

# State of Ageing in South Australia



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Data within this report is accurate as of the date gathered however data, comparisons and trends are subject to change with time.

References to Aboriginal people within this report should be presumed to always include the Torres Strait Islander people.

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## Foreword by the Minister for Ageing



### State of Ageing in South Australia

It is often said in South Australia that one of the greatest challenges facing our great state is our rapidly ageing population.

As Minister for Ageing, I would also suggest this demographic reality also delivers us one of our state's greatest assets.

The real challenge we face is in recognising the needs of our older South Australians, reaping the benefits they create for the community and being prepared for our future.

As a starting point, we need to ensure that the lives of our older people are the best they can be and, to do this, we need first class research to inform and guide innovative policy and practice.

We are lucky that our state is home to many nationally and internationally recognised researchers, research centres and experts in ageing.

The State of Ageing in South Australia report is one initiative making the most of the collective expertise of our research community.

The report is the first project of the South Australian Ageing Research Round Table, an initiative of the Office for the Ageing that brings together Flinders University, the University of Adelaide and University of South Australia.

This collaborative relationship allows us all to work with the best intellect in the state to closely monitor the implications of an ageing population and link policy into practice. It is this type of thinking that will deliver the real outcomes for older South Australians.

The State of Ageing in South Australia report provides us with an in-depth look at what an ageing population means for our state.

It provides us with a detailed statistical snapshot of the issues and facts to equip us with the information we need to take advantage of the opportunities an ageing population will bring.

Together with the future work of the State Government, I'm sure this document will also provide us with the important tools to reap the benefits of our ageing population.

A handwritten signature in blue ink, reading "Jennifer Rankine".

**Hon. Jennifer Rankine MP**

*Minister for Ageing*



## Foreword by The University of Adelaide

**The ageing of South Australia's population is one of the most significant challenges facing the state during the next three decades but it also represents an important opportunity.**

South Australia can draw on its history of social and economic innovation to develop strategies and responses to ageing that not only maximise the wellbeing of older South Australians, but also contribute to the state achieving its sustainability, prosperity and equity goals.

This will need a concerted, united and multidisciplinary effort by the state's policy makers and planners and also by its researchers to provide a robust empirical foundation on which to base policy.

*State of Ageing in South Australia* has been a significant step in this direction by bringing together researchers from all three South Australian universities to analyse trends, discuss issues and identify opportunities relating

to the current and impending rapid growth of the state's older population.

From the University of Adelaide's perspective, it has been a stimulating and highly productive experience. It has demonstrated how bringing together the research strengths of the three universities can facilitate a more comprehensive treatment of a research issue than could be done by any single university group working alone.

**Professor Graeme Hugo  
(PhD, MA, BA Hons, FASSA)**

*University Professorial Research Fellow; Professor of Geography and Director of the National Centre for Social Applications of GIS  
The University of Adelaide*

## Foreword by Flinders University

**This report demonstrates the strong commitment of Flinders University to undertaking strategic research that enables government to pursue development of innovative policy and practice, informed by strong empirical evidence.**

Likewise, it reflects the value that the South Australian Government, particularly through its Office for the Ageing within the Department for Families and Communities, places on supporting research on the growing aged cohort living in our state. We applaud and welcome the State Government's commitment to, and facilitation of, collaborative research on 'active ageing'.

Because of the comprehensive agenda placed before us, that is, to paint a 'big picture' of ageing in South Australia, cooperating with colleagues at the University of Adelaide and University of South Australia worked extraordinarily well.

The value of the *State of Ageing in South Australia* monograph will be fully realised in its use as a resource to guide responses to the changing profile of South Australia's ageing population, not only for government, but also for the communities in which we are all ageing.

**Professor Mary A Luszcz**  
(PhD, MA, BA, FASSA, FGSA, AAGF, FAPS)

*Professor of Psychology and Gerontology; Director, Flinders Centre for Ageing Studies, Faculty of Social Sciences  
Flinders University*

## Foreword by University of South Australia

**The essence of collaboration is that the combination of skills of the collaborators produces an outcome that could not be achieved as effectively or efficiently by other means, and it is crucial in generating the multidisciplinary perspectives required to better understand and respond to the implications of demographic change and an ageing population.**

The Ageing Research Round Table has built on the existing knowledge base and analytical capacity of the three South Australian universities to contribute to national and international understanding of these issues in South Australia, as well as to inform policy, planning and service delivery practices to address them.

The University of South Australia has been pleased to contribute to this comprehensive audit of ageing in South Australia and

detailed identification of the challenges and opportunities that arise from such critical social change. Researchers in the University of South Australia look forward to continued collaboration with colleagues on the analysis of these and related issues of state and national importance.

**Professor Ed Carson**  
(PhD, MSc, BA Hons)

*Professor of Social Policy, Hawke Research Institute  
University of South Australia*

## Glossary

<b>ABARE</b>	Australian Bureau of Agricultural and Resource Economics
<b>ABS</b>	Australian Bureau of Statistics
<b>Ageing index</b>	expressed as the number of people aged 60+ per 100 people aged less than 15
<b>AHURI</b>	Australian Housing and Urban Research Institute
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>ALSA</b>	Australian Longitudinal Study of Ageing
<b>ANUHD</b>	Australian Network for Universal Housing Design
<b>ARAS</b>	Aged Rights Advocacy Service
<b>ARIA</b>	Accessibility Remoteness Index of Australia
<b>ASD</b>	Adelaide statistical division
<b>baby boomers</b>	people born between 1946 and 1964 (in Australia)
<b>CACP</b>	Community Aged Care Packages
<b>CALD</b>	culturally and linguistically diverse
<b>Census</b>	Census of Population and Housing (ABS)
<b>DIAC</b>	Department of Immigration and Citizenship (Commonwealth)
<b>EACH</b>	Extended Aged Care at Home
<b>EACH Dementia elderly dependency ratio</b>	Extended Aged Care at Home dementia packages the number of people aged 65+ per 100 people aged 15–64 years
<b>FaHCSIA</b>	Department of Families, Housing, Community Services and Indigenous Affairs (Commonwealth)
<b>HACC</b>	Home and Community Care
<b>HES</b>	Household Expenditure Survey (ABS)
<b>HILDA Survey</b>	Household Income and Labour Dynamics in Australia Survey
<b>ILU</b>	independent living unit
<b>LGA</b>	local government area
<b>Median age</b>	the age that divides a population into two groups of the same size, such that half the total population is younger than this age, and the other half older
<b>MBS</b>	Medical Benefits Schedule
<b>MES</b>	mainly English-speaking background
<b>NATSEM</b>	National Centre for Social and Economic Modelling
<b>NESB</b>	non-English speaking background
<b>OASD</b>	Outer Adelaide statistical division
<b>OCSAR</b>	Office of Crime Statistics and Research

## Glossary

<b>OECD</b>	Organisation for Economic Cooperation and Development
<b>OFTA</b>	Office for the Ageing (Government of South Australia)
<b>old-old</b>	group consisting of people aged 85+ (85 years and older)
<b>parent support ratio</b>	the number of people aged 85+ per 100 people aged 50–64 years
<b>PBS</b>	Pharmaceutical Benefits Scheme
<b>potential support ratio</b>	the number of people aged 15–64 for every person aged 65+
<b>SAHT</b>	South Australian Housing Trust
<b>SAMSS</b>	South Australian Monitoring and Surveillance System
<b>SDAC</b>	Survey of Disability, Ageing and Carers (ABS)
<b>SLA</b>	statistical local area
<b>SPRC</b>	Social Policy Research Centre, University of New South Wales
<b>TCP</b>	transition care places
<b>young-old</b>	group consisting of people aged 65–84 years

## Synopsis of Key Points

**This report provides a detailed snapshot of the situation with respect to South Australia's older population. It attempts to provide a benchmark of the contemporary and impending situation of the South Australian older population in order to establish areas of need both at present and into the future.**

### **Chapter 1—Introduction and context**

The report starts by placing South Australia's situation in a national and international context. Australia is found to be better placed than other developed countries in terms of population ageing, due to its higher fertility rates. The ageing of the baby boom generation, however, is set to have a significant impact on the proportion of the population in the senior years. South Australia, with its particular demographic history, is already more aged than the nation as a whole and this pattern will continue through to at least 2051. Past and present demographic trends have resulted in South Australia facing a significant challenge in addressing the needs of an ageing community.

### **Chapter 2—The changing older population of South Australia**

This chapter continues an examination of the older population in South Australia in terms of its structure and geographic location. The structure of the state's population will alter significantly. Within 10 years the elderly dependent population will outnumber the number of children in the state for the first time in history. In particular the 'old-old' (85 years and over) segment will grow faster than the 'young-old' (65–84 years) due to increased longevity. This will have considerable implications for service delivery as the 75 years and older (+) population is by far the heaviest user of health, welfare and specialised housing services for the aged. The composition of the older

population will also have an influence on service provision. South Australia received a large group of migrants in the post-war years that has remained in the state and now makes up a considerable proportion of the older population. While many of these migrants arrived from the United Kingdom, there are also sizeable groups from Southern and Eastern Europe. By 2006, some 38 percent of the South Australian population aged 65+ were born outside Australia. The older population of Indigenous South Australians has doubled between 2001 and 2006; however, the slow improvement in health status and life expectancy is contributing to a concerning trend of 'premature ageing'.

The spatial distribution of the older population in South Australia shows similar patterns to the total population. Currently, one in five older people in South Australia lives outside Adelaide, while in Adelaide there are higher proportions of older people in the middle and outer suburbs. Population projections indicate that the most rapid growth in the aged population will be in the low-density outer suburbs. Outside Adelaide there has been rapid growth in coastal areas, particularly in those close to the metropolitan region, and growth is also occurring in regional centres and larger country towns. Migration trends exhibited by the older population are also discussed with the net effects realised as being quite small and movements occurring over relatively short distances.



### Chapter 3–Families and living situations

Older South Australians already exhibit a good deal of diversity in the composition of their households and living situations and this is expected to increase in the coming decades. One factor influencing households in the older population is the shift in marital status from married to widowhood. The combination of a tendency for men to marry younger women and the longer life expectancy of women leads to higher rates of widowhood among older women. This has significant implications for policy as the majority of the ‘old-old’ population requiring service provision becomes females living alone. The diversity of family types among the older population, however, suggests that this trend will shift to a degree in the future. The housing situation of older people is also examined in this chapter, including the influence of tenure, affordability, and the suitability of housing stock for an ageing population. There is a clear trend that South Australians prefer to continue to live in their own homes in their later years, and that any transitions to age-specific accommodation are preferred within the local area. The residential and community aged care services sector in South Australia is discussed in terms of its current clients and future service demands.

### Chapter 4–Living environment

This chapter considers the factors influencing the living situation of older South Australians. The State’s diversity in terms of population density significantly influences the day-to-day lives of the older population. For older South Australians living

outside the metropolitan area the opportunities to ‘age in place’ are limited by the available services. In addition, the level of health care available varies significantly throughout the state, and for older members in the community travelling to medical appointments is a difficult event. Transport is identified as a key issue for older people. The disparity in transport services throughout the state is highlighted by the need for more Community Passenger Networks. Suburbs in the metropolitan area with limited public transport options are identified. In terms of the built environment, South Australia must consider the needs of the ageing population in urban planning and development. Pedestrian safety and the suitability of the urban environment for walking are important issues for older people. The ‘walkability’ of suburbs is mapped and areas of concern are identified.

The increasing use of information technology (IT) within society has implications for older people who are not computer literate. The ‘digital divide’ is considered within the context of South Australia. Finally this chapter examines crime and safety issues. Older Australians are found to experience much lower levels of victimisation than other age groups despite the perception that it is significant. Elder abuse, however, is identified as a key issue that must continue to receive attention to improve awareness in the community.

### Chapter 5–The labour market and older workers

This chapter analyses the age composition of the labour market in South Australia. During the past 30 years, proportionally, structural ageing of the population has reduced the rate of growth of the South Australian labour force at more than twice the national rate. Continued increases in labour force participation by females and older workers are expected to strengthen the labour force in coming years. Given the recent growth in older ages’ participation rates, the projections by the Productivity Commission of labour force participation rates of older workers are argued to be overly pessimistic. Even considering declining health and increasing caring responsibilities of older workers, it is likely that their presence in the labour force will grow significantly. It is noted that the ageing of South Australia’s population is not going to be pronounced enough to result in the size (absolute numbers) of the labour force falling in the near future, given the size of predictable offsetting factors regarding labour force participation of the highest growing age groups. The changing conceptualisation of retirement is evident in older workers’ increased job growth being equivalent to half the net growth of part-time jobs during the past 30 years. Mature-aged people can increasingly entertain the prospect of making a continuing contribution through paid work in the formal economy and volunteering, and there is evidence of a structural shift in the composition of employment towards older workers. Evidence in this chapter suggests that older workers are highly responsive to

the influence of cyclical economic trends. For example, a falling unemployment rate heralding brisk economic conditions seems especially to induce members of this age group to remain in or re-enter the labour market to a far greater extent than any of the younger age groups. This relationship is stronger for women than it is for men. The changes in older workers' participation rates are thought to be associated with the reduced unemployment rate during the past three decades as well as their increased lifestyle expectations and desire to have larger retirement incomes. In terms of occupations the loss of highly skilled workers from the health and welfare sectors, science/engineering and other associate professionals, secretaries and personal assistants, is expected due to their rapid ageing. Industries that will be affected by the retirement of the baby boomers are predominantly in the services sector; however, strong growth in these industries indicates potential opportunities to delay retirement and/or reduce hours of employment and levels of responsibility. Data showing older workers in regions throughout the state is presented before links are drawn between industries, occupations and regions. The chapter concludes with a discussion of policy recommendations.

### Chapter 6—Income and wealth

This chapter considers the current and future financial circumstances of older South Australians. Baby boomers in South Australia are wealthier than their interstate counterparts, yet the older generation (65+) has less wealth than the Australian population and slightly less wealth than the average South Australian household. The prevalence of home ownership among older people is strongly linked to their higher levels of net wealth; however, equity in the family home is difficult to convert to liquid assets. The unequal distribution of wealth is highlighted with one-quarter of the baby boomer generation collectively holding only 5 percent of the total wealth of that age group. In terms of income 70 percent of older South Australians are receiving an aged pension (or an equivalent veterans pension) and this is reflected in the low median income of older people. Older people in South Australia have about half the disposable income of all households; however, they are on par with the Australian average. Poverty levels among the older population are found to be higher for lone person households particularly those in non-metropolitan South Australia. Consumer debt declines with age and nearly 90 percent of people aged 65+ in South Australia are debt free. Self-reported financial stress is lower among older people. The adequacy of future retirement income and the superannuation guarantee for baby boomers are discussed. Strong financial incentives to stay in the labour force are identified before policy recommendations are made.

### Chapter 7—Health

The health status of older South Australians is considered in this chapter. The life expectancy of South Australians is similar to the national average with the life expectancies at older ages having a significant influence on the number of people reaching old-old age. The self-reported health of older South Australians also compares favourably with the national average and about two-thirds of older South Australians (those aged 65+) rate their health as excellent, very good or good. Mortality rates increase with age; however, they are trending downwards for both men and women, especially in the old-old age groups. This reflects improving health in the community over time. Long-term health conditions considerably influence the day-to-day life of older people and nearly one in two people aged over 85 years report activity limitations due to the effects of impairment or a health issue. On the other hand psychological distress levels are lower among the older population than younger people. The prevalence and incidence of dementia increases with age, however, and it is estimated that the prevalence of dementia will increase three and a half times nationally by 2041. Interestingly there appears to be little difference in the use of health services between the young-old and old-old age groups. Pharmaceutical expenditure is found to increase with age for males but not females and medical services expenditure increases with age for both males and females. Patterns of service use among older people suggest that men have lower use of preventive medications and therapies in earlier parts of old age and this

is associated with greater use of hospital service in later old age. Health risk factors such as smoking, malnutrition, alcohol use and physical inactivity are examined for the older population before policy recommendations are made.

## Chapter 8—Older carers

This chapter examines the current and prospective caring responsibilities of older South Australians. South Australia had the highest reported disability rate in the 2006 Census of Population and Housing. In 2006 the median age in South Australia was 39 years and 12 percent of the population aged over 15 years were carers. The peak age for carers in South Australia is 45–64 years and represents baby boomers caring for their aged parents. Carers aged 65+, however, account for 21 percent of all carers. The location of carers and factors that cause variation in caring rates across areas are discussed, and different rates of chronic disease and the corresponding need for care are identified. Carers are less likely to be in the paid labour force and nearly half are primary carers. Those who do, tend to undertake part-time work and receive lower incomes as a result. It is forecast that the proportion of carers balancing paid employment and caring roles will increase but issues related to work and providing care must be considered in terms of intervention strategies that will assist the community. The paid carers workforce is predominantly female and ageing with two occupations (aged/disabled person worker and child care worker) accounting for 45 percent of all jobs in the community services sector. In

terms of unpaid childcare in South Australia there is a clear pattern of grandparent care being provided to young children. While carers make a significant economic contribution to the community through unpaid care there is also the issue of foregone revenue through the loss of earnings. Despite the economic disadvantage experienced by carers, however, they are not socially excluded and have been found to undertake voluntary work or community activities more frequently than non-carers.

## Chapters 9—Community connections; social inclusion, volunteerism and social capital

The social inclusion of older South Australians is examined in this chapter. To understand older South Australians' social integration we look at their social involvement with partners, family and friends; their participation in ongoing learning, cultural and sporting activities and events; and their involvement in other leisure and recreational activities, such as travel. This provides important information about the level of social integration of older South Australians and issues of isolation and loneliness. The relationships older people have with their partners and children were found to be generally satisfactory. For older people living alone their social connectedness was not found to be very different from the general population; however, nearly a quarter of older people reported feeling very lonely and the data suggests that there is a significant number of older South Australians who are not receiving adequate social support. This group is at a higher risk of negative health and wellbeing outcomes. Survival over time

has been shown to be enhanced by strong links with social networks and friends. This has important policy implications for the development of strategies to enable establishment and maintenance of such relationships in later life. While older South Australians are more likely to be members of sporting, hobby and community-based organisations, their attendance at cultural and community events declines with age. Volunteering among older people in South Australia is proportionally higher than the Australian average and formal volunteering rates are higher in the non-metropolitan area. Involvement in education in later life is also examined and the opportunity to promote lifelong learning to older people as a means to improve social connectedness is discussed. The chapter concludes with some policy recommendations.

## Chapter 10—Aboriginal and Torres Strait Islander (ATSI) ageing

This chapter considers some of the specific issues that affect Indigenous elders, who are a small but important group in the state's older population. The lower life expectancy of Aboriginal people combined with significant health issues, is contributing to the premature ageing of this population. The implications of this are profound and influence the provision of services and support. Appropriate and affordable housing and adequate transport services were identified as critical issues. In addition cultural maintenance is very important to Aboriginal elders although many are unable to fulfil their cultural roles due to caring responsibilities. Two community organisations are highlighted as important leaders

and advocates for Aboriginal elders in South Australia.

### **Chapter 11—Older people from culturally and linguistically diverse (CALD) backgrounds**

This chapter examines some of the specific needs and services that are relevant to older South Australians from cultural and linguistically diverse communities. Language and cultural barriers together with geographical location and the circumstances of migration and settlement, can significantly influence the ageing process for migrants. The proportion of the overseas-born population aged 65+ is now twice as large as the Australian-born older population. Most of these migrants arrived in the post-war years and have ‘aged in place’. South Australia receives very few new migrants aged 65+. Older people with poor English proficiency may face additional issues as they age and even those who have acquired English language skills may revert to their first language in older age as a result of cognitive decline or dementia. The implications for service provision especially in residential aged care facilities, are considerable. While South Australia already has many ethnic aged care service providers there are some smaller and emerging communities that are not yet serviced. As the cultural and linguistically diverse population changes over time service providers will need to be ready to support different groups of older people. In particular programs that reduce social isolation and support cultural practices (such as religious and cultural events and the provision of ethnic meals) must continue to be supported and further developed.

### **Chapter 12—Conclusion**

The concluding chapter discusses the future for South Australia’s older population and opportunities for government at all levels and industry to respond positively to an increasingly aged population. Four major changes are expected in the South Australian aged population during the next 25 years. Firstly the number of people aged 65+ is expected to almost double, while those aged 75+ will more than double. Second, the ratio of older people to the working aged population will change. The size of the change will depend on fertility and international migration trends. These changes are important as they influence the extent to which intergenerational transfers are available to support an older population. Third, the composition of the older population will change during the coming 25 years, mainly as a result of the baby boomer generation moving into old age. This group will have some similarities with previous aged cohorts—they will experience increased chronic disease, for example—but they will have many differences from previous older generations. In particular they will have different attitudes and expectations, and the challenge will be recognising these differences and adjusting services to suit. Fourth, the next generation of older South Australians will differ from their predecessors in where they live. These areas are currently not conducive to the needs of older people and successful ageing. This will therefore need to be considered in future planning decisions.

The ageing of the South Australian population presents government and industry with opportunities

to broaden the state’s social and economic goals. To achieve these, however, the community needs to shift towards an appreciation of the contribution older people can make. These opportunities put South Australia in an excellent position to become a world leader in positive ageing. The chapter concludes with a range of policy initiatives that might achieve these outcomes.





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# 1 : Introduction and Context

**South Australia's population is ageing. During the next quarter century the number of South Australians aged 65 years and over (+) will double, as will their ratio to the working-age population. This is both a challenge and an opportunity for the community.**

It is a challenge because the greatly increased numbers of older South Australians will place pressure on a range of services at a time when the growth of the workforce will be slowing; however, it is also an opportunity to harness the talents of older South Australians to contribute to the state's sustainability, prosperity and equity goals. It is an unheralded triumph that most South Australians now live to enjoy an extended period in their retirement ages and it is important that they are able to live those years in dignity, comfort and as full and active members of the community. These goals for the state and for older South Australians are achievable, but only if the challenges are met through careful and informed policy intervention. Moreover, although the 'ageing crunch' will not hit South Australia until the 2020s, the appropriate planning and policy development must occur now if the state is to cope with the pressures of an ageing population. This publication is part of this effort. It attempts to provide a benchmark of the contemporary and impending situation of the South Australian older population in order that we can establish areas of need both now and in future.

## 1.1 Aims

*Improving with Age: Our Ageing Plan for South Australia* (Government of South Australia 2006) has identified several priority actions to guide the state and community's response to the challenge of an ageing population. They are:

- Enabling choice and independence
- Valuing and recognising contribution
- Providing safety, security and protection
- Delivering the right services and the right information
- Staying in front

In order to achieve these outcomes it is important periodically to assess the situation of the older population. Accordingly, this State of Ageing report aims to produce a snapshot of the past and current situation and future issues and implications for South Australia's ageing population.

In doing this it is guided by the state's Ageing Plan, which identifies several areas of concern under each of the priority actions listed above:

- Enabling choice and independence
  - Housing
  - Transport
  - Income
  - Health
  - Physical activity
- Valuing and recognising contribution
  - Work
  - Volunteering
  - Contribution to the family
- Providing safety, security and protection
  - Housing
  - Safety

- Delivering the right services and the right information
  - Providing appropriate services
  - Information technology
  - Community care
  - Disability
  - Carers
- Staying in front
  - Services
  - Workforce issues
  - Health
  - Transport
  - Transitions
  - Rural issues
  - Retirement income
  - Social problems

This report will assess these issues as we investigate the level of wellbeing among older South Australians and the implications for the future.

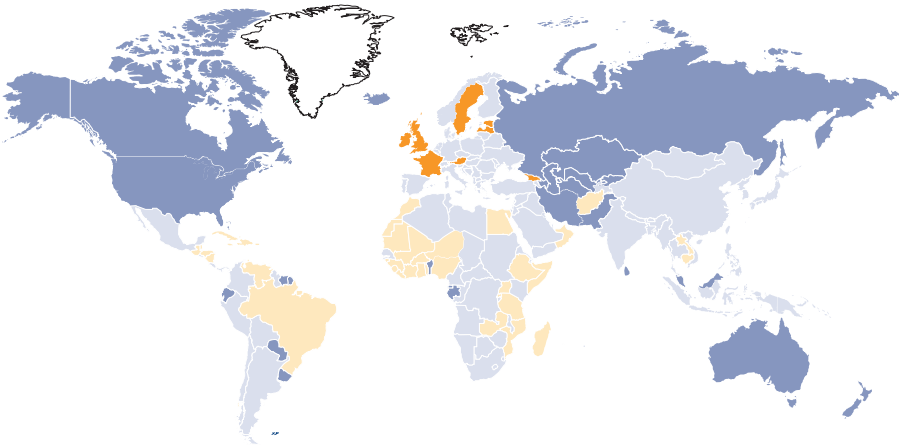
### 1.2 The global ageing context

Most nations are experiencing population ageing in the sense that the proportion of their national populations in the 65+ age categories is increasing and will continue to increase during the next two decades (United Nations 2007a, p.xix). During 2005–50 half of the world's increase in population will be of people aged 60+ while there will be a decline in the number of children. In more developed countries the number of people aged 60+ will increase from 245 to 406 million while the numbers aged less than 60 will fall from 971 to 839 million; however, ageing is occurring more rapidly in less developed countries. The diffusion of ageing across the world is evident in Figure 1.1. This shows the proportion of the population aged 65+.

Global ageing is largely a function of the dramatic declines in fertility that have occurred in the past three decades, especially in low-income countries. On a global

level, total fertility has fallen by nearly half, from five children per woman in 1950–55 to 2.7 in 2005–10, and it is expected to keep declining and reach just 2.1 in 2045–50 (United Nations 2007a, p.5). Transitions from high to low fertility have been much more rapid in less developed countries than they were in countries like Australia. At the same time as fertility has been dramatically reduced, mortality levels have continued to decline, especially at older ages. Once fertility reaches low levels and remains low, reductions in mortality at older ages become more important as a cause of population ageing. Globally since 1950, life expectancy at birth has increased by 20 years, from 46.6 years in 1950–55 to 66.5 years in 2005–10 (Figure 1.2). On average, the gains have been predominantly in the developing world, with life expectancy increasing by 23.5 years in these regions compared to 10.1 in the more developed regions (United Nations 2007a, p.7).

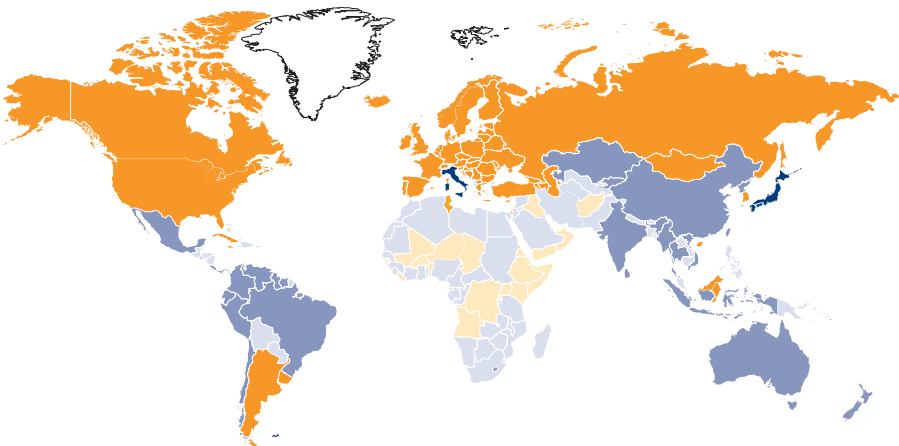
Elderly population as a percentage of total country population in 1950



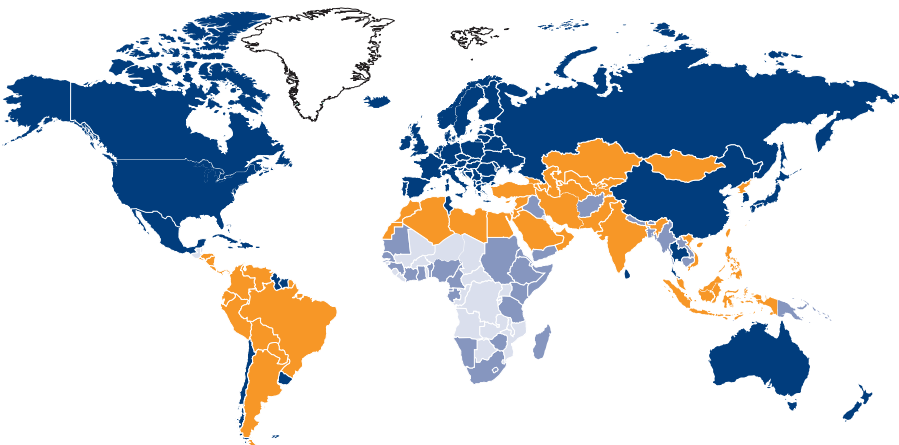
**Figure 1.1**  
Elderly population (aged 65+) as a percent of the total population by country, 1950, 2007 and 2050 (projected)  
Source: United Nations 2007a

- No data available
- 0%–3%
- >3%–5%
- >5%–10%
- >10%–20%
- >20%

Elderly population as a percentage of total country population in 2007



Elderly population as a percentage of total country population in 2050

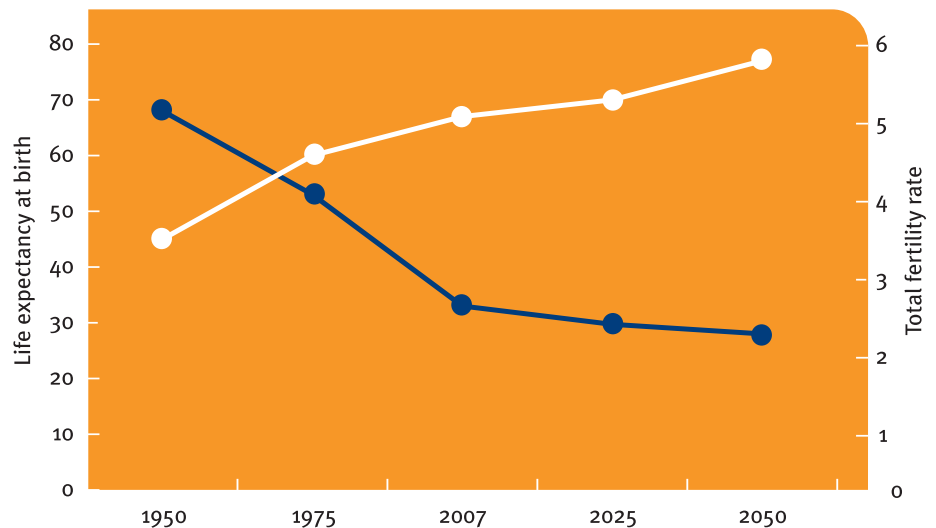


**Figure 1.2**

**Total fertility rate and life expectancy at birth: world, 1950–2050**

Source: United Nations 2007a

- Life expectancy at birth
- Total fertility rate



The increasing proportion of the global population in older ages is of particular relevance because it influences the balance between working age and dependent elderly populations. It is also important, however, to consider the changes in the numbers of older people as this influences the overall demand for age-specific services. During the past half

century, the number of people aged 60+ has increased 3 times from, 205 million in 1950 to 705 million in 2007. By 2050 the population aged 60+ is projected to increase again by nearly threefold to 2 billion (United Nations 2007a, p.13).

The growth rate of the older population (2.6 percent annually) is now more than twice that of

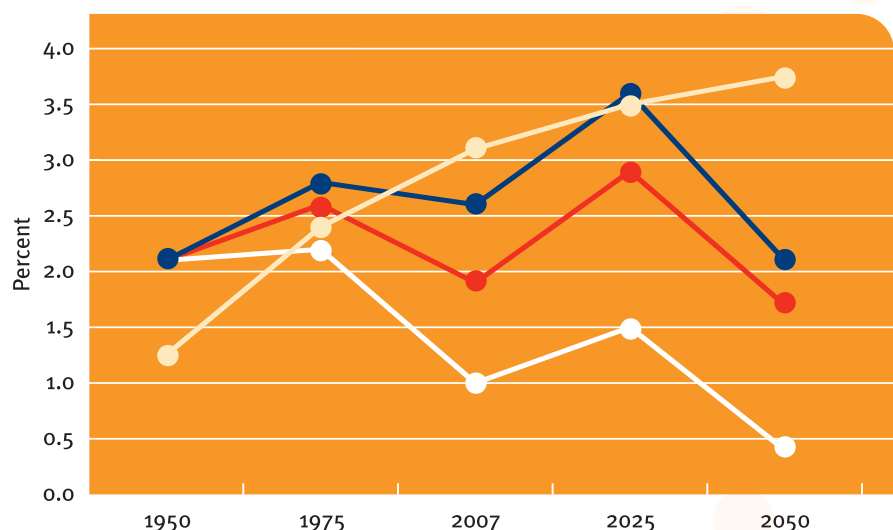
the total population (1.1 percent) (United Nations 2007a, p.13). The difference in these growth rates is expected to increase as the baby boom generation reaches age 60 in several parts of the world. The older population is growing at a faster rate in the less developed regions, however, and will increasingly be concentrated in these regions (Figure 1.3).

**Figure 1.3**

**Average annual growth rate of population aged 65+: world and development regions, 1950–2050**

Source: United Nations 2007a, p.15

- World
- More developed countries
- Less developed countries
- Least developed countries



Several measures can be used to demonstrate the pace and magnitude of ageing, including:

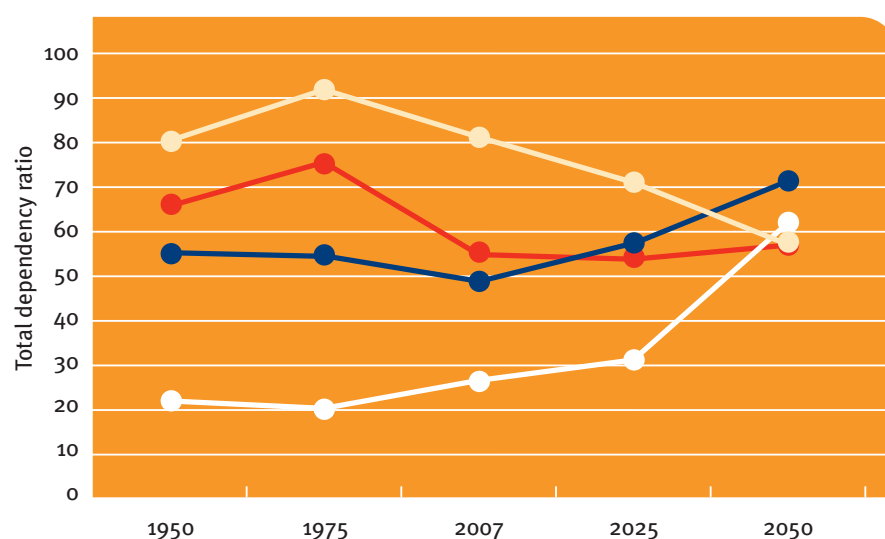
- The ageing index is the ratio of the population aged 60+ to that under age 15. Between 1950 and 2007 the ageing index at the world level increased by more than half, from 24 older people per 100 children to 39 per 100. During the next four decades the ageing index is projected to almost triple (United Nations 2007a, p.17).
- The median age is the age that divides the population into two equal parts, one with ages below the median, the other with ages above the median. From 1950 to 2005 the median age of the world population increased by just four years; however, from 2005 to 2050 it is projected to increase by nearly 10 years, resulting in half the world population aged over 38 years in 2050 (United Nations 2007a, p.20).
- The total dependency ratio is a commonly used measure of potential social support needs. It is calculated as a ratio of the number of children (aged under 15 years) and older persons (aged 65+) to the number of working-age people (aged 15 to 64) expressed per 100 population. The ratio is an indication of the dependency burden in a society; those under 15 years and 65+ are assumed to require some form of support from the working population. At

best, however, it is only a rough approximation as not all children and not all older people require support, and not all working-age people provide support. The world total dependency ratio increased from 65 in 1950 to 74 in 1975 and then decreased to 54 in 2007 mainly as a result of the substantial increases in children in developing countries due to declining infant and child mortality and continued high fertility (Figure 1.4). Then as fertility dropped, the total dependency ratio also declined. It is projected to continue to decline until 2025 when it is expected to reach 53, but is projected to increase again to 58 by 2050—a similar figure to that observed in 2000.

**Figure 1.4**  
**Total dependency ratio: world and development regions, 1950–2050**

Source: United Nations 2007a, p.22

- World
- More developed countries
- Less developed countries
- Least developed countries



Although the ratio will undergo relatively minor changes between 2007 and 2050, its composition will alter considerably. The child population now accounts for most of the dependent population; however, this will change as the percentage of the dependent population aged under 15 years declines and the old age component increases. Presently

21 percent of the world's total dependency ratio is contributed by people in old age, and this is projected to increase to 44 percent by 2050.

- The potential support ratio is an alternative way of showing the relationship between the dependent and supporting populations. It is the inverse of

the old age dependency ratio, that is, the number of working-age people per person aged 65+. The number of working-age people per older person is expected to drop globally by more than 50 percent, from 8.7 to 3.9, during the next four decades (United Nations 2007a, p.24).



- The parent support ratio is the number of people aged 85+ divided by the number aged 50–64 and expressed per 100. This measure is commonly used to assess the demands on families to provide support for their oldest members, as this ratio is attempting to link the oldest members in a society with their presumed children,

who were born when members of the older generation were in their 20s and 30s. They are not necessarily related by kinship ties, however, and as such the ratio can only be used as a rough indicator of changes to be expected in the family support systems available for the very old in coming years. In the future, an increasing number of

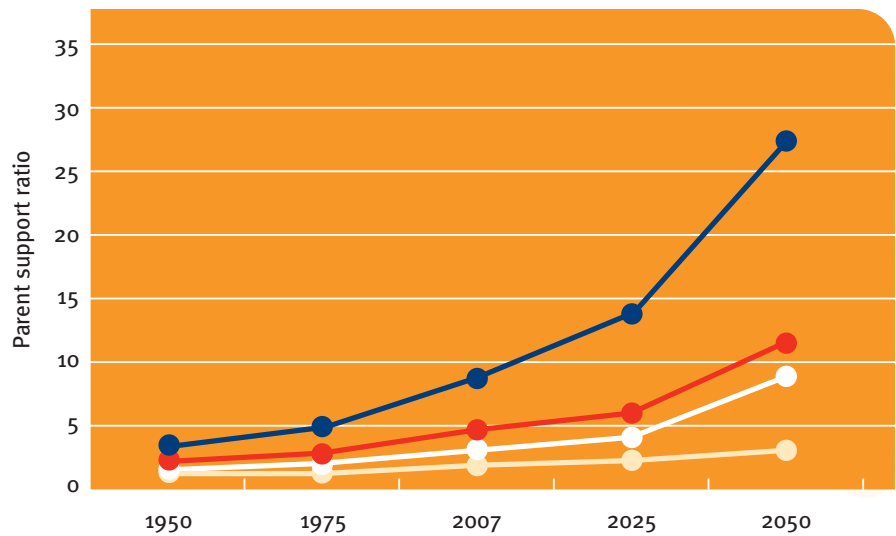
people in their 50s and 60s will have surviving parents or other very old relatives (Figure 1.5). On a global level, in 1950, there were fewer than two people aged 85+ per 100 people aged 50–64. By 2007 the ratio had doubled to 4.5 and by 2050 it is expected to triple.

## Figure 1.5

**Parent support ratio: world and development regions, 1950–2050**

Source: United Nations 2007a, p.25

- World
- More developed countries
- Less developed countries
- Least developed countries



Older populations are themselves ageing. The average annual growth rate of the number of people aged 80+ (3.9 percent a year) is currently 50 percent higher than the population aged 60+ (2.6 percent a year) (Figure

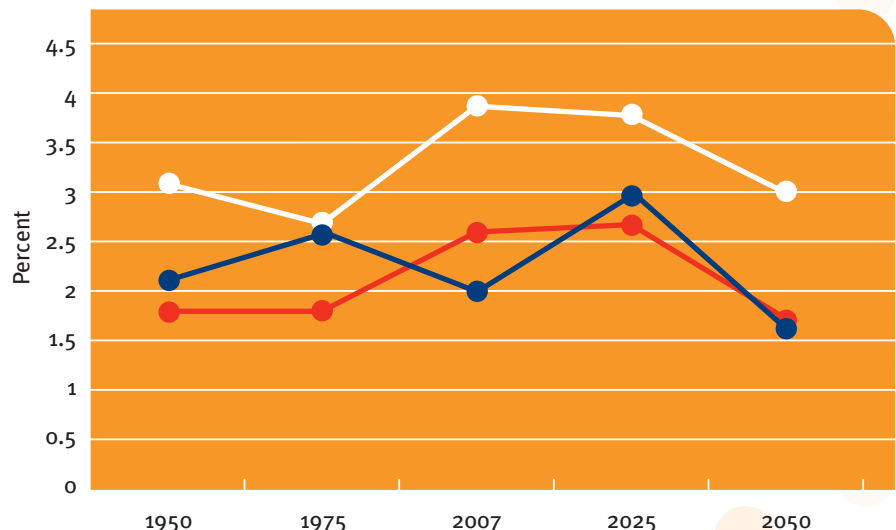
1.6). Although annual growth rates for both age groups are expected to decline during the next four decades, it is projected that the growth rate for the over 80s will still be double that of the over 60s.

