well (2021) Kragt (2019) Smith, Dean and Holmes (2021) Conroy et al. (2019)
Better evaluation of programs	Initiate more systematic research evaluation of the challenges and opportunities to inform better program design.	There is a lack of sufficient evidence that evaluates retirement programs Kragt (2019) McCreary (2019) Conroy et al. (2019)
Tailored support	Provide an individualised approach for supporting mental health and wellbeing challenges for each ER	'One size fits one'. While ERs share common challenges, transition and retirement support needs to be tailored to individual circumstances Smith, Dean and Holmes (2021) (Conroy et al. 2019)

Approach	Description	Rationale and Reference
A systems approach	Build retirement support into organisational processes and protocols	Retirement adjustments are supported by organisational practices and policies that address retirement preparation and planning throughout the career, and close to transition Transitioning Well (2021) McCreary (2021)
A career span approach	Provide ongoing mental health support and retirement conversations throughout the career cycle and into retirement transition. Managers and leaders play an integral role in creating psychosocially safe environments where conversations around retirement and wellbeing are normalised.	Wellbeing in retirement is promoted by mental health check ins, career conversations, job crafting and other interventions at different career stages Conroy et al. (2019) Smith, Dean and Holmes (2021)
Voluntary, not mandatory, retirement	If they exist, abolish mandatory retirement age policies	The choice to retire at a time of one's choosing is associated with better mental health outcomes than involuntary retirement. Carney, Bates and Sergeant (2021) Cameron & Griffiths (2016)
Include family	Involve families, in diverse shapes and sizes (including support people) in planning for retirement and the transition to retirement.	Decisions about retirement are often made with partners and other support people. Retirement is an experience that impacts families and other loved ones. Smith, Dean and Holmes (2021) Sharp et al. (2020) Conroy et al. (2019)
Extend support 24 months post-retirement	Check in and extend support services to retirees for at least 2 years after retirement, and up to five years	The year after retirement is a high- risk time for wellbeing challenges, including depression and marital instability Carney, Bates & Sargeant (2020) Van Hooff et al. (2018)
Phase retirement	Allows ERs to slowly reduce their hours and workplace tasks and responsibilities over time for a smoother transition to retirement	To mitigate and manage the stress of sudden departure, phasing retirement allows ERs to adjust and orient to life after service Smith, Dean and Holmes (2021) Carney, Bates and Sargeant (2021) Transitioning Well (2021) Kragt (2019)

Table 2: Best practice activities for retirement and transitions support

Approach	Description	Rationale and Reference
Debrief/exit interview	A conversation with a retiring ER worker or volunteer about their experiences with service, what their needs are going forward and other issues	Mandatory and structured conversations with a departing member is an opportunity to assess their needs, and discuss issues related to post-retirement wellbeing, such as how they might like to be acknowledges for service, interest in staying in touch after retirement, getting involved in mentoring opportunities etc. Right Management (2021)
Readily accessible support to address potential trauma and other mental health issues at time of transition and in retirement	Provision of comprehensive debrief to identify accumulated and unresolved trauma at time of agency exit. Ongoing access to counselling/ psychological support for retired member and family	Retired ERs often struggle with mental health problems, including from trauma accumulation. Conroy et al. (2019) Right Management (2021) Kragt (2019)
Flexible work options	Develop an agreement to change the standard working arrangements to better accommodate the needs and preferences of employees and volunteers who want to work to an older age and ease their transition into retirement. Can include keeping people engaged in less physical work and explore opportunities to transition from full-time to part-time or casual (job-share/contractual) employment.	Flexible work is one of the key mechanisms that can support people to phase out of work and into retirement It is also an important activity to craft jobs to fit the needs, interests, and capacities of older workers. As employees become older, lifestyle benefits are often prioritised over financial benefits, and flexibility to take time off to travel or look after dependent parents, children or grandchildren can become more important. Transitioning Well (2021) Nichols, Novak & Gedgaudas (2021). Carney, Bates and Sargeant (2021)
Pre-retirement health checks	Voluntary mental and physical health checks for pre-retirees	Health checks can encourage preventative health practices and provide a documented benchmark for potential health and mental changes in retirement. Kragt (2018)