## Figure 1.6

**Average annual population growth rate at ages 60+, 65+ and 80+, 1950–2050**

Source: United Nations 2007a, p.27

- 60+
- 65+
- 80+



The number of people aged 80+ is increasing substantially. In 1950, one in 15 people aged 60+, was aged 80+, but by 2007 that ratio had increased to one in eight and

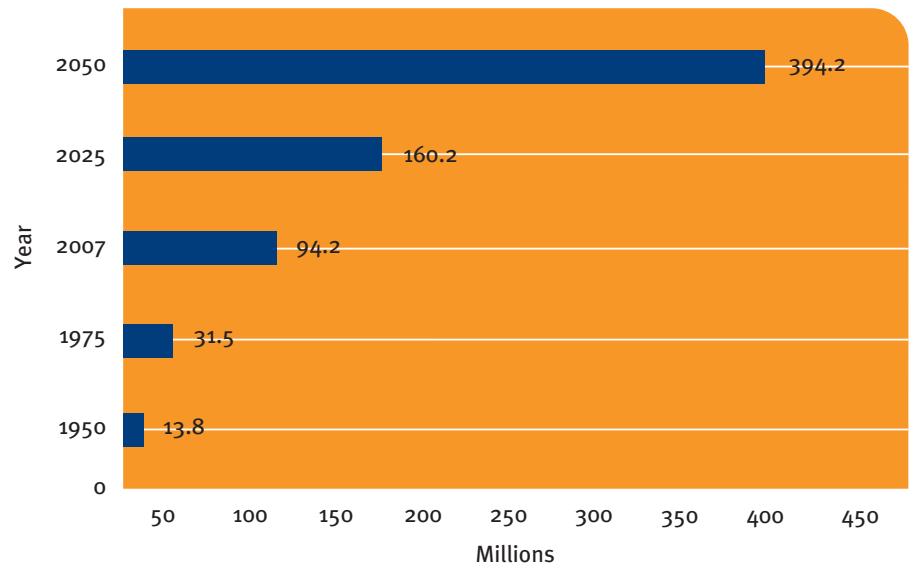
is projected to increase to nearly one in five by 2050. People aged 80+ constitute only 2 percent of the world population, but their share is expected to increase to 4.3 percent

in 2050. The number of people aged 80+ has risen from under 14 million in 1950 to 94 million in 2007 and is projected to reach 394 million by 2050 (Figure 1.7).

### Figure 1.7

#### Population aged 80+: world, 1950–2050

Source: United Nations 2007a, p.28



An interesting figure to consider is the number of centenarians in the world population. While the proportion of people who live to be 100 years old is very small, their number is growing rapidly. Currently there are an estimated 310,000 centenarians in the

world; by 2050 this is projected to increase to 3.7 million, a 12-fold increase.

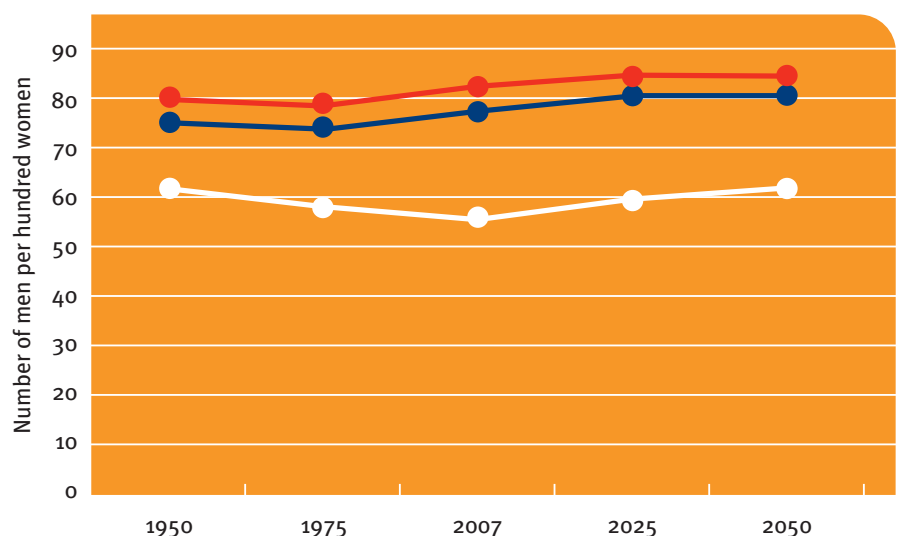
Women constitute most of the older population because their life expectancy is greater than that for men. Globally, women aged

60+ outnumber men of the same age by 70 million. Assuming the same mortality trends continue, by 2050 there will be 85 men per 100 women aged 60+; 80 men per 100 women aged 65+; and 61 men per 100 women aged 80+ (Figure 1.8).

### Figure 1.8

#### Number of men per 100 women at ages 60+, 65+ and 80+: world, 1950–2050

Source: United Nations 2007a, p.30



### 1.3 Australia in the global context

Where does Australia fit into this global pattern? Table 1.1 presents some summary measures of ageing in selected countries, both high income and low income. Population ageing is clearly most acute in the countries with very low fertility—Japan, Italy and Greece—and is less acute in the countries with high fertility—Papua New Guinea, the Philippines and

Indonesia. Australia's projected age structure is similar to Canada, New Zealand, the United States of America and, to a lesser degree, the United Kingdom. Table 1.1, however, presents the situation as it is in 2007. Table 1.2 presents the trends of growth in the various age groups, showing that the 60+ population was growing considerably faster between 2000 and 2005 than the workforce age

groups in all countries except Papua New Guinea. Australia has one of the highest rates of growth of the older population of the countries shown. The projected patterns for 2020–30 show a dramatic increase in the role of growth of the older population in all countries except Japan, but especially in the low-income countries.

## Table 1.1

### Summary measures of population ageing, Australia and selected countries, 2007

Source: United Nations 2007a

	Age 0–14 (%)	Age 15–59 (%)	Age 60+ (%)	Median age (years)	Total fertility rate	Life expectancy (years)
Australia	19.02	62.90	18.1	36.6	1.8	81
Canada	16.91	64.42	18.7	38.6	1.5	80.7
Greece	14.11	62.48	23.4	39.7	1.3	78.7
Indonesia	27.68	63.78	8.5	26.5	2.2	68.7
Italy	13.91	59.70	26.4	42.3	1.4	80.6
Japan	13.89	58.20	27.9	42.9	1.4	82.8
New Zealand	20.76	61.81	17.4	35.8	2	79.8
Papua New Guinea	39.18	56.81	4	19.7	3.6	57.1
Philippines	34.06	59.64	6.3	22.2	2.8	71.6
United Kingdom	17.48	60.72	21.8	39	1.7	79
United States of America	20.45	62.39	7.2	36.1	2	77.9

## Table 1.2

**Growth rates: selected  
countries age groups,  
2000–2005 and 2020–2030**

*Source: United Nations 2007a*

	2000–2005 Age group			2020–2030 Age group		
	0–14	15–59	60+	0–14	15–59	60+
Australia	0.2	6.0	14.1	5.4	2.8	22.6
Canada	–2.8	5.6	12.3	6.1	–0.2	23.9
Greece	–5.1	1.6	4.1	–6.9	–6.5	14.1
Indonesia	–0.1	9.0	16.2	–6.5	4.4	46.2
Italy	–0.5	0.3	6.4	–7.2	–9.8	15.8
Japan	–4.5	–3.1	14.1	–11.7	–9.6	4.4
New Zealand	0.5	7.0	12.2	–0.6	0.6	25.7
Papua New Guinea	10.9	14.1	14.0	5.5	17.7	54.7
Philippines	6.2	13.2	20.2	–3.8	15.9	46.5
United Kingdom	–3.1	3.2	4.8	1.2	–2.1	17.6
United States of America	1.5	5.7	8.4	0.0	4.1	20.6

In Australia, the key demographic trend shaping the outlook for the older population is the ageing of the baby boom generation. Most OECD countries experienced an upturn in births after World War II following the low fertility years of the Great Depression in the 1930s and of the war years. In Australia, however, the baby boom was greater and lasted longer than in most countries. The total fertility rate neared four, and high levels were sustained until 1961. The baby boom was accompanied by an immigration boom in which young families predominated. Hence, as Figure 1.9 shows, the base of Australia's age pyramid broadened during the late 1940s, 1950s and early 1960s.

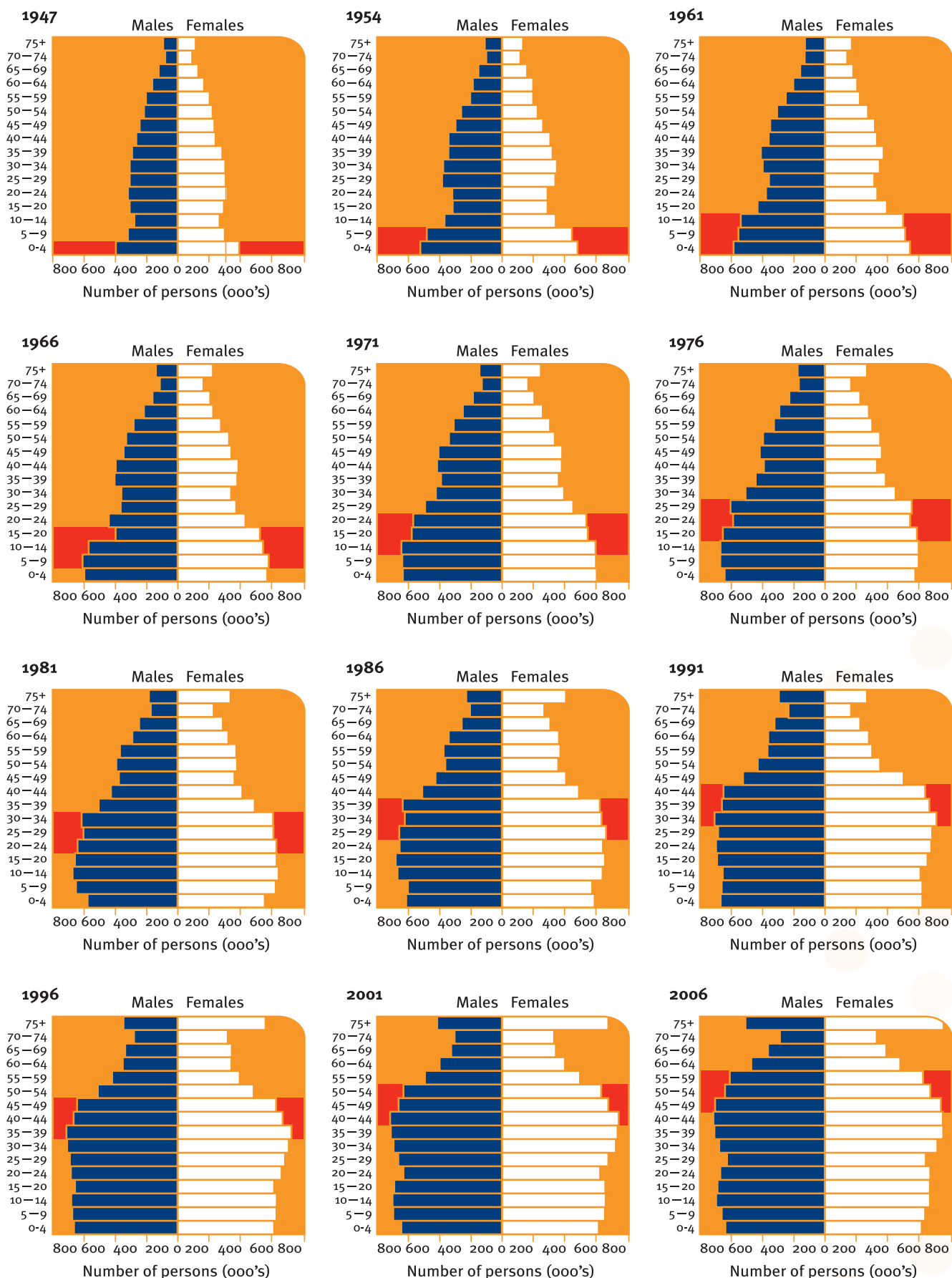
The precipitous fall in fertility after 1961 meant that the baby boomers formed a bulge, which, as Figure 1.9 shows, has moved up the age pyramid and by 2006 was poised to enter the retirement ages. The baby boom cohort has created a 'shock wave' of rapidly increasing numbers in particular ages as the cohort has moved into those ages. Between 2011 and 2031, baby boomers will make a significant contribution to the numbers of people aged 65+. Table 1.3 shows that during this period, the population aged 65+ is projected to grow from 2.4 to 5.8 million. By 2031, all surviving baby boomers will be aged 65–84. Between 2031 and 2051, baby boomers are projected to swell the population aged 85+ from 856,100 to 1.62 million (Australian Bureau of Statistics [ABS] 2005, p.85).

**Figure 1.9**

**Australia: age and sex structure of the population, 1947–2006**

Source: Australian 1947–2006 Censuses

● Represents the baby boom



## Table 1.3

### Australia: projected growth of 65+ population

Source: ABS 2005 Population Projection Series B

Year	Population aged 65+		Population aged 75+	
	(No.)	(%)	(No.)	(%)
2006	2735.2	13.3	1304.8	6.3
2011	3171.6	14.6	1461.7	6.7
2021	4472.0	18.7	2002.4	8.4
2051	7279.4	25.8	4186.7	14.9

Australia's baby boom will have four major demographic impacts on ageing in Australia over the next quarter century:

- Firstly, the number of older Australians will double, because Australia's 65+ population of 2025 is already living in Australia but is currently aged 45+.
- Second, the ratio between the oldest dependent population and the working-age population will also double. Although this will be influenced by future fertility levels it is certain that there will be a substantial increase in the degree of aged dependency.
- A third dimension of ageing is one that is usually overlooked. There is a substantial change occurring in the characteristics, resources, attitudes, perceptions and expectations of older Australians. This is because each age cohort lives through quite different economic, social and cultural conditions and so has, for example, different levels of education, and world experience. Baby boomers will differ in myriad ways from the previous generation of older people.
- Fourth, the next generation of older Australians will live in different places to the previous generation. This also has been largely neglected in the contemporary florescence of interest in and attention on the demography of Australian ageing.

### 1.4 South Australia's ageing population

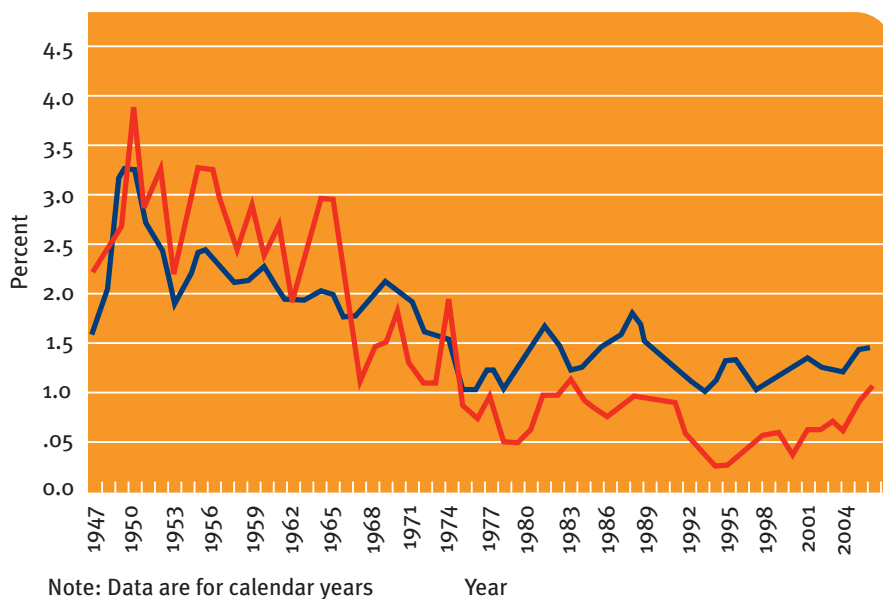
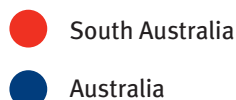
To understand the current and projected growth of the aged population in South Australia, it is necessary to briefly consider the demographic history of the state. South Australia is often referred to as the 'oldest state' as a result of the post-war population growth the state experienced. In Australia's long economic boom of the post-war period, the state's population grew faster than that of the nation, and then slowed to below the national average in the following period when overall growth declined (Figure 1.10). Hence the baby boom and the immigration boom of the first two post-war decades were 'louder' in South Australia so that the growth of baby boomers was faster than in the nation as a whole. For most of the past three decades, however, South Australia has grown more slowly than any other mainland state so that the baby boom generation has been more marked in South Australia.



### Figure 1.10

**Australia and South Australia: rate of population growth per year, 1947–2006**

Source: ABS 1986 and Australian Demographic Statistics, various issues



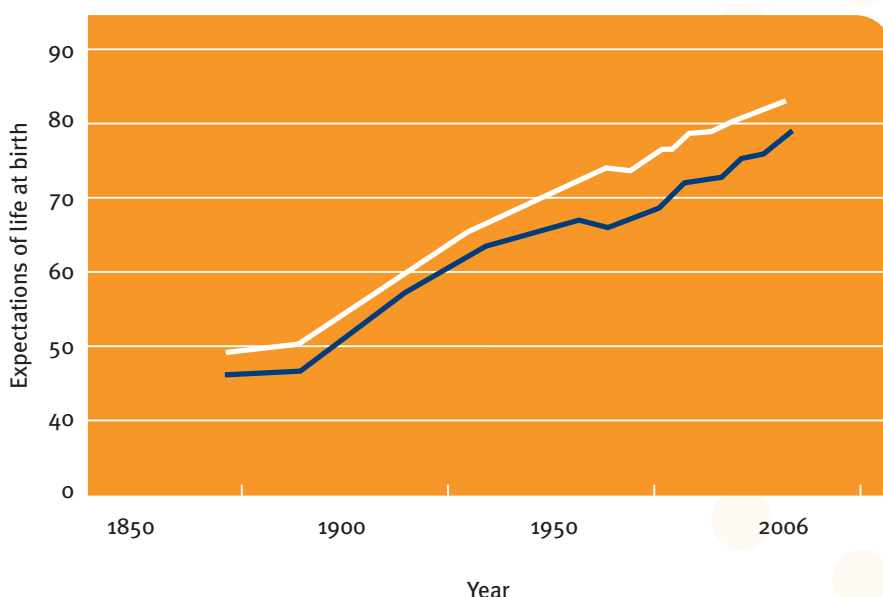
To understand ageing in South Australia we need to briefly examine the three basic demographic processes that shape population size and structure: mortality, fertility and migration. Firstly, with respect to mortality, for much of the last century South Australians have lived slightly longer than other

Australians. Figure 1.11 shows the steep increase in life expectancy among Australians during the last century. In the period since World War II we have added 12.6 years of life to Australian males and 12.9 years to females. Hence, more Australians are surviving the younger years than ever before.

### Figure 1.11

**Australia: expectation of life at birth, 1870–2006**

Source: Hugo 1986 and ABS Deaths Australia, various issues



#### Expectation of Life at Birth

	Males	Females
1947	66.1	70.6
2006	78.7	83.5

Perhaps the biggest change, however, has come in the older ages. Before 1970 we had added very few years of extra life to Australians aged 50+, despite

improving their chances of making it to age 50. Hence, Table 1.4 shows that between 1901 and 1970 only two extra years of life were added to Australian males aged 50.

**Table 1.4**  
**Australia: expectation of life at age 50, 1901–1910, 1970–72 and 2006**  
*Source: ABS*

Year	Males	Females
1901–1910	21.2	23.7
1970–1972	23.2	28.3
2006	31.2	35.0

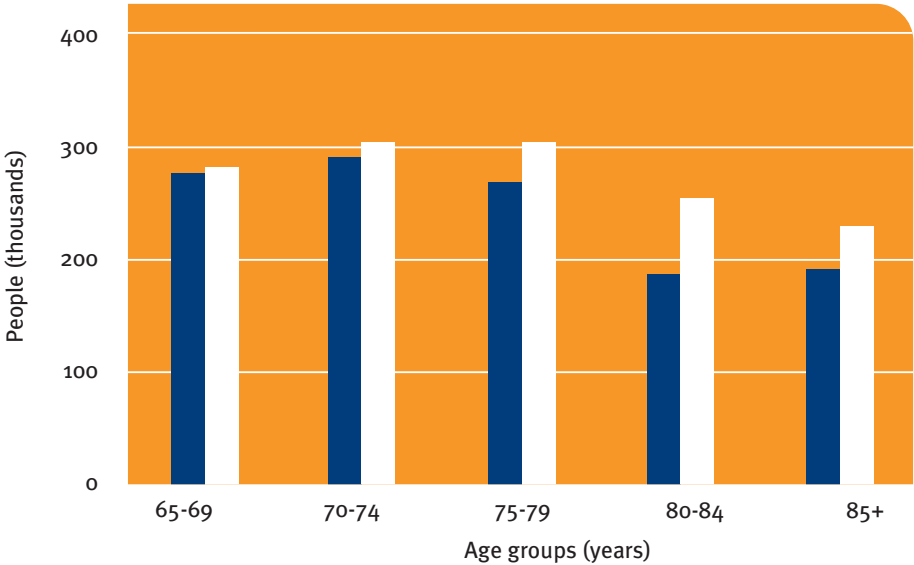
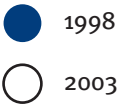
The increase was greater for women (4.6 years) because of the huge reduction in pregnancy/childbirth related deaths. The table shows, however, that there has since been a dramatic change with eight years being added to the life expectancy of Australian men aged 50 between 1970 and 2006 and 6.7 years for women of that age. This massive change was not anticipated by commentators at the time and was achieved on the one hand through medical breakthroughs such as better diagnosis of heart

conditions, bypass operations and the development of intensive care units. On the other hand, major improvements in lifestyle through better diet, reduced smoking and safer cars have also have an impact. As a result, not only are more Australians surviving to retirement age but also more are having an extended period of retirement. This is contributing significantly to the growth of our older population.

The greater survival of South Australians into older age may

not, however, have produced a healthier older generation. Figure 1.12 shows that ABS sample surveys of self-reported health show that the proportion of older Australians reporting some form of disability increased between 1998 and 2003. It is clear that medical breakthroughs are keeping older Australians alive for longer, but the corollary is that levels of disability and chronic ailments within the group are increasing. As a result, the implications for health are considerable.

**Figure 1.12**  
**People aged 65+ with disabilities**  
*Source: ABS 2005*



The ABS (2008) is anticipating that improvements in life expectancy will continue with the most recent set of projects offering two future scenarios. The two assumptions are:

- medium—that life expectancy at birth will reach 85 years for men and 88 years for women by 2056
- high—that life expectancy at birth will reach 93.9 years for men and 96.1 years for women by 2056.

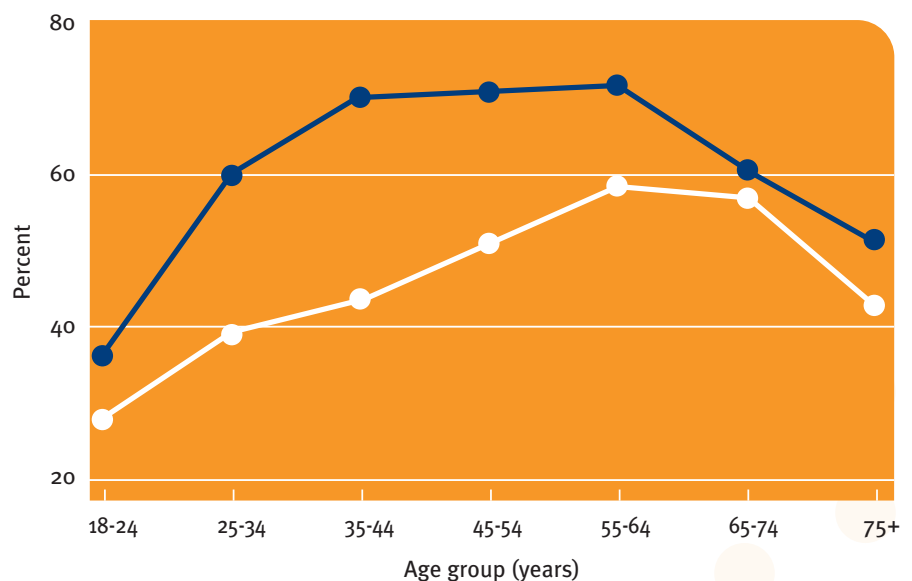
The ABS, along with most other commentators in Australia, anticipates that life expectancy in the nation will continue to increase. Some have questioned this, however, because of the onset of the global obesity epidemic. It has been suggested that the link between poor health and obesity will mean that recent substantial increases in life expectancy among older Australians will not continue.

In this context it is interesting to note in Figure 1.13 that the baby boom generation has the highest incidence of obesity and overweight of any group in contemporary Australia. If this pattern continues it will lead to greatly increased morbidity and chronic diseases among older Australians (Adams et al. 2008).

**Figure 1.13**  
Percent of Australians overweight or obese by age and sex, 2004

Source: ABS 2008

● Male  
○ Female



There has been a long history of South Australia recording a lower level of fertility than other states and territories, which has contributed to the state having an older population. Since the early 1990s, however, there has been a convergence of fertility towards the national average. Like other states, South Australia has experienced a small increase in fertility since the turn of the century. In the most recent ABS population projections (2008, p.17) the fertility assumptions for South Australia are closer to the Australian average than is the case for any other state.

Migration is often overlooked as a factor in the size of the elderly

population, yet net migration has been the most volatile element in the state's population growth. Net migration comprises two components—the net gain or loss in exchanges with other states and territories, and the net migration from overseas. Both elements were substantial in the state's population gains in the quarter century following the war. Nevertheless net migration with other states has been negative for most of the last quarter century and international migration net gains are much smaller than they were in the 1950s and 1960s.

The pattern is strongest with respect to interstate migration. Bell (1997) has analysed recent

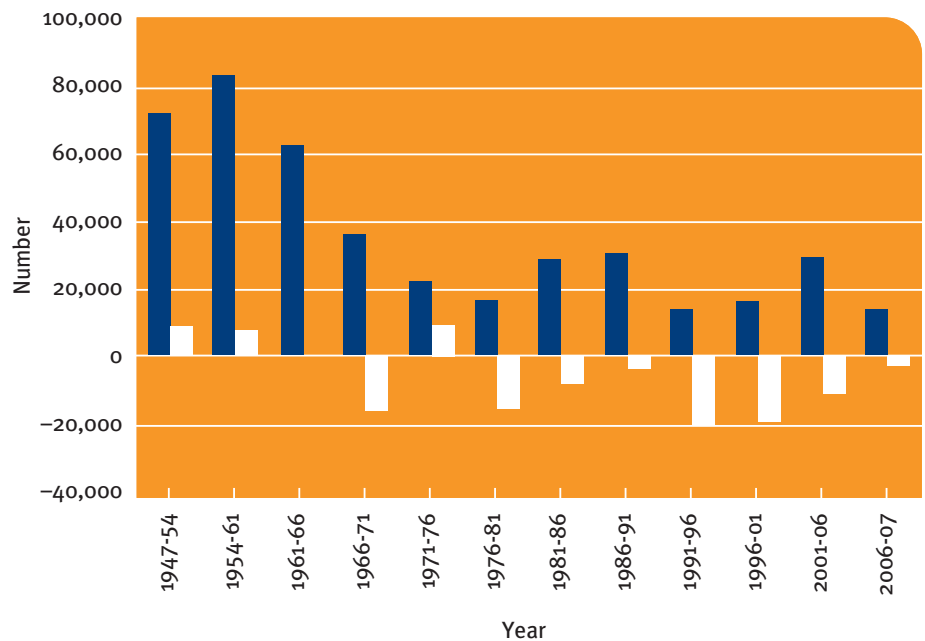
trends in this movement and Figure 1.14 shows that interstate migration net gains were recorded in the 1947–66 and 1971–96 periods with consistent net losses being experienced subsequently. The net losses reached record proportions—more than 40,000 people—between 1991 and 2001. Although the numbers have reduced subsequently there remains a substantial net loss to other states. Bell (1997) has shown that this migration has been selective of particular groups including young adults aged 15–29, especially young women, and, to a lesser extent, people aged 40–64. This selectivity exacerbates migration's effect on ageing.

**Figure 1.14**

**South Australia: components of population change, 1947–54 to 2006–07**

Source: Bell 1997 and ABS Australian Demographic Statistics, various issues

- Net overseas migration
- Net interstate migration



The age selectivity reflected in Figure 1.15 is undoubtedly exacerbating the ageing process in South Australia because it represents not only a loss of young adults but also the children they subsequently have interstate. It is important to note that the state in some years has received a small gain of older people, which also has a very small ageing effect although in 2001–06 there was a

small net loss. The latter perhaps reflects the fact that:

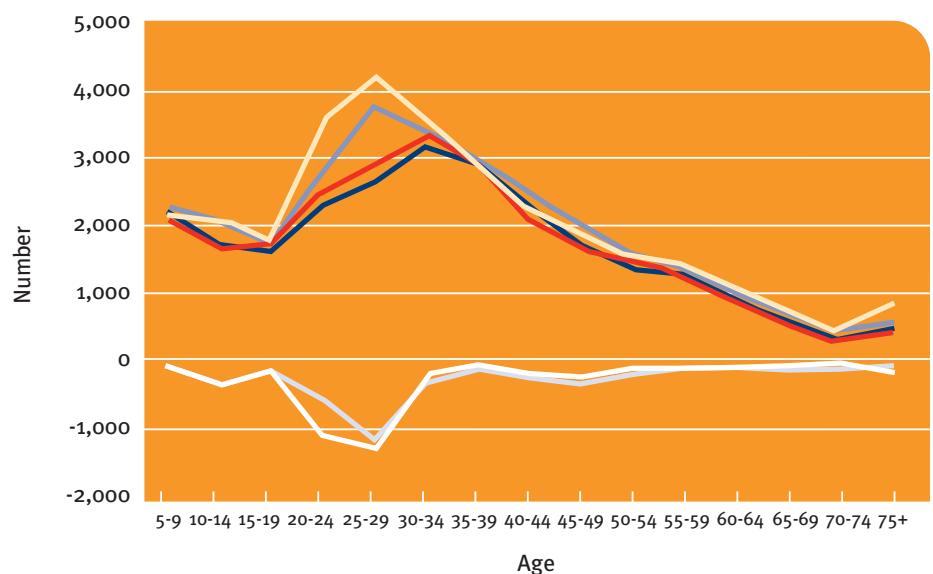
- there is a significant flow of South Australian retirees to Queensland
- there is an 'echo effect' of baby boomers in their 50s and 60s who, on retirement, move to be closer to their children (and grandchildren) who had earlier moved interstate.

**Figure 1.15**

**South Australia: interstate arrivals, departures and net migration by age and sex, 2001–06**

Source: ABS 2006 Census

- Males in
- Males out
- Males net
- Females in
- Females out
- Females net



Turning to international migration, Figure 1.14 shows a slightly different pattern with heavy

gains in the 1947–71 period being replaced with smaller gains over the next quarter century. Table 1.5

shows the pattern of national and state net gain of migrants from overseas.

## Table 1.5

**Net overseas immigration, Australia and South Australia, 1966–2007**

*Source: ABS Overseas Arrivals and Departures Bulletins and Australian Demographic Statistics Quarterlies, various issues*

Year (ends Dec. 31)	Australia	South Australia	
	(No.)	(No.)	(%)
1966–70	643,351	64,766	10.1
1971–75	343,372	28,169	8.2
1976–80	293,860	10,517	3.6
1981–85	419,297	27,733	6.6
1986–90	591,770	26,570	4.5
1991–95	411,630	17,420	4.2
1996–2000	474,278	15,869	3.3
2001–05	600,089	24,029	4.0
2006–07	343,268	24,342	7.1

Note: overseas immigration, 1966–73 = permanent movement; 1974–2007 = permanent and long-term movement

This shows a clear pattern not only of reduction in the overall intake but also in the proportion of the national intake coming to live in South Australia in the 1990s. In recent years, however, this has been reversed so that the intake has approached the state's current share of the national population (8 percent).

International migration has also had a profound effect on the age composition of the state's population. The fact that South Australia experienced substantial immigration in the 1950s and 1960s meant that we had a large gain of overseas-born people in their 20s, 30s and 40s in those years because overseas migration is predominantly of young adults.

Most of these people have remained in the state but have subsequently aged into the older age groups. Moreover, they have not been replaced since 1971 with anything like equivalent numbers of young overseas-born adults. Hence the overseas-born have become a successively older population: Figure 1.16 shows the proportion of overseas-born in different age groups in 2006.

## Figure 1.16

**South Australia: age distribution of Australia- and overseas-born, 2006**

*Source: ABS 2006 Census*

- Overseas born
- Australian born

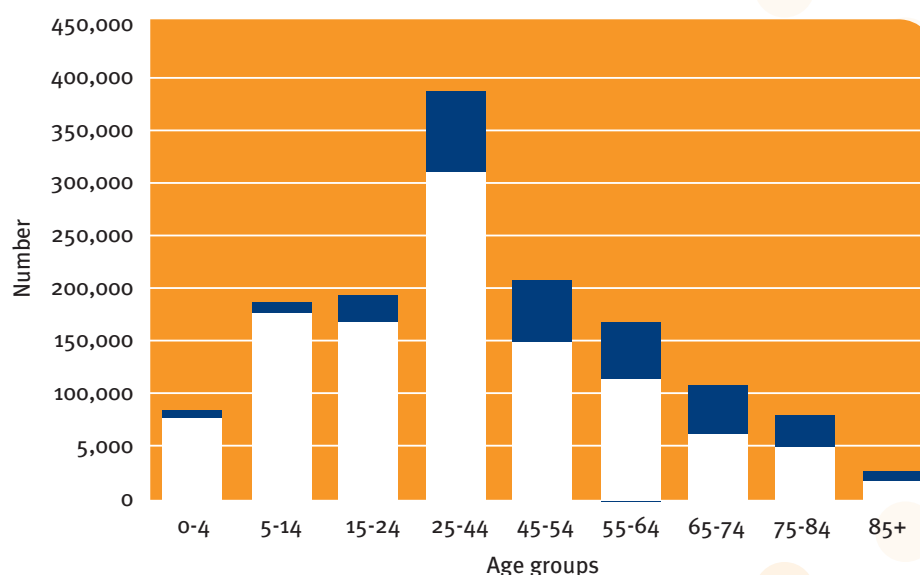


Table 1.6 shows that while 21.5 percent of the state's population in 2006 was born overseas, the proportion was higher for those aged 45+ and lower for younger ages. Indeed more than 40 percent

of South Australians aged 65–74 were born overseas. In 1996, 34 percent of South Australians aged 65+ were born overseas, but by 2006 this had increased to 38.5 percent.

## Table 1.6

**South Australia: percent of population born overseas by age, 2006**

*Source: ABS 2006 Census*

Age group	Australia born	Overseas born	Overseas born
	(No.)	(No.)	(%)
0–4	80,992	2,417	2.9
5–14	174,401	11,202	6.0
15–24	167,736	22,940	12.0
25–44	306,096	76,218	19.9
45–54	147,767	56,421	27.6
55–64	111,278	56,127	33.5
65–74	62,903	44,365	41.4
75–84	49,584	30,045	37.7
85+	19,321	7,946	29.1
Total	1,120,078	307,681	21.5

Hence the overseas-born population is older than the Australian-born population. Table 1.7 shows that in 1971 only 7.1 percent of the overseas-born were aged 65+ compared with 8.9 percent of the Australian-born.



## Table 1.7

South Australia: population aged 65+ by birthplace, 1971–2006

Source: ABS 1971–2006 Censuses

	1971	1976	1981	1986	1991	1996	2001	2006
<b>Australia-born</b>								
Number	79,711	87,859	99,816	110,963	119,469	124,035	126,026	131,815
Percent	8.9	9.2	10.2	10.5	11.2	11.5	11.5	11.8
Five year growth (%)		2.0	2.6	2.1	1.5	0.8	0.3	0.9
<b>Overseas-born</b>								
Number	19,889	25,527	32,854	40,820	53,597	63,980	73,720	82,354
Percent	7.1	8.7	11.2	13.6	17.1	21.1	24.9	26.8
Five year growth (%)		5.1	5.2	4.4	5.6	3.6	2.9	2.2
<b>Born in NES countries</b>								
Number	6,570		13,382	17,801	26,025	33,382	39,228	43,472
Percent	5.1		10.2	12.9	17.3	22.1	26.1	26.8
Five year growth (%)			+7.4*	5.9	7.9	5.1	3.3	2.1
<b>Born in MES countries</b>								
Number	13,319		19,472	23,019	27,569	30,598	34,492	38,882
Percent	8.8		11.9	14.3	17.0	21.2	23.6	26.7
Five year growth (%)			+3.9*	3.4	3.7	2.1	2.4	2.4
<b>Percent overseas-born</b>	<b>19.7</b>	<b>22.5</b>	<b>24.8</b>	<b>26.9</b>	<b>31.0</b>	<b>34.0</b>	<b>36.9</b>	<b>38.5</b>

Note: \* no growth 1971–81.

Data prior to 2001 based on place of enumeration. 2006 data based on place of usual residence.

By 1996, however, the aged population among the overseas-born (21.1 percent) was almost double that of the Australian-born. In fact, between 1991 and 1996 the Australian-born elderly grew by 0.8 percent a year, less than half as fast as during the past two decades. This reflects that fact that the Australian-born turning 65+ in the 1990s were born in the low fertility years of the 1930s so that they represent a cavity in the Australian-age pyramid. On the other hand, people who were born in the 1910s, 1920s and 1930s were important in the early post-war migration so that

the growth of the overseas-born elderly has been between two and three times faster than the Australian-born in South Australia. Indeed between 1991 and 1996 this group grew more than four times faster while the non-English speaking (NES) elderly grew more than six times faster. In the subsequent periods of 1996–2001 and 2001–06 the Australian-born 65+ population grew at 0.3 and 0.9 percent a year respectively while the overseas-born grew at 2.9 and 2.2 percent. Moreover, the NES born grew faster than the mainly English speaking (MES) born: the MES origin older

population outnumbered their NES counterparts until 1991; however, by 2006 53 percent of the overseas-born elderly were from a NES background. Particular attention should be paid to the NES origin component of the elderly in the state. It has been growing much faster than both the Australian-born and the overseas-born from MES countries groups. Whereas in 1971 only 5.1 percent of the NES origin population in South Australia was aged 65+, in 1996 this applied to 22.1 percent and in 2006 to 20.2 percent.

## 1.5 Conclusion

South Australia, Australia and the world generally are experiencing significant demographic ageing, and this process is gathering pace. Table 1.8 presents data on the various indicators of demographic ageing examined earlier for the world as a whole. All of the indicators show that

South Australia's population is more aged than the nation as a whole and this pattern will continue to 2051. The ageing of the population is a global process and is inevitable. This represents nothing short of a demographic transformation globally, in Australia and South Australia. Too often this is seen as a negative prospect and there

is no doubt that the demographic changes that are occurring present challenges. It is also important, however, to consider the potential opportunities that this change presents. In the pages that follow we establish how South Australia is progressing with respect to both the challenges and opportunities presented by ageing.

## Table 1.8

### Australia and South Australia: indicators of population ageing

Source: ABS 2006 Census and ABS 2008 Population Projections Series B

	1954	1971	2006	2011	2021	2031	2041	2051
<b>Australia</b>								
Ageing index	43.8	42.9	90.9	103.7	124.8	144.8	157.9	168.3
Median age	39.3	31.6	38.6	37.5	38.7	40.3	41.5	42.1
Total dependency ratio	58.5	58.8	48.3	48.9	55.0	59.9	62.0	63.8
Potential support ratio	7.6	7.5	5.2	4.8	3.8	3.1	2.9	2.7
Parent support ratio	2.9	3.7	8.9	10.3	12.2	16.7	22.6	26.1
<b>South Australia</b>								
Ageing index	44.3	41.4	110.2	124.7	146.6	168.5	180.4	188.5
Median age	39	31.9	38.8	38.7	39.6	41.2	42.3	42.6
Total dependency ratio	60.3	58.6	50.2	51.1	59.1	65.2	67.0	68.4
Potential support ratio	7.3	7.9	4.4	4.1	3.2	2.7	2.5	2.4
Parent support ratio	3.1	4.1	10.6	12.4	14.5	20.0	27.2	31.0

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## 2 : The Changing Older Population of South Australia

**This chapter considers older South Australians in more detail, particularly their changing characteristics and spatial distribution. These are important because there are several commonly held stereotypes regarding the older population, yet the fact is that the older population is as differentiated and diverse as the rest of the population. Similarly there are anecdotal beliefs that the older population is concentrated in particular parts of the country. These also often have a limited basis in fact.**

### 2.1 The changing composition of the South Australian older population

Each generation is distinctively different from that which immediately preceded it and that which follows. This is because they live through different eras in terms of, for example, the opportunities that were available, the level of technology at the time and the events that occurred. The current generation of older South Australians is quite different to the baby boomers following behind. Table 2.1 demonstrates some of the ways in which baby boomers differ from older South Australians. Many of the social, economic and demographic characteristics of older South

Australians are elaborated in the chapters that follow but Table 2.2 presents a range of data from the 2006 Census that compares the older generation, baby boomers and generation X along several of these variables and some of these differences are clearly evident. It is not as easy to demonstrate differences in, for example, attitudes, culture and perceptions. Indeed, it is important to make the point that there is enormous diversity in characteristics and beliefs within particular generations although differences between generations can also be discerned. One important point here is that the older population is making up an increasingly large share of the total population.

#### Table 2.1

Differences of baby boomers compared with older cohorts

- |  |  |
|--|--|
| • different attitudes to working at older ages | • different living areas in cities         |
| • healthier                                    | • fewer children                           |
| • more living by themselves                    | • higher education                         |
| • different housing aspirations                | • more mobile                              |
| • more ethnically heterogeneous                | • better off economically but more unequal |
| • different health problems                    | • higher expectations                      |

## Table 2.2

### South Australia: selected demographic variables by age, 2006

Source: ABS 2006 Census, Sample File

	Generation X 35–49	Baby boomers 50–64	Older South Australians
Sex ratio (males per 100 females)	98.0	97.1	78.6
% Speak language other than English at home	13.3	10.0	15.3
% Overseas-born	23.1	29.9	38.6
% Speak English not well/at all	11.9	17.0	31.9
% With post-school qualifications	50.9	45.1	26.9
% Income <\$250 a week	19.3	28.7	43.4
% Income >\$2,000 a week	4.6	4.0	1.1
% Provide unpaid assistance to a person with a disability	12.3	18.6	11.5
% Employed	96.8	96.6	98.6
% Unemployed	3.2	3.4	1.4
Participation rate	83.0	64.2	6.9
% Living alone	11.6	16.7	32.1
% Living with children less than 15 years	61.8	8.6	1.2
% Own home	20.7	51.9	73.2

The past, present and impending age structure situation in South Australia is shown in Table 2.3, which shows that the state's median age has increased from 23.9 in 1911 to 38.8 in 2006 and will be 41.2 by 2031. Meanwhile, the percentage aged 65+ has increased from 4.6 percent to 13.8 percent in 1996 and 15.4 percent in 2006, and will increase to 23.9

percent in 2031. The table shows that the ratio of the dependent population (aged 0–14 and 65+) to that in the working ages (15–64) in fact decreased progressively from 61.1 percent in 1954 to 50.5 percent in 1986. The dependency ratio will grow rapidly, however, as the baby boom cohort passes into the older age groups.

## Table 2.3

### South Australia: summary measures of age and sex composition 1911–2006 and projected measures 2011–51

Source: ABS 1911, 1954, 1976, 1986, 1991, 1996 and 2006 Censuses; ABS 2000 Population Projections

	Year									
	1911	1954	1976	1986	1991	1996	2006	2011	2031	2051
<b>Dependency ratio (percentage of population aged 15–64 years)</b>										
Youth (0–14 years)	48.3	46.6	41.2	33.1	31.8	31.3	27.5	26.8	27.8	27.1
Elderly (65+)	7.3	14.4	14.2	17.4	18.9	21.2	22.7	24.3	37.4	41.3
Aged (85+)	0.3	0.7	1.09	1.4	1.4	2.1	2.9	3.6	5.7	9.3
Total (0–14 and 65+)	55.6	61.1	55.3	50.5	50.7	52.8	50.2	51.1	65.2	68.4
<b>Median age (years)</b>	23.9	30.7	28.7	32.0	33.5	34.9	38.8	38.7	41.2	42.6
<b>Percent aged 65+</b>	4.6	8.9	9.1	11.6	12.5	13.8	15.1	16.1	23.9	24.5
<b>Sex ratio (males per 100 females)</b>										
0–14	102.4	104.8	105.5	104.9	104.7	105.3	104.5	104.8	105.7	105.7
15–24	102.9	109.6	102.0	103.8	103.3	103.6	105.0	105.3	105.2	105.4
65+	96.4	80.0	66.9	71.9	74.3	74.6	78.5	80.9	85.2	87.2
85+	76.5	60.1	17.1	37.3	41.2	40.2	47.1	52.2	65.8	71.1
Total	104.4	102.7	99.3	97.9	97.4	96.8	97.5	97.8	98.5	99.3

Figure 2.1 shows that within 10 years the number of elderly dependents will outnumber the number of children in the state for the first time in history. The ageing of the population has also brought with it a change in the sex ratio; in the mid-1970s women came to outnumber men in the state for the

first time since white settlement. It will be noted, however, that in recent years the sex ratio among the elderly has begun to increase as a result of the greater improvement in life expectancy of older men than older women (Table 2.3).

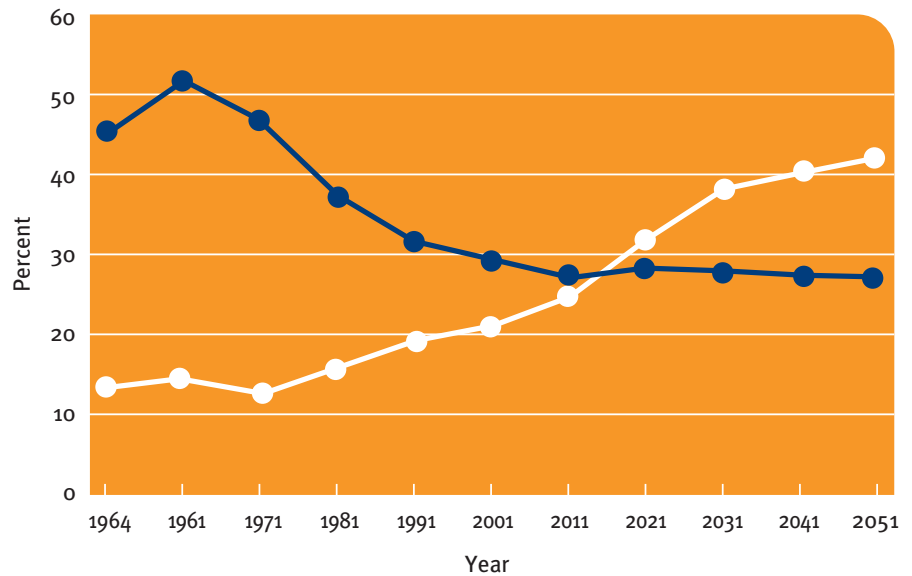


**Figure 2.1**

**South Australia: actual and projected youth and elderly dependency ratios, 1954–2051**

*Source: ABS Censuses; ABS 2008 Population Projection Series B*

- Youth dependency ratio
- Elderly dependency ratio



While the relative proportions in various age groups are important the actual numbers are of particular significance in regard to the demand for services. The outlook for the aged population presented in Table 2.3 shows a pattern of recent and impending growth of the elderly. Although there was a slowdown in the late 1990s which is predicted to continue through the 2010s due to the impact of the low fertility years of the 1930s and early 1940s, after 2011 the post-war baby boom groups will begin to pass age 65 and there will be rapid growth of the elderly population. A trend to note in Table 2.3 is that there is a clear ‘ageing of the aged’ population in that the ‘old-old’ (aged 85+) are

projected to grow faster than the ‘young-old’ (aged 65–85). This is due to the improved longevity of the older population discussed earlier and has implications for service provision because the 85+ population is by far the heaviest user of health, welfare and specialised housing services for the aged. The population aged 90+ in South Australia increased from 2,947 in 1981 to 3,960 in 1991, 4,657 in 1996 and 10,298 in 2006. Those aged 100+ increased from 43 in 1981 to 193 in 1991, 274 in 1996 and 308 in 2006. The outlook is that while the state’s population as a whole is expected to grow by less than a third during the next 35 years the number of elderly will almost double.

**Table 2.4**  
**South Australia: major**  
**birthplace groups, 2006**

Source: ABS 2006 Census

Birthplace	2006 (No.)	Growth 2001 –2006 (%)	Share of national total (%)	Percentage in Adelaide (%)
Australia	1,120,081	1.9	8.0	69.8
United Kingdom (including Ireland)	121,919	–1.7	11.5	80.2
Italy	22,485	–9.9	11.3	92.8
Germany	11,969	–5.5	11.2	78.9
New Zealand	11,366	3.4	2.9	74.9
Greece	10,781	–7.7	9.8	91.1
Viet Nam	10,547	1.0	6.6	97.9
China (excludes SARs and Taiwan Province)	8,082	125.3	3.9	94.5
Netherlands	7,799	–6.0	9.9	71.7
India	6,830	85.2	4.6	89.9
Poland	6,240	–9.7	11.9	93.9
Philippines	5,441	20.6	4.5	86.1
Malaysia	5,342	28.4	5.8	95.5
South Africa	4,489	44.9	4.3	82.9

One of the most important ways in which different generations of older South Australians vary from one another is in their ethnic composition. As indicated in Chapter 1, the South Australian population has been profoundly influenced by international migration. Because migration is highly selective of young populations, however, the impact of a wave of migrants in the older population is often delayed several decades. Hence, the greatly increased immigrant settlement in South Australia since 2004 (Hugo 2008) has included very few older migrants and has been dominated by young families. This wave of migration will not, therefore, have a large impact on the current ageing process, and its impact on the

older population will be delayed for some decades.

The pattern of international migration has greatly shaped the ethnic composition of the state's population. The fact that the state received more than its share of migrant settlers during the period 1947–71 and substantially less than its share in subsequent years has meant that groups dominant in the early post-war national intake (for example, British, Greeks, Italians, Poles and Dutch) are over-represented in the contemporary population while those that have dominated migrant flows of the 1990s (for example, New Zealanders, Chinese, Filipinos, Malaysians, Indians and Hong Kong born) are subsequently under-represented.

Table 2.4 which shows the largest birthplace groups in South Australia and their growth during 2001–06. The United Kingdom born are by far the largest overseas-born group and are over-represented in South Australia but still declined in number during the 2001–06 period despite them playing a major part in the revival of immigration to the state in recent years (Hugo 2008). Other European groups who moved to the state in large numbers in the early post-war period have also declined; however, there has been massive growth of Asian groups, especially those from China and India. In addition the New Zealand and South African born have increased substantially. The decline of the European born groups was due to the death of

some of the ageing migrants from Europe who moved to the state in the 1950s and 1960s, the re-migration of others to interstate (Bell 1997) or their return to their home country as they grew older (Hugo 1994).

Table 2.5 shows the number of people aged 55–64 and 65+ in the major birthplace groups in the state at the 2006 Census. Despite the fact that the most rapidly growing overseas-born groups

in South Australia are Asian and African, the overseas-born aged are overwhelmingly of European origin. The United Kingdom born (36,034) make up 15.5 percent of all South Australians aged 65+ and 14.1 percent of those aged 55–64; however, there were also very large numbers from Italy (12,447), Greece (5,494), Germany (4,686), Netherlands (2,786), Poland (2,290) and Croatia (1,211). The numbers from Asian birthplace

groups are still relatively small—China (653), India (836), Hong Kong (902), Philippines (290) and Viet Nam (746). The relatively small numbers, however, should not mask the fact that they may well have unique requirements. Indeed, their smaller numbers may contribute to them not having supportive social networks or an ability to access aged care services.

**Table 2.5**  
**South Australia: birthplaces**  
**of older age groups, 2006**

Source: ABS 2006 Census

	Age group					
	55-64		65+		Total	
	(No.)	(%)	(No.)	(%)	(No.)	(%)
<b>Mainly English speaking countries:</b>						
Australia	111,280	62.6	131,815	56.5	1,120,082	74.0
Canada	199	0.1	172	0.1	1,878	0.1
Ireland	683	0.4	1,071	0.5	3,194	0.2
New Zealand	1,489	0.8	949	0.4	11,365	0.8
South Africa	414	0.2	352	0.2	4,489	0.3
United Kingdom	25,064	14.1	36,034	15.5	121,049	8.0
United States of America	504	0.3	304	0.1	3,440	0.2
<b>Total</b>	<b>139,633</b>	<b>78.5</b>	<b>170,697</b>	<b>73.2</b>	<b>1,265,497</b>	<b>83.6</b>
<b>Other countries:</b>						
China (excl. SARs and Taiwan Province)	529	0.3	653	0.3	8,077	0.5
Croatia	753	0.4	1,211	0.5	3,466	0.2
Germany	3,850	2.2	4,688	2.0	11,970	0.8
Greece	2,735	1.5	5,494	2.4	10,781	0.7
Hong Kong (SAR of China)	182	0.1	102	0.0	2,370	0.2
Hungary	316	0.2	902	0.4	1,569	0.1
India	600	0.3	836	0.4	6,827	0.5
Italy	5,610	3.2	12,447	5.3	22,486	1.5
Lebanon	255	0.1	257	0.1	1,532	0.1
Malaysia	661	0.4	331	0.1	5,341	0.4
Malta	571	0.3	598	0.3	1,628	0.1
Netherlands	2,775	1.6	2,786	1.2	7,798	0.5
Philippines	559	0.3	290	0.1	5,441	0.4
Poland	913	0.5	2,290	1.0	6,237	0.4
Viet Nam	985	0.6	746	0.3	10,546	0.7
Other	6,476	3.6	9,841	4.2	56,203	3.7
<b>Total</b>	<b>27,770</b>	<b>15.6</b>	<b>43,472</b>	<b>18.6</b>	<b>162,272</b>	<b>10.7</b>
Not stated	10,420	5.9	18,963	8.1	86,574	5.7
<b>Total</b>	<b>177,823</b>	<b>100.0</b>	<b>233,132</b>	<b>100.0</b>	<b>1,514,343</b>	<b>100.0</b>

Table 2.6 shows the pattern of growth of the overseas-born older groups during the past decade. In that period the Australian-born aged 65+ grew by 6.2 percent from 124,035 to 131,815. This relatively slow growth reflects the fact that the cohort moving into this age

group during the past decade was born between 1931 and 1941—the era of the Great Depression and of very low fertility and zero net migration gain. In the same period, the overseas-born aged 65+ grew by 37.3 percent from 73,720 to 101,277. There has been

significant growth of the United Kingdom born aged 65+ from 28,443 to 36,034 (26.7 percent), Italian born from 8,618 to 12,447 (44.4 percent), Germany born from 3,826 to 4,688 (22.5 percent) and the Netherlands born from 2,319 to 2,786 (20.1 percent).

## Table 2.6

### South Australia: growth of older population by birthplace group, 1996–2006

Source: ABS Census 1996 and 2006

	1996 (No.)	2006 (No.)	change 1996– 2006 (%)
<b>Mainly English speaking countries</b>			
Australia	123,495	131,815	6.74
Canada	166	172	3.61
Ireland	941	1,071	13.82
New Zealand	588	949	61.39
South Africa	247	352	42.51
United Kingdom	28,443	36,034	26.69
United States of America	213	304	42.72
Total	154,093	170,697	10.78
<b>Non-English speaking countries</b>			
China (excl. SARs and Taiwan)	459	653	42.27
Croatia	520	1,211	132.88
Germany	3,826	4,688	22.53
Greece	3,023	5,494	81.74
Hong Kong (SAR China)	44	102	131.82
Hungary	813	902	10.95
India	627	836	33.33
Italy	8,618	12,447	44.43
Lebanon	183	257	40.44
Malaysia	147	331	125.17
Malta	420	598	42.38
Netherlands	2,319	2,786	20.14
Philippines	162	290	79.01
Poland	3,025	2,298	-24.03
Viet Nam	494	746	51.01
Other	8,702	9,841	13.09
Total	33,382	43,472	30.23
Not stated	9,250	18,963	105.01
Total	196,725	233,132	18.51

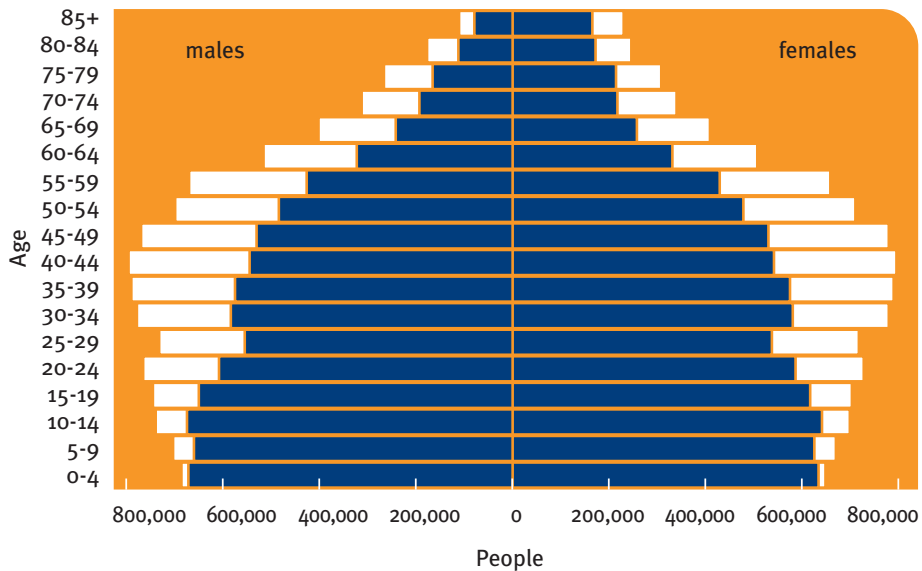
By 2006 about 38.5 percent of people aged 65+ in South Australia were born outside Australia. Figure 2.2 shows that the overseas-born are an important component of Australians aged between 55 and 64 in 2006, so that we can expect the number of elderly born overseas to increase during the next decade. Particular attention should be paid to the NES origin component of the elderly in the state. They have been growing much faster than not only the

Australia-born but also the overseas-born from MES countries. Whereas in 1971 only 5.1 percent of the NES origin population in South Australia was aged 65+, in 2006 this had risen to 26.8 percent. This is of crucial importance because a significant proportion of this group is unable to communicate effectively in English. As 20.3 percent of our aged is now born in an NES country, this is a substantial and growing group of the elderly. The diversity of the

overseas-born group of elderly can be seen in Table 2.7; South Australia is home to some large groups of elderly Europeans (especially Greek and Italians) but also some quite small birthplace groups. This diversity presents a range of challenges for the state in providing culturally and linguistically appropriate service to this ageing population. These challenges are discussed later.

**Figure 2.2**  
**Australia: age and sex structure of the Australia- and overseas-born population, 2006**  
*Source: ABS Estimated Resident Population Data*

- Australian born
- Overseas born





 **Table 2.7**
**Country of birth of people (aged 65+), South Australia, 2006***Source: ABS, 2006 Expanded Community Profile*

Country of birth <sup>a</sup>	Age group				Country of birth <sup>a</sup>	Age group			
	65-74	75-84	85+	Total 65+		65-74	75-84	85+	Total 65+
Australia	62,906	49,586	19,323	131,815	Mauritius	15	9	0	24
Austria	352	269	63	684	Netherlands	1,424	1,004	358	2,786
Bosnia and Herzegovina	175	47	6	228	New Zealand	593	266	90	949
Cambodia	104	53	12	169	Papua New Guinea	40	12	3	55
Canada	79	69	24	172	Philippines	195	77	18	290
Chile	37	17	3	57	Poland	673	1,288	329	2,290
China (excl. SARs and Taiwan Province) <sup>b</sup>	363	216	74	653	Portugal	31	6	3	40
Croatia	832	319	60	1,211	Romania	93	101	15	209
Cyprus	294	175	32	501	Russian Federation	108	144	56	308
Egypt	184	136	36	356	Samoa	7	3	0	10
Fiji	53	12	0	65	Singapore	58	19	4	81
Former Yugoslav Republic of Macedonia (FYROM)	95	32	6	133	South Africa	189	109	54	352
France	119	99	12	230	South Eastern Europe, not further defined <sup>c</sup>	556	329	75	960
Germany	2,109	2,214	365	4,688	Spain	131	75	10	216
Greece	3,517	1,697	280	5,494	Sri Lanka	110	44	20	174
Hong Kong (SAR of China) <sup>b</sup>	78	15	9	102	Taiwan	3	3	3	9
Hungary	453	341	108	902	Thailand	14	3	0	17
India	439	315	82	836	Turkey	70	49	18	137
Indonesia	102	61	22	185	Ukraine	163	520	131	814
Iran	84	49	14	147	United Kingdom <sup>d</sup>	19,695	12,376	3,963	36,034
Iraq	9	3	0	12	United States of America	172	98	34	304
Ireland	557	396	118	1,071	Viet Nam	439	252	55	746
Italy	6,978	4,650	819	12,447	Born elsewhere <sup>e</sup>	1,819	1,638	476	3,933
Japan	26	35	4	65	Country of birth not stated	7,829	7,804	3,330	18,963
Korea, Republic of (South)	12	6	4	22	<b>Total</b>	<b>115,098</b>	<b>87,438</b>	<b>30,596</b>	<b>233,132</b>
Lebanon	141	99	17	257					
Malaysia	219	91	21	331					
Malta	354	207	37	598					

<sup>a</sup> This list consists of the most common 50 country of birth responses reported in the 2001 Census

<sup>b</sup> Special Administrative Regions (SARs) comprise Hong Kong and Macau (both SARs of China)

<sup>c</sup> Includes people who stated their birthplace as Yugoslavia

<sup>d</sup> Comprises United Kingdom, not further defined, Channel Islands, England, Isle of Man, Northern Ireland, Scotland and Wales

<sup>e</sup> Includes countries not identified individually, Australian external territories, inadequately described, at sea and not elsewhere classified

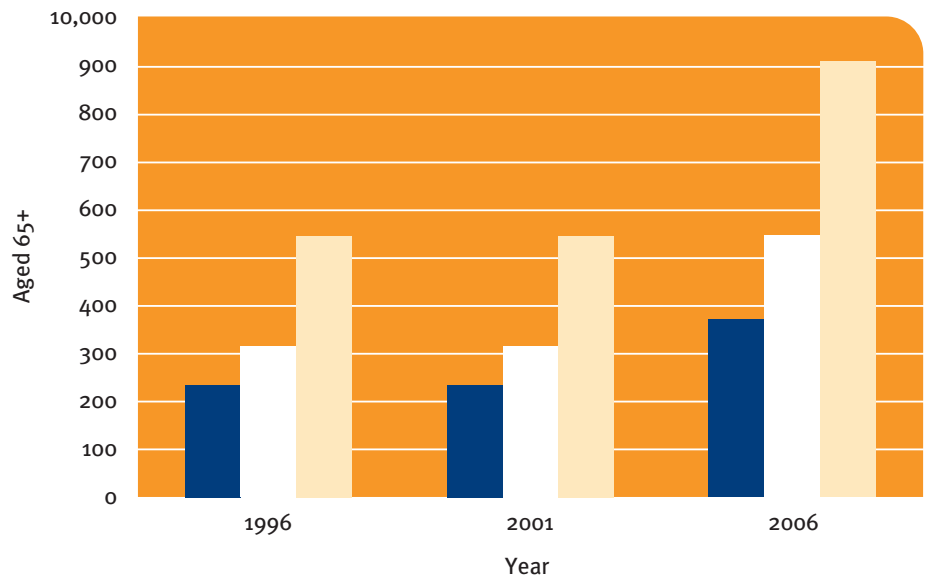
A second group of significance is the elderly Indigenous population in South Australia. Figure 2.3 shows the increase in the Indigenous population aged 65+, in the past 10 years. The Indigenous population aged

65+ has nearly doubled since 2001, a testament to the slow improvements in health care and subsequent life expectancy for Indigenous Australians. This group of elderly is discussed later.

**Figure 2.3**  
Indigenous population aged 65+, South Australia, 1996, 2001 and 2006

Source: ABS 1996, 2001 and 2006 Censuses

- Male
- Female
- People



## 2.2 Changing distribution

Like most minority groups in the population, South Australia's elderly are not distributed spatially in the same way as the total population and they tend to concentrate in some areas more than others. Moreover, these patterns of spatial concentration are in a constant state of change. The spatial clustering of the aged in particular communities is of more than academic interest because it means that services targeted specifically for the aged need to be similarly clustered.

An appreciation of the pattern of distribution of the aged and an understanding of how they are changing is clearly important in planning the provision of services for them, especially as many have low levels of personal and physical mobility.

### 2.2.1 Interstate

Australia's older population, like the total population, is highly concentrated in the major metropolitan areas and along the eastern and south-western coasts (Figure 2.4).

**Figure 2.4**

**Australia: distribution of population aged 65+, 2006**

Source: ABS 2006 Census

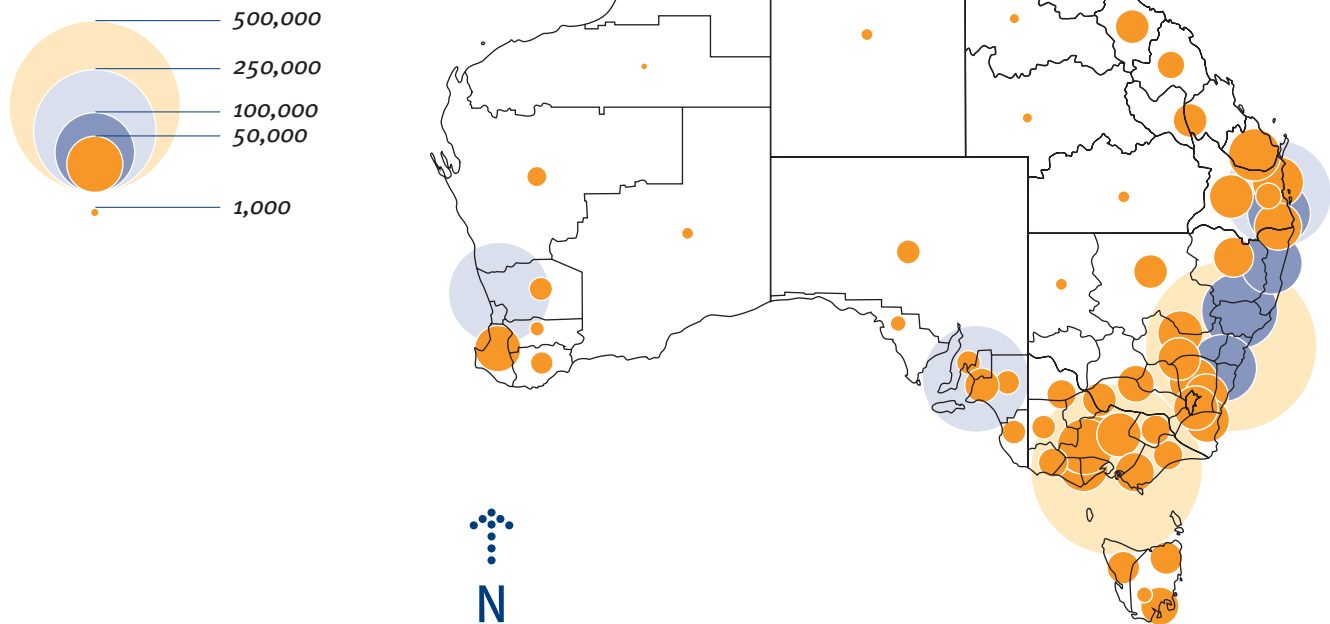


Table 2.8 shows that there is considerable variation between the states in the proportions of their population who are aged 65+ and that the extent of ageing during the past decade has also varied. The greatest degree of change is evident in South Australia, which overtook the three mainland eastern states during the 1970s to have the 'oldest' population in 1996. This was a function not only of a very large reduction in fertility and significant outward migration of

young adults in the 1970s, but also due to comparatively heavy immigration of young adults in the 1950s (Hugo 1983). Despite Queensland's popular image as a focus of retirement migration, Table 2.8 shows that the increase in the proportion of the total population in the 65+ age group was substantially less than the average for all of Australia, so that during the 1970s it went from being Australia's oldest state to being the 'youngest' of the eastern and southern states.

## Table 2.8

**Australian states and territories: percentage of population aged 65+, 1971, 2006 and projected 2031**

*Source: ABS 1971 and 2006 Censuses and ABS 2005 Population Projections, Series B*

States and territories	1971		2006		2031		Percentage change per annum	
	(No.)	(%)	(No.)	(%)	(No.)	(%)	1971–2006	2006–2031
New South Wales	391,116	8.5	905,778	13.8	1,844,943	22.5	2.4	2.9
Victoria	294,961	8.6	674,906	13.7	1,387,023	22.6	2.4	2.9
Queensland	165,901	8.8	482,891	12.4	1,258,769	21.6	3.1	3.9
South Australia	99,600	8.5	233,127	15.4	437,416	26.5	2.5	2.5
Western Australia	76,184	7.4	235,556	12.0	608,746	21.9	3.3	3.9
Tasmania	31,037	8.1	71,141	14.9	138,669	27.7	2.4	2.7
Northern Territory	2,139	2.1	9,284	4.8	27,958	9.9	4.3	4.5
ACT	4,057	2.7	31,560	9.7	75,829	19.8	6.0	3.6
Australia <sup>a</sup>	1,064,995	8.3	2,644,243	13.3	5,779,353	22.4	2.6	3.2

<sup>a</sup> Excludes other territories.

It is interesting, however, that South Australia is projected to have the slowest growth of its older population during 2006–31 (2.5 percent a year compared with 3.2 percent for Australia as a whole).

Nevertheless the projected growth rate of the older population during the next quarter century will be rapid. Moreover, the proportion of the population aged 65+ will increase from 15.4 percent in 2006 to 26.5 percent in 2031. Apart from Tasmania, this will be the highest

percentage in Australia, and compares with an average across all states of 22.4 percent.

With respect to the distribution of the aged population within states, Table 2.9 shows that the majority (63.9 percent) of Australia's older population lives in major cities (those with more than 100,000 residents). They are less concentrated in these cities than is the case for the total population (66.3 percent). Until 1996 the proportion of major city populations aged 65+

was above the national average but the increasing movement of older people to coastal areas and regional cities has changed the metropolitan/non-metropolitan balance. The extent to which this has occurred is masked to some extent in Table 2.9 because during 1981–2006, several regional centres increased in population and moved from being 'other urban' to 'major urban'. Hence, the redistribution from larger cities to smaller cities and urban places is greater than is indicated.

## Table 2.9

### Australia: growth of population, 1981–2006

Source: ABS 1981 and 2006 Censuses

Section of State	65+ population		Total population		Annual rate of growth 1981–2006	
	1981	2006	1981	2006	65+	Total
	(No.)	(%)	(No.)	(%)	(%)	(%)
Major urban	919,096	64.2	1,688,880	63.9	66.3	2.46
Other urban	358,562	25.1	673,821	25.5	21.7	2.56
Rural	151,743	10.6	281,668	10.6	12.0	2.51
<b>Total</b>	<b>1,429,401</b>	<b>100.0</b>	<b>2,644,369</b>	<b>100.0</b>	<b>100.0</b>	<b>2.49</b>

The proportion of the elderly living in rural areas remained stable between 1981 and 2006, but only 10.6 percent of the nation's 65+ population lives in such areas compared with 12 percent of the total population. The rural elderly, however, grew faster (2.51 percent a year) than the total population in rural areas (0.56 percent) between 1981 and 2006.

The deconcentration of the older population out of capital cities is more pronounced when data is considered for South Australia alone. This is partly because there has been no reclassification of the status of any 'other' urban areas as major urban. Table 2.10 shows that a significant shift occurred in South Australia between 1981 and 2006 with the proportion of all people aged 65+ living in the Adelaide statistical division

decreasing from 72.7 to 69 percent although the numbers increased by almost 60,000. On the other hand the numbers living in 'other-urban' areas (towns and cities of 1,000 to 99,999 people) more than doubled and their proportion of the total increased from 16.4 percent to 20.1 percent. Currently one in five older South Australians lives outside Adelaide. This needs to be recognised in all policy relating to the older population.

## Table 2.10

### South Australia: population growth by section of state, 1981–2006

Source: ABS 1981 and 2006 Censuses

Population	Section of State			
	Major urban	Other urban	Rural	Total
<b>Population 65+ 1981</b>				
Number	98,057	22,078	14,754	134,889
Percent	72.7	16.4	10.9	100
<b>Population 65+ 2006</b>				
Number	157,758	46,027	24,721	228,506
Percent	69.0	20.1	10.8	100.0
<b>Total population 2006</b>				
Number	1,038,812	268,091	202,107	1,509,010
Percent	68.8	17.8	13.4	100.0
<b>Annual growth rate 1981–2006</b>				
Population 65+	1.92	2.98	2.09	2.09
Total population	0.65	1.02	0.15	0.64

### 2.2.2 The Adelaide statistical division

This section examines how the distribution of the older population is changing in South Australia, focusing initially on the Adelaide statistical division (ASD). It has been argued (Hugo, Rudd and Downie 1984, Borowski and Hugo 1997) that several generalisations can be made about the changing distribution of the elderly in Australian capital cities, including Adelaide:

- There is a concentration of suburbs in the central and inner areas with more than 15 percent of their population aged 65+. This is a region not only of older residential development but also where many of the institutions for aged people are located. For example, in 2006 in Adelaide, 21.5 percent of the population living in non-private dwellings (mainly aged care institutions) was located in the inner suburbs which contained only 17 percent of the aged population aged 65+ living in private dwellings.
- In addition, several Australian cities have high proportions of elderly people in their coastal suburbs. These tend to be relatively old, well-established suburbs that developed as outliers before other sections of their metropolitan areas, which are a similar distance from the city centre, because of their function as resorts and attractive dormitory areas. Hence, in their time of settlement, the type, mixture and age of housing in these areas share many of the characteristics of the inner suburbs, and they also tend to have substantial aged populations. The latter has been exacerbated by recent home unit and flat development

associated with the congenial seaside locations that have attracted substantial numbers of in-migrating retirees.

- The ‘middle’ suburbs of Australia’s major cities tend to have above-average proportions of their populations in the 65+ age group, but these proportions are usually between 10 and 15 percent and hence are not as large as those in the coastal and inner suburban populations. The middle suburbs are those which absorbed much of the very rapid population growth of Australia’s major metropolitan areas in the 1950s and 1960s. Between the end of World War II and the early 1960s there was a huge influx of young families into these suburbs, including not only young adults moving out from the inner-suburban homes of their parents to establish homes of their own, but also many young immigrants newly arrived from European countries. Many of the people who moved into these suburbs in their young adulthood are now approaching retirement or are already in the post-retirement phase of the life cycle. These suburbs already have the bulk of the older population of large cities and this will become even more marked as the population ages further (Hugo, Rudd and Downie 1984).
- The outer suburbs tend to have low percentages of their populations in the 65+ age group but have the fastest growing older population.

Table 2.11 presents data on the changing distribution of elderly people in the Adelaide statistical division between 1971 and 2006 and divides the metropolitan area

into inner, coastal, middle and outer sectors, the boundaries of which have been presented elsewhere (Hugo, Rudd and Downie 1984). During the past 35 years the aged population of Adelaide doubled. In 1971 almost a third of Adelaide’s elderly lived in the inner suburbs where 15.4 percent of the population were aged 65+ and a similar situation applied in the coastal SLAs. Together these older areas had 44.5 percent of the elderly; however, by 1991 the elderly population of the inner suburbs had begun to decline so that their share of the 65+ proportion fell from 30 to 13.4 percent. Similarly, the coastal suburbs’ share of the city total fell although there was growth in numbers; they only accounted for 28.1 percent of the city’s elderly. By 2006 these patterns had continued so that only 25.8 percent of the 65+ population lived in the inner and coastal areas. Clearly urban renewal, urban consolidation and gentrification have had significant impacts in these areas and much of the recent population growth in these areas has been of younger people.



**Table 2.11**

**Adelaide statistical division: distribution of the population aged 65+ between suburban sectors, 1971–2006**

*Source: ABS 1971, 1991 and 2006 Censuses*

	1971			1991			2006			Percent change 1971– 2006
	(No.)	% of sector total	% of total	(No.)	% of sector total	% of total	(No.)	% of sector total	% of total	
Inner	22,467	15.4	30.0	21,941	17.7	5.7	21,796 <sup>a</sup>	16.0	12.9	-3.1
Coastal	10,870	11.7	14.5	17,428	20.1	12.4	21,940	18.9	12.9	101.8
Middle	32,389	8.8	42.2	63,876	17.3	45.6	60,095	18.1	35.5	85.5
Outer	9,267	3.9	12.4	36,799	7.7	26.3	65,460	12.5	38.7	606.4
<b>Total</b>	<b>74,993</b>	<b>8.9</b>	<b>100.0</b>	<b>140,044</b>	<b>13.2</b>	<b>100.0</b>	<b>169,291</b>	<b>15.3</b>	<b>100.0</b>	<b>125.7</b>

<sup>a</sup> Includes West Torrens East statistical local area (SLA) due to amalgamation of Thebarton with part of former West Torrens

Note: due to the amalgamation of Hindmarsh and Woodville local government areas (LGAs) in 1993, data before this date has been adjusted.

The middle suburbs show an interesting pattern with the numbers aged 65+ doubling between 1971 and 1991 and their share of the metropolitan aged population increasing to 45.6 percent. Since then, however, the numbers have begun to decline with the death and outward migration of older people who had settled these suburbs as young families in the late 1940s, 1950s and 1960s. Accordingly their share of the metropolitan aged has fallen to 31.5 percent in 2006. Nevertheless the number of older people in the middle suburbs is still substantial. The real growth of older populations is in the outer

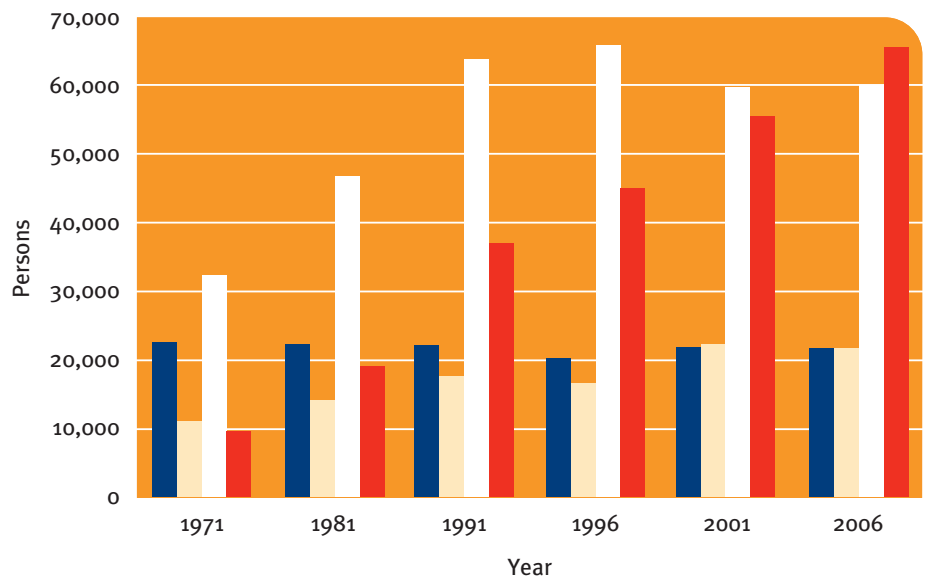
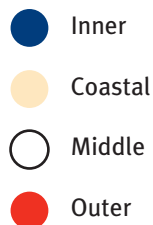
suburbs. Table 2.11 shows how the number of people aged 65+ in this area quadrupled between 1971 and 1991 and almost doubled again by 2006. The proportion of the ASD population aged 65+ in this zone has increased from 12.4 percent in 1971 to 38.7 percent in 2006. The older population in this area increased about seven times during the past three decades to number 65,460. Hence a much greater proportion of our older population is living in low-density suburbs with nucleated shopping centres, a low-density network of public transport and a low-density of services for the elderly. The crucial point is that the centre of

gravity in the spatial distribution of older people has shifted from the inner to the middle suburbs and the most rapid rate of growth of the aged population is even further out, in the outer suburbs.

The shift in the spatial distribution of the older population of Adelaide is graphically depicted in Figure 2.15. The outward shift in the distribution is readily apparent—initially to the middle suburbs and increasingly to the outer suburbs. It is important to stress that increasingly Australia and South Australia's older population lives in the low-density outer suburbs of the large cities.