Approach	Description	Rationale and Reference
<p>Ceremonies or other celebrations or gestures that recognise retirement</p>	<p>Events, communications, symbols, or ceremonies that mark the end of career and the beginning of retirement</p>	<p>Providing formal (i.e. a retirement ceremony) and informal (i.e. BBQ, shout out) options for recognition of service, are beneficial in supporting the ongoing mental health and wellbeing of first responders exiting the workforce.</p> <p>Right Management (2021) Smith, Dean and Holmes (2021)</p>
<p>Maintaining connection with the agency community</p>	<p>Provide option for ERs to maintain a relationship with the agency and people they worked with.</p> <p>This could be formalised, by accommodating retirees as volunteers, advisors, or partial employees or informal such as by inviting former employees to special events or morning tea. In a formal mode, retirees could work as mentors (see ‘mentoring’ below), volunteer to train new employees or otherwise be kept engaged within the agency community.</p> <p>Alumni programs (see next activity) can be another way for people to maintain a meaningful connection with their former employer.</p>	<p>Supporting retirees to stay connected with the agency smooths the transition to retirement and buffers feelings of loss and disruption. From an organisational view, it creates opportunities to gain insights from valuable ex-staff.</p> <p>Kragt (2019)</p> <p>Transitioning Well (2021)</p>
<p>Career specific organisational groups</p>	<p>Agency or sector specific organisations that run activities or create opportunities for ex-workers or volunteers to connect. They might also, or have the potential to, be mobilised to offer voluntary welfare programs, social meetings, and gatherings. Examples includes retired peer support networks or alumni programs.</p>	<p>Career-specific organisational groups can help reduce feelings of isolation for ERs after retirement and provide ongoing support and connection.</p> <p>Carney, Bates and Sargeant (2021) Smith, Dean and Holmes (2021) Transitioning Well (2021) Nichols, Novak & Gedgaudas (2021) Conroy et al. (2019) Kragt (2019) VicPol MH Review (2018)</p>
<p>Wellness officer for retirement</p>	<p>A dedicated position to focused on retiring and retired agency workers and volunteers. Duties could involve maintaining regular contact with those approaching transition, maintaining regular communication via e-mail or a newsletter, collating and distributing retirement-related information, and following-up with the recently retired.</p>	<p>Allocating resources to a position that focuses on retirement wellbeing keeps a line of sight, connects with people. and co-ordinated activities to ensure greater success in retirement adjustment.</p> <p>Kragt (2019)</p>

Approach	Description	Rationale and Reference
Peer support	Connecting with and feeling support from like-minded people in a group who are at different stages of transition and retirement journeys.	Retired peer support serves several functions including: facilitating retirees to maintain contact with ex-colleagues gaining insight from those who have gone before them and assist those who may have difficulty transitioning to access assistance early. providing beneficial effects of camaraderie breaking down stigma related to mental health issues and poor retirement adjustment. Carney, Bates and Sargeant (2021) Kragt (2019) Right Management (2021)
Mentoring/knowledge transfer	Create opportunities for retirees to share their knowledge and experience with younger workers and volunteers. Mentoring can also take the form of knowledge transfer from retiree to agency in the form of passing on accumulated skills, operational insights, and organisational knowledge from older workers to younger workers	Mentor figures are a good resource for people facing retirement in terms of being supported by someone who has experienced the transition before. Knowledge transfer in the form of mentoring may provide a sense of self-worth, legacy, purpose and meaning for older workers and help retain them productively within the organisation. Nichols, Novak & Gedgudas (2021) Carney, Bates and Sargeant (2021) Kragt (2021) Rodríguez-Monforte (2020) Transitioning Well (2021)
COVID-19	Consider how to retrospectively apply support (i.e. retirement ceremonies, exit interviews etc.) and elements of ESF's system framework for those who have retired since March 2020.	Right Management (2021)

Next steps

Emergency management organisations play a critical role in assisting their ageing workers and volunteers achieve a more successful and healthy retirement. This investigation into the challenges of retirement for emergency service workers and leading practice solutions reveals opportunities for Victorian agencies to provide better support options and will inform the work of the ESF.

Based on these findings ESF will lead the sector to improve its approach to retirement programming through an initiative called Well Beyond:

Well Beyond will include:

1. A proactive, holistic, evidence-informed, and leading practice approach to address the existing gap in support and assistance for people across the emergency services sector in transitioning 'well' from service.
2. A pilot program, co-designed with end-users to ensure it is needs-based and gender sensitive to promote organisational and individual approaches to preserve and promote the mental health and wellbeing of retiring workers.

A comprehensive evaluation of key program approaches and activities so that continuous improvement can occur.

References

- Alexander, D., and Klein, S. 2001, 'Ambulance Personnel and Critical Incidents: Impact of Accident and Emergency Work on Mental Health and Emotional Well-Being', *The British Journal of Psychiatry*, vol. 178, pp. 76-81
- Atchley, R. C. 1976, *The Sociology of Retirement*. John Wiley, New York
- Australian Bureau of Statistics of 2019 Marriages and Divorces Australia, accessed at <https://www.abs.gov.au/statistics/people/people-and-communities/marriages-and-divorces-australia/latest-release#divorces>
- Australian Parliament 2019, *The people behind 000: Mental Health of our First Responders*, Senate Inquiry, Education and Employment References Committee, Canberra
- Barrat, P., Stephens, L., Palmer, M. 2018, *When helping hurts: PTSD in first responders*, Australian21, Canberra
- Barnes, H., and Parry, J. 2004, 'Renegotiating identity and relationships: men and women's adjustments to retirement', *Ageing and Society*, vol. 24, no. 2, pp. 213–233
- Berger, B.M., 1995. *An essay on culture: Symbolic structure and social structure*. University of California Press, Berkeley
- Berger, W., Coutinho, S., Figueira, I., Marques-Portella, C., Luz, M., Neylan, T. 2012, 'Rescuers at Risk: A Systematic Review and Meta-Regression Analysis of the Worldwide Current Prevalence and Correlates of PTSD in Rescue Workers', *Social Psychiatry and Psychiatric Epidemiology*, vol. 47, pp. 1001-1011
- Beyond Blue 2018, Answering the call national survey, National Mental Health and Wellbeing Study of Police and Emergency Services – Final report
- Beyond Blue 2020, Good practice framework for mental health and wellbeing in police and emergency services organisations, FBG Group for Beyond Blue
- Black, A., McCabe, D. and McConnell, N. 2013, 'Ten years on, living with the 'psychological troubles': retired police officers in Northern Ireland. *The Irish Journal of Psychology*, vol 34, no 2, pp.93-108
- Brandl, S. G., and Smith, B. W. 2013, 'An empirical examination of retired police officers' length of retirement and age at death: A research note', *Police Quarterly*, vol. 16, no. 1, p. 13–123
- Bracken-Scally, M., McGilloway, S., Gallagher, S. and Mitchell, J.T. 2014. 'Life after the emergency services: An exploratory study of wellbeing and quality of life in emergency service retirees', *International Journal of Emergency Mental Health and Human Resilience*, vol. 16, no. 1, pp.44-61.
- Bracken-Scally, M. and McGilloway, S. 2016, 'A qualitative exploration: life after the emergency services', *International Journal of Emergency Services*, vol 5, no 2, pp. 158–173
- Bracken-Scally, M., McGilloway, S., and Mitchell, J. 2016, 'Retirement policies and support for

emergency service personnel: The transition to retirement'. *Canadian Journal on Ageing*, vol.35, no. 2, pp. 161-174

Bridges, S., and Disney, R. 2010, 'Debt and depression', *Journal of Health Economics*, vol. 29, pp. 388–403

Britt T. & McFadden, AC. 2012, 'Understanding Mental Health Treatment-Seeking in High Stress Occupations', *Contemporary Occupational Health Psychology: Global Perspectives on Research and Practice*. Vol. 2., pp.57-73.

Cameron, T and Griffiths, A 2017, 'The Impact of Involuntary Retirement on Senior Police Officers', *Policing: Journal of Policy and Practice*, vol. 11, pp. 52-61

Carney, C., Bates, L. and Sargeant, E. 2021, 'Exploring the impact of retirement on police officers' wellbeing', *Police Practice and Research*, vol. 22, no. 1, pp.257-273

Caudill, C., and Peak, K. 2009, 'Retiring from the "Thin Blue Line": A need for formal preretirement training', *FBI Law Enforcement Bulletin*, vol. 78, no. 10, pp. 8-21

Cheng, M. 2019. 'Grey divorce: it's reasons and its implications', *Forbes*, February 26 2019

Christiansen, C.H. 1999, 'Defining lives: Occupation as identity: An essay on competence, coherence, and the creation of meaning', *American Journal of Occupational Therapy*, vol. 53, no. 6, pp. 547-558