**Figure 2.5**  
**Adelaide statistical division:**  
**distribution of population**  
**aged 65+ between**  
**metropolitan sectors, 1971–**  
**2006**

Source: ABS 1971 to 2006  
 Censuses



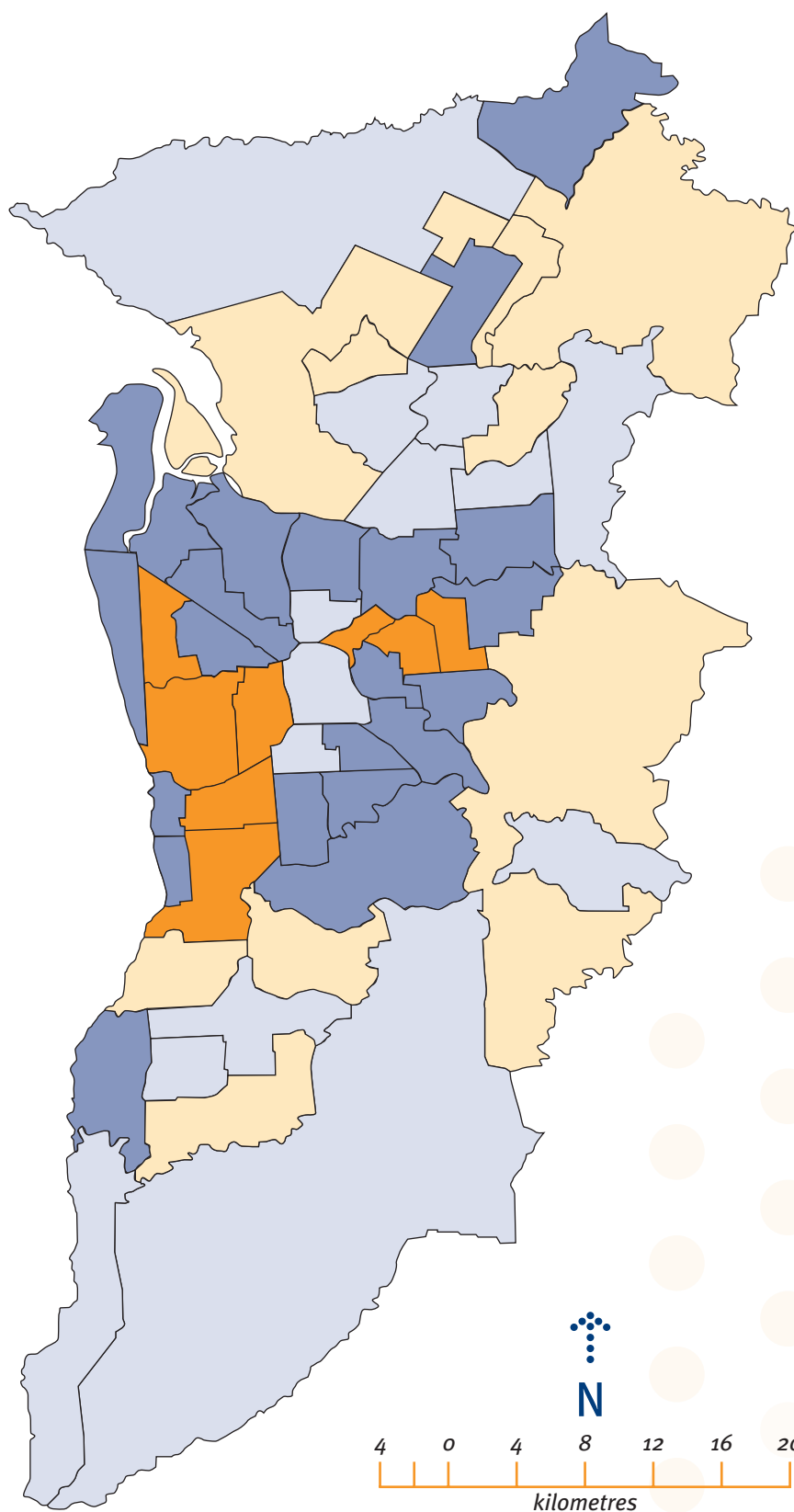
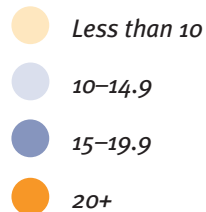
Often in examining the distribution of the aged population there is a focus on its percentage of the total population; however, from a service provision perspective, the numbers are crucial. Figure 2.6 shows the differences between suburbs with respect to the percentage of their population aged 65+. The highest percentages are in the middle

suburbs of West Torrens, Marion and Norwood; however, the largest proportions of the aged are generally found in the middle suburbs. This is also apparent with the 75+ old-old population shown in Figure 2.7. There are, however, important 'outliers' in the outer suburbs around Elizabeth, Gawler and Noarlunga.

## Figure 2.6

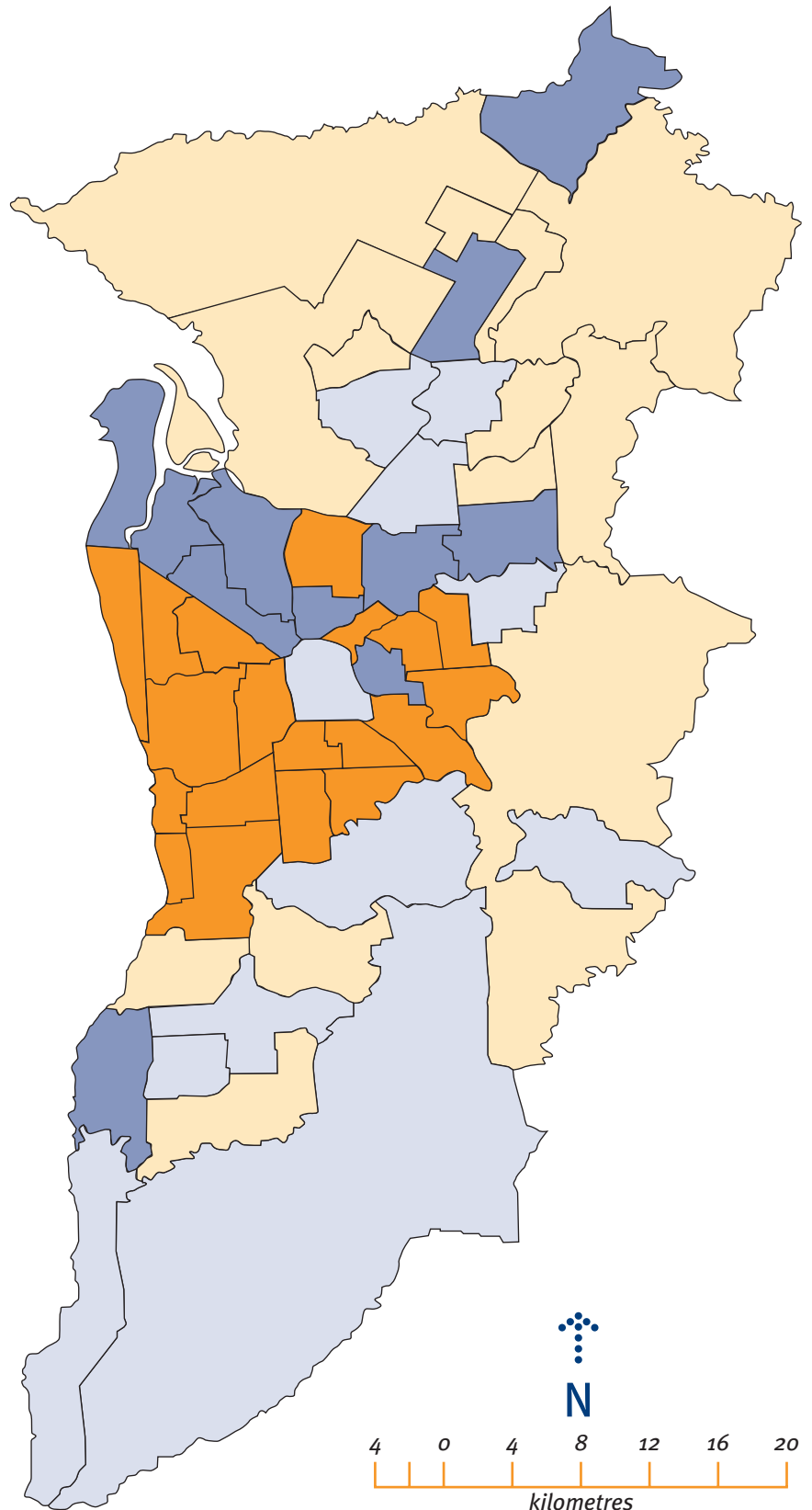
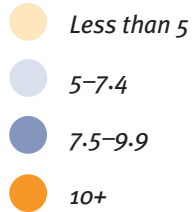
**Adelaide statistical division:  
percent aged 65+ by SLA,  
2006**

*Source: ABS 2006 Census*



**Figure 2.7**  
**Adelaide statistical division:**  
**percent aged 75+ by SLA,**  
**2006**

Source: ABS 2006 Census

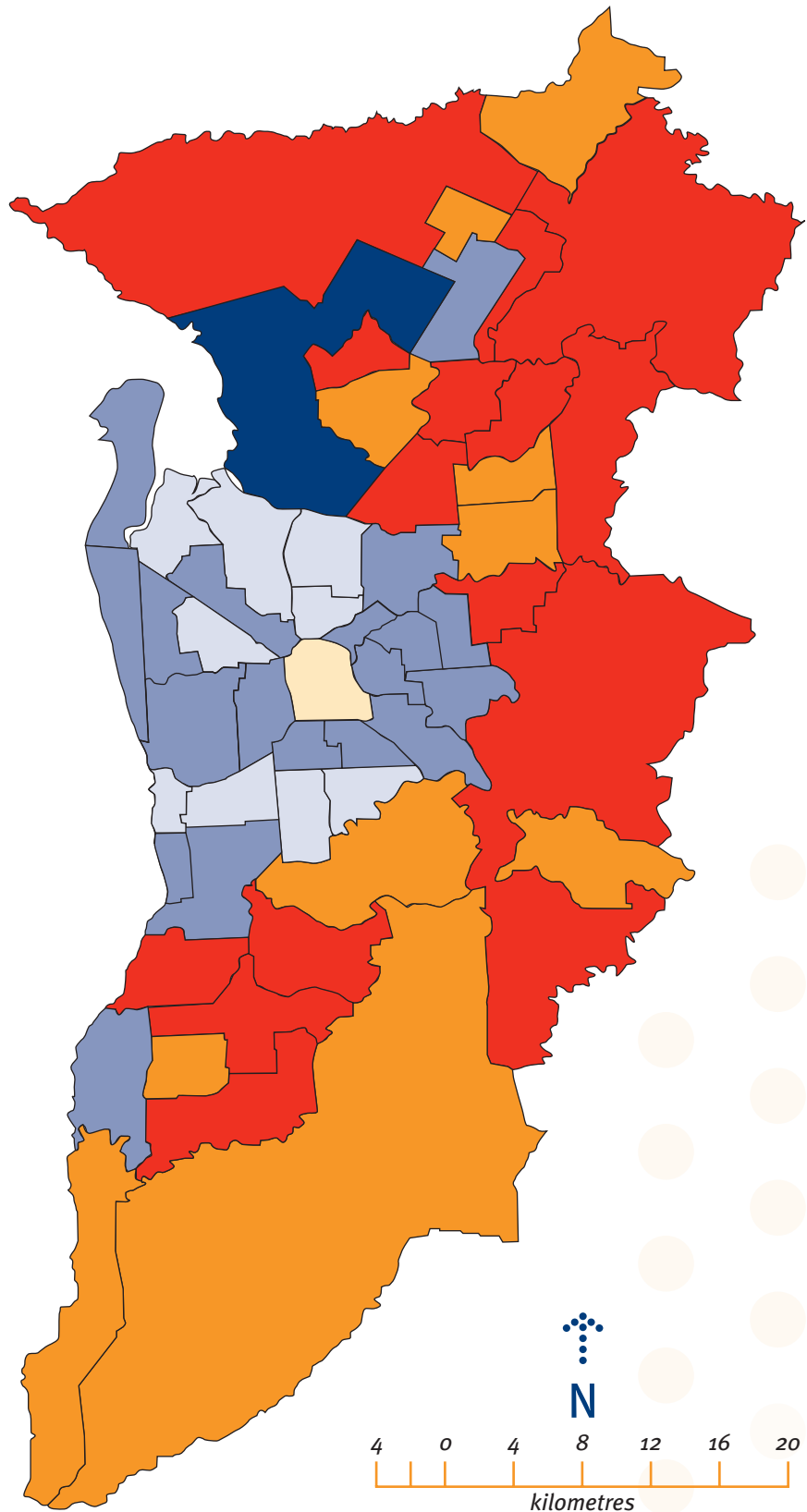
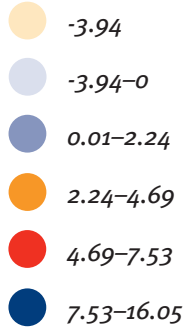


There is an important deconcentration of the older population in Adelaide occurring as is evident in Figure 2.8, which depicts the growth rate of the 65+ population by SLA during the 2001–06 intercensal period. There is a clear pattern of all growth above 2.24 percent occurring in the outer suburbs while the inner and inner-middle suburbs experienced slow growth or even declines in the number of older people. The only other pattern is in the long-established seaside area of Holdfast Bay, which in many ways is similar to an inner suburb because of its early date of initial settlement and the fact that it is experiencing urban regeneration, infill and gentrification.

## Figure 2.8

### Adelaide statistical division: growth of the population aged 65+ by SLA, 2001–06

Source: ABS 2001 and 2006  
Censuses



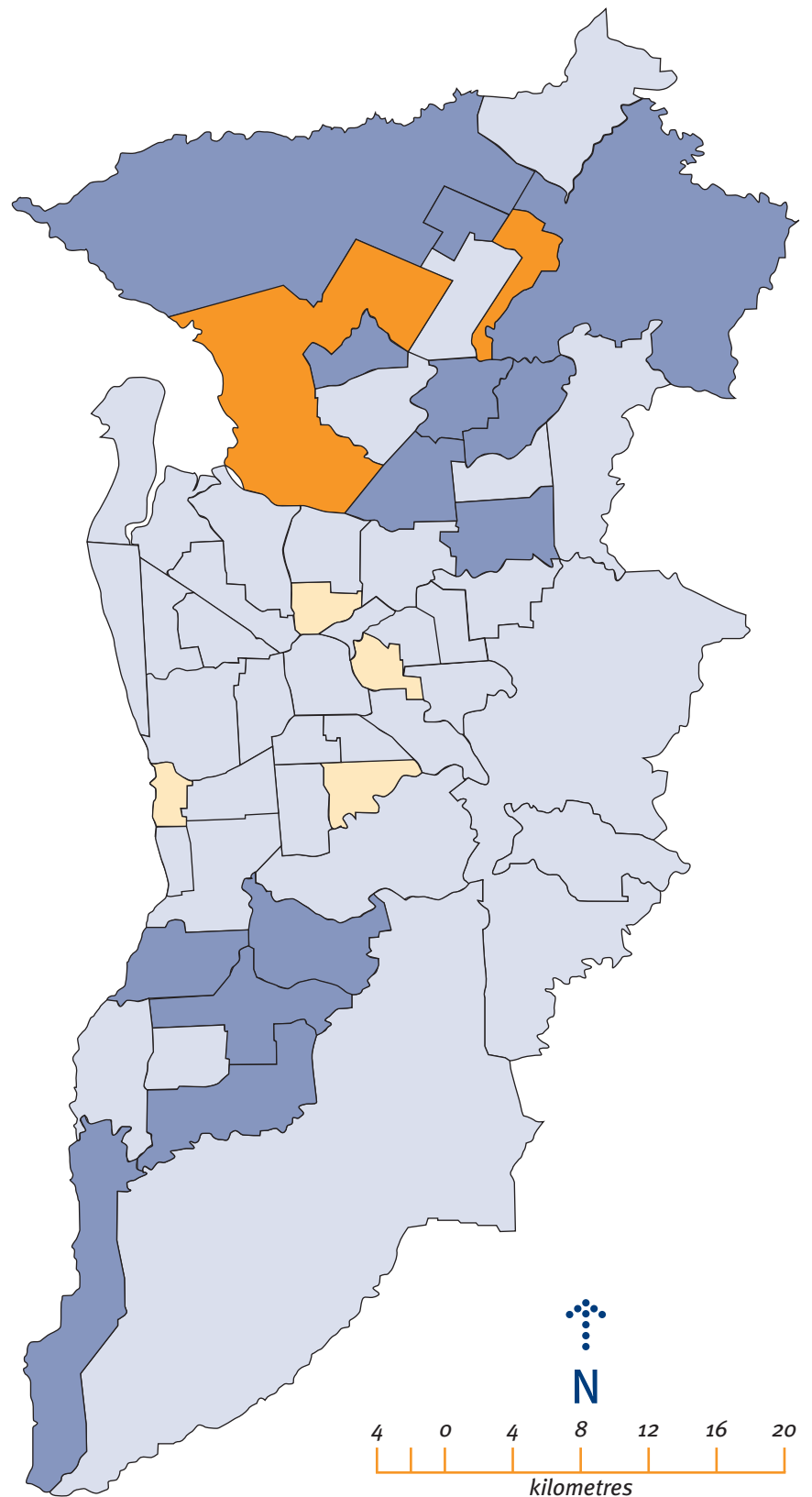
We will now summarise the main patterns of change in the 55–64, 65–74 and 75+ population during the 2001–06 period (the detailed statistics of each SLA are provided in Appendix 14.1). Figure 2.9 depicts the pattern of change in the number of 75+ population between 2001 and 2006—the main client group of aged accommodation services. The pattern is obvious: while almost all SLAs in the ASD experienced some growth of the 75+ group, the most rapid growth was in the outer northern and southern suburbs.

**Figure 2.9**

**Adelaide statistical division  
SLAs: average annual  
growth rate of people aged  
75+, 2001–06**

*Source: ABS 2006 Census, Time  
Series Profile*

- Loss
- Gain 0.00–4.99
- Gain 5.00–9.99
- Gain 10.00+



It needs to be noted that in some cases the numbers are quite small. The fastest growing SLAs are listed in Table 2.12 and their population aged 75+ in 2006 ranged from 271 (Salisbury –

Balance) to 2,664 (Tea Tree Gully – South). The largest populations aged 75+ in 2006, however, were still predominantly in Marion, Charles Sturt, West Torrens, Mitcham and Burnside.

**Table 2.12**

Adelaide statistical division  
SLAs: fastest growing and  
largest 75+ population,  
2001–06

Source: ABS 2001 and 2006  
Censuses

Fastest growing		Largest number	
SLA	Average annual growth rate 2001–06 (%)	SLA	Aged 75+ in 2006 (No.)
Salisbury – Balance	27.3	Marion – Central	3,471
Playford – East Central	11.0	West Torrens – West	3,472
Tea Tree Gully – North	9.7	Marion North	3,232
Salisbury – North East	9.4	Charles Sturt – Central	3,084
Playford – Hills	9.2	Tea Tree Gully – South	2,664
Salisbury – Inner North	8.1	Holdfast Bay – North	2,590
Marion – South	7.9	Mitcham – West	2,586
Playford – West	7.8	Charles Sturt – Inner West	2,447
Onkaparinga – Woodcroft	7.7	Pt Adelaide Enfield – East	2,433
Playford – West Central	7.4	Charles Sturt – North East	2,329
Onkaparinga – Hackham	6.5	Burnside – South West	2,320
Salisbury – South East	6.2	Charles Sturt – Inner East	2,295
Onkaparinga – South Coast	5.5	Pt Adelaide Enfield – Central	2,279
Onkaparinga – Reservoir	5.5	West Torrens – East	2,242
Tea Tree Gully – South	5.4	Campbelltown – West	2,218
Tea Tree Gully – Central	4.8	Unley – East	2,180
Salisbury – Central	4.7	Pt Adelaide Enfield – Inner	2,179
Gawler	4.1		

Turning to the population aged 65–74, the early retirement years, the first striking feature of Figure 2.10 is the significant number of SLAs which experienced a decline in the number of people aged 65–74 during 2001–06. These areas are especially located in the inner and middle suburbs with outliers at Elizabeth and Christies Beach. Growth is particularly strong in the northern suburbs. Again, however, it must be pointed out that the suburbs with the fastest growing populations aged 65–74 which are listed in Table 2.13, often have relatively small numbers. Those listed in the table range in size from 350 (Salisbury – Balance) to 2,543 (Salisbury –

South East). The SLAs with the largest numbers in this age group are also shown in Table 2.13; most of this group do not feature in the list of fastest growing SLAs.

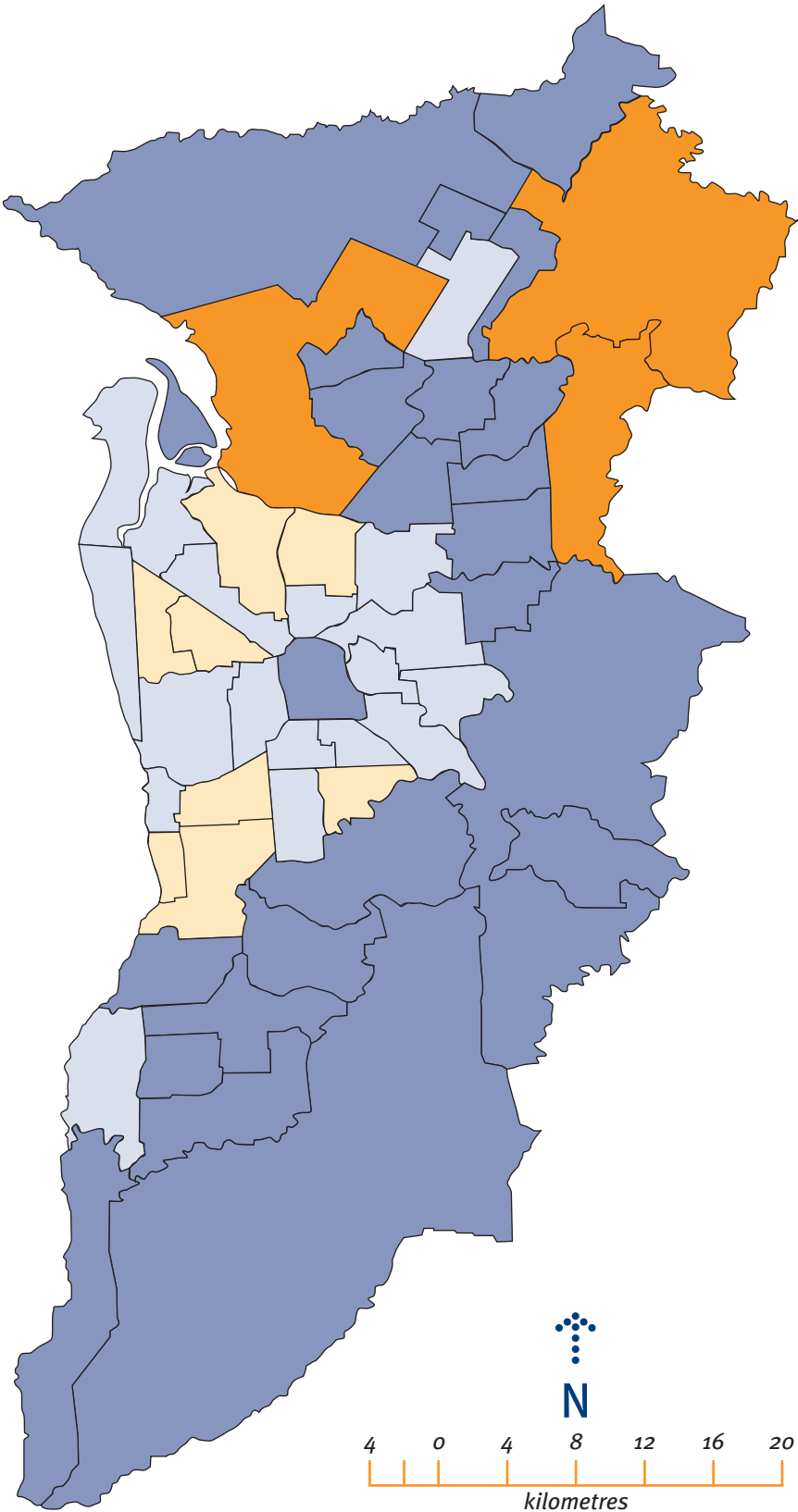
Most tend to be in the middle and outer middle suburban areas of Marion, West Torrens and Charles Sturt council areas; however, some suburbs from Salisbury, Tea Tree Gully, Playford and Onkaparinga are also represented. Overall the 65–74 group grew more slowly and the numbers were somewhat smaller than the 75+ age group. This partly reflects the fact that this group was born in the low fertility years of 1931 to 1941.



**Figure 2.10**  
**Adelaide statistical division**  
**SLAs: average annual**  
**growth rate of people aged**  
**65–74, 2001–06**

Source: ABS 2006 Census, Time Series Profile

- Loss more than 2.50
- Loss 0.01–2.50
- Gain 0.00–4.99
- Gain 5.00+



**Table 2.13**

**Adelaide statistical division  
SLAs: fastest growing and  
largest 65–74 population,  
2001–06**

*Source: ABS 2001 and 2006  
Censuses*

Fastest growing		Largest number	
SLA	Average annual growth rate 2001–06 (%)	SLA	Aged 65–74 in 2006 (No.)
Salisbury – Balance	9.6	Marion – Central	3,022
Playford – Hills	5.8	West Torrens – West	2,619
Tea Tree Gully – Hills	5.5	Charles Sturt – Central	2,563
Onkaparinga – Woodcroft	4.6	Salisbury – South East	2,543
Campbelltown – East	3.7	Tea Tree Gully – South	2,509
Adelaide Hills – Ranges	3.6	Pt Adelaide Enfield – East	2,412
Salisbury – Central	3.4	Campbelltown – East	2,394
Mitcham – Hills	3.4	Charles Sturt – Inner West	2,384
Salisbury – South East	3.2	Playford – Elizabeth	2,240
Salisbury – North East	3.1	Pt Adelaide Enfield – East	1,972
Tea Tree Gully – North	3.1	Campbelltown – West	1,938
Playford – East Central	3.1	Marion – North	1,916
Onkaparinga – Hackham	3.0	Mitcham – Hills	1,865
Playford – West	2.7	Onkaparinga – Woodcroft	1,856
Adelaide Hills – Central	2.6	Salisbury – Central	1,851
Salisbury – Inner North	2.6	Charles Sturt – Inner East	1,837
Onkaparinga – Hills	2.4	Charles Sturt – North East	1,716
Onkaparinga – Morphett	2.4	Burnside – North East	1,713
Onkaparinga – Reservoir	2.2	West Torrens – East	1,661
Tea Tree Gully – Central	2.1	Mitcham – West	1,633

The pattern for the 55–64 age group is depicted in Figure 2.11. This is an especially interesting group because it includes the first group of early baby boomers born between 1946 and 1951. There is an interesting variation from the previous two maps evident. As in the previous two age categories, heavy growth has been recorded in outer suburban areas. The difference lies in the significant growth of numbers of people aged 55–64 in the central and inner eastern suburbs and

in inner coastal SLAs. This is significant because it suggests there is a substantial migration of ‘empty nester’ early baby boomers into those areas. These groups are selling up the family home in which they have raised their children, and have moved to inner city and inner coastal areas to take advantage of the ‘café society’ and greater access that these areas provide. The move often involves ‘trading down’ from large homes on large blocks to smaller properties.

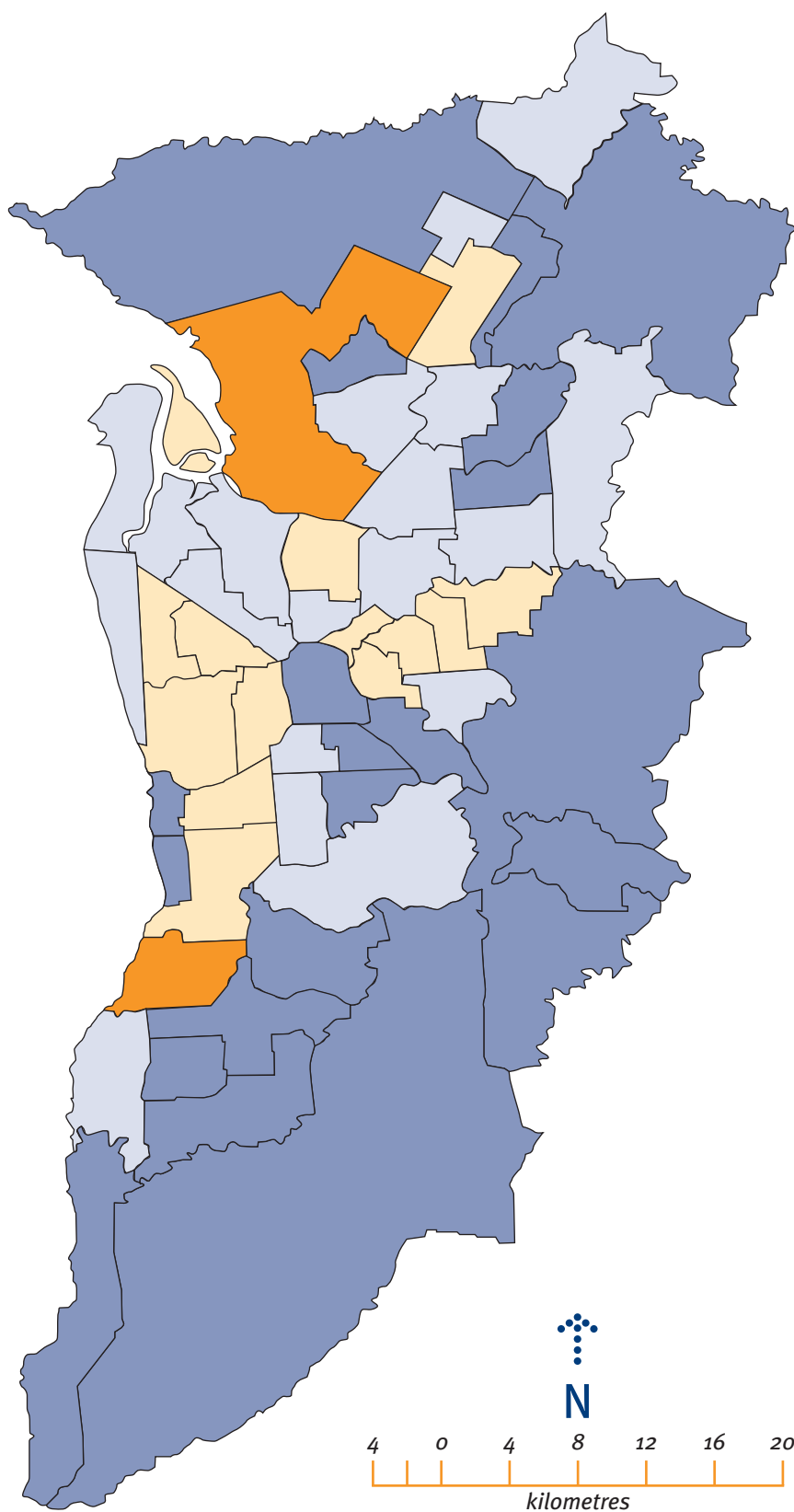
Nevertheless the data on the SLAs with the fastest growing populations aged 55–64 (Table 2.14) shows a predominance of outer suburban areas such as Salisbury, Onkaparinga and Playford. Still, some of the areas with rapid growth are located in the gentrifying inner and inner coastal SLAs of the Adelaide City Council area; Holdfast Bay – North, Norwood, Payneham and St Peters – West, Unley – East and Holdfast Bay – South.

**Figure 2.11**

**Adelaide statistical division  
SLAs: average annual  
growth rate of people aged  
55–64, 2001–06**

*Source: ABS 2006 Census, Time  
Series Profile*

- Gain less than 2.50
- Gain 2.50–4.99
- Gain 5.00–9.99
- Gain 10.00+



**Table 2.14**

Adelaide statistical division  
SLAs: fastest growing and  
largest 55–64 population,  
200–06

Source: ABS 2001 and 2006  
Censuses

Fastest growing		Largest number	
SLA	Average annual growth rate 2001–06 (%)	SLA	Aged 55–64 in 2006 (No.)
Salisbury – Balance	15.6	Salisbury – South East	4,466
Marion – South	10.0	Charles Sturt – Central	4,365
Onkaparinga – Reservoir	8.2	Tea Tree Gully – South	4,356
Onkaparinga – Woodcroft	8.2	Marion – Central	3,862
Adelaide Hills – Central	7.8	Onkaparinga – Woodcroft	3,724
Adelaide	7.4	Mitcham – Hills	3,446
Tea Tree Gully – North	7.3	Pt Adelaide Enfield – East	3,300
Onkaparinga – Hackham	7.3	Campbelltown – East	3,220
Playford – Hills	6.9	Pt Adelaide Enfield – Coast	3,150
Onkaparinga – Morphett	6.6	Tea Tree Gully – Central	3,003
Holdfast Bay – North	6.5	Onkaparinga – Morphett	2,984
Norwood – West	6.3	West Torrens – West	2,951
Unley – East	6.3	Charles Sturt – Inner West	2,827
Onkaparinga – South Coast	6.0	Burnside – South West	2,807
Holdfast Bay – South	6.0	Salisbury – Central	2,797
Adelaide Hills – Ranges	5.9	Onkaparinga – Reservoir	2,793
Salisbury – Inner North	5.7	Burnside – North East	2,699
Playford – West	5.7	Onkaparinga – South East	2,616
		Salisbury – South East	2,508

As with the other age groups we need to caution that the numbers in some of the fastest growing areas are relatively small, ranging from 391 in Playford – Hills to 3,724 in Onkaparinga – Woodcroft. Hence, the areas with the largest numbers of people aged 55–64 in 2006 generally do not feature in the list of areas that are fastest growing in this age group. Nevertheless it will be noted that on average the numbers in this age category in most areas are larger than those in older ages, indicating the beginning of the baby boomer entry into these ages.

### 2.2.3 Non-metropolitan South Australia

This section looks at the changing distribution of the older population in non-metropolitan areas. In Australia as a whole there are concentrations of older people in the following types of areas:

- There are concentrations in non-metropolitan coastal resort areas, particularly along the northern and southern coasts of New South Wales and in south-eastern Queensland where the growth is primarily fuelled by retirement migration towards

attractive environments and equable climates. A particular feature of these developments has been widespread patterns of people taking up more or less full-time residence in their former holiday homes on retirement.

- A similar ‘holiday shack’ associated development can be identified along rivers, especially the River Murray.
- Another pattern associated with older people seeking out attractive environments on retirement, once they are freed from the necessity of living

within commuting range of their workplace, is the growth of retirement communities in favourable inland ecological areas near the larger cities.

- Many country towns have an above average concentration of older people. This often reflects a pattern of older people retiring from farm properties into nearby towns, which allows them to maintain (and perhaps even improve) existing local social networks and maintain ties with their children and farm.
- The remainder of non-metropolitan local government areas (LGAs) with above-average concentrations of older people are found in the more closely settled agricultural areas of the respective states. These also tend to be the longest settled agricultural parts of those states and, although located beyond the commuting zones of the largest cities, the most accessible of the purely

agricultural areas to the capital cities. In these older areas the above-average levels of ageing are less a function of inward movement of older people than of the heavy outward movement of younger adults—one of the stereotypical characteristics of rural depopulation is an ‘old’ population structure. In particular localities (especially in seaside, riverside and other scenically attractive medium-sized country towns) this effect may be supplemented by inward migration of retirees, especially those moving off farms.

One way to examine the spatial distribution of the older population outside the major cities is to use ABS regions, which divide up Australia according to the type of settlement and population density. Table 2.15 shows that the oldest populations in Australia are in the ‘other urban’ and ‘bounded locality’ regions. These areas have higher elderly dependency ratios

and are already experiencing a rapidly ageing population.

The population aged 75+, however, is higher in other urban areas—7.6 percent compared with 6.4 percent nationally and in major urban areas. This reflects the significance of regional cities as locations of aged care facilities, which attract not only local aged people but also those from the surrounding hinterland. The overall patterns of coastal and regional city concentrations are important. While the numbers of older people in major cities are much greater, they make up a smaller share of the total resident population. The youngest population, however, is in the remote areas. It is interesting that the wheat–sheep belt has an above national average population aged 65+, reflecting the exodus of young people from such areas and the ageing of the dry farming workforce (Barr 2004).

**Table 2.15**

**Older population in Australia, 2006**

*Source: ABS unpublished data*

	Aged 65+ (%)	Aged 75+ (%)	Median age (years)	Elderly dependency ratio
Major urban	12.8	6.4	33.8	17.0
Other urban	15.6	7.6	40.5	24.7
Bounded locality	15.1	6.4	42.3	23.8
Rural balance	11.0	3.8	42.0	16.4
Australia	13.3	6.4	36.6	19.9

We will now examine the major patterns of change in the number of older people in non-metropolitan South Australia (full details for each SLA are provided

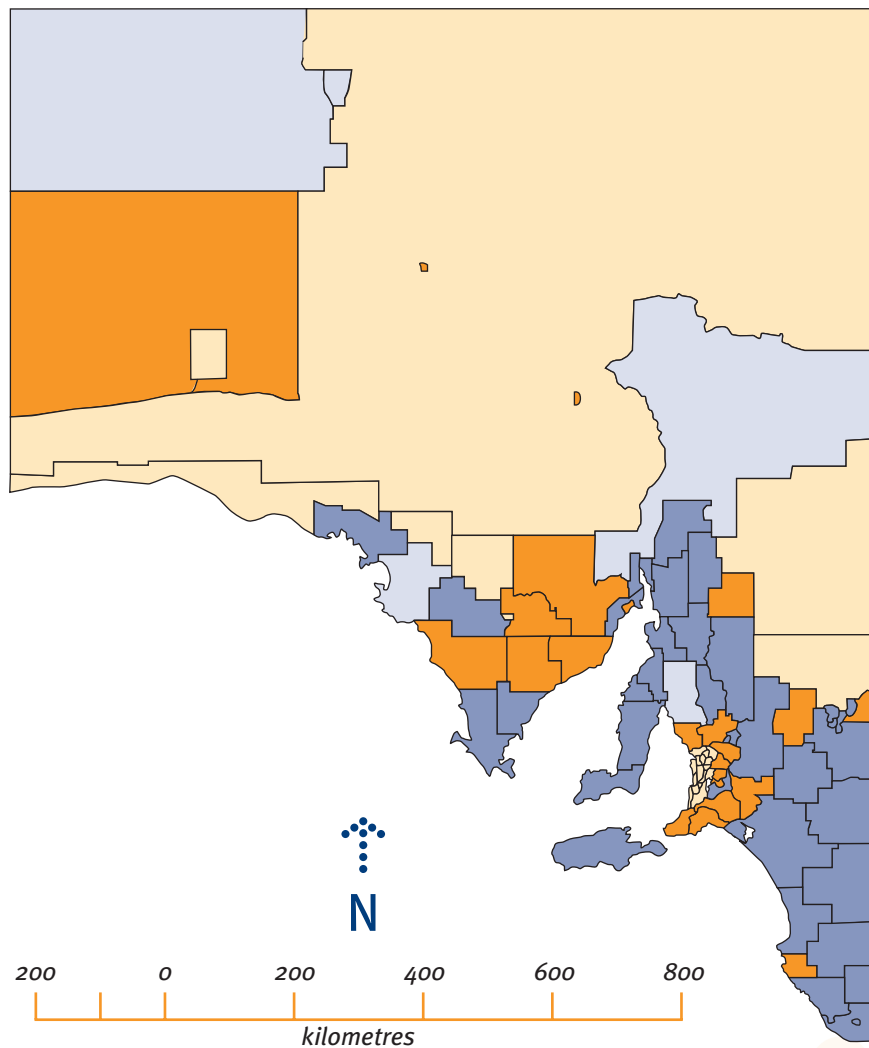
in Appendix 14.2). The overall pattern of change in the numbers in the 65+ age group during the 2001–06 intercensal period are presented in Figure 2.12.