Christophilakis, S., Kuryluk, J., and Hunt, A. 2021, 'The Impact of Retirement from Sport on Dance Athlete's Psychosocial and Physical Health: A Scoping Review', *Archives of Physical Medicine and Rehabilitation*, vol. 102, no. 10, pp. 119–138

Coppola, L. and Spizzichino, D. 2014, 'The effect of retirement on self-reported health: a gender comparison in Italy', *Vienna Yearbook of Population Research*, vol. 12, pp. 53–82

Conroy, J., Purutyan, J., Resmini, D. and Germain, A. 2019, *A New Direction for ESF: Holistic Transition to Retirement Program*, Worcester Polytechnic Institute Interactive Qualifying Project for the Emergency Services Foundation: Melbourne

Declercq, F., Meganck, R., Deheegher, J., and Van Hoorde, H. 2011, 'Frequency of and Subjective Response to Critical Incidents in the Prediction of PTSD in Emergency Personnel', *Journal of Traumatic Stress*, vol. 24, pp. 133-136

Donaldson T, Earl JK, and Muratore A 2010, 'Extending the integrated model of retirement adjustment: Incorporating mastery and retirement planning', *Journal of Vocational Behaviour*, vol, 77, no 2, pp. 279-89

Eriksson, C., Foy, D., and Larson, L. 2004, 'When the Helpers Need Help: Early Intervention for Emergency and Relief Services Personnel', in (eds) Litz, B., *Early Intervention for Trauma and Traumatic Loss*, The Guilford Press, London

Gallo, W., Bradley, E., Dubin, J., Jones, R., Falba, T., Teng, H., and Kasl, S. 2006, 'The persistence of depressive symptoms in older workers who experience involuntary job loss: Results from the health and retirement survey', *Journal of Gerontology: Social Sciences*, vol. 61, no. 4, pp. 221–228

Gallo, W. T., Bradley, E. H., Siegel, M., and Kasl, S. 2000, 'Health effects of involuntary job loss among older workers: findings from the health and retirement survey', *Journal of Gerontology: Social Sciences*, vol. 55B, no. 3, pp. 131–140

Gayton S. and Lovell G. 2012, 'Resilience in Ambulance Service Paramedics and Its Relationships with Well-Being and General Health', *Traumatology*, vol. 18, no. 1, pp. 58-64

Greenaway, K. H., Cruwys, T., Haslam, S. A., and Jetten, J. 2016, 'Social identities promote wellbeing because they satisfy global psychological needs', *European Journal of Social Psychology*, vol. 46, no. 3, pp. 294-311

Haidt, J. 2016. *The Happiness Hypothesis: Putting ancient wisdom and philosophy to the test of modern science*. Random House

Haslam, S.A. and Ellemers, N., 2005, 'Social identity in industrial and organizational psychology: Concepts, controversies and contributions', *International Review of Industrial and Organizational Psychology*, vol. 20, no. 1, pp.39-118

Haslam, C., Lam, B.C., Branscombe, N.R., Steffens, N.K., Haslam, S.A., Cruwys, T., Fong, P. and Ball, T.C., 2018 'Adjusting to life in retirement: the protective role of new group memberships and identification as a retiree', *European Journal of Work and Organizational Psychology*, vol. 27, no. 6, pp.822-839

Hershenson, D. 2016, 'Reconceptualising retirement: A status-based approach', *Journal of Ageing Studies*, vol. 38, pp 1-5

Hershey, D., Henkens, K., and Van Dalen, H. 2010, 'What drives retirement income worries in Europe? A multilevel analysis', *European Journal of Ageing*, vol. 7, no. 4, pp. 301–311

Hogg, M. and Terry, D.J., 2000 'Social identity and self-categorization processes in organizational context', *Academy of Management Review*, vol. 25, no 1., pp. 121-140

Holmes, M. D., and Smith, B. W. 2008, *Race and police brutality: Roots of an urban dilemma*, State University of New York Press, New York

Jinkerson, J. 2016, 'Defining and assessing moral injury: a syndrome perspective', *Traumatology*, vol. 22, pp. 122–130

Jordan, A. H., Eisen, E., Bolton, E., Nash, W. P. and Litz, B. 2017, 'Distinguishing war-related PTSD resulting from perpetration and betrayal-based morally injurious events', *Psychological Trauma*, volume 9, pp. 627-646

Kolko, J. 2012, *Wicked Problems: Problems Worth Solving: A Handbook and Call to Action*, Austin, Texas