**Figure 2.12**

**South Australia non-metropolitan SLAs: average annual growth rate of the population aged 65+, 2001–06**

*Source: ABS 2006 Census, Time Series Profile*

- Loss
- Unincorporated and metropolitan
- Gain 0.01–2.49
- Gain 2.50+



Some of the patterns identified earlier for all of Australia can be readily recognised in Figure 2.12, particularly the rapid growth of the aged population in several coastal communities, especially those relatively close to Adelaide. There is also evidence of significant growth in regional centres and larger country towns. We will now examine the separate patterns of growth in three groups in the older population. They are:

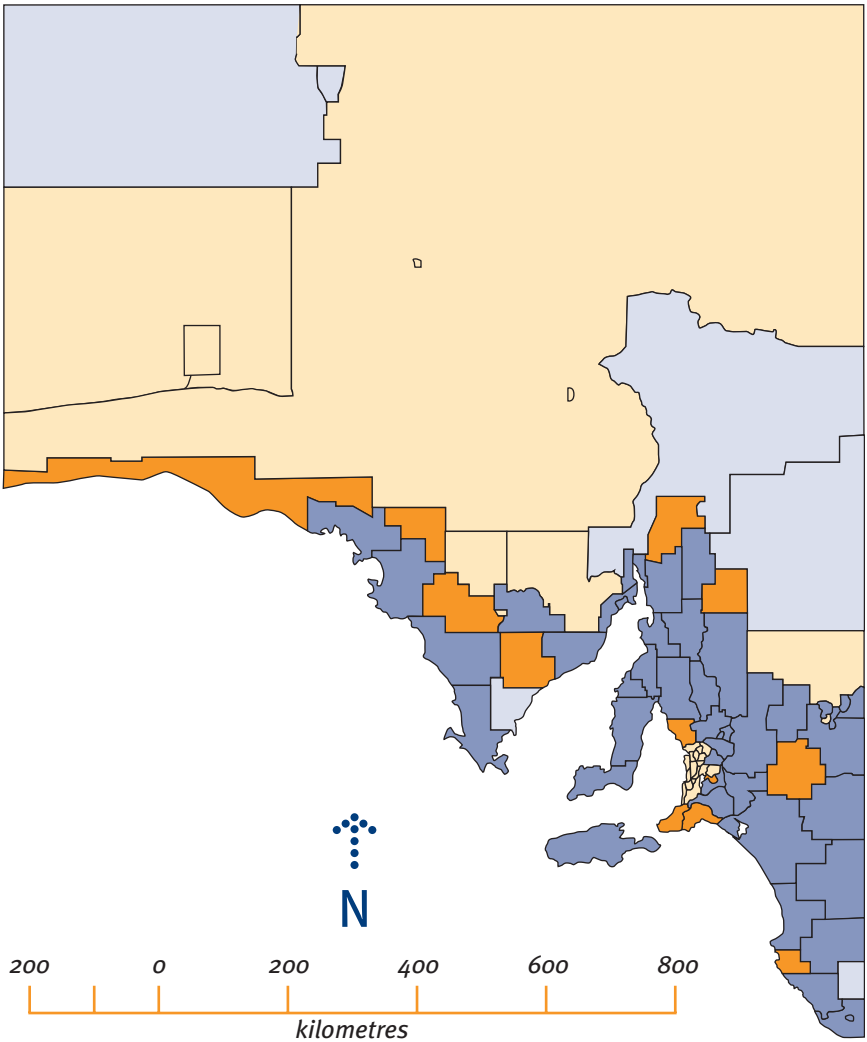
- the pre-retirement and early retiree 55–64 age group
- the 65–74 age group
- the 75+ age group

Figure 2.13 shows the pattern of rates of growth of the population aged 75+ in non-metropolitan South Australia during 2001–06. Strong growth is occurring across the state, with particularly high levels in some areas near Adelaide, especially the Victor Harbor–Goolwa–Yankalilla region south of the city, which has become a major focus of retirement migration. There have also been high growth rates of the 75+ age group in some coastal areas such as Robe in the southeast, in the far north and on Eyre Peninsula.

**Figure 2.13**  
**South Australia non-metropolitan SLAs: average annual growth rate of the population aged 75+, 2001–06**

Source: ABS 2006 Census, Time Series Profile

- Loss
- Unincorporated and Metropolitan
- Gain 0.01–4.99
- Gain 5.00+





**Table 2.16**

**Rest of South Australia:  
fastest growing and largest  
75+ population, 2001–06**

*Source: ABS 2001 and 2006  
Censuses*

Fastest growing		Largest number	
SLA	Average annual growth rate 2001–06 (%)	SLA	Aged 75+ in 2006 (No.)
Roxby Downs	16.1	Victor Harbor	1,941
Yankalilla	9.2	Mount Gambier	1,622
Robe	9.1	Murray Bridge	1,317
Alexandrina – Coastal	8.4	Whyalla	1,193
Flinders Ranges	7.4	Copper Coast	1,177
Mount Barker – Central	7.0	Alexandrina – Coastal	1,175
Mallala	6.7	Port Pirie City	1,167
Cleve	6.4	Mount Barker – Balance	1,079
Peterborough	6.2	Port Lincoln	999
Unincorporated West Coast	5.9	Yorke Peninsula – North	816
Le Hunte	5.4	Port Augusta	726
Karoonda East Murray	5.3	Barossa – Angaston	658
Victor Harbor	5.2	Clare and Gilbert valleys	658
Renmark Paringa – Paringa	4.9	Wattle Range – West	618
Alexandrina – Strathalbyn	4.8	Renmark Paringa - Renmark	584
Yorke Peninsula – North	4.3	Loxton Waikerie – East	581
Adelaide Hills – North	4.2	Mid Murray	569
Port Pirie – Balance	3.9	Wakefield	555
Port Lincoln	3.9	Naracoorte – Lucindale	552
Adelaide Hills – Balance	3.9	Adelaide Hills – Balance	534
Port Pirie – City	3.9	Light	520
Murray Bridge	3.8		
Berri-Barmera – Berri	3.5		
Mount Gambier	3.5		

There is an interesting mixture of SLAs with the fastest growing 75+ populations, which are listed in Table 2.16. Clearly ‘coastal sea change retirement’ SLAs are significant both close to Adelaide (Victor Harbor, Goolwa, Yankalilla, Mallala), as well as further away (Cleve, Unincorporated West Coast and Yorke Peninsula); however, regional centres that often attract retirees from surrounding

farmlands are also significant (Murray Bridge, Port Pirie, Port Lincoln, Mount Gambier, Berri, Peterborough). Attractive areas in the Adelaide Hills and River Murray also feature.

As was the case in the ASD, some of the fastest growing non-metropolitan SLAs tend to be building on relatively small populations. Figure 2.14 shows the largest numbers of people aged

75+ living in non-metropolitan SLAs. The concentration in the outer Adelaide statistical division (OASD), especially Victor Harbor–Goolwa, is evident. The major centres of Murray Bridge, Whyalla, Port Augusta, Port Lincoln and Mount Gambier also have substantial numbers. The growing concentration of older people in the Wallaroo–Moonta–Kadina triangle is also evident. The

largest 75+ populations outside Adelaide are listed in Table 2.16 and, as would be expected, regional and large country towns are predominant, as well as the emerging coastal retirement

communities. Indeed, Victor Harbor has the largest single concentration of people aged 75+ outside the Adelaide metropolitan area. Also prominent, however, are the Copper Coast (Kadina–

Walleroo–Moonta), Alexandrina (Goolwa) and Yorke Peninsula. Another significant group is the inland SLAs in the OASD.

**Figure 2.14**  
South Australia non-metropolitan SLAs: number of people aged 75+, 2006

Source: ABS 2006 Census

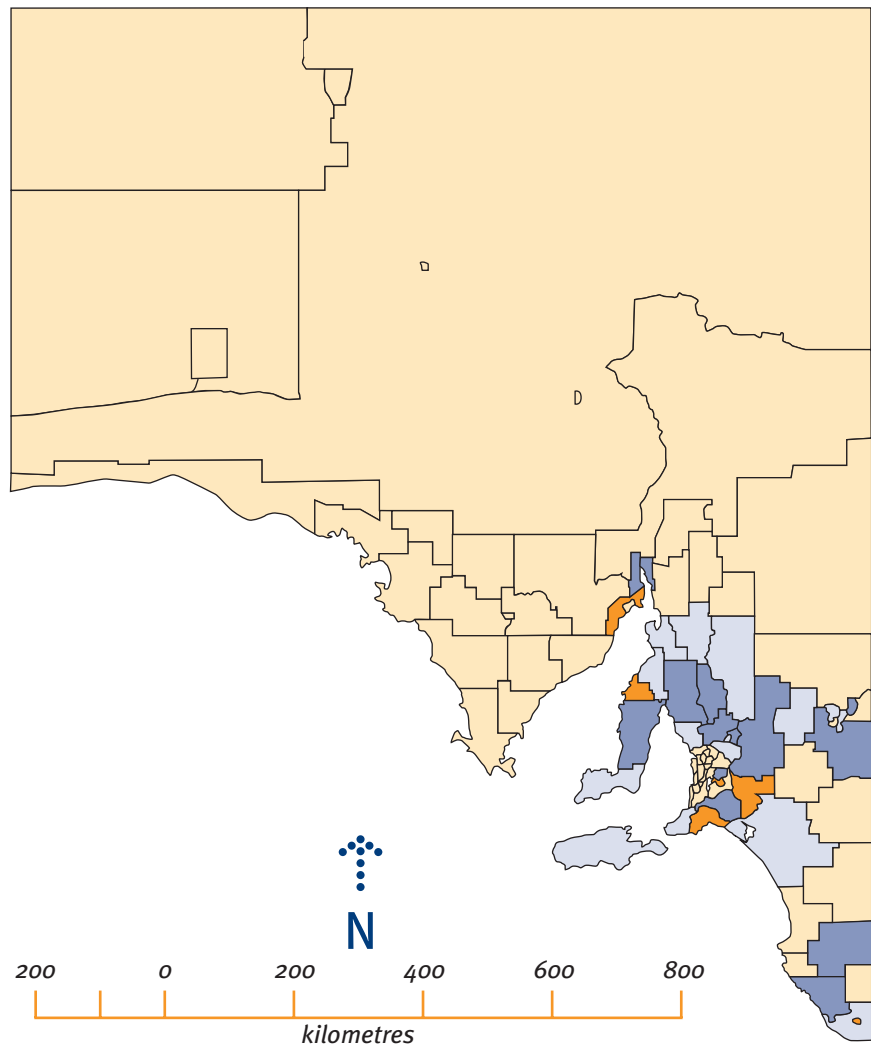
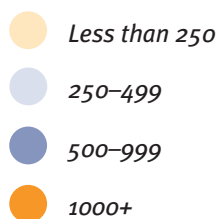


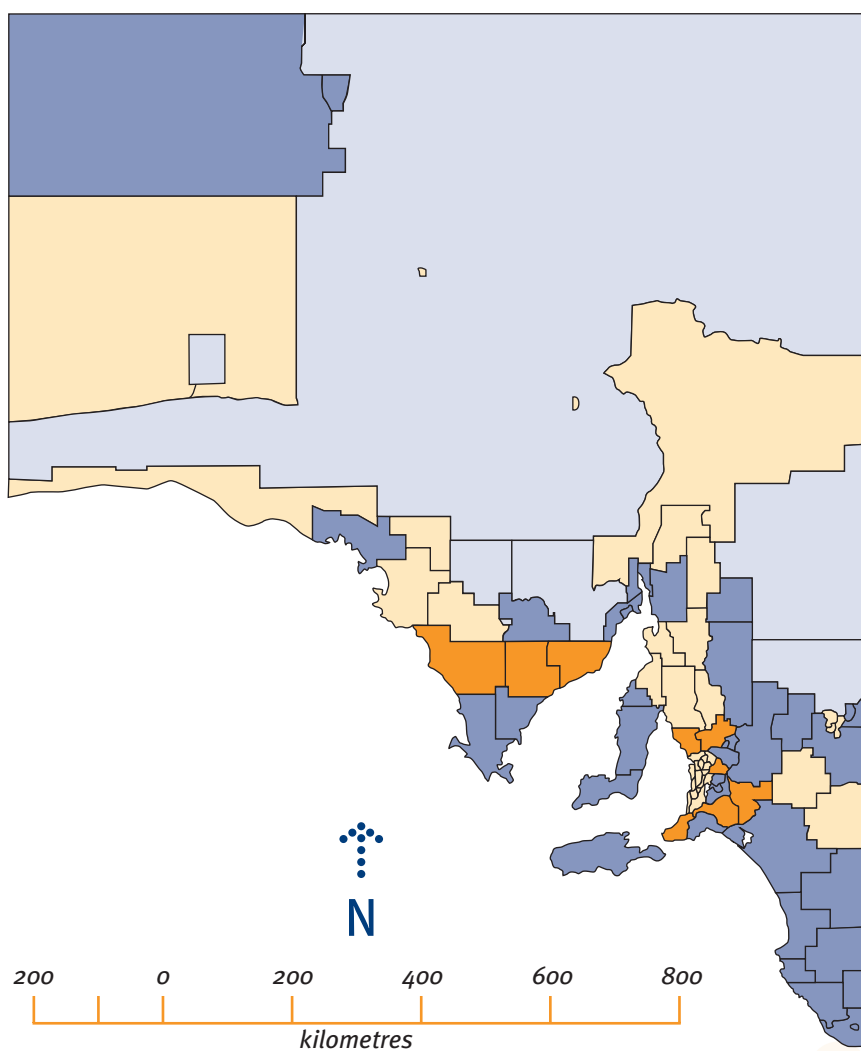
Figure 2.15 shows the non-metropolitan pattern of growth of the population aged 65–74. As was the case in the ASD, the growth of this group was more subdued than either those older or a little younger. Again, the most rapid growth was in the area around the ASD. Other than small losses in the more remote areas, most non-metropolitan areas experienced growth. Table 2.17 shows the fastest growing areas. An interesting feature here is the

strong representation of coastal SLAs on Eyre Peninsula, reflecting the growth of older populations in coastal communities such as Arno Bay and Tumby Bay. It is interesting that while OASD SLAs are well represented in the fastest growing SLAs in the 65–74 age group, Victor Harbor is not included; however some regional cities and large country towns, including Murray Bridge, Port Pirie, Peterborough and Port Augusta, are experiencing rapid growth.

**Figure 2.15**  
**South Australia non-metropolitan SLAs: average annual growth rate of the population aged 65–74, 2001–06**

Source: ABS 2006 Census, Time Series Profile

- Loss
- Unincorporated and metropolitan
- Gain 0.01–2.49
- Gain 2.50+



 **Table 2.17**

**Rest of South Australia:  
fastest growing and largest  
65–74 population, 2001–06**

*Source: ABS 2001 and 2006  
Censuses*

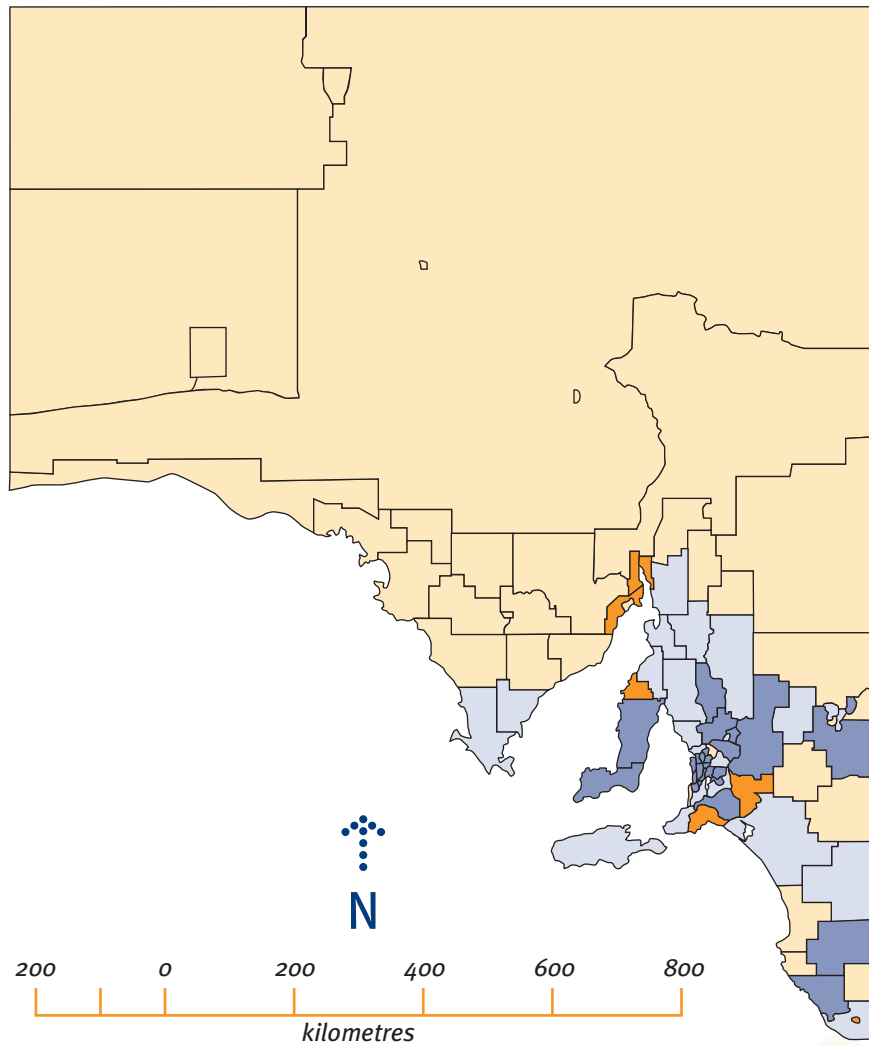
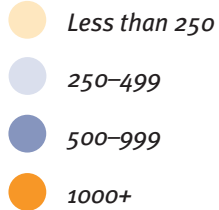
Fastest growing		Largest number	
SLA	Average annual growth rate 2001–06 (%)	SLA	Aged 65–74 in 2006 (No.)
Unincorporated Pirie	18.5	Victor Harbor	1,721
Unincorporated Whyalla	7.1	Whyalla	1,652
Cleve	7.0	Mount Gambier	1,567
Adelaide Hills – North	5.4	Alexandrina – Coastal	1,508
Alexandrina – Coastal	5.1	Murray Bridge	1,406
Franklin Harbor	4.8	Copper Coast	1,372
Elliston	4.7	Port Pirie – City	1,263
Mallala	4.2	Port Augusta	1,014
Alexandrina – Strathalbyn	4.0	Port Lincoln	916
Light	3.8	Mount Barker – Central	915
Yankalilla	3.7	Yorke Peninsula – North	908
Coober Pedy	3.7	Mid Murray	867
Murray Bridge	3.0	Alexandrina – Strathalbyn	739
Kingston	2.5	Light	735
Goyder	2.5	Clare and Gilbert valleys	698
Lower Eyre Peninsula	2.4	Wattle Range – West	649
Barossa – Barossa	2.3	Renmark Paringa – Renmark	640
Peterborough	2.3	Barossa – Angaston	633
Port Pirie – City	2.3	Adelaide Hills – Balance	580
Loxton Waikerie – East	2.2	Loxton Waikerie – East	557
Mount Remarkable	2.2	Yorke Peninsula – South	543
Port Augusta	2.0	Barossa – Barossa	527
		Naracoorte – Lucindale	514

As is the case with other age groups, some of the fastest growing SLAs for the 65–74 age group are quite small. This is apparent in Figure 2.16 which shows the numbers of people aged 65–74 in non-metropolitan SLAs. The largest numbers tend to be in the areas around Adelaide and in large regional centres. Hence Table 2.17 shows the largest numbers, as with the

75+, were in Victor Harbor, which has become the state's major non-metropolitan retirement centre. Neighbouring Goolwa (Alexandrina – Coastal) and the Copper Coast area of Kadina–Wallaroo–Moonta and elsewhere in central and northern Yorke Peninsula are assuming greater significance. It is also evident in Table 2.17 that large regional centres, including Mount Gambier,

Murray Bridge, Whyalla, Port Pirie, Port Lincoln and Port Augusta, are becoming important focuses of retirement with the immigration of people retiring from surrounding rural properties. Another major category is inland SLAs in the area surrounding Adelaide—Barossa, Mount Barker, Strathalbyn, Light and the Clare and Gilbert valleys.

**Figure 2.16**  
**South Australia non-metropolitan SLAs: number of people aged 65–74, 2006**  
*Source: ABS 2006 Census*



The 55–64 age group is interesting because it includes early retirees and people in the pre-retirement years. Moreover, it includes the early baby boomers. As a result the numbers are more substantial and are growing more rapidly than the cohort 10 years older

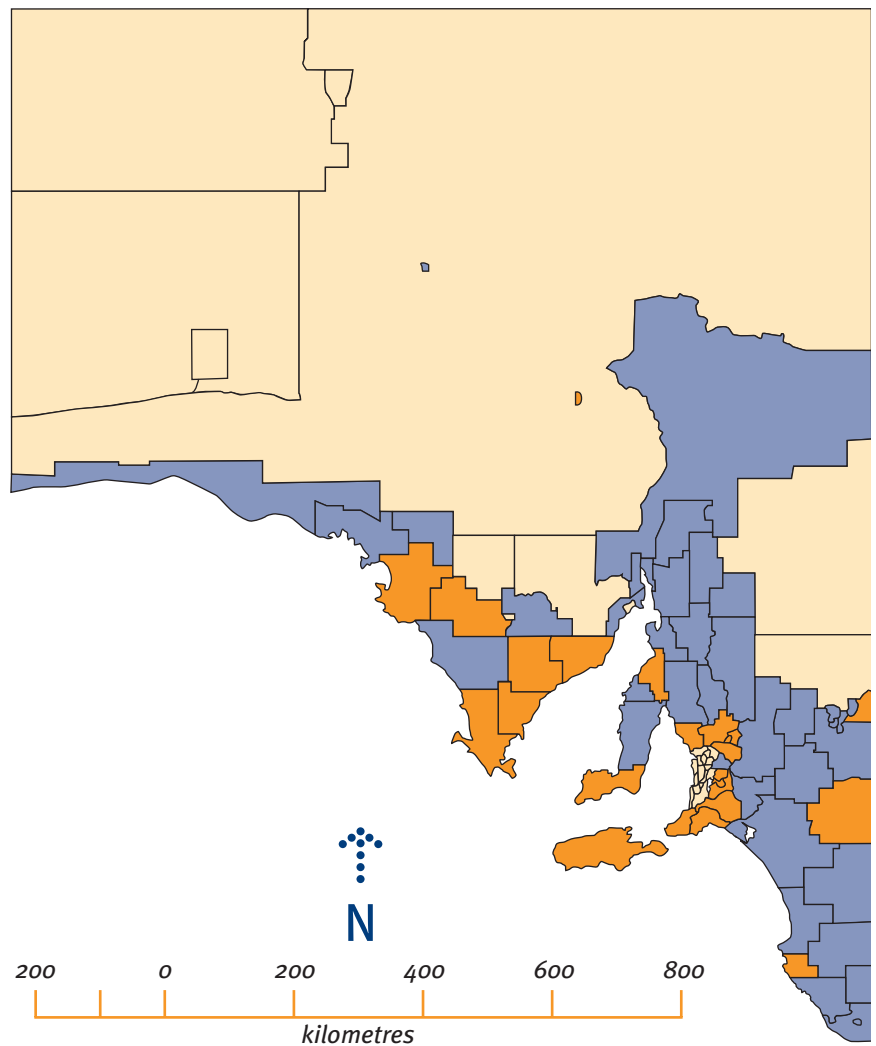
considered earlier. Moreover they are more rapidly growing than that group. Figure 2.17 shows that this age group grew in virtually every non-metropolitan SLA and grew very rapidly in several, especially around Adelaide and in the Eyre Peninsula.

## Figure 2.17

**South Australia non-metropolitan SLAs: average annual growth rate of the population aged 55–64, 2001–06**

*Source: ABS 2006 Census, Time Series Profile*

- Loss
- Unincorporated and metropolitan
- Gain 0.01–4.99
- Gain 5.00+



The most rapidly growing areas are listed in Table 2.18 and it is interesting to again note rapid growth in several coastal Eyre Peninsula SLAs, indicating the growing significance of retirement communities in that region. The next group of rapidly growing communities is in the arc of SLAs around the Adelaide statistical division. Robe in the south-east and southern Yorke

Peninsula also experienced rapid growth, suggesting that there has been some movement of early retirees into these coastal communities. It is interesting that Alexandrina – Coastal (Goolwa) and Victor Harbor, while growing significantly, are not in the fastest growing category. This may indicate that more older retirees than baby boomers are moving more to these areas.

**Table 2.18**

**Rest of South Australia:  
fastest growing and largest  
55–64 population, 2001–06**

*Source: ABS 2001 and 2006  
Censuses*

Fastest growing		Largest number	
SLA	Average annual growth rate 2001–06 (%)	SLA	Aged 55–64 in 2006 (No.)
Unincorporated Pirie	18.3	Whyalla	2,410
Roxby Downs	14.9	Mount Gambier	2,290
Franklin Harbor	11.6	Murray Bridge	2,073
Cleve	11.3	Victor Harbor	1,865
Mount Barker – Central	10.1	Mount Barker – Central	1,785
Unincorporated Riverland	8.5	Alexandrina – Coastal	1,759
Le Hunte	8.4	Port Augusta	1,676
Alexandrina – Strathalbyn	7.8	Copper Coast	1,674
Kangaroo Island	7.4	Port Pirie – City	1,626
Barunga West	6.9	Port Lincoln	1,398
Barossa – Tanunda	6.7	Mid Murray	1,351
Mallala	6.6	Alexandrina – Strathalbyn	1,311
Southern Mallee	6.6	Light	1,247
Lower Eyre Peninsula	6.4	Yorke Peninsula – North	1,170
Alexandrina – Coastal	6.2	Clare and Gilbert valleys	1,141
Robe	6.2	Mount Barker – Balance	1,081
Steaky Bay	6.1	Adelaide Hills – Balance	1,001
Mount Barker – Balance	6.0	Barossa – Barossa	993
Yorke Peninsula – South	5.9	Wattle Range – West	956
Light	5.4	Grant	926
Victor Harbor	5.4	Renmark Paringa – Renmark	911
Yankalilla	5.3	Loxton Waikerie – East	890
Barossa – Barossa	5.3	Mallala	877
Renmark – Paringa	5.1	Adelaide Hills – North	845
Tumby Bay	5.1	The Coorong	810
Adelaide Hills – Balance	5.0		

Again it is noticeable that some of the most rapidly growing SLAs have relatively small populations in the older age groups. This is evident when we compare Figure 2.17 with Figure 2.18 which shows the areas with the largest numbers of people aged 55–64. These areas are also listed in Table 2.18 and

there are significant differences to the tables of largest numbers aged 65–74 and 75+. In particular, while Victor Harbor has the largest numbers in the two older age categories, it is only the fourth largest community of those in the pre-retirement years. Again this may indicate that migration of

older people to Victor Harbor is predominantly of people who are 65+. Clearly the biggest groups of non-metropolitan communities aged 55–64 are in the large regional centres of Whyalla, Mount Gambier and Murray Bridge—the three largest non-metropolitan cities. Port Augusta,



Port Pirie and Port Lincoln also feature predominantly in this list. Nevertheless there are substantial numbers of people aged 55–64 in the coastal communities of Victor Harbor, Goolwa (Alexandrina – Coastal) and the Copper Coast. Several peri-urban SLAs in the OASD also have significant numbers.

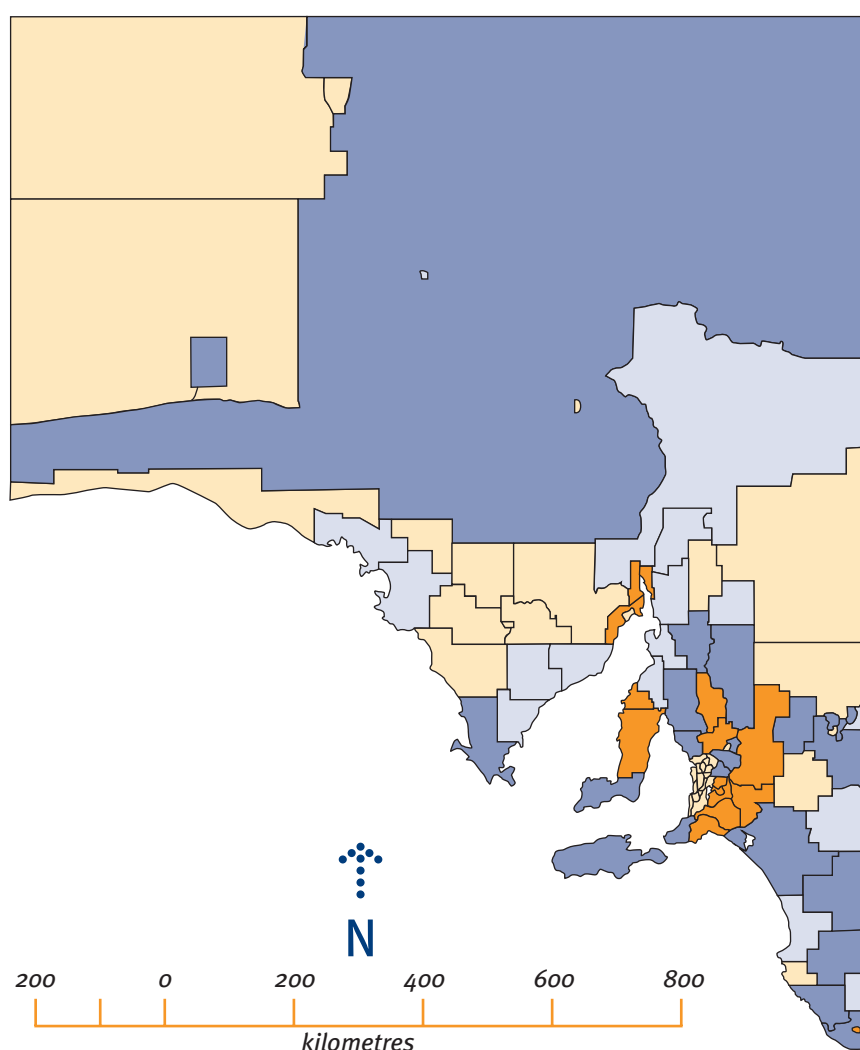
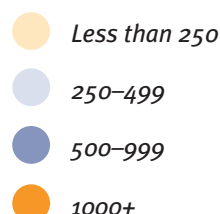
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has been some movement of early retirees into these coastal communities. It is interesting that Alexandrina – Coastal (Goolwa) and Victor Harbor, while growing significantly, are not in the fastest growing category. This may indicate that more older retirees than baby boomers are moving to these areas.

**Figure 2.18**  
South Australia non-metropolitan SLAs: number of people aged 55–64, 2006

Source: ABS 2006 Census



### 2.3 Internal migration of the older population

There are two major demographic elements in the growth of older populations of local areas:

- Firstly there is ‘ageing in place’. This involves people ageing into an older age bracket. Of course

ageing in place produces growth of the older age groups only when the cohort moving into older ages has larger numbers than the cohort leaving that age group. If not, there will be a decline in the age group. Mortality levels are high in older

age groups so some people will exit an age category by death while others move into still older categories.

- Net migration can lead to growth or loss of numbers in a particular age category—growth if the numbers moving in are greater

than those moving out; loss if the reverse.

In most Australian communities ageing in place is the dominant process involved in changing the numbers of older inhabitants. Areas influenced heavily by migration are relatively few and have special characteristics—for example, coastal retirement communities. In this section we examine recent patterns of internal migration of the older population of South Australia as a basis for assessing the importance of internal migration in influencing future growth of the older population across the state.

Australians change their place of residence more than almost

any society on earth. At the 2006 Census about 38 percent of the population that had been in Australia in 2001 had changed their place of residence. This represented a slight decrease to the 2001 Census rate (42.1 percent). The proportions at a different place of residence in 2005 were 15.3 percent, compared with 16.6 percent twenty years earlier. Figure 2.19 shows the age pattern of mobility at each census between 1971–76 and 1996–2001 in Australia (Bell and Hugo 2000, p.24). The following patterns occur among the 55+ population:

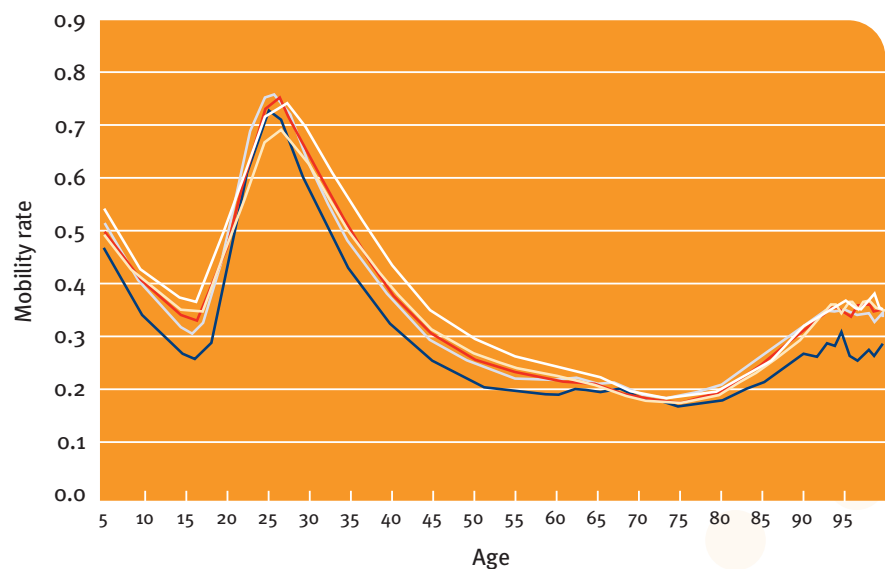
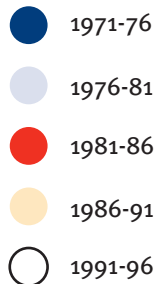
- The familiar pattern of a decline in rates of mobility between people aged in their 20s and

30s, and an upturn in the old-old ages is apparent.

- In the pre-retirement ages of 55–64 there was an overall increase in mobility, especially between 1971–76 and 1976–81, and between 1986–91 and 1991–96.
- There was very little change in mobility rates in people aged 65–75—the ages of least mobility.
- The mobility of the 75+ age group rose between 1971–76 and 1976–81, especially in the oldest ages, but thereafter stabilised. Indeed, there was a fall in mobility of the 75–84 age group between 1976–81 and 1991–96.

**Figure 2.19**  
**Australia: mobility rates by age, 1976–81 and 1996–2001**

Source: Bell and Brown, forthcoming



Bell and Brown (forthcoming) have noted an outstanding trend in internal migration age-selectivity in Australia during the past three decades: an increase in the age of peak mobility. This is illustrated in their diagram represented at Figure 2.20, which overlays the number of movers by single age in 1976–81 and 1996–2001. It will also be noticed that the numbers of older movers have increased.

The trends in actual mobility rates, shown in Table 2.19 are:

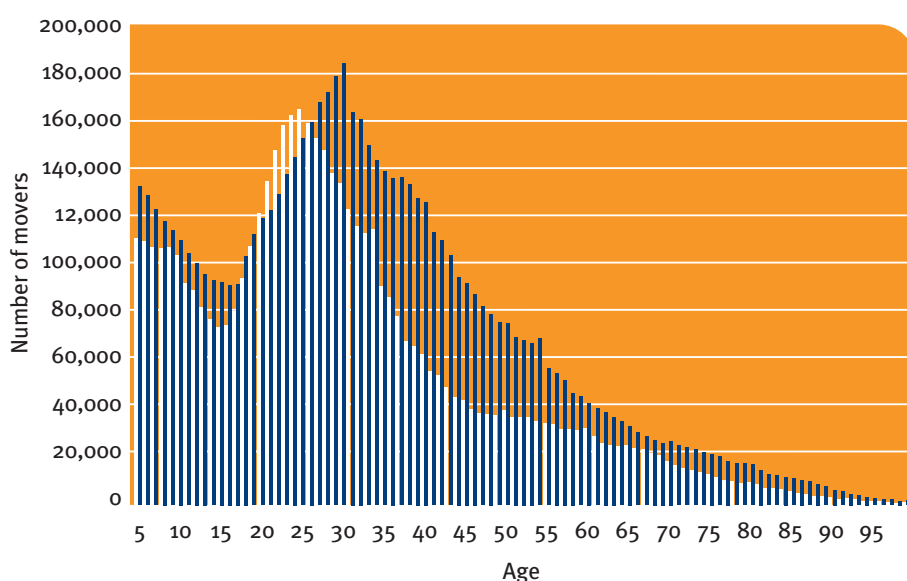
- There were continuous increases in mobility among those aged 55–69 and 60–64.
- There were increases in mobility between 1971–76 and 1976–81, but thereafter decreases or stability for a decade, and an increase in 1991–96 in those aged 65–94.

## Figure 2.20

**Australia: number of movers by age, 1976–81 and 1996–2001**

Source: Brown, Muhidin, Bell and Wilson 2006, p.17

● 1976–1981  
○ 1996–2001



## Table 2.19

**Australia: mobility rates (percent) by age, 1971–76 and 1991–96**

Source: Bell and Hugo 2000, p.25

Age	Intercensal period						
	1971–76	1976–81	1981–86	1986–91	1991–96	1996–2001	2001–06
55–59	20.6	22.8	23.7	24.7	26.6	27.9	28.0
60–64	20.7	23.1	22.6	23.3	24.5	27.0	25.5
65–69	20.8	21.9	20.9	20.6	22.3	25.8	23.0
70–74	18.8	19.7	18.9	19.1	19.7	20.7	20.2
75–79	18.3	20.3	19.5	19.2	20.2	21.6	19.6
80–84	20.6	24.2	23.3	22.3	23.1	22.4	19.8
85–89	24.2	29.4	29.1	27.9	28.6	<sup>a</sup> 31.0	<sup>a</sup> 30.0
90–94	28.5	34.4	34.5	34.3	35.3	–	–
95+	27.7	35.4	35.9	37.1	36.9	–	–
<b>Total</b>	<b>36.5</b>	<b>40.8</b>	<b>41.1</b>	<b>40.4</b>	<b>43.1</b>	<b>45.1</b>	<b>43.4</b>

<sup>a</sup> Aged 85+

A distinctive feature of the Australian mobility profile depicted in Figure 2.19 is the lack of a retirement peak around age 60–64 (Rogers 1988). A retirement peak largely reflects people moving on retirement; because they no longer have to live near their workplace, they can choose to live in more desirable environmental locations or

closer to family, for example. A retirement peak is evident in the migration from capital cities to the corresponding non-metropolitan parts of their states, although it tends to be more in the pre-retirement 55–64 age groups. This sea change type of movement is mainly of couples. It is interesting, however, that older widowed women are dominant among

migrants from non-metropolitan to metropolitan areas, reflecting the fact that many ‘sea change’ retirees return to their city of origin on the death of a spouse or on becoming disabled or chronically ill.

The shifting levels of internal migration among the aged are the complex result of a tension

between forces working to increase mobility and those operating to constrain movement. Among the former, the following are important:

- The improved economic situation of many among the older population because of increased levels of superannuation and an indexed national pension scheme. This has increased the proportion of older people able to move to a more attractive environment or a more suitable form or location of housing.
- A large proportion of older people have purchased a holiday home in their working lives and subsequently retired to it.
- The development of a specialised segment of the Australian housing industry that produces individual houses or groups of houses custom-designed for retired folk, retirement villages and other development aimed specifically at the older community.
- An increasing proportion of the older population has higher levels of education, and extensive experience of visiting and living in places other than where they were living at the time of their retirement.
- Australia's system of a national aged pension is portable, as are other benefits for the elderly (for example, rebates on rates, licences, telephones and utilities).
- There is greater dispersal of family members than ever before so that more older people would need to move to live closer to children and grandchildren.

- There is some evidence that Australians entering the empty nest stage of the life cycle are tending more than ever before to substitute the family home, which is usually large and in the outer suburbs, for inner city or coastal locations and smaller housing units.

While all of the above represent factors that have impinged on volitional mobility among the aged, all such movement is not entirely voluntary. Indeed, the sharply decreasing levels of workforce participation in the 55–64 age groups represent not only people purposely retiring early, but also others who have been forced out of the labour market. In many cases these people do not show up as unemployed because they take up disability pensions or other forms of support. There is evidence that such groups may have to move house to a cheaper location, for example, from a large city to a non-metropolitan area (Hugo and Bell 1998).

On the other hand, other elements are dampening the migration of Australia's older population:

- The development of the home and community care (HACC) program to support people remaining in their own independent accommodation as long as possible.
- High rates of home ownership among the elderly and the development of a national pension system, which ensures older people can economically remain in independent living conditions following retirement and not have to move to the house of a child or relative.

- Increasingly, Australian older people are able to substitute extended touring—especially in caravans and campervans to recreation/tourist destinations—for relocating permanently.