Kragt, D. 2019, *Career firefighters' transition into retirement: A mixed methods study at the South Australian Metropolitan Fire Service*. Business School, University of Western Australia: Perth, Western Australia Background

Kragt, D., Jorritsma, K., Dunlop, P., and Parker, S. 2017, *Firefighters' transition into retirement: Issues*,

challenges and support program design. Centre for Transformative Work Design. The University of Western Australia

Kohan, A., and O'Connor, B. 2002, 'Police officer job satisfaction in relation to mood, wellbeing, and alcohol consumption', *Journal of Psychology*, vol. 136, pp. 307–318

Kulik, C. T., Perera, S., and Cregan, C. 2016, 'Engage me: The Mature-Age Worker and Stereotype Threat', *Academy of Management Journal*, vol. 59, no. 6, pp. 2132-2156

Lamers, S.M., Westerhof, G.J., Bohlmeijer, E.T. and Keyes, C.L., 2013, 'Mental health and illness in relation to physical health across the lifespan', in J. D. Sinnott (Ed.), *Positive Psychology: Advances in Understanding Adult Motivation*, Springer, New York, pp. 19-33

Langworthy, R. H., and Travis, L. 2003, *Policing in America: A balance of forces (3rd ed.)*, Prentice Hall, Englewood Cliffs, New Jersey

Lavorgna, L.A., 2021 Exploring the Effects of Masculinity Norms on Attitudes Towards Help Seeking in Males: A Comparison Across Generations, Doctoral dissertation, Southern Connecticut State University.

Lawrence-Wood, E., Sadler, N., O'Dwyer, C., and Dell, L. 2021, *Understanding stigma and help-seeking in emergency services personnel for good mental health*. Report prepared for Emergency Services Foundation. Phoenix Australia – Centre for Posttraumatic Mental Health: Melbourne

Lazarus, R., and Folkman, S. 1984, *Stress, Appraisal and Coping*, Springer, New York

Legislative Assembly Parliament of Western Australia. 2012, *The Toll of Trauma on Western Australian Emergency Staff and Volunteers*. Perth, WA: Report No. 10

Lentz, L.M., Smith-MacDonald, L., Malloy, D., Carleton, R.N. and Brémault-Phillips, S. 2021, 'Compromised conscience: a scoping review of moral injury among firefighters, paramedics, and police officers', *Frontiers in Psychology*, vol. 12, p.681-695

MacQuarrie, A. and Whitfield, S. 2019, 'Fit for duty: shedding light on paramedics' health via research methodologies', *International Paramedic Practice*, vol. 9, no. 2, pp.47-49

MacQuarrie A, Robertson C, Micalos PS, Drinkwater EJ, Crane J, High R 2018, 'Fit for duty: the health status of New South Wales paramedics', *Irish Journal of Paramedicine*, vol. 3, no. 2, pp. 1-10

Mariappanadar, S. 2013, 'Do retirement anxieties determine bridge employment preference? A study among pre-retirees in the Australian construction industry', *Personnel Review*, vol. 42, no. 2, pp. 176–204

Matheson, A., O'Brien, L. and Reid, J.A., 2014, 'The impact of shiftwork on health: a literature review', *Journal of Clinical Nursing*, vol. 23, nos. 23-24, pp.3309-3320

Mason, J. 1987, 'A bed of roses? Women, marriage, and inequality in later life', In P. Allatt, T. Keil, A. Bryman, and B. Bytheway (eds.), *Women and the Life Cycle. Explorations in Sociology*, Palgrave Macmillan, London, pp. 90–105.