The fact that there has been little overall change in the percentage of the older population changing their place of residence during the past three decades masks the fact that there have been major changes in mobility that have worked in opposite directions and hence resulted in little overall change. Undoubtedly there has been an increase in 'discretionary migration' with people in the pre-retirement and early retirement age groups increasingly moving house to:

- locate in a more favourable, usually coastal, environment
- trade down from a family home to a unit of some kind
- be closer to children.

On the other hand, other developments have reduced the level of forced or semi-forced movement, such as:

- greater economic independence among the aged, allowing them to remain in their own homes more than was previously the case
- increased levels of extended touring—people wanting to spend extended periods in more favourable tourist locations can do so without having to move to them permanently.

### **2.3.1 The role of internal migration in changing the spatial distribution of the elderly in South Australia**

Like other internal migrants in South Australia, most older movers do so over short distances. Although, as Bell and Hugo (2000, p.39) point out, there are ‘relatively high rates of movement around retirement for those moving interstate and to another SLA in the same state’ (probably reflecting retirement migration, especially from cities to coastal areas), they note ‘the higher relative significance of local moves at older ages’. The latter undoubtedly reflects the fact that much of this movement is into nursing homes and hostels. A study of migration to such facilities in South Australia (Aylward, Hugo and Harris 2000) showed this to be the case.

Briefly considering interstate migration of the elderly, Figure 2.21 shows the broad patterns of movement in 2001–06, while Table 2.20 presents the net flows between the states and territories for the various older age groups during the 2001–06 intercensal period. The pattern is clearly dominated by flows from the two most populous east coast states of New South Wales and Victoria to the north-eastern subtropical state of Queensland. Between 1991 and 1996 some 15,531 more people aged 55+ moved into Queensland from another state than moved in the other direction, while in 2001–06 the number was 21,574. This represented, however, only 10.9 percent of the net migration gains recorded by Queensland in 1991–96 and 17.7 percent in 2001–06, giving the lie to a popular misconception that movement to Queensland is predominantly a ‘grey migration’ (Stimson et al. 1996).

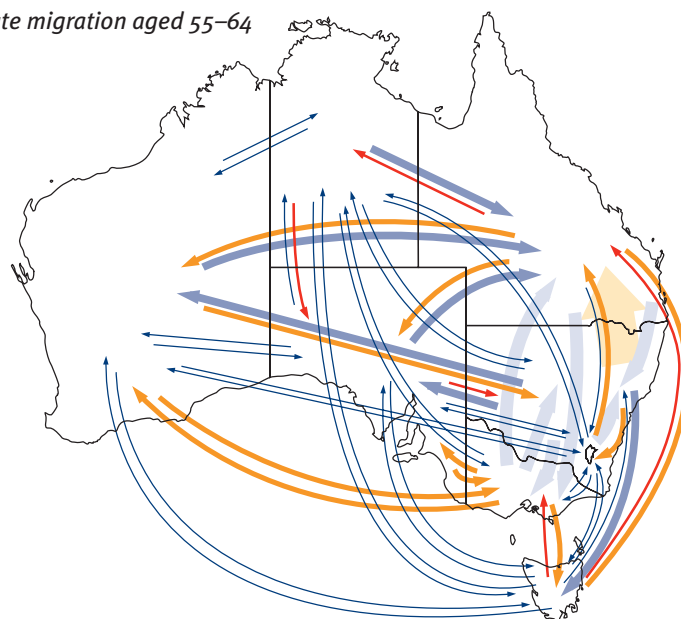
**Figure 2.21**

**Australia: interstate migration of population aged 55–64, 65–74 and 75+, 2001–06 (major flows only)**

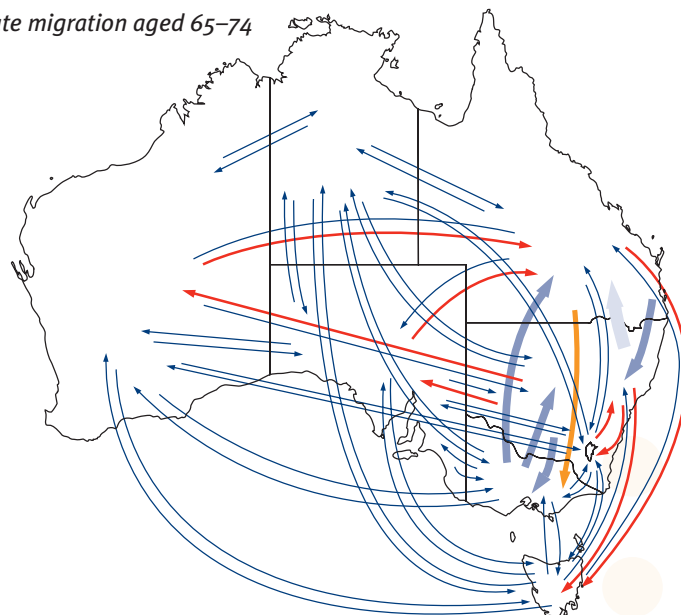
Source: ABS 2006 Census



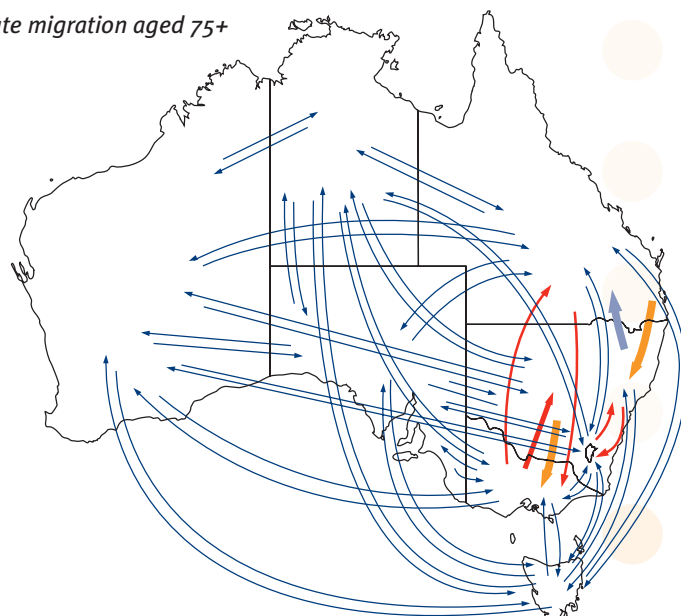
Interstate migration aged 55–64



Interstate migration aged 65–74



Interstate migration aged 75+





Clearly, too, the net migration gains are largely among the younger elderly. The net losses from New South Wales and Victoria are of similar dimensions but the younger elderly make up only 12.4 percent in 1991–96 and

16.3 percent in 2001–06 of the former's total net migration loss, and 8.8 percent and 31.5 percent of the net flow out of Victoria. One of the characteristics of the interstate migration of older people in Australia is the fact

that there are significant flows in both directions, part of which involves return migration of former retirement migrants (Hugo 1986b, Bell 1995).

## Table 2.20

### States and territories, Australia: net interstate migration of the population aged 55+, 2001–06

Source: ABS 2006 Census

Age	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
55–64	–9,359	–2,198	13,164	–336	109	2,328	–1,125	–2,583
65–74	–4,568	–713	5,801	–274	113	696	–447	–608
75+	–3,293	362	2,609	–175	270	239	–31	19
<b>Total</b>	<b>–105,402</b>	<b>–8,083</b>	<b>121,948</b>	<b>–7,598</b>	<b>1,808</b>	<b>4,730</b>	<b>–6,932</b>	<b>–471</b>

The flows in and out of the remaining states and territories are quite small by comparison to those linking the three east coast mainland states. Western Australia has recorded gains but the 392 net gain of people aged 55+ made up 21.7 percent of overall net internal migration gains. It is interesting that Tasmania recorded a net gain of 3,263 people aged 55+, contrasting to a substantial net loss of young adults to the mainland states. This is predominantly return retirement migration of former Tasmanians who migrated to the mainland during their working years. The remaining states and territories all experienced net losses of older people. In South Australia these made up only a small part (10.3 percent) of internal migration net losses. On the other hand, the ACT experienced overall a small net

migration loss but a significant net loss of older people due partly to retirement migration towards the NSW south coast. The frontier character of the Northern Territory makes it unattractive to long-term settlement of older people, although it is a major destination of retirees on long-term and seasonal vacations (Hugo 1997).

Turning to migration within the states, one of the major issues relates to the counter-urbanisation phenomenon whereby in several states the rate of growth of the population living outside the major capital city has been higher than that in the metropolitan areas. This pattern was first identified for the 1971–76 intercensal period and over time has continued but become more focused in the east coast states (Hugo 1989). It is

clear from Table 2.21 that this pattern has continued into the 1986–96 and the 2001–06 periods. Clearly, the bulk of redistribution of population from metropolitan to non-metropolitan areas is occurring within New South Wales, Victoria and Queensland. It is interesting that the net gains in the 55–64 early retirement years are greater than in the 65+ age category. This suggests that much of the movement is associated with retirement, although the age group is younger than the expected retirement ages of 65 for males and 60 for females. A significant part of this movement is made up of people whose early retirement has been involuntary and associated with displacement from blue collar and clerical jobs by structural change in the economy and increased automation of office tasks.



**Table 2.21**

**Non-metropolitan net intrastate migration gains and losses from capital city statistical divisions, 1986–91, 1991–96 and 2001–06**

*Source: Bell 1995, p.83; Bell and Hugo 2000, p.120; ABS 2006 Census*

State	2001–06				Total aged 55+		
	55–64 years		65+ years				
	Males	Females	Males	Females	2001–06	1991–96	1986–91
New South Wales	6,312	6,597	3,990	3,369	20,268	25,135	23,256
Victoria	2,948	3,028	1,502	757	8,235	13,183	10,966
Queensland	2,112	2,002	681	–12	4,783	–416	3,900
South Australia	1,096	914	223	–24	2,209	1,188	1,191
Western Australia	1,350	1,340	614	230	3,534	837	1,265
Tasmania	37	31	–129	–214	–275	–83	–282

It is also noteworthy that males outnumber females in this net movement. This is due to two factors:

- The wife is usually younger than the husband, so some wives fall below the threshold age for defining the older age group.
- More importantly, there is a significant return migration to Sydney and Melbourne from non-metropolitan areas of recently widowed older women who initially migrated with their husbands and who return to the city to be closer to children, medical care and other services, or to enter specialised accommodation.

### 2.3.2 Adelaide statistical division

We will now focus on the pattern of internal migration of people aged 55+ in South Australia during the most recent intercensal period (2001–06); firstly on the Adelaide statistical division. The first point to note is that although there are substantial levels of migration, the net effect of that migration is small. Table 2.22 shows that net migration levels for ages 55–64, 65–74 and 75+ are relatively small for local government areas; however, they are the ‘tip of the iceberg’ of more substantial in and out flows. This is apparent, for example, for the 55–64 age category. Figure 2.22 shows the patterns of in, out and net migration for LGAs; relatively large numbers of in and out migrants are evident but the net gains and losses are relatively small. For example, the Onkaparinga LGA recorded an inflow of 937 people aged 55–64

but an outflow of 953 people to give a net loss of only 16. It is interesting to note, however, that there was a significant net loss for the entire ASD in this age group. ASD LGAs recorded inward migrations of 14,668 people aged 55–64 but they also recorded a 15,561 outward migration, giving a net loss of 893 for the ASD as a whole. Although most of the in and outflows from the 55–64 age group are predominantly counter-balancing, Figure 2.22 shows that most LGAs recorded net migration losses. There were three exceptions: central Adelaide, which provides some support the argument made earlier of ‘empty nesters’ selling their homes in the outer suburbs and moving into the inner areas of the city; Holdfast Bay, which would also support this argument; and there was a small net flow on the northern edge of the ASD in Playford and Gawler.

## Table 2.22

**Adelaide statistical division:  
local government areas net  
migration of people aged  
55+, 2001–06**

*Source: ABS 2006 Census,  
unpublished data*

LGA	Age group		
	55–64	65–74	75+
Adelaide	41	27	13
Burnside	–138	–62	–35
Campbelltown	–134	–84	–8
Charles Sturt	–178	–107	–224
Gawler	80	132	42
Holdfast Bay	179	89	–42
Marion	–106	–162	–396
Mitcham	–439	–110	–67
Norwood, Payneham and St Peters	–3	176	207
Onkaparinga	–312	–16	236
Playford	12	–8	–28
Port Adelaide Enfield	–67	–153	–323
Prospect	–99	–18	–59
Salisbury	–285	80	212
Tea Tree Gully	–798	–199	28
Unley	–159	5	298
Walkerville	9	–34	37
West Torrens	–41	–45	–2

The counter-balancing nature of flows in the ASD of the 55–64 age group is reflected in Figure 2.23, which shows the main inter-LGA flows. A couple of other things are noteworthy here. Firstly, the bulk of movers are only to the adjoining LGA and very few are

‘across town’. Second is the ‘self-contained’ nature of movements in the north and south of the CBD. Clearly people’s moves in this age group are largely confined to the sectors of the ASD in which they have spent most of their lives.

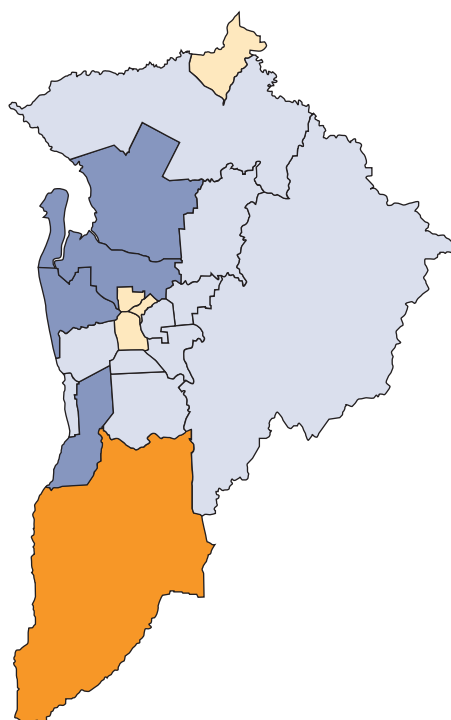
**Figure 2.22**

**Adelaide statistical division:  
in, out and net migration of  
people aged 55–64 by LGA,  
2001–2006**

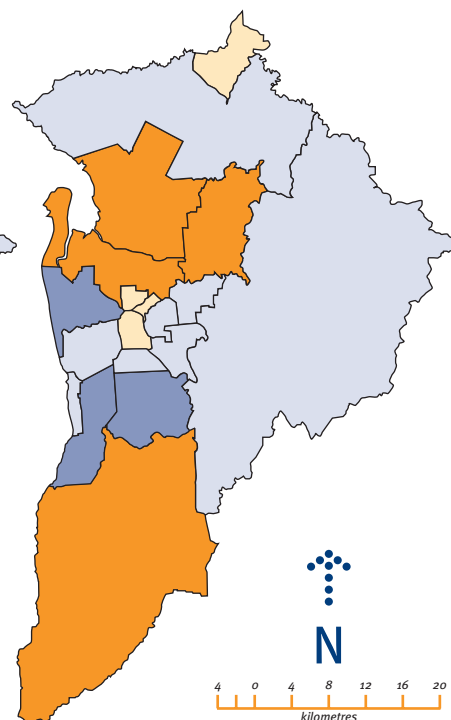
Source: ABS 2006 Census

- Less than 500
- 500–999
- 1000–1499
- 1500+

*In migration aged 55–64*

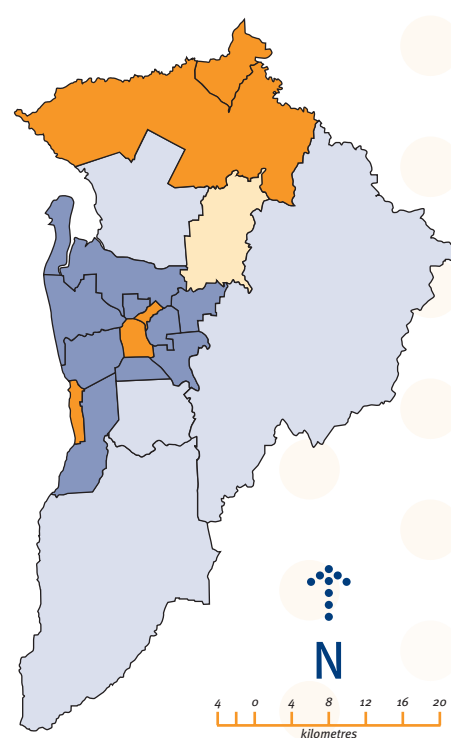


*Out migration aged 55–64*



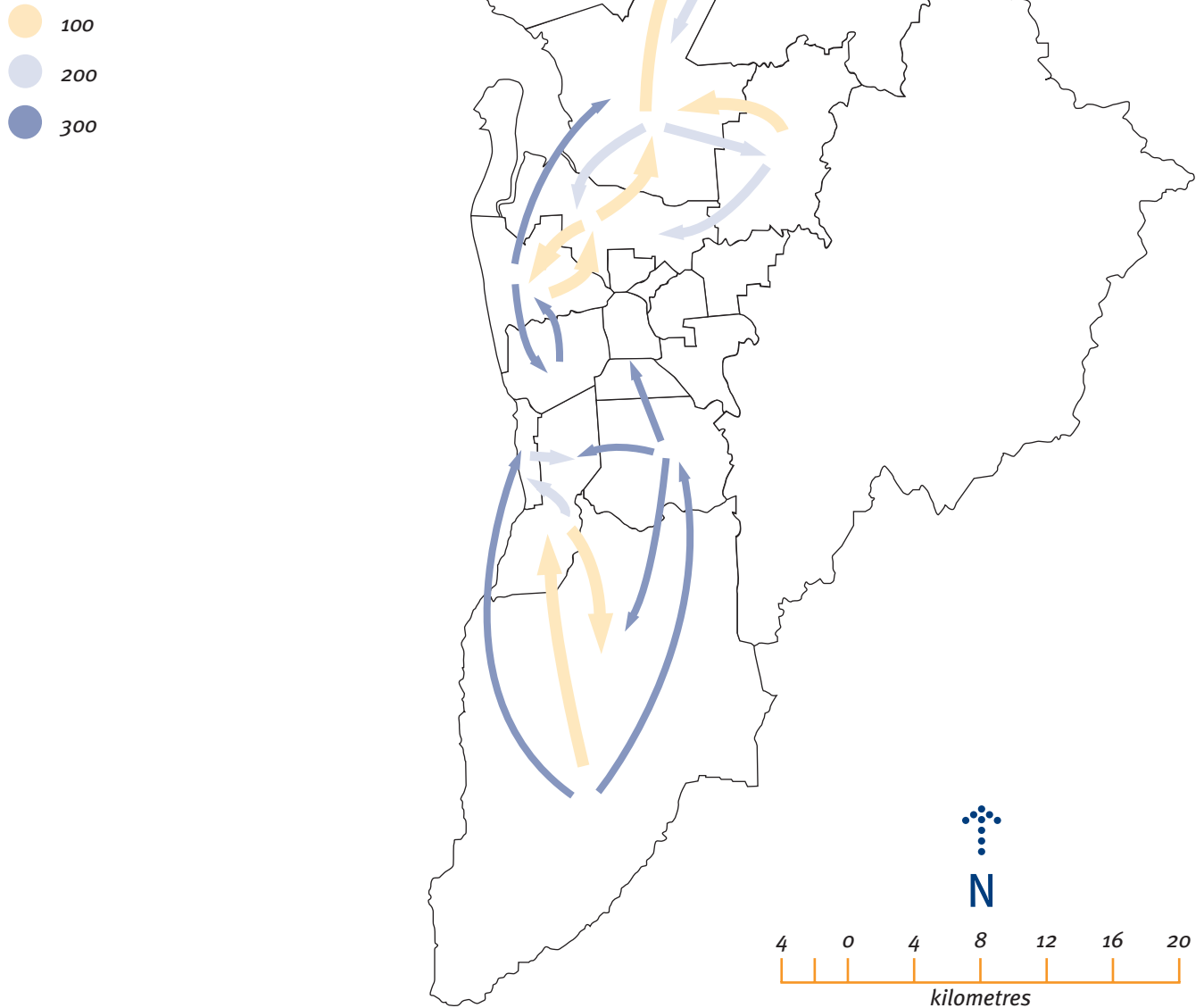
- Loss more than 500
- Loss 251–500
- Loss 1–250
- Gain

*Net migration aged 55–64*



**Figure 2.23**  
**Adelaide statistical division:**  
**major migration flow of**  
**people aged 55–64, 2001–06**  
**(flow of 100 or more people)**

Source: ABS 2006 Census



The numbers of movers in the 65–74 early retirement years are smaller but again the pattern of counter-balancing flows is evident and there is also a net loss for ASD LGAs. The LGAs recorded gains of 7,345 but they were outweighed

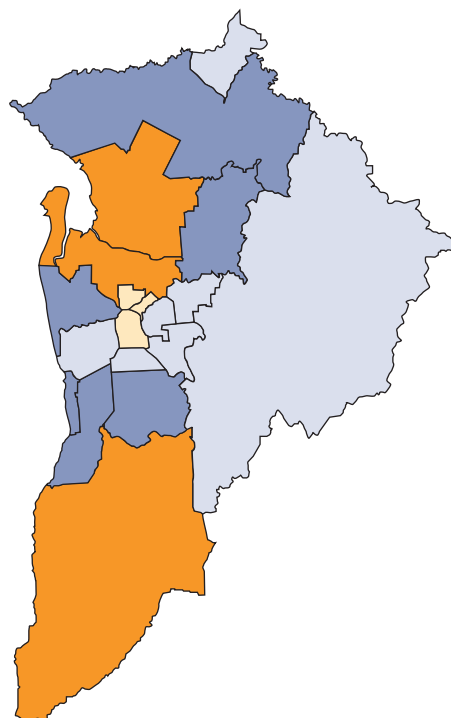
by 7,894 outward migrations, giving an overall net loss of 549. Figure 2.24 shows the in, out and net migration levels in each LGA, and some similarities in the pattern for those aged 55–64 are evident.

**Figure 2.24**

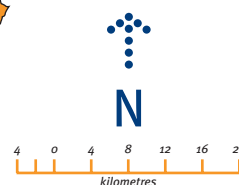
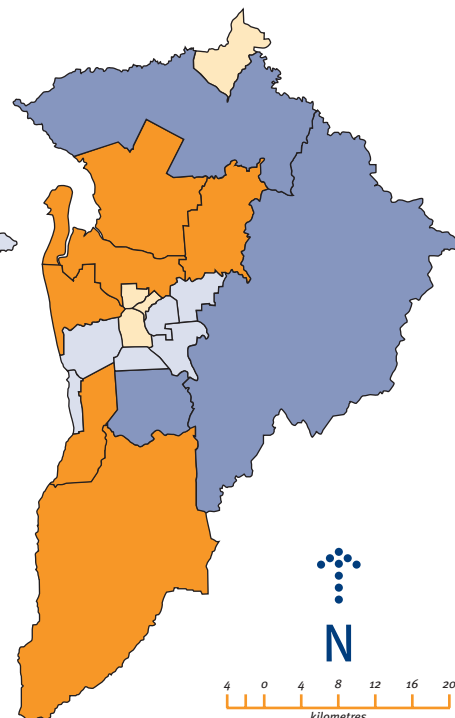
**Adelaide statistical division:  
in, out and net migration of  
people aged 65–74 by LGA,  
2001–06**

- Less than 200
- 200–399
- 400–599
- 600+

*In migration aged 65–74*

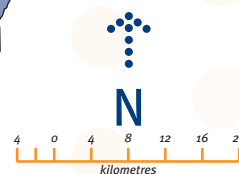
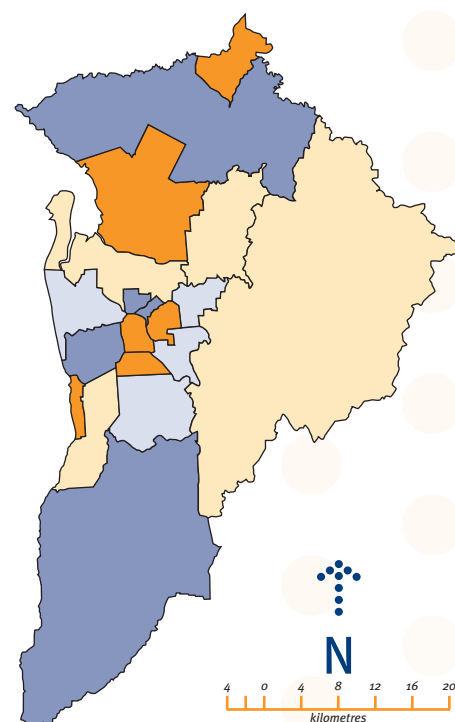


*Out migration aged 65–74*



- Loss more than 150
- Loss 50–149
- Loss 0–50
- Gain

*Net migration aged 65–74*



In particular, the net migration gains in the inner city area and Holdfast Bay are again evident as are the net gains in some of the northern suburbs; however, most SLAs recorded a small net migration loss. The patterns of larger flows between LGAs, depicted in Figure 2.23, are similar to those observed earlier for the 55–64 age group—short distance, reciprocating and self-contained in sectors of the city.

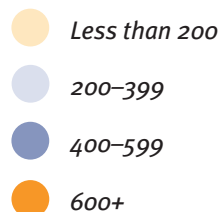
It is especially interesting to examine the internal migration of people aged 75+ because this is the group who predominantly move from independent living to some form of supported accommodation. Again, the counter-balancing of flows between LGAs is very evident. LGAs in the ASD recorded 9,207 inward migrations of people aged 75+, but these were slightly outnumbered by 9,318 outward migrants—a net migration loss of only 11. The patterns of in, out and net migration of the

75+ population are shown in Figure 2.25. The similarity in the distribution of immigrants and outward migrants testifies again to the reciprocal nature of migration flows. The pattern of net migration, however, is interesting: net losses were recorded in some of the SLAs with large older populations (for example, Port Adelaide–Enfield, Charles Sturt, Mitcham), while net gains were recorded in central and inner city areas and some of the northern and southern growing suburbs. This clearly reflects some of the migration into aged care institutions, which are disproportionately located in areas such as Unley and Norwood, St Peters and Payneham. The movement to places such as Salisbury and Onkaparinga partly reflects the increasing development of aged care institutions in these areas, but also older people moving in with, or close to, children living in those more recently developed areas.

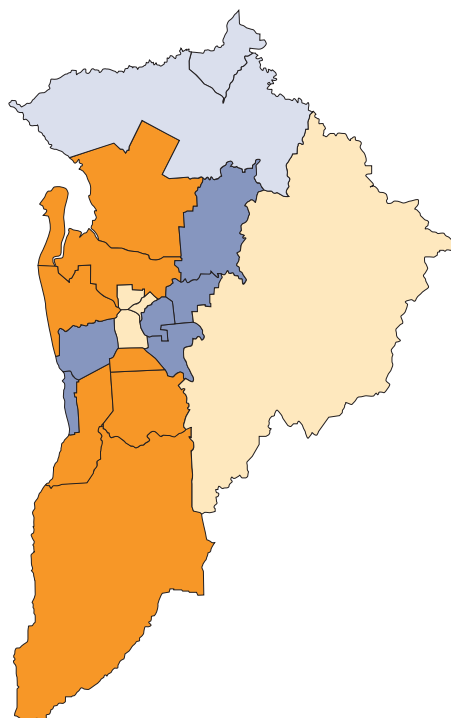
## Figure 2.25

**Adelaide statistical division:  
in, out and net migration of  
people aged 75+ by LGA,  
2001–06**

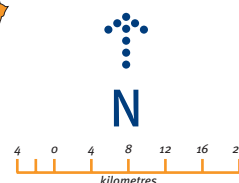
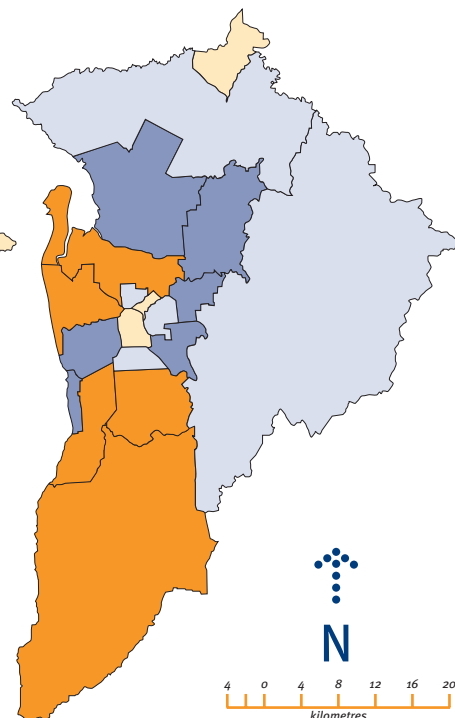
Source: ABS 2006 Census



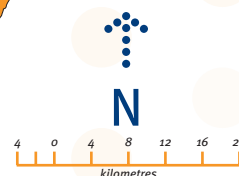
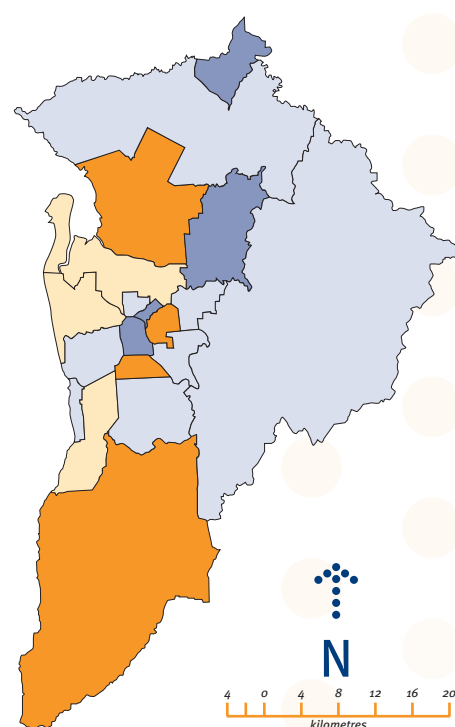
*In migration aged 75+*



*Out migration aged 75+*



*Net migration aged 75+*



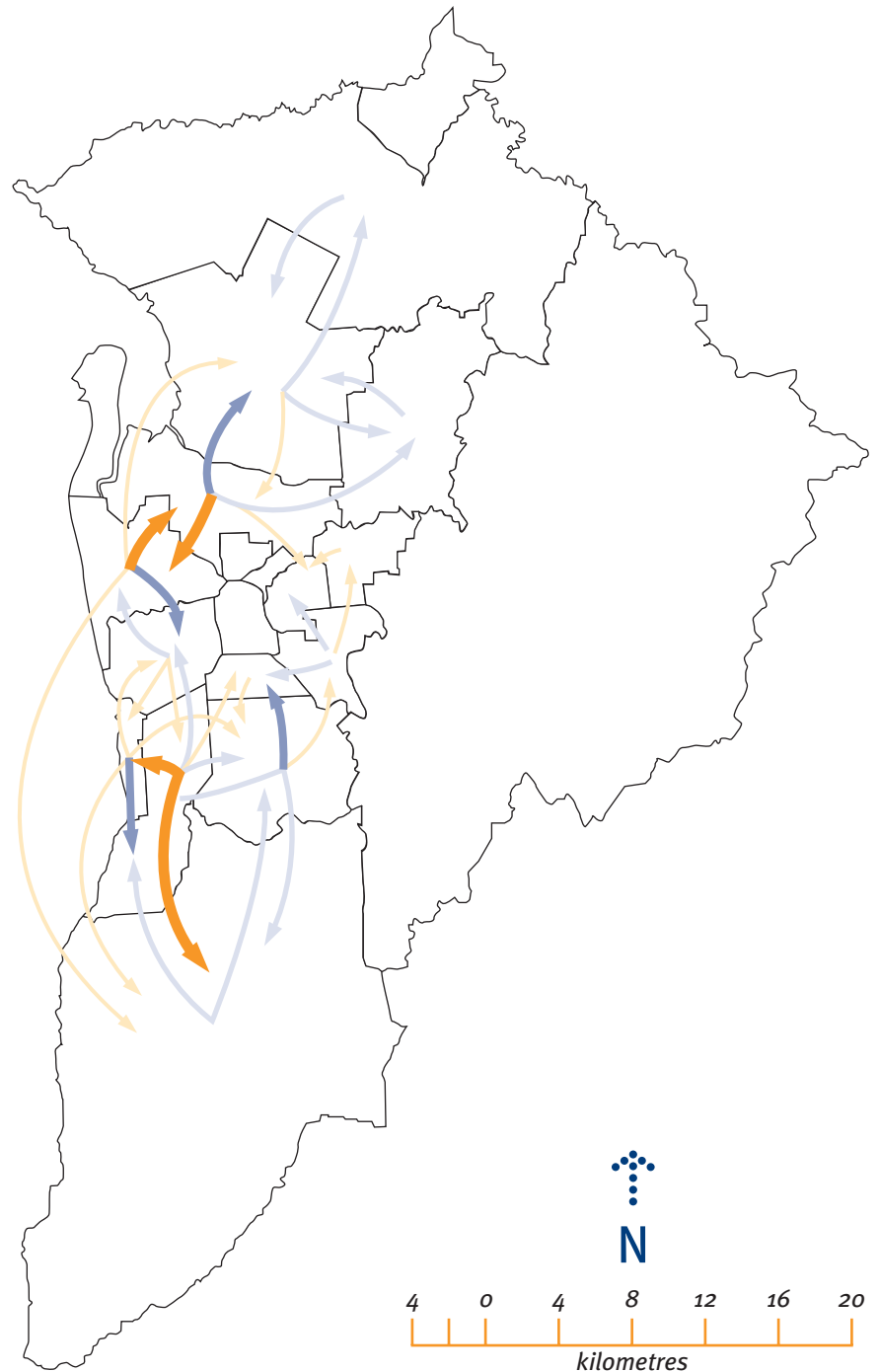
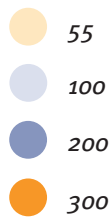


The actual flows between LGAs are depicted in Figure 2.26, which shows a more complex pattern than that for the two younger cohorts considered earlier. Nevertheless most people move

to an adjoining LGA, although more longer distance movement is evident, perhaps reflecting the fact that some people seeking aged care accommodation are forced to move longer distances.

**Figure 2.26**  
Adelaide statistical division:  
major migration flows of  
people aged 75+, 2001–06  
(flow of 55 or more people)

Source: ABS 2006 Census



It is interesting to contrast the net migration experiences of individual LGAs shown in Table 2.23. Only two LGAs—Adelaide and Gawler—reported consistent gains across all three age groups. Most of the southern, northern and western middle suburbs experienced net losses of each age group (for example, Burnside, Campbelltown, Charles Sturt, Marion, Mitcham, Port Adelaide–Enfield and West Torrens). Some outer suburban areas are clearly experiencing an immigration of older people either to new or aged care accommodation institutions located there, or to move in with, or be closer to, their children (Onkaparinga, Salisbury and Tea Tree Gully).

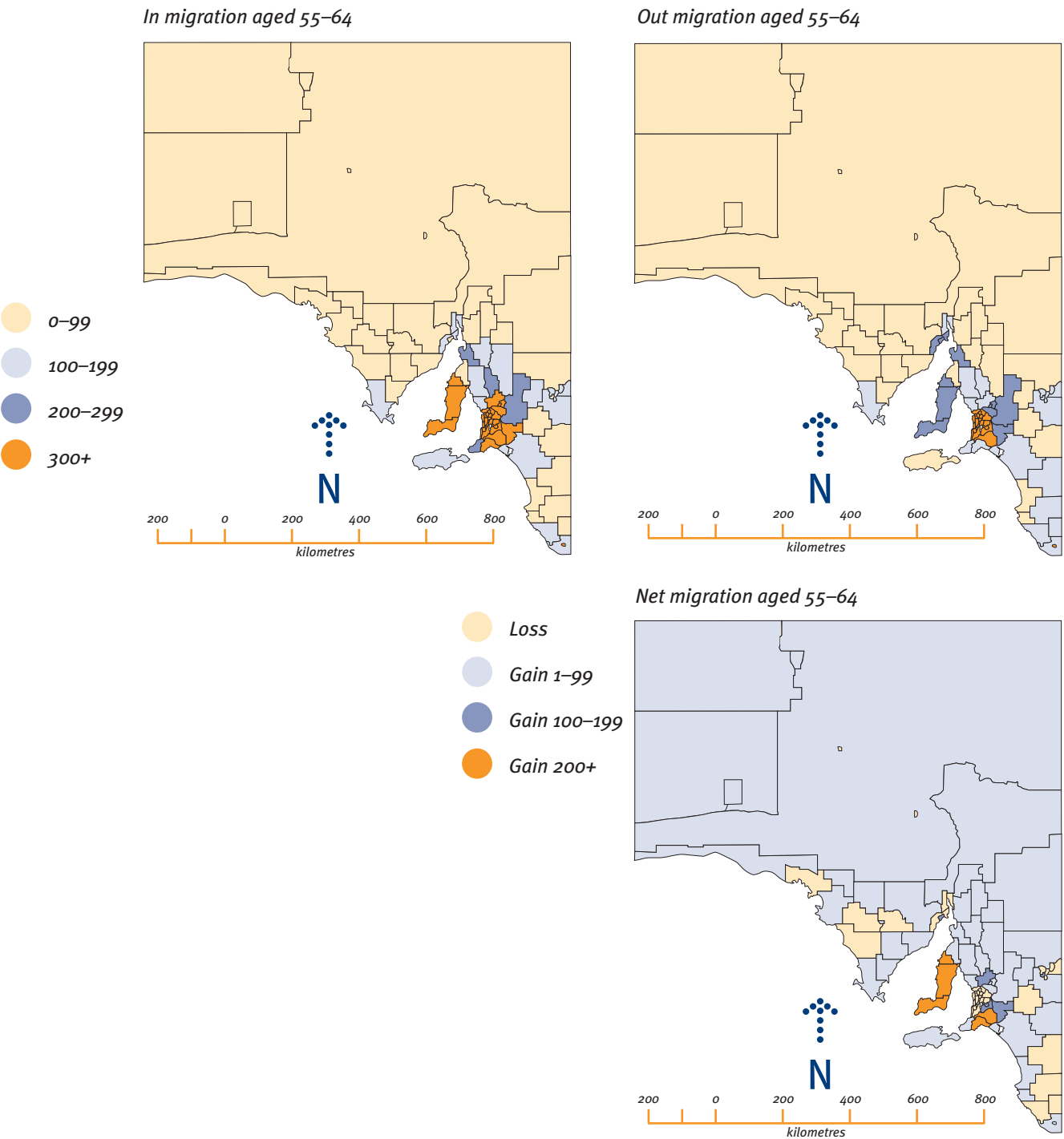
### 2.3.3 Non-metropolitan South Australia

We will now examine recent patterns of internal migration of older people outside of the Adelaide statistical division (ASD), focusing initially on the pre-retirement ages. A clear pattern is evident in Figure 2.27, which shows the pattern of in, out and net migration of people aged 55–64 in non-metropolitan LGAs. The pattern is dominated by the area around Adelaide and the Yorke Peninsula. Again we need to stress the significance of both in and out migration in looking at the 55–64 age group's mobility.

Two areas experienced substantial net gains of people aged 55–64 during the 2001–06 intercensal

period: the south coast area and the Yorke Peninsula. The two south coast LGAs of Victor Harbor (538) and Alexandrina – Coastal (598), which is predominantly the Goolwa community, have long been the most important non-metropolitan focus of retirement migration in South Australia. Table 2.23 shows the net migration recorded by all outer Adelaide statistical division (OASD) LGAs, and these two LGAs dominate. It is interesting, however, that each OASD LGA recorded a net gain except for the Adelaide Hills LGA, which includes part of the metropolitan area. Significant net gains in this age group were recorded by Mount Barker, Light, Barossa and Yankalilla.

**Figure 2.27**  
**South Australia: in, out and net migration of people aged 55–64 by LGA, 2001–06**  
*Source: ABS 2006 Census*



In the Victor Harbor–Goolwa area the inward migration (1,702 people aged 55–64) significantly outweighed outward migration (570 people); however, there have been patterns observed that outward migration is more likely to

occur once people become older and are incapacitated by disability or losing a partner to death. Only longitudinal studies in areas such as the south coast will determine definitely the extent to which this type of movement occurs.

## Table 2.23

**Outer Adelaide statistical division: net migration of people aged 55–64, 65–74 and 75+, 2001–06**

*Source: ABS 2006 Census*

LGA	Age group		
	55–64	65–74	75+
Adelaide Hills	–296	–208	–99
Alexandrina	598	276	41
Barossa	77	10	79
Kangaroo Island	28	–15	8
Light	128	–2	–39
Mallala	36	–28	–17
Mount Barker	178	69	92
Victor Harbor	534	257	60
Yankalilla	95	22	13

The second major concentration of net gains of people aged 55–64 is on Yorke Peninsula. Table 2.24 shows the net migration for the Mid-North and Yorke Peninsula statistical division. The Copper Coast and Yorke Peninsula LGAs had a substantial gain of 500, reflecting retirement migration to the region. Much of this retirement

migration, like that elsewhere, involves people moving more or less permanently to their former holiday home. The overall inflow (949 people) was more than half the size of the flow to Port Elliot–Goolwa–Victor Harbor and more than twice as large as the outflow of the 55–64 age group (449 people).