- McCreary, D. R. 2019, Veteran and first responder mental ill health and suicide prevention: A scoping review of prevention and early intervention programs used in Canada, Australia, New Zealand, Ireland, and the United Kingdom, British Columbia, Canada: Donald McCreary Scientific Consulting
- McFarlane AC. 2010, 'The long-term costs of traumatic stress: intertwined physical and psychological consequences', *World Psychiatry: Official Journal of the World Psychiatric Association*, vol. 9, no. 1, pp. 3-10
- McNamara, N., Mühlemann, N.S., Stevenson, C., Haslam, C., Hill, R., Steffens, N.K. and Bentley, S. 2021, *I was a firefighter": Preserving Identities, Meaning, and Purpose in the Retirement Transition*, Study Report commissioned by the UK Firefighters Charity
- Mead, G. H. 1934 *Mind. Self and Society*, University of Chicago Press, Chicago
- Menke, D., and Germany, M. L. 2019, 'Reconstructing athletic identity: College athletes and sport retirement', *Journal of Loss and Trauma*, vol. 24, no. 1, pp. 17–30
- Munnell, A., Hou, W., and Sanzenbacher, G. 2018, 'How does divorce affect retirement security?', *Psychosociological Issues in Human Resource Management*, vol. 6, no. 2, pp. 44–55
- Myllyntausta, S., Salo, P., Kronholm, E., Aalto, A., Kivimaki, M., and Vahtera, J. 2017, 'Changes in sleep duration during transition to statutory retirement: a longitudinal cohort study', *Sleep*, vol. 40, p
- Nichols, A., Novak, J., and Gedgaudas, O. 2020, 'How to Better Support Emergency Service Volunteers' Transition to Retirement in Victoria, Australia', Worcester Polytechnic Institute Interactive Qualifying Project for the Emergency Services Foundation: Melbourne
- Ohrnberger, J., Fichera, E. and Sutton, M., 2017, 'The relationship between physical and mental health: A mediation analysis', *Social Science and Medicine*, vol. 195, pp. 42-49
- Patterson, M., Poole, A., Trew, K. and Harkin, N. 2001, 'The psychological and physical health of police officers retired recently from the Royal Ulster Constabulary', *The Irish Journal of Psychology*, vol. 22, pp. 1-27
- Pinquart, M., and Schindler, I. 2007, 'Changes of Life Satisfaction in the Transition to Retirement: A Latent Approach', *Psychology and Ageing*, vol. 22, pp. 442-455
- Price, C. 2000, 'Women and retirement: relinquishing professional identity', *Journal of Ageing Studies*, vol. 14, no. 1., pp. 81-101
- Raub, R. A. (1988). Death of police officers after retirement. *American Journal of Police*, 7, 91–102.
- Reitzes, D.C. and Mutran, E.J. 2004, 'The transition to retirement: Stages and factors that influence retirement adjustment', *The International Journal of Aging and Human Development*, vol. 59, p. 1, pp.63-84
- Richardson, V. 1999, 'Women and retirement', *Journal of Women and Ageing*, vol. 11, nos. 2–3, pp. 49–66
- Richardson, V. and Kilty, K. 1995, 'Gender differences in mental health before and after retirement', *Journal of Women and Ageing*, vol. 7, no. 1–2, pp. 19–35

- Roberts, R., Dwivedi A, Bamberry L, Neher A, Jenkins S, Sutton C, Frost M, O'Meara P, Wong, A. 2021, *The mental health, wellbeing and work impacts of COVID-19 on first responders and frontline workers in Australia*. Charles Sturt University, Bathurst, NSW
- Rodríguez-Monforte, M., Fernández-Jané, C., Martín-Arribas, A., Costa-Tutusaus, L., Sitjà-Rabert, M., Ramírez-García, I., Canet Vélez, O., Kopp, J., Vilaró, J. and Carrillo-Alvarez, E. 2020. 'Interventions across the retirement transition for improving well-being: a scoping review', *International Journal of Environmental Research and Public Health*, vol. 17, no. 12, pp. 4341-4361
- Ruiz, J. and Morrow, E. 2005, 'Retiring the old centurion: Life after a career in policing—An exploratory study', *International Journal of Public Administration*, vol. 28, pp. 1151-1186
- SafeWork Australia 2019, *Work-related psychological health and safety: A systematic approach to meeting your duties National guidance material*, Safe Work Australia, Canberra
- Salonen, P., Arola, H., Nygård, C.H. and Huhtala, H. 2008, 'Long-term associations of stress and chronic diseases in ageing and retired employees', *Psychology, Health and Medicine*, vol. 13, no. 1, pp. 55-62.
- Scherger, S. 2021, 'Flexibilizing the Retirement Transition: Why, How and for Whom? Conceptual Clarifications, Institutional Arrangements and Potential Consequences', *Frontiers in Sociology*, Review Article 11 October, p. 180
- Segel-Karpas, D., and Werner, P. 2014, 'Perceived financial retirement preparedness and its correlates: A national study in Israel', *The International Journal of Aging and Human Development*, vol. 79, no. 4, pp. 279–301
- Seligman, M.E. 2012. *Flourish: A visionary new understanding of happiness and well-being*. Simon and Schuster, New York
- Sharma, S. and Sharma, M. 2010, 'Self, social identity and psychological well-being', *Psychology Studies*, vol. 55, pp. 118–136
- Sharp, M.L., Harrison, V., Solomon, N., Fear, N., King, H. and Pike, G. 2020, *Assessing the mental health and wellbeing of the Emergency Responder community in the UK*, Kings College and the Royal Foundation, London
- Shields, D., Frender, J., and Kuhl, D. 2018, 'We're still here and we still matter: The Shaping Purpose military to civilian transition program evaluation and study', Vancouver, BC: The Men's Initiative at UBC Faculty of Medicine
- Smallwood, N.; Pascoe, A.; Karimi, L.; Bismark, M.; Willis, K. 2021a, 'Occupational Disruptions during the COVID-19 Pandemic and Their Association with Healthcare Workers' Mental Health', *International Journal of Environmental Research and Public Health*, vol. 18, no. 7, pp. 9263- 9285
- Smallwood, N.; Pascoe, A., Karimi, L.; Willis, K. 2021b, 'Moral Distress and Perceived Community Views Are Associated with Mental Health Symptoms in Frontline Health Workers during the COVID-19 Pandemic', *International Journal of Environment Research and Public Health*, vol. 18, 8723-8755
- Smith, E., Dean, G. and Holmes, L. 2021 'Supporting the mental health and well-being of first responders from career to retirement: a scoping review', *Prehospital and Disaster Medicine*, vol. 36, no. 4, pp. 475-480

Stenholm, S., Pulakka, A., Kawachi, I., Oksanen, T., Halonen, J. I., Aalto, V., Kivimäki M, Vahtera J. 2016, 'Changes in physical activity during transition to retirement', *International Journal of Behavioral Nutrition and Physical Activity*, vol. 13, pp. 51-66

Stenholm, S., and Vahtera, J. 2017, 'Does retirement benefit health?', *Preventive Medicine*, vol. 100, 294–295

Tajfel, H., and Turner, J. C. 1979, 'An integrative theory of intergroup conflict', in (eds) W. G. Austin and S. Worchel, *The Social Psychology of Intergroup Relations*, Brooks/Cole Press, Monterey, California

Thoits, P. and Virshup, L. 1997, 'Me's and We's: Forms and functions of social identities', In RD Ashmore and L Jussim (eds.), *Self and identity: Fundamental issues, (vol. 1)*, Oxford University Press, New York

Transitioning Well 2021. Late Career Navigation: How to make the most of living and working for longer, Ageing Workforce Ready, Melbourne

Tuohy, A., Knussen, C., and Wrennall, M. 2005, 'Effects of age on symptoms of anxiety and depression in a sample of retired police officers', *Psychology and Ageing*, vol. 20, no 2, pp. 202–210

Van Hooff, M., Lawrence-Wood, E., Hodson, S., Sadler, N., Benassi, H., Hansen, C., and McFarlane, A. 2018, Mental Health Prevalence, Mental Health and Wellbeing Transition Study. Canberra: Department of Defence and the Department of Veterans Affairs, Canberra

Victoria Police, 2016, Mental Health Review: An Independent Review into The Mental Health and Wellbeing of Victoria Police Employees, Victoria Police, Melbourne

Violanti, J. M., Burchfiel, C. M., Miller, D. B., Andre, M. E., Dorn, J., Wactawski-Wende, J., and Trevisan, M. 2006, 'The buffalo cardio-metabolic occupational police stress (BCOPS) pilot study: Methods and participant characteristics', *Annals of Epidemiology*, vol. 16, pp. 148-156

Violanti, J. Vena, J. and Petrolia, S. 1998, 'Mortality of a police cohort: 1950-1990', *American Journal of Industrial Medicine*, vol. 33, pp. 366-373

Ward, E.M., Germolec, D., Kogevinas, M., McCormick, D., Vermeulen, R., Anisimov, V.N., Aronson, K.J., Bhatti, P., Cocco, P., Costa, G. and Dorman, D.C., 2019, 'Carcinogenicity of night shift work', *The Lancet Oncology*, vol. 20, no. 8, pp.1058-1059

Windsor, T.D., Curtis, R.G., Gerstorf, D., Hoppmann, C.A. and Luszcz, M.A. 2021, 'Conscientiousness, Activity Engagement, and Momentary Affect in Oldest-Old Adulthood', *The Journals of Gerontology: Series B*, vol. 76, no. 6, pp. 1049-1059