## Table 2.24

**Mid-North and Yorke Peninsula statistical division net migration of people aged 55–64, 65–74 and 75+, 2001–06**

*Source: ABS 2006 Census*

LGA	Age group		
	55–64	65–74	75+
Barunga West	37	–8	–7
Copper Coast	290	80	18
Yorke Peninsula	210	1	–36
Clare and Gilbert valleys	38	–12	5
Goyder	12	–9	–15
Wakefield	10	–24	2

Table 2.25 shows that although migration of the 55–64 age group to other coastal retirement communities around South Australia is substantially smaller, there is a consistent trend of the first baby boomers who have

retired early moving towards coastal resort communities for retirement. The extent to which the much larger numbers of baby boomers who move into retirement in the next two decades will follow this pattern is not clear.

## Table 2.25

**South Australian non-metropolitan coastal retirement communities; in, out and net migration of people aged 55–64, 2001–06**

*Source: ABS 2006 Census*

LGA	In	Out	Net	Net	
				65–75	75+
Alexandrina	969	371	598	276	41
Victor Harbor	733	199	534	257	60
Copper Coast	494	204	290	80	18
Yorke Peninsula	455	245	210	1	–36
Tumby Bay	93	45	48	18	–1
Coorong	146	109	37	–42	–27
Kangaroo Island	127	89	28	–15	8
Franklin Harbour	47	33	14	–3	–1
Robe	54	34	20	–11	–14
Kingston (SE)	80	34	16	28	–9

Table 2.26 shows the pattern for regional cities, which are home to a substantial number of the non-metropolitan elderly. While Mount Gambier, Port Augusta and Whyalla had more outward migrants aged 55–64 than inward migrants, the opposite was the

case for Murray Bridge, Port Lincoln and Port Pirie. Clearly there is a differentiation among regional cities in the extent to which they play a role as a focus for retirement migration of people from their hinterlands.

## Table 2.26

**Major regional cities net migration of people aged 55–64, 65–74 and 75+, 2001–06**

*Source: ABS 2006 Census*

City	Age group		
	55–64	65–74	75+
Mount Gambier	–35	38	28
Murray Bridge	107	129	60
Port Augusta	–33	–4	–37
Port Lincoln	69	40	14
Port Pirie	16	49	13
Whyalla	–84	–56	–56

There is a much smaller version of the retirement migration of people aged 55–64 into communities along the River Murray, some to former holiday homes. Hence, there were small net migration gains in Mid Murray (44), Coorong (37) and Loxton–Waikerie (16).

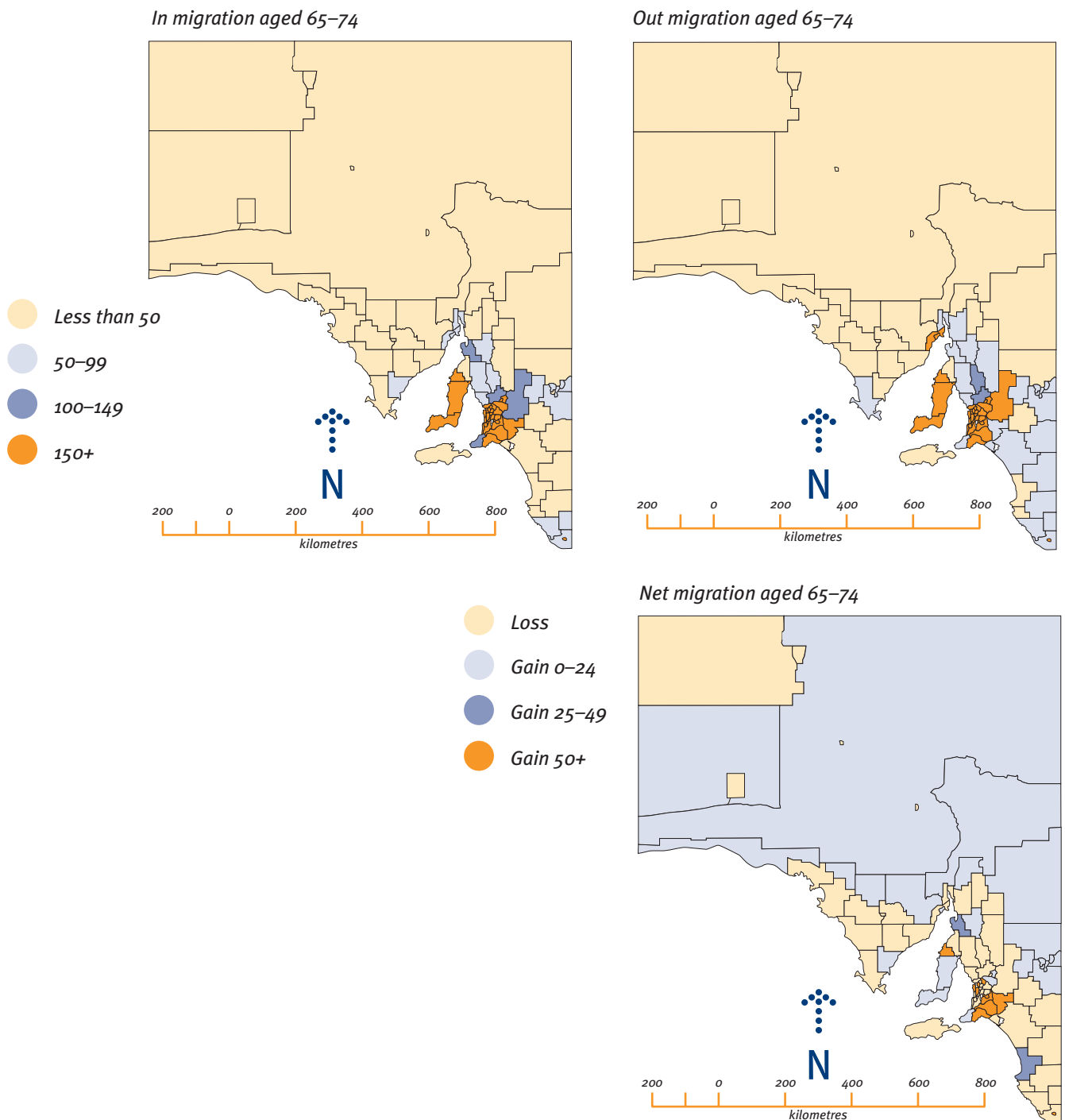
Turning to the 65–74 early retiree age group, Figure 2.28 shows the patterns of in, out and net migration. There is some similarity with the patterns for the 55–64 age group, with strong inward migration to the closely settled and coastal areas near Adelaide. Nevertheless Table 2.26 shows that the net gains

in OASD LGAs of people aged 65–74 are substantially less than for those aged 55–64. Again the main focus is Victor Harbor (257) and Alexandrina (276). The migration of the 65–74 group to Yorke Peninsula is much more muted than is the case for the 55–64 group, with only the Copper Coast experiencing a net growth by migration. Among the smaller coastal retirement communities only Kingston (28) and Tumby Bay (18) had net migration gains. Each of the major regional cities had a small net migration gain of people aged 64–75 except Port Augusta (–4) and Whyalla (–56).

## Figure 2.28

### South Australia: in, out and net migration of people aged 65–74 by LGA, 2001–06

Source: ABS 2006 Census



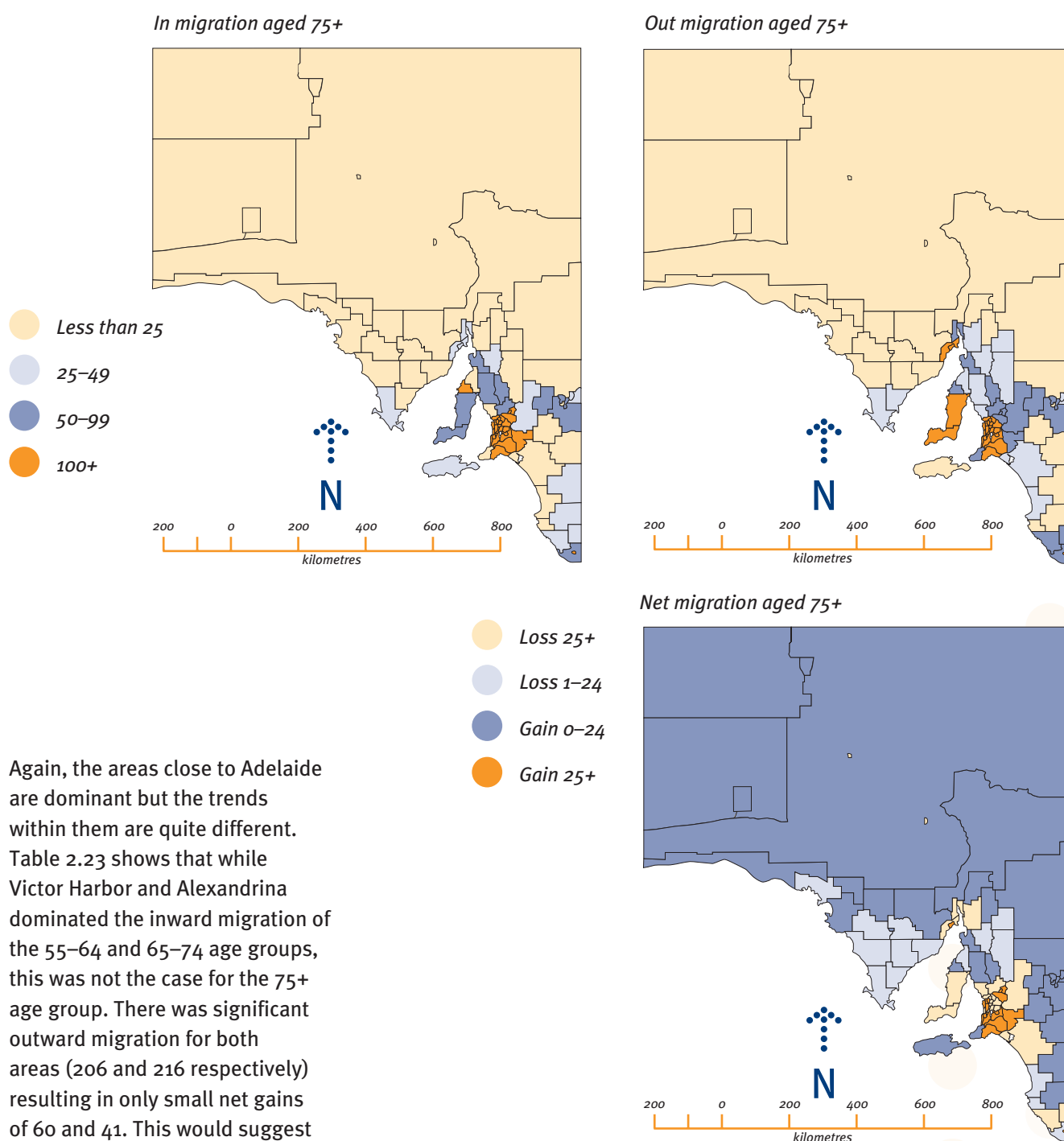
The 75+ age group is particularly significant because it makes most intensive use of aged care services and specialised housing. Figure 2.29 shows the patterns of in, out and net migration of this group for non-metropolitan LGAs.



## Figure 2.29

### Rest of South Australia: in, out and net migration of people aged 75+ by LGA, 2001–06

Source: ABS 2006 Census



Again, the areas close to Adelaide are dominant but the trends within them are quite different. Table 2.23 shows that while Victor Harbor and Alexandrina dominated the inward migration of the 55–64 and 65–74 age groups, this was not the case for the 75+ age group. There was significant outward migration for both areas (206 and 216 respectively) resulting in only small net gains of 60 and 41. This would suggest that there is some truth to the argument that some people who move into the area in their 50s and 60s later move out in their 70s and 80s. It is interesting that the Barossa and Mount Barker had larger net gains of people aged 75+ than Victor Harbor and Goolwa. The Copper Coast also experienced a significant outward

migration of people aged 75+ (94 people) and recorded only a small net gain (18). All of the other smaller coastal retirement communities recorded a net loss in this age group. The regional cities experienced a small net gain of people aged 75+ except for Whyalla and Port Augusta.



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## 3 : Families and Living Situation

**The living situation and composition of Australian families are increasingly diverging from traditional patterns. Older South Australians are not exempt from these changes and are set to exhibit more diversity in their household composition and living situations during the coming decades.**

### 3.1 Changing older households

#### 3.1.1 Marital status

The marital status of older South Australians is identified in Table 3.1. At age 65–74, the majority of South Australians are married. Moving up the age groups, married status changes to widowed. The higher rates of widowhood for women are a common trend in ageing populations, due to the tendency of men to marry younger women, and men having a lower life expectancy than women. The loss of a partner often leads to household composition changes. The surviving partner may choose

to continue living at home alone, or may move to live with family or into an institution. The minority group of ‘never married’ older people in South Australia is likely to have less immediate family support (given that among the older generation, never married can often be equated with no children). This has implications for policy because the current policies of ‘ageing in place’ often require the assistance of informal carers (most often family members). Ageing in place may not be an option for older people in the community, including ‘never married’ people, who do not have the support of immediate family.

**Table 3.1**

**Marital status by age, South Australia, 2006**

*Source: ABS 2006 Census*

	Married	Divorced	Separated	Widowed	Never married	Total (%)	Total (%)
<b>Males</b>							
65–74	77.3	2.7	9.5	5.7	4.8	100	55,148
75–84	71.7	1.9	5.5	16.3	4.6	100	37,481
85+	52.5	1.3	3.0	38.9	4.3	100	9,858
<b>Females</b>							
65–74	61.6	2.1	10.3	23.1	2.8	100	59,946
75–84	37.8	1.1	5.5	52.5	3.1	100	49,954
85+	13.2	0.4	2.7	79.3	4.4	100	20,740
<b>People</b>							
65–74	69.2	2.4	9.9	14.8	3.8	100	115,094
75–84	52.3	1.5	5.5	37.0	3.7	100	87,435
85+	25.9	0.7	2.8	66.2	4.4	100	30,598

In addition to widowhood, divorce is another life event that can change the family support structure available to people at older ages. Australia has had a relatively high divorce rate since the mid-1970s, when the Family Law Act came into operation (Figure 3.1). Recent research by the Australian Institute of

Family Studies has identified that there are negative financial consequences for both men and women who have been divorced. Divorcees have lower rates of home ownership, lower levels of assets and lower incomes. In addition, divorce also has a negative impact on personal wellbeing in older age, with a

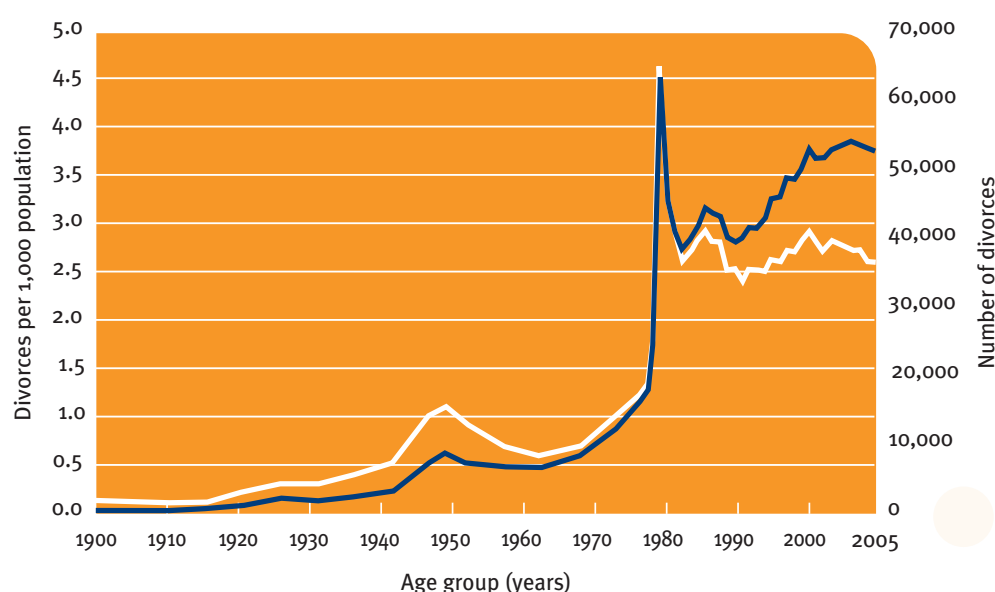
lower sense of social support and a lower satisfaction with life (de Vaus, Gray, Qu and Stanton 2007). Interestingly, the study found that remarriage seems to return wellbeing to a similar level to those who are married and never divorced.

### Figure 3.1

#### Crude divorce rate and number of divorces, 1901–2005

Source: ABS various years, *Marriages and Divorces*, cat. no. 3310.0

● Numbers  
○ Rates



### 3.1.2 Household composition

The percentage of older people living alone has slightly increased in South Australia during the past 10 years (Table 3.2). The provision of support to encourage and

enable older people to remain in their own homes has contributed to this. Nearly a third of all South Australians aged 65+ are now living alone. Figure 3.2 shows the higher rates of living alone for those aged 85+. People are more

likely to be living with other family members, as opposed to living in a couple family, as they get older. Group living represents only a small proportion of older people living in private dwellings in South Australia.

### Table 3.2

#### Percent of older people in lone person households, South Australia, 1996, 2001 and 2006.

Source: ABS 1996, 2001 and 2006 Censuses

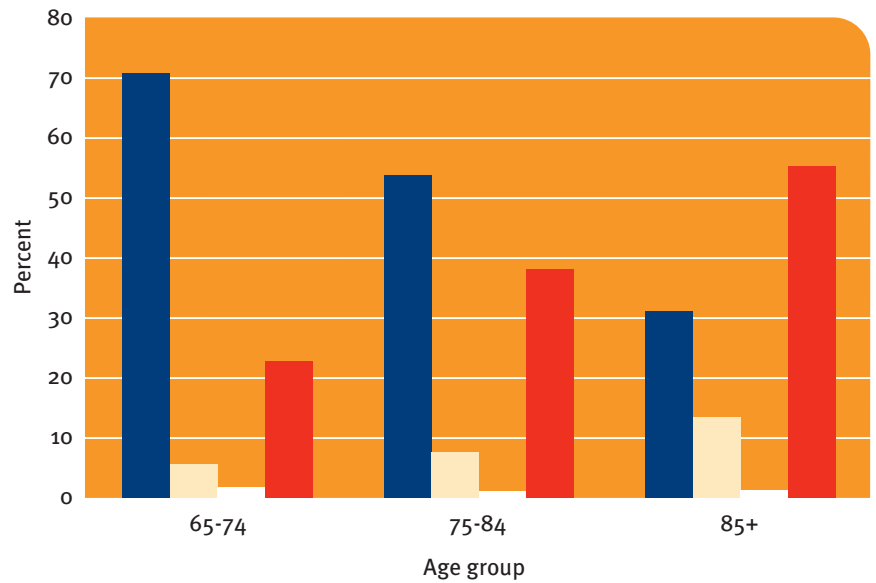
Age group	Year <sup>a</sup>		
	1996	2001	2006
65–74	22.7	21.6	22.0
75+	35.1	35.1	40.4
65+	28.0	28.1	30.8

<sup>a</sup> 1996 and 2001 figures based on place of enumeration; 2006 figures based on place of usual residence.

**Figure 3.2**  
Living arrangements of older people in private dwellings, South Australia, 2006

Source: ABS 2006 Census

- Couple family
- Other family
- Group
- Lone person



Further, there is a gender difference in living arrangements among older people. Most older men spend their final years in their own homes with the companionship of their wife, whereas older women are more

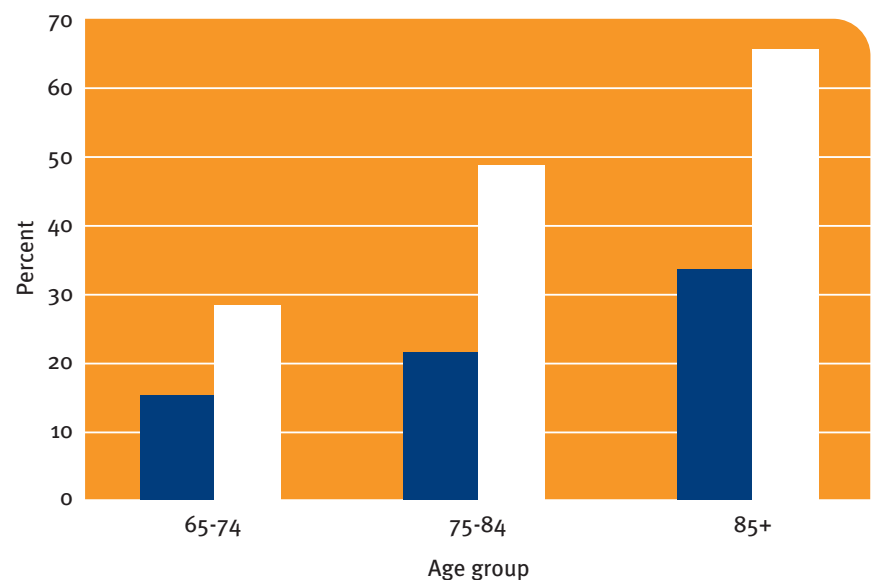
likely to spend their final years alone (Figure 3.3) or in residential aged care. The policy and planning implications of this pattern must be considered. While men are more likely to have a spouse to care for them in later life, women

are much less likely to have this same access to informal support at advanced ages and more often are forced to seek formal support or supported accommodation.

**Figure 3.3**  
Percent of older people living alone, by sex, South Australia

Source: ABS 2006 Census

- Males living alone
- Females living alone



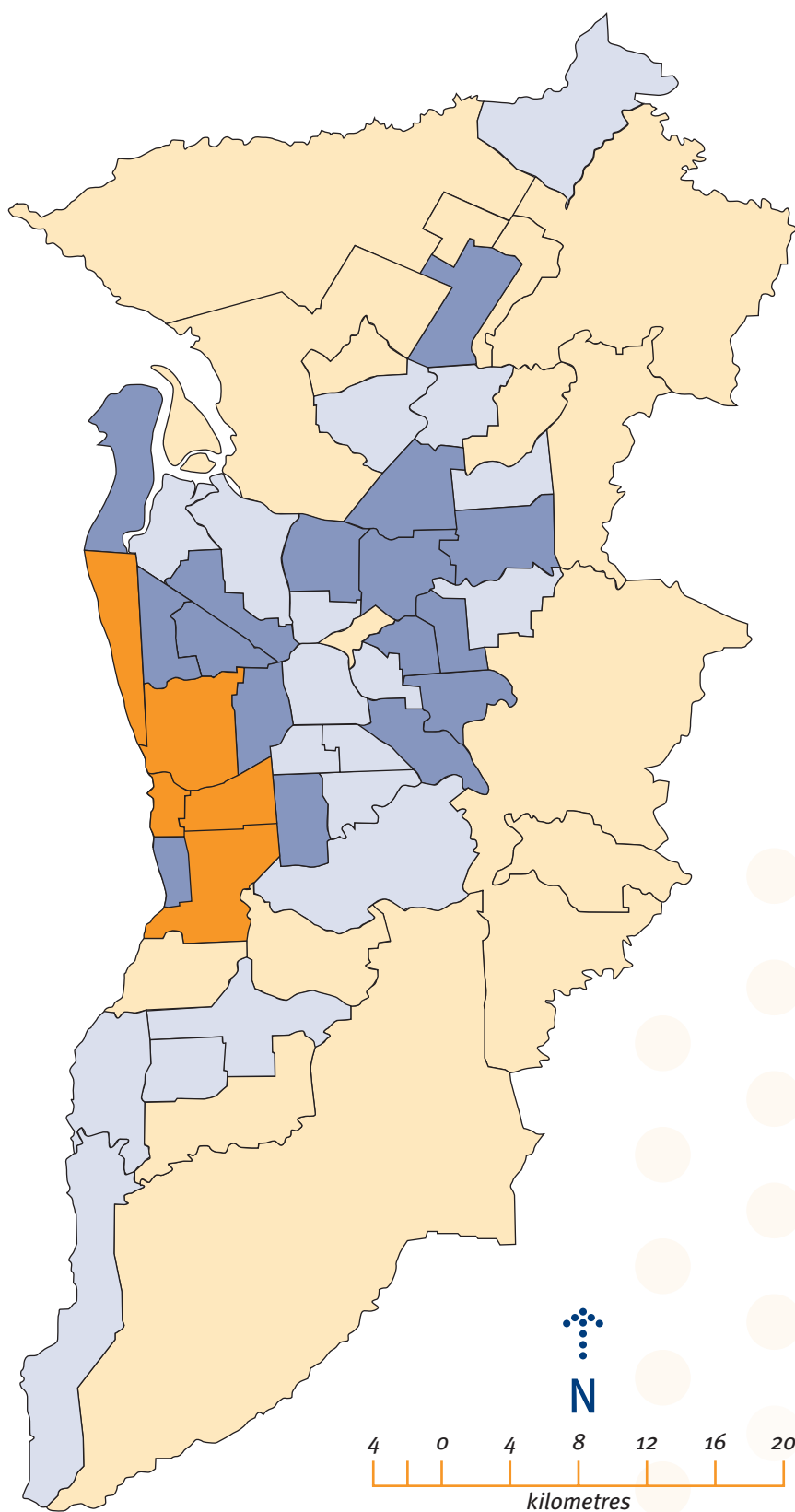
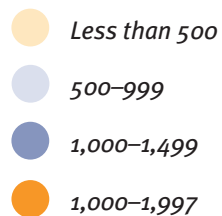
The distribution of lone person households in the Adelaide metropolitan area and the state are presented in the following figures. It can be seen that there is a higher number of older people living alone in the western suburbs of Adelaide than in other suburbs (Figure 3.4 and Figure

3.6). In regional and remote areas, older lone person households are much less common, although there are still considerable numbers in regional centres such as Port Augusta, Mount Gambier, Murray Bridge and Renmark (Figure 3.5 and Figure 3.7).

**Figure 3.4**

**Adelaide statistical division:  
number of people aged 65+  
in lone person households  
by SLA, 2006**

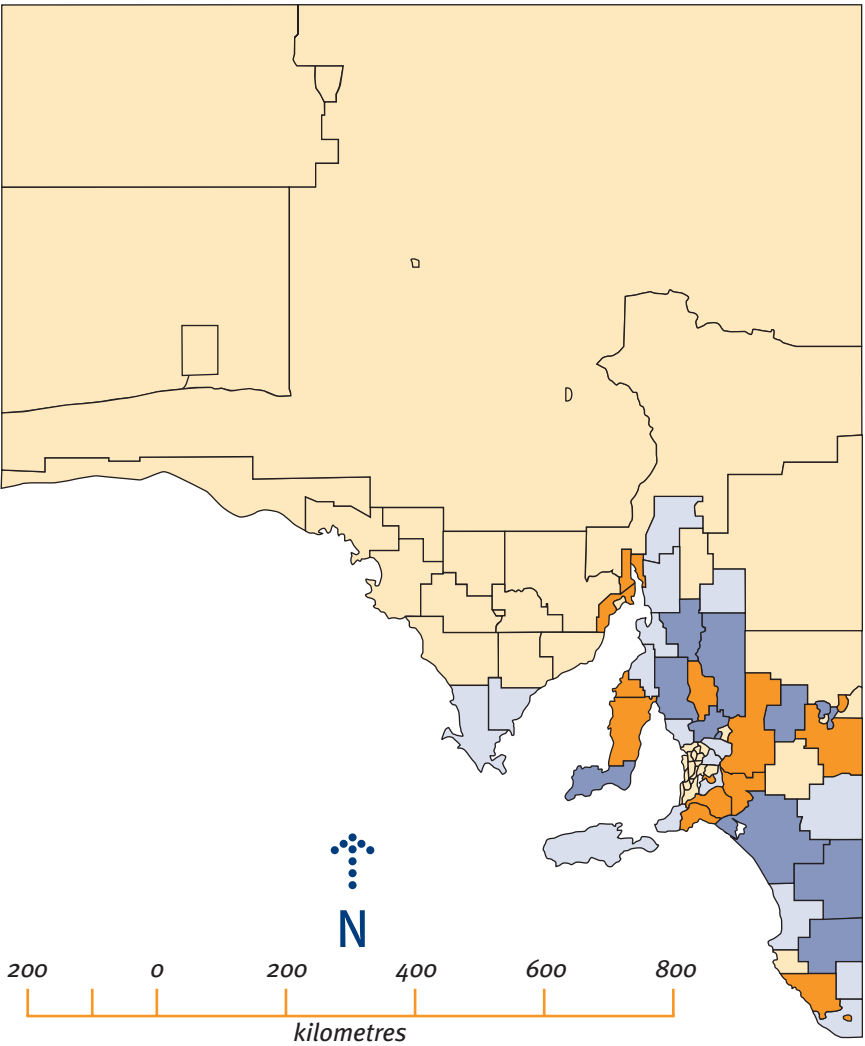
*Source: ABS 2006 Census*





**Figure 3.5**  
**South Australia non-metropolitan SLAs: number of people aged 65+ in lone person households, 2006**  
*Source: ABS 2006 Census*

- Less than 100
- 100–199
- 200–299
- 300–976

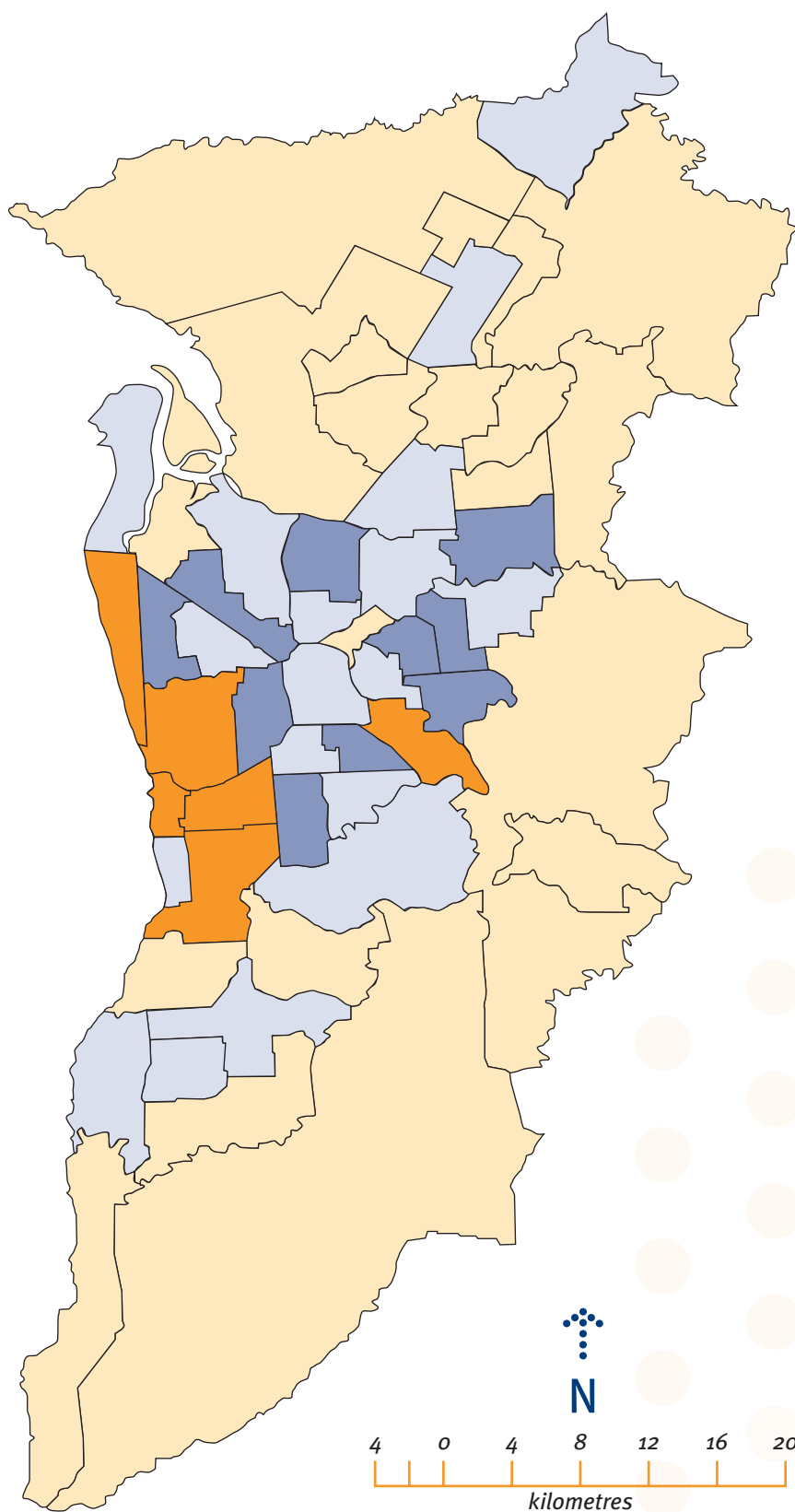


### Figure 3.6

**Adelaide statistical division:  
number of people aged 85+  
in lone person households  
by SLA, 2006**

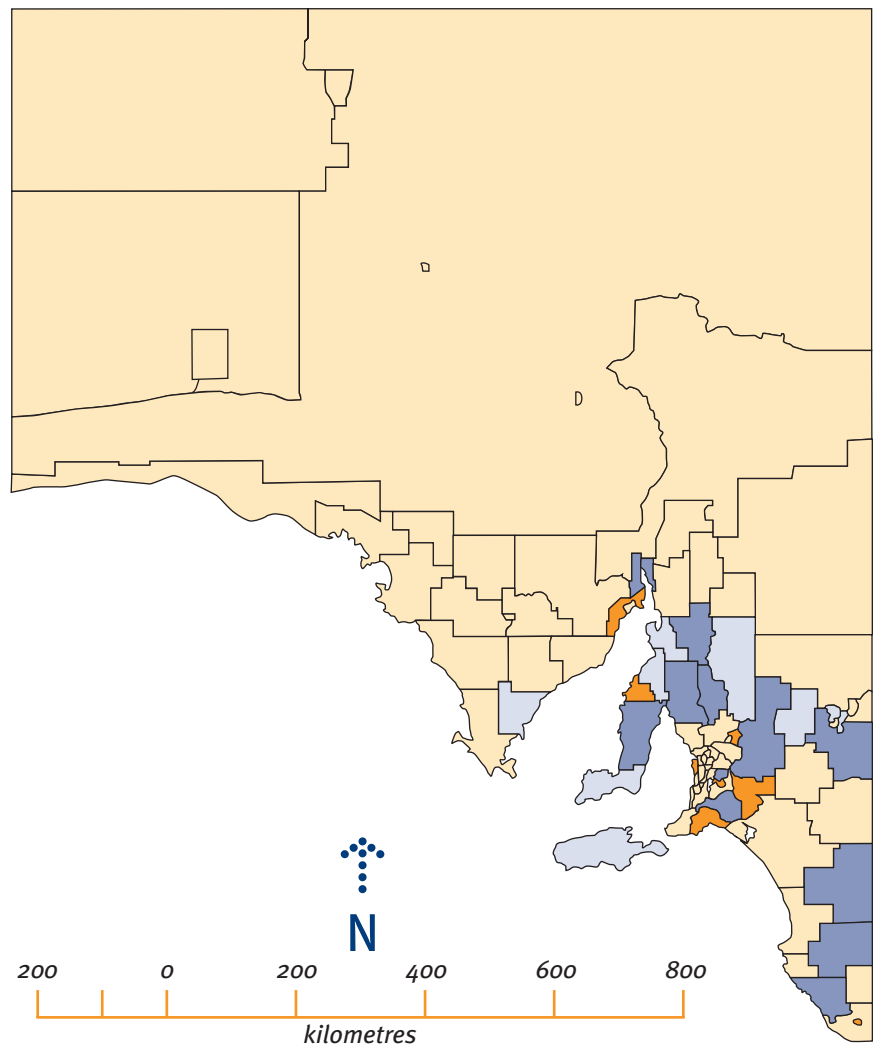
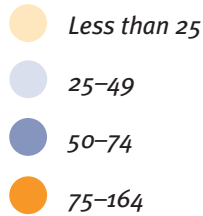
*Source: ABS 2006 Census*

- Less than 100
- 100–199
- 200–299
- 300–423



**Figure 3.7**  
**South Australia non-metropolitan SLAs: number of people aged 85+ in lone person households, 2006**

Source: ABS 2006 Census



Turning to older people living in family situations, the majority of those aged 65+ are living as couples without children. The distribution of couple families without children is fairly consistent throughout the state, with some regional SLAs showing that more than 90 percent of older families fall into this category (Figure 3.8).

The second most common form of family for older people is couples with children. Within the Adelaide metropolitan area, there are generally fewer of these types of families than in the regional and remote areas of the state (Figure 3.9). This could be due to a range of factors, including the amount of suitable housing for family members of both generations or

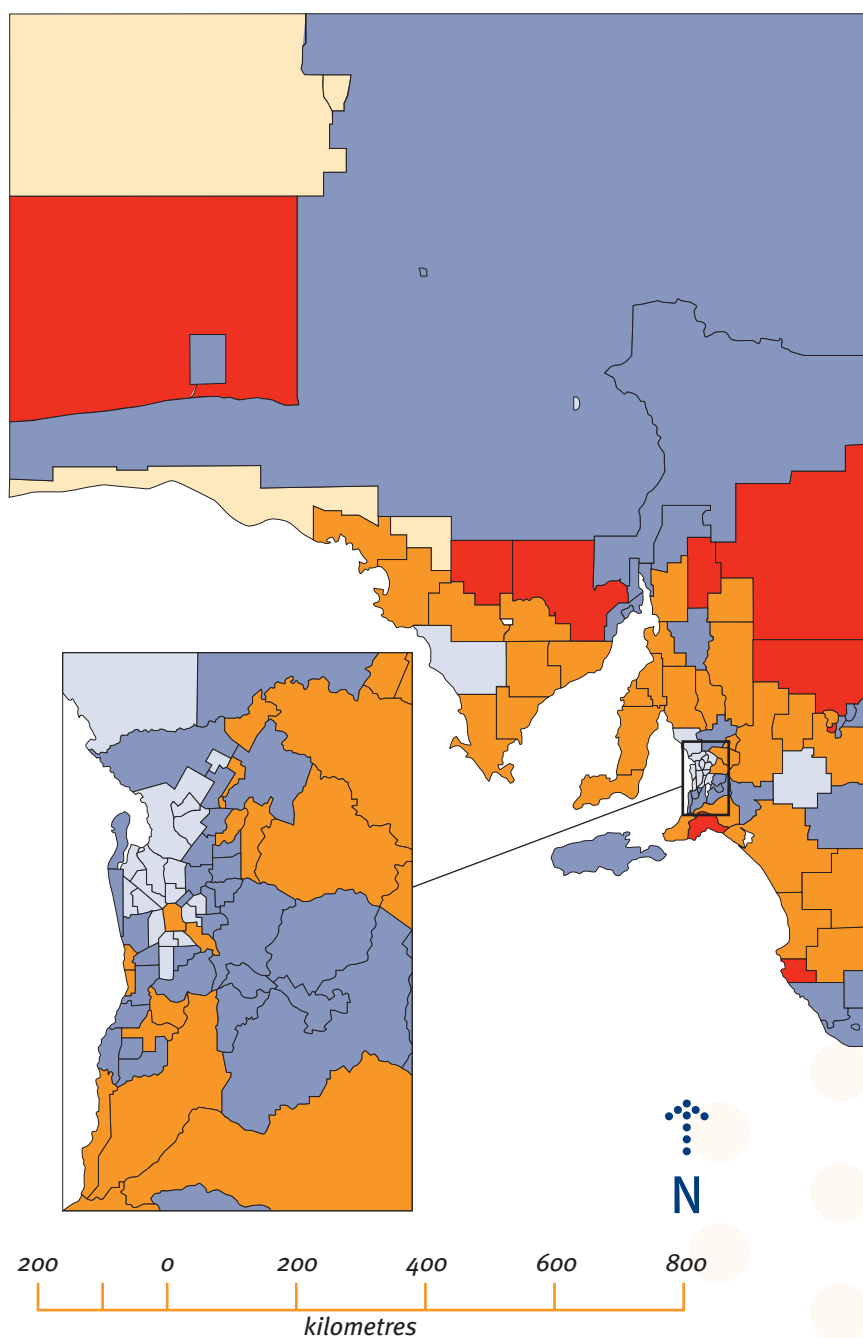
a preference for multigenerational living. Finally, Figure 3.10 and Figure 3.11 show the distribution of one parent families and 'other' types of families. These family types represent the minority of families that include household members aged 65+. There are slightly higher proportions of these family types in the north-western suburbs of Adelaide.

**Figure 3.8**

**South Australian percent of people living in couples only families, aged 65+, 2006**

*Source: ABS 2006 Census*

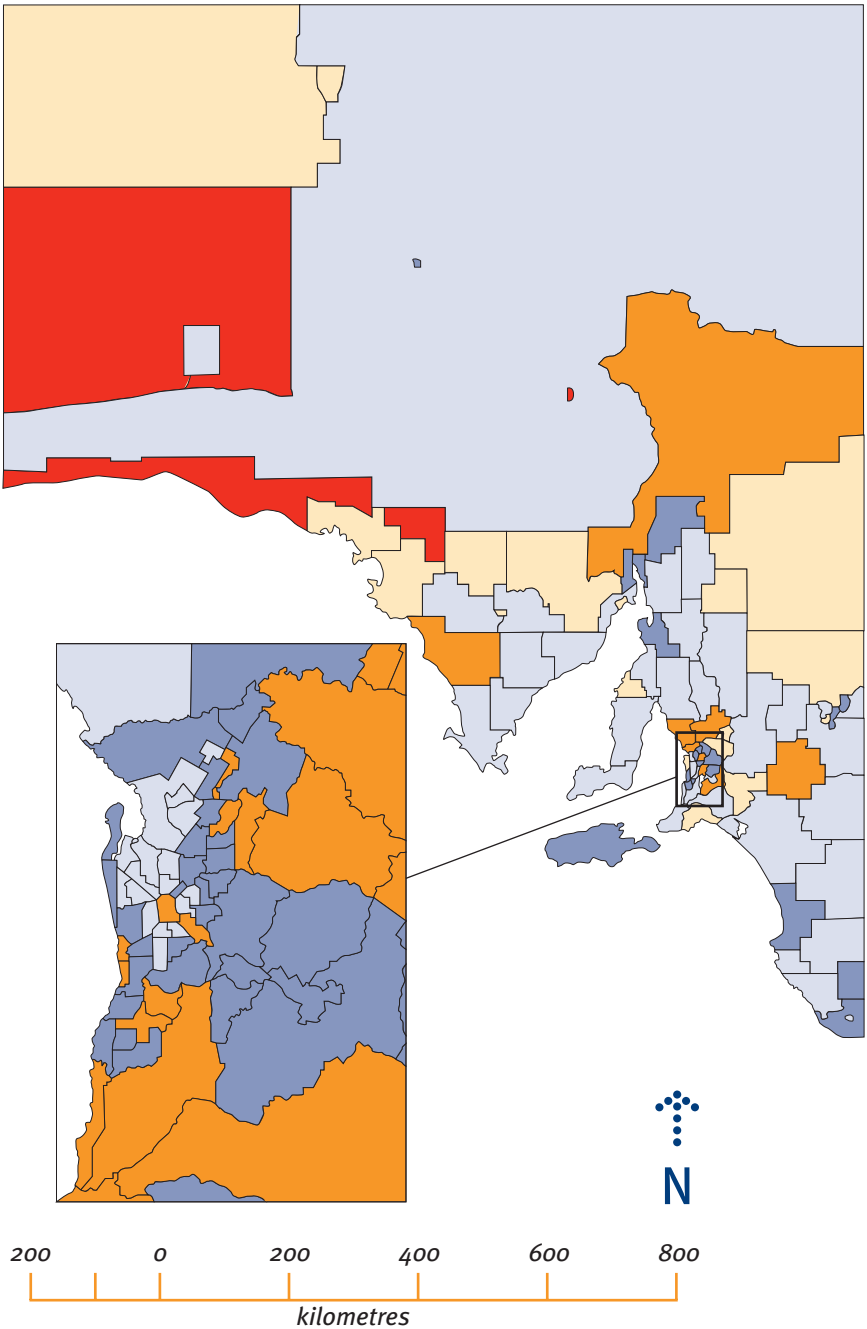
- 00.00–24.69%
- 24.70–77.49%
- 77.50–84.53%
- 84.54–91.53%
- 91.54–100.00%



**Figure 3.9**  
**South Australian percent of people living in couple families with children, aged 65+, 2006**

Source: ABS 2006 Census

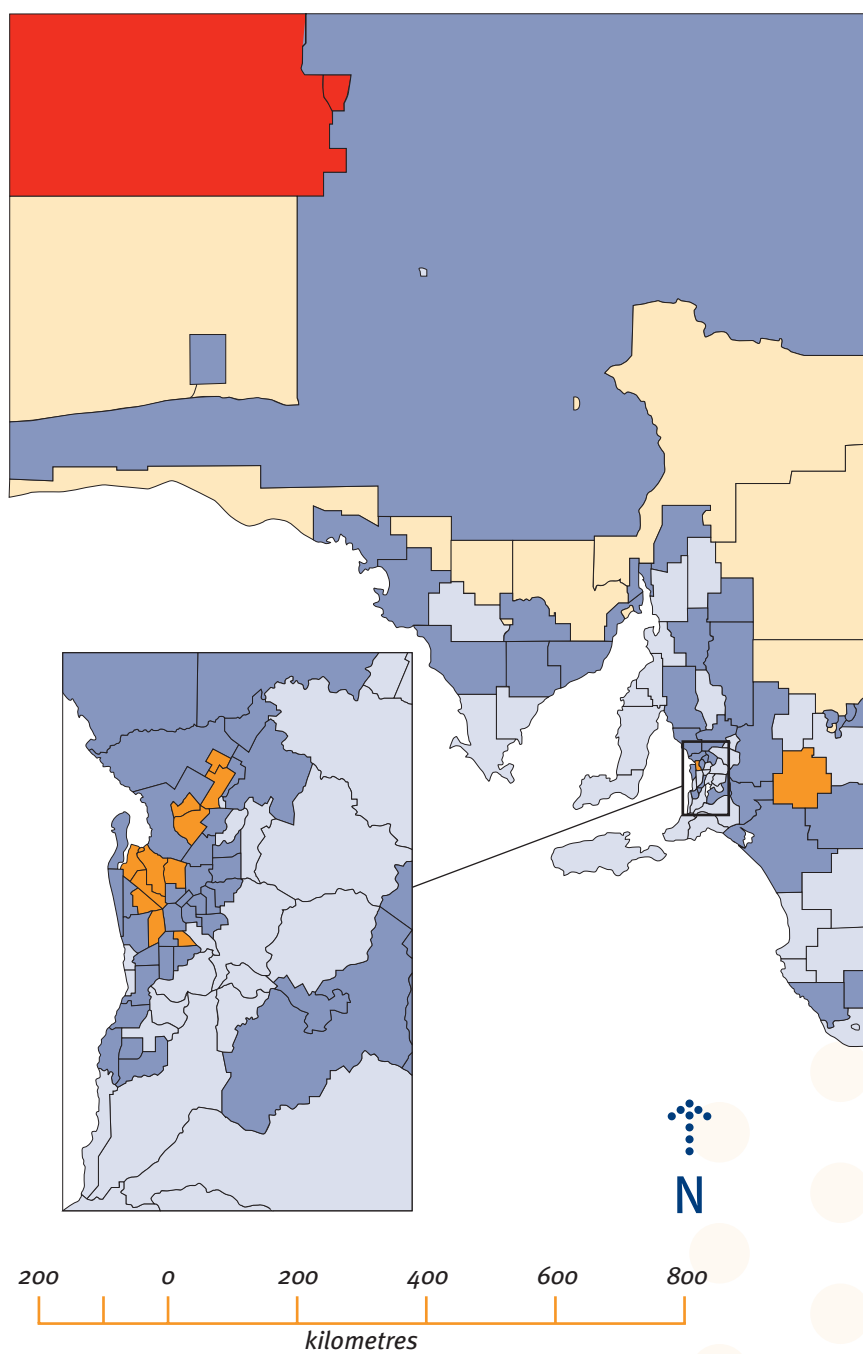
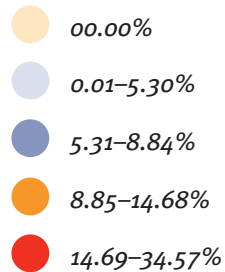
- 00.00–4.11%
- 4.12–8.69%
- 8.70–12.55%
- 12.56–18.26%
- 18.27–50.00%



**Figure 3.10**

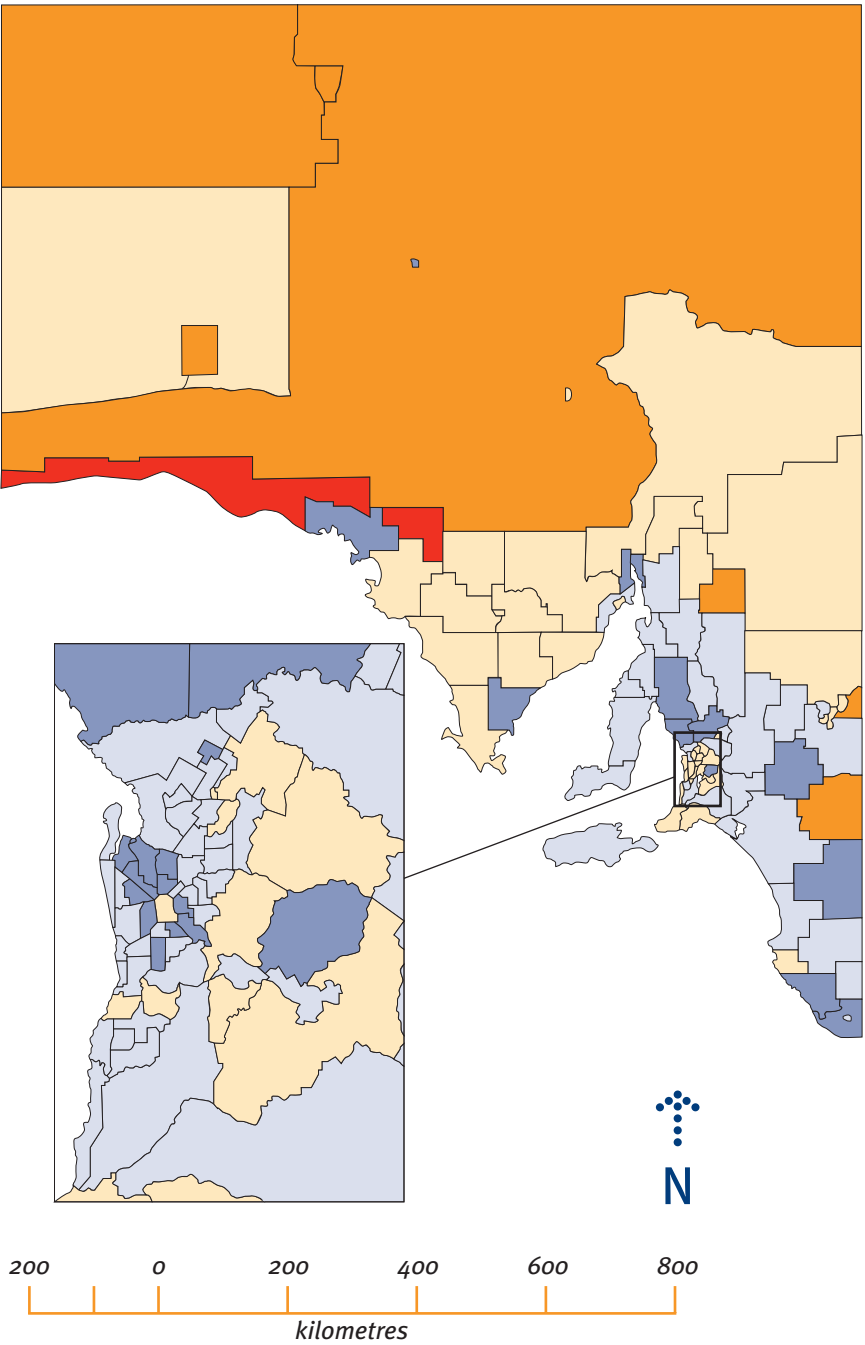
**South Australian percent of people living in one parent families, aged 65+, 2006**

*Source: ABS 2006 Census*



**Figure 3.11**  
**South Australian percent of people living in other family types, aged 65+, 2006**  
*Source: ABS 2006 Census*

- 0.00–0.60%
- 0.61–1.65%
- 1.66–3.04%
- 3.05–7.35%
- 7.36–34.57%





### 3.2 Housing issues

Housing is now recognised as a key factor influencing successful ageing. The health and wellbeing of older people is linked to suitable, affordable and well-located accommodation. In the recent Senate housing affordability report (*A good home is hard to find: Housing affordability in Australia 2008*, p.25) the importance of housing for older people is explained:

*The home has special significance for older people. Home is a familiar place, in a familiar location where they know others and feel in control of their lives. Studies examining older peoples' preferences for housing have found that the majority wish to stay in their current home, or if they had to move, at least remain within their current suburb, in a*

*familiar social environment. The health and wellbeing of seniors is intrinsically linked to housing.*

— David Deane, National Seniors Association

Wellbeing has been found to vary between housing tenure types, and generally reflects marked differences between people in public rental, private rental and homeowners housing (Australian Housing and Urban Research Institute [AHURI] 2002).

#### 3.2.1 Tenure

Tenure refers to the nature of a household's legal right to occupy the premises in which household members live (ABS 2005). Nationally, older person households have higher levels of home ownership than other households (roughly about 80 percent of households) (ABS 2005). About 13 percent of older

person households live in rental accommodation, with the largest proportion of these (roughly about 45 percent) renting from state or territory housing authorities (ABS 2005). The ABS reports that a further 44 percent rented from a private landlord with the remaining 11 percent renting from community and church groups, housing cooperatives or caravan parks.

The proportion of older Australians (aged 65+) in various forms of housing is presented in Table 3.3, which shows that home ownership is high (80 percent of households). Although this was not as high as home ownership in Victoria (85.6 percent) and New South Wales (87.6 percent), it is comparable to that in Queensland (78.6 percent), Western Australia (80.4 percent) and Tasmania (82.6 percent).

**Table 3.3**

**Tenure type by state: people aged 65+ only**

Source: ABS 2005

	NSW	Vic	Qld	SA	WA	Tas
Owner without a mortgage	85.0	81.3	74.6	75.0	71.7	79.1
Owner with a mortgage	2.6	4.3	4.0	5.0	8.7	3.5
Renter	10.7	11.8	16.8	16.1	14.5	15.7
Other	1.7	2.6	4.6	3.9	5.1	1.7

Data derived from the South Australia Monitoring and Surveillance System (SAMSS) survey, done by the South Australian Department of Health, provides further information about housing tenure in South Australia. From the SAMSS Survey, 83.6 percent of respondents of all ages own their house outright or were buying their own home. The second most common form of tenure in South Australia is private rental (10.1 percent of all respondents) followed by renting from the SA Housing Trust

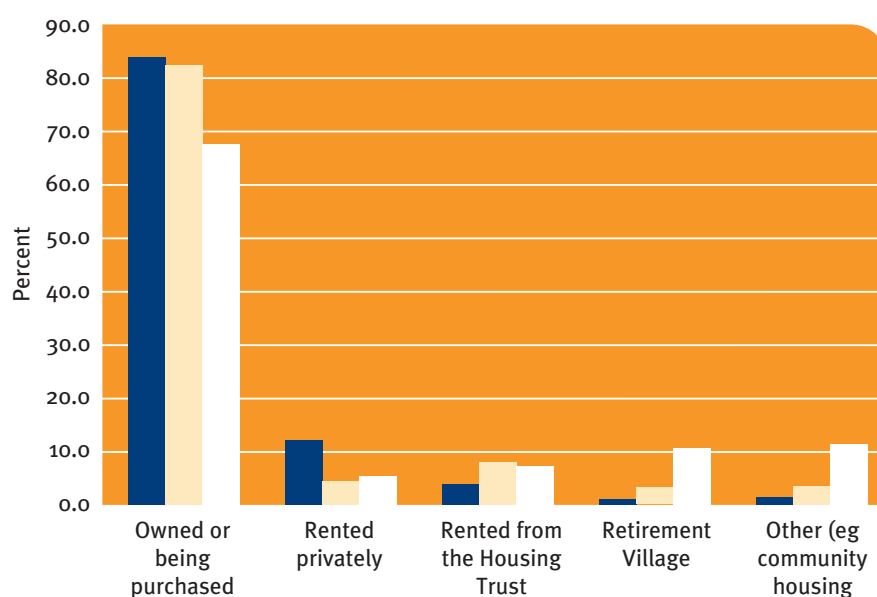
(4.1 percent). There is a slightly different pattern of housing tenure when it is stratified by age group: young (<65); young-old (65–84); and the old-old (85+). This pattern is presented in Figure 3.12, which shows that in the oldest age groups, two-thirds of South Australians continue to live in the home that they own or are buying, but there is a shift towards other housing types, including rental from the Housing Trust, retirement village living or other forms of housing such as community housing in older age groups.

**Figure 3.12**  
Housing tenure among South  
Australians aged <65, 65–84  
and 85+

Source: SAMSS Survey 2006

**Age Group**

- <65
- 65–84
- 85+



Data provided by the ABS also indicates that there are slightly lower rates of home ownership among the old-old in South Australia (Table 3.4). This was also mirrored in households buying their homes, although the drop

in purchasers is experienced at a younger age—most likely reflecting the desire and need to have paid off a home before significantly altering the income of a household through retirement and progression to an aged

pension. The data also shows the larger proportion of households renting at older ages, which possibly reflects the move made later in life to retirement village style living.

**Table 3.4**  
Tenure type by age group,  
2006

Source: ABS 2006 Census,  
unpublished data

	Adelaide	Rest of South Australia	South Australia
<b>65–74 years</b>			
Fully owned	74	74	74
Being purchased	9	10	9
Rented	15	15	15
Other tenure type	2	2	2
<b>75–84 years</b>			
Fully owned	73	74	73
Being purchased	5	5	5
Rented	16	18	17
Other tenure type			
<b>85+ years</b>			
Fully owned	69	69	69
Being purchased	5	5	5
Rented	19	22	20
Other tenure type	8	5	7

Turning to older people living in rental accommodation, it can be seen that the majority of older renters are living in State Housing Authority properties, with a higher proportion in Adelaide than in the rest of the state. Properties

rented from real estate agents are more common among 'younger' (65–74 years) renters (Table 3.5) than older renters (Table 3.6 and Table 3.7). Interestingly, housing cooperatives and community and church landlords are more

common among the old-old in South Australia, again probably reflecting the availability of 'Masonic Lodge' type accommodation and independent living units.

### Table 3.5

#### Landlord type by age (65–74 years), 2006

Source: ABS 2006 Census, unpublished data

	Adelaide	Rest of South Australia	South Australia
Real estate agent	11	13	12
State or territory housing authority	54	40	50
Person not in the same household	22	26	23
Housing cooperative/ community/church group	7	6	7
Other landlord	2	7	4
Not stated	3	8	4
<b>Total rented</b>	<b>15</b>	<b>15</b>	<b>15</b>

### Table 3.6

#### Landlord type by age (75–84 years), 2006

Source: ABS 2006 Census, unpublished data

	Adelaide	Rest of South Australia	South Australia
Real estate agent	7	8	7
State or territory housing authority	53	41	50
Person not in the same household	18	25	20
Housing cooperative/ community/church group	15	12	14
Other landlord	2	5	3
Not stated	5	10	6
<b>Total rented</b>	<b>16</b>	<b>18</b>	<b>17</b>

## Table 3.7

### Landlord type by age (85+ years), 2006

Source: ABS 2006 Census, unpublished data

	Adelaide	Rest of South Australia	South Australia
Real estate agent	6	7	6
State or territory housing authority	45	37	43
Person not in the same household	16	20	17
Housing cooperative/ community/church group	24	20	23
Other landlord	3	4	3
Not stated	7	12	8
<b>Total rented</b>	<b>19</b>	<b>22</b>	<b>20</b>

### 3.2.2 Future housing issues

The lifetime experiences of the baby boomers (greater education and employment opportunities, changing family structure, greater affluence, escalating house values, increased consumerism, greater mobility and varied housing experiences), coupled with increasing life expectancy, the changing nature of retirement and awareness of different lifestyles mean that the baby boom generation will view ageing very differently from previous generations and this will influence the way they view housing (Faulkner 2007, p.153). While Kendig and Bridge (2007) have

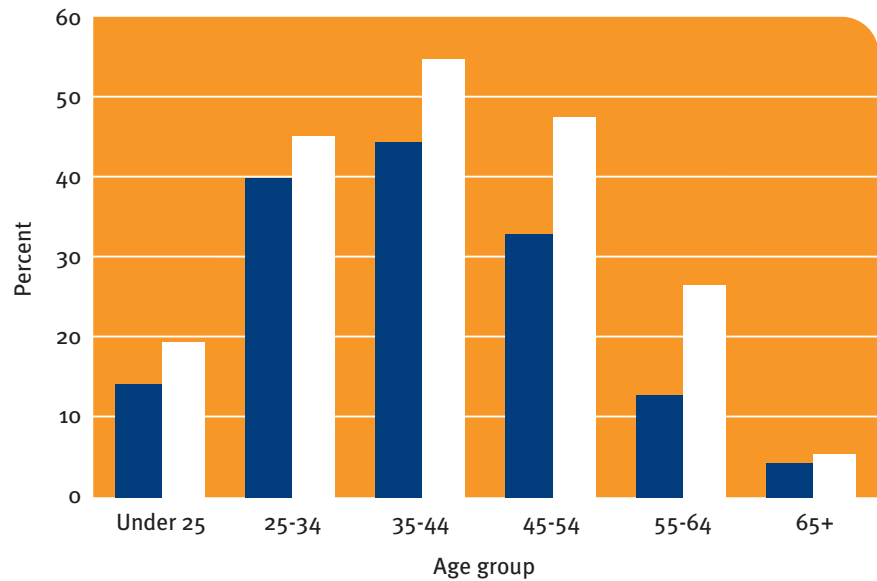
stated that the baby boomers will be 'better positioned' than previous generations to make choices regarding their housing circumstances, there will be a significant minority who have not prospered—be it through retrenchment, unemployment, divorce or other circumstances (Faulkner 2007).

In addition, changes in the Australian housing system indicate that there may be very different housing profiles among future generations of older Australians, with a larger proportion likely to enter retirement with a mortgage or renting privately. This is

summarised in Figure 3.13, which shows data collected in the ABS income and housing surveys of 1995–96 and 2005–06. In addition to higher rates of retirees still with mortgages, AHURI has predicted that, nationally, the number of people aged 65+ living in low-income rental households will more than double from 195,000 in 2001 to 419,000 in 2026. While data was not available for South Australia, these figures indicate that there will be significant financial implications for a substantial group of older Australians in future years who will not move into later life with the security of homeownership.

**Figure 3.13**  
**Indebted owner-occupiers,**  
**Australia, 1995–96 and**  
**2005–06**

Source: ABS 1995–96, 2005–06



### 3.2.3 Affordability

A popular view of housing and older people is that they are ‘free and clear’ of burdensome expenditures given that a large proportion of this group are home owners. This image ignores the heterogeneity in the economic and housing circumstances of older people. A recent study into the correlates of housing affordability in Australia identified that people who live alone, do not own their own home, have low incomes and hold debt with few assets are at a greater risk of housing affordability stress, even when controlling for other economic, housing and demographic factors (Temple 2008, p.24). Affordable housing is a key to ageing successfully at home but for many older people on fixed incomes, increases in rents, changes in marital status and the general costs of living can push older people into housing stress. The choice and availability of housing for the older population with restricted financial means, particularly those in rural and regional areas (Faulkner and Bennet 2001) significantly affects

the ability of older people to age in place.

It has been found that older households living in private rental accommodation are most at risk of housing inaffordability (AIHW 2007). The ABS Housing and Income Survey (ABS 2007b) found that across Australia, older renters spend up to 33 percent of their gross income on housing, which was a higher proportion of income on housing costs compared with households of any age group or tenure type (AIHW 2007). As many as 17 percent of older South Australian renters (those aged 65+ and renting) spent more than 30 percent of their weekly income on housing costs, indicating household stress. This is slightly higher than the proportion of younger South Australians who spent more than 30 percent of their weekly income on housing costs (15.1 percent).

Despite this, no South Australians aged 65+ who participated in the Household Income and Labour Dynamics in Australia (HILDA) Survey (2006) reported being unable to make a repayment on a house they were buying although

the number of respondents answering this question was very low (n=80) and none had sold their home in the past four years because of financial difficulties. A small number of South Australians aged 65+ (2.3 percent of all South Australians in the sample) reported being unable to pay their mortgage or rent on time, although due to the low number of South Australians aged 65+ in the HILDA sample this finding should be treated with caution.

While housing tenure has been associated with risk of housing stress, the Australian Housing and Urban Research Institute (AHURI) has identified both advantages and disadvantages associated with common forms of housing tenure in Australia. These are summarised in Table 3.8, where it can be seen that although private rental is often more expensive, it has the advantages of providing choice of location, choice in dwelling type and autonomy to the resident. Ultimately, the key issue is to provide older South Australians with a choice of housing tenure types that will meet their needs.

## Table 3.8

### Advantages and disadvantages of older renters' housing, by tenure type

Source: AHURI 2008

	Affordability	Security of tenure	Choice of location	Choice of dwelling type	Autonomy	Communal living or facilities	Suitability for ageing in place
<b>Non-aged specific housing:</b>							
Public housing	✓	✓	X	X	X	X	X
Private rental	X	X	✓	✓	✓	X	X
Co-op housing	~	✓	X	✓	✓	✓	X
Boarding houses	✓	~	✓	X	X	✓	X
<b>Aged specific housing:</b>							
Retirement rental	✓	✓	~	X	✓	✓	X
Assisted living	X	✓	X	X	✓	✓	✓
Small communal	✓	~	~	✓	✓	✓	✓

The State Government has already acknowledged the need for improved housing affordability in South Australia's Strategic Plan (2007). Target 6.7 aims to increase affordable home purchase and rental opportunities for all South Australians; however, in future there may be a need for specific consideration of housing affordability for older South Australians.

#### 3.2.4 Satisfaction with housing and neighbourhoods

Older South Australians are more satisfied than not with the home and neighbourhoods in which they live. An overwhelming proportion of South Australians aged 65+ participating in the HILDA Survey reported being satisfied with their home (94 percent), satisfied with their safety (87 percent), felt a part of their community (81 percent), and were satisfied with the neighbourhood in which they lived (92 percent). An overwhelming majority of respondents aged 65+ (87 percent) had a preference to

continue living in their current area.

Older participants in the SAMSS Survey (65+) mostly shared the views of younger people in the survey (aged less than 65) regarding their neighbourhood. They reported that their neighbourhood was a safe place (91.9 percent of respondents aged 65+) and felt safe in their home all or most of the time (97.7 percent), but older respondents were more likely than younger respondents to feel that people in their neighbourhood trusted one another (83.7 percent versus 78.8 percent,  $p < 0.001$ ).

#### 3.2.5 Models of housing for older people and the role of new housing types

There is a plethora of models of housing throughout the world to cater for an ageing population (Faulkner, Beer and Hutson 2006). In their review of the literature Faulkner, Beer and Hutson (2006) categorised these models into three broad housing model frameworks. They are:

- conventional housing in the community
- unassisted living communities
- assisted living communities.

The relationship between these three models is reproduced from the Faulkner report in Figure 3.14. Conventional housing is the most prominent model advocated in the published literature and reflects the desire of people to remain in the community rather than enter residential aged care. Under this model, people remain in individual homes scattered throughout the community.

The second model, unassisted living communities, includes retirement/lifestyle villages and co-housing. This model is well known in South Australia and elsewhere, and is characterised by segregated housing complexes specifically for aged people, which include a range of accommodation from independent living units to hostels to nursing homes.



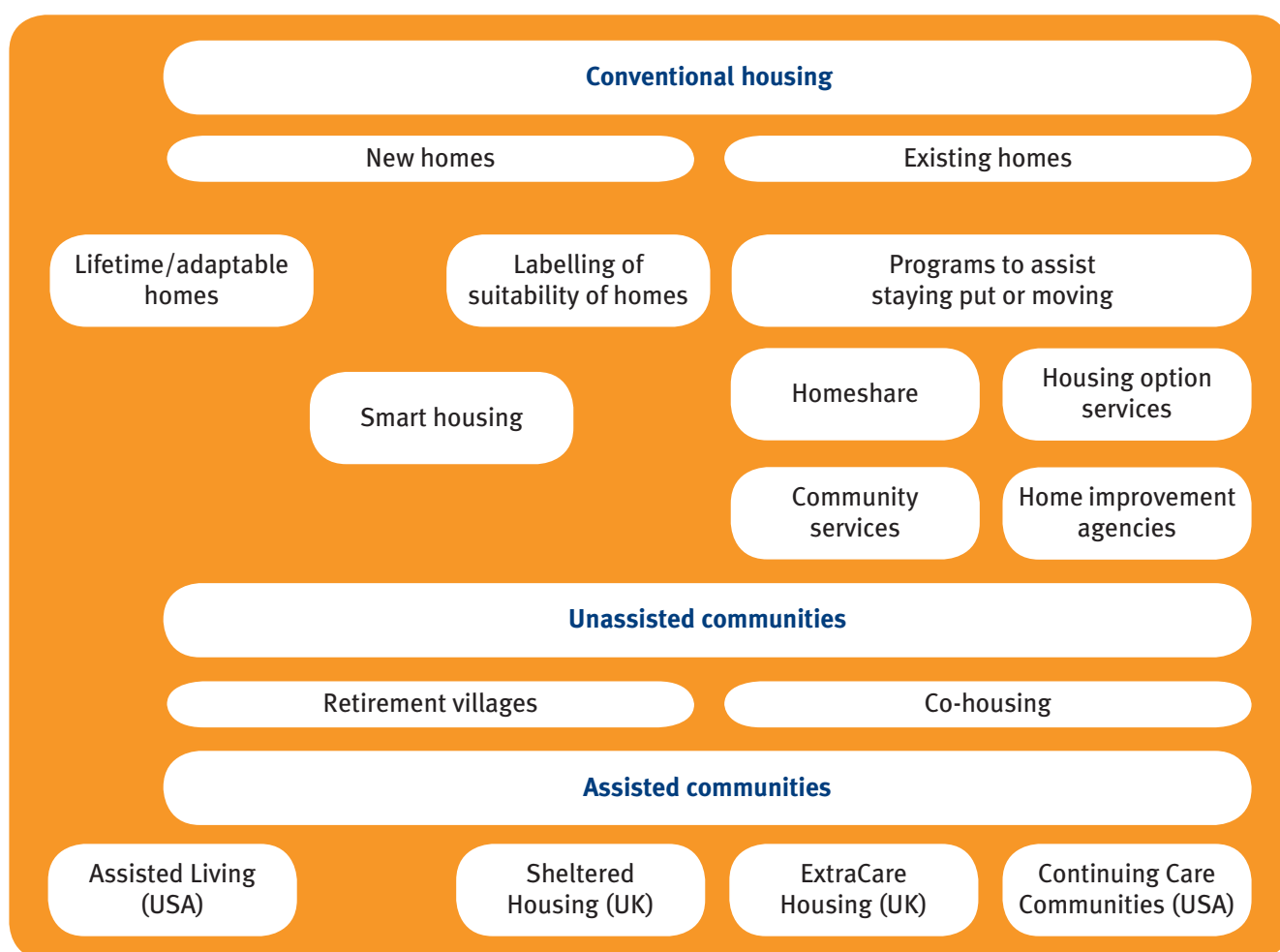
The final model, assisted communities, is a term that is applied to housing that includes some level of support. In Australia, Faulkner, Beer and Hutson (2006, p.33) identify various forms of

assisted living communities (for example, Abbeyfield Housing groups, SunnyCove and Village Life), and locating independent living units and a residential care facility on the same site.

## Figure 3.14

### Models of housing older people

Source: Faulkner, Beer and Hutson 2006



### 3.2.6 New housing types

The increasing preference of older people to remain in their own homes and ‘age in place’, and the issues that often arise due to inappropriate accommodation has led to innovations in housing designs and home modifications that enable older people to remain at home longer.

Universal Design/Lifetime Homes is one such innovation. Ron Mace, the founder of the Centre for Universal Design in North Carolina, defines universal design as ‘the design of products and environment to be useable by all people, to the greatest extent possible, without the need for adaptation or specialised design’

(Centre for Universal Design 1997). In the United Kingdom, the Joseph Rowntree Foundation developed the Lifetime Homes concept based on the principles of Universal Design. Lifetime Homes have 16 design features that ensure a house will meet the requirements of people over their lifetime. The design features include:



- access to the home
- moving about easily
- reducing difficulties in moving between levels in a two or more storey home
- making toileting and bathing safer and easier
- making light switches and windows accessible and easy to operate.

The adoption of Universal Design is believed to offer significant benefits to individuals and government. The Australian Network for Universal Housing Design (ANUHD) (Ward and Daly Smith 2005) anticipates significant cost benefits to governments and individuals through:

- fewer injuries to older people
- less demand on institutional care arrangements for older people and people with a disability, because they can stay in their own home longer
- more appropriate and efficient use of acute care hospitals and rehabilitation facilities
- safer work environments for both paid and unpaid care-givers
- less demand for home modifications, assistive equipment and paid assistance for daily living tasks.

The need to promote Universal Design features has been recognised by the State Government in the Ageing Plan for South Australia (Government of South Australia 2006). Through this plan the State Government endeavours to:

- collaborate with the housing industry to promote South Australian Housing Trust (SAHT) design guidelines for sustainable housing and liveable

neighbourhoods to ensure that new SAHT housing has improved accessibility, affordability and sustainability features

- provide improved consumer information about design features of housing for older people
- work at the national level to incorporate adaptable housing design elements into the Building Code of Australia.

Other housing options that enable older people to remain in their own homes generally involve some form of modifications to the existing house that improve safety and accessibility. These modifications can be difficult to enact, with issues arising for both home owners (high and unexpected costs, which are especially problematic for those on fixed incomes) and renters (landlords not prepared to make modifications). With an increasing number of older people in society, housing design and modifications that enable people to age in place will become more and more important.

### 3.2.7 Retirement villages

Another form of accommodation for older people is retirement villages, which include independent living units and serviced apartments. In July 2007 there were 450 such villages in South Australia. Table 3.9 shows the distribution of retirement villages throughout the metropolitan and regional areas. Retirement villages vary in the level of services they provide, from accommodation only to packages that include serviced apartments, communal dining rooms and recreation facilities such as common rooms and libraries. The modern incarnation of retirement villages are promoting

themselves as ‘lifestyle resorts’ for people aged 55+, although most people do not move into this type of accommodation until they are in their 70s (Faulkner and Beer 2008). Only 5 percent of the older population currently live in retirement villages, yet this is expected to increase as the baby boomers enter old age (Faulkner and Beer 2008). Retirement villages have traditionally been viewed as a desirable accommodation option for retirees, although the preferences of the baby boomers may not follow those of the current cohort of older people. In a review of literature on baby boomers and housing, Quine and Carter (2006) found that there is a suggestion that baby boomers may want to live independently (that is, not move in with their children or be institutionalised) and continue to be active in their intergenerational communities (not restricted to people their own age), retaining their existing social networks. They note, however, contradictions in the literature over whether baby boomers will live in their existing homes throughout older age or will liquidate the assets tied up in the family home to support their lifestyles. In any case, it is likely that the next generation of retirees will be seeking a wider range of lifestyle and housing options than those before them.

Recent research into the preferences of people living in retirement villages in South Australia has identified that older people want low-maintenance, spacious and secure housing that provides a high degree of privacy and accessibility in the form of single storey, separate dwellings (Faulkner and Beer 2008). Further, the location of the retirement

village in relation to their previous home was investigated, with living close to family and friends being identified as important. Indeed, remaining in a familiar neighbourhood was clearly a priority for many older people, and two-thirds of the sample in Faulkner and Beer's research

indicated they would only consider a move within 20 minutes' drive of their current home. In terms of the services desired in a retirement village, property and garden maintenance, access to health services, security and availability of a community centre appear to be important. It will be important

for the housing and retirement village industry to take these preferences into consideration. Older people will also be looking for options when it comes to tenure and pricing of retirement village housing, and a range of housing that services all sections of the market will be required.

## Table 3.9

### Retirement villages by region, South Australia, 2007

Source: Office for the Ageing, *Retirement Villages in SA, July 2007*

Region	Number of villages by LGA		Total number of villages by region	Total number of ILUs <sup>a</sup> /serviced apartments by region
Eastern Adelaide	8	Adelaide	140	3,509
	26	Burnside		
	23	Campbelltown		
	35	Norwood, Payneham & St Peters		
	8	Prospect		
	31	Unley		
	9	Walkerville		
Northern Adelaide	7	Playford	39	2,061
	11	Pt Adelaide Enfield (North)		
	9	Salisbury		
	12	Tea Tree Gully		
Southern Adelaide	28	Holdfast Bay	92	3,787
	15	Marion		
	24	Mitcham		
	25	Onkaparinga		
Western Adelaide	27	Charles Sturt	59	2,007
	10	Pt Adelaide Enfield (West)		
	22	West Torrens		
Adelaide Hills	18	Adelaide Hills	23	424
	5	Mt Barker		
Barossa	10	Gawler	32	495
	22	Barossa		
Fleurieu and Kangaroo Island	5	Alexandrina	14	565
	9	Southern Fleurieu		
Subtotal: Adelaide and Greater Adelaide			399	12,848

a Independent living units

Table continued next page

Table continued from previous page

Region	Number of villages by LGA		Total number of villages by region	Total number of ILUs <sup>a</sup> /serviced apartments by region
Far North			0	0
Eyre and Western	1	Ceduna	6	237
	1	Cleve		
	1	Franklin Harbour		
	2	Port Lincoln		
	1	Tumby Bay		
Murray and Mallee	2	Berri/Barmera	15	600
	3	Loxton/Waikerie		
	1	Renmark		
	1	Karoonda		
	5	Murray Bridge		
	1	Southern Mallee		
	2	Coorong		
Limestone Coast	1	Grant	10	447
	1	Kingston		
	3	Mt Gambier		
	2	Naracoorte/Lucindale		
	1	Tatiara		
	2	Wattle Range		
Yorke and Mid North	2	Barunga West	20	205
	1	Clare and Gilbert valleys		
	1	Copper Coast		
	3	Goyder		
	1	Mt Remarkable		
	1	Northern Areas		
	2	Peterborough		
	2	Port Pirie		
	4	Wakefield		
	3	Yorke Peninsula		
Subtotal: rural and remote SA			51	1,519
<b>Total</b>			<b>450</b>	<b>14,367</b>

### 3.3 Residential Care Facilities

There has been a slight decline in the percentage of older Australians living in aged care institutions during the past 20 years. In 2006, 11 percent of those aged 75+ were living in aged care institutions (Table 3.10). For

South Australia, in 2007, the rate is slightly higher, at 11.5 percent (AIHW 2008). While there is an increasing trend and preference for older people to remain in their own homes, there is still a significant need for residential aged care in South Australia.

#### Table 3.10

**Australia: percentage of the population aged 75+ in aged care institutions, 1981–2006**

Source: ABS Censuses

Year	Percentage
1981	13.5
1986	14.7
1991	13.5
1996	12.8
2001	11.0
2006	11.0

The occupancy rates of residential aged care facilities in South Australia were slightly higher than the national average in 2005–06 (Table 3.11).

#### Table 3.11

**Average occupancy rate, by state/territory and remoteness<sup>a</sup>, 1 July 2005 to 30 June 2006**

Source: AIHW 2007, p.20

State/territory	Major cities	Inner regional	Outer regional	Remote	Very remote	All regions
NSW	95.0	96.3	96.6	93.2	98.2	95.4
Victoria	92.2	94.5	96.4	84.9	n.a.	93.0
Queensland	95.8	96.6	96.0	90.7	82.5	96.0
WA	95.4	92.7	95.0	96.9	93.2	94.9
SA	97.7	97.4	96.8	95.3	0 <sup>b</sup>	97.6
Tasmania	n.a.	95.6	97.2	94.9	91.0	96.0
ACT	97.9	0 <sup>b</sup>	n.a.	n.a.	n.a.	97.9
NT	n.a.	n.a.	95.1	95.0	95.7	95.1
<b>Australia</b>	<b>94.7</b>	<b>95.7</b>	<b>96.3</b>	<b>93.5</b>	<b>84.6</b>	<b>95.1</b>

<sup>a</sup> Refers to the location of services

<sup>b</sup> No places in this region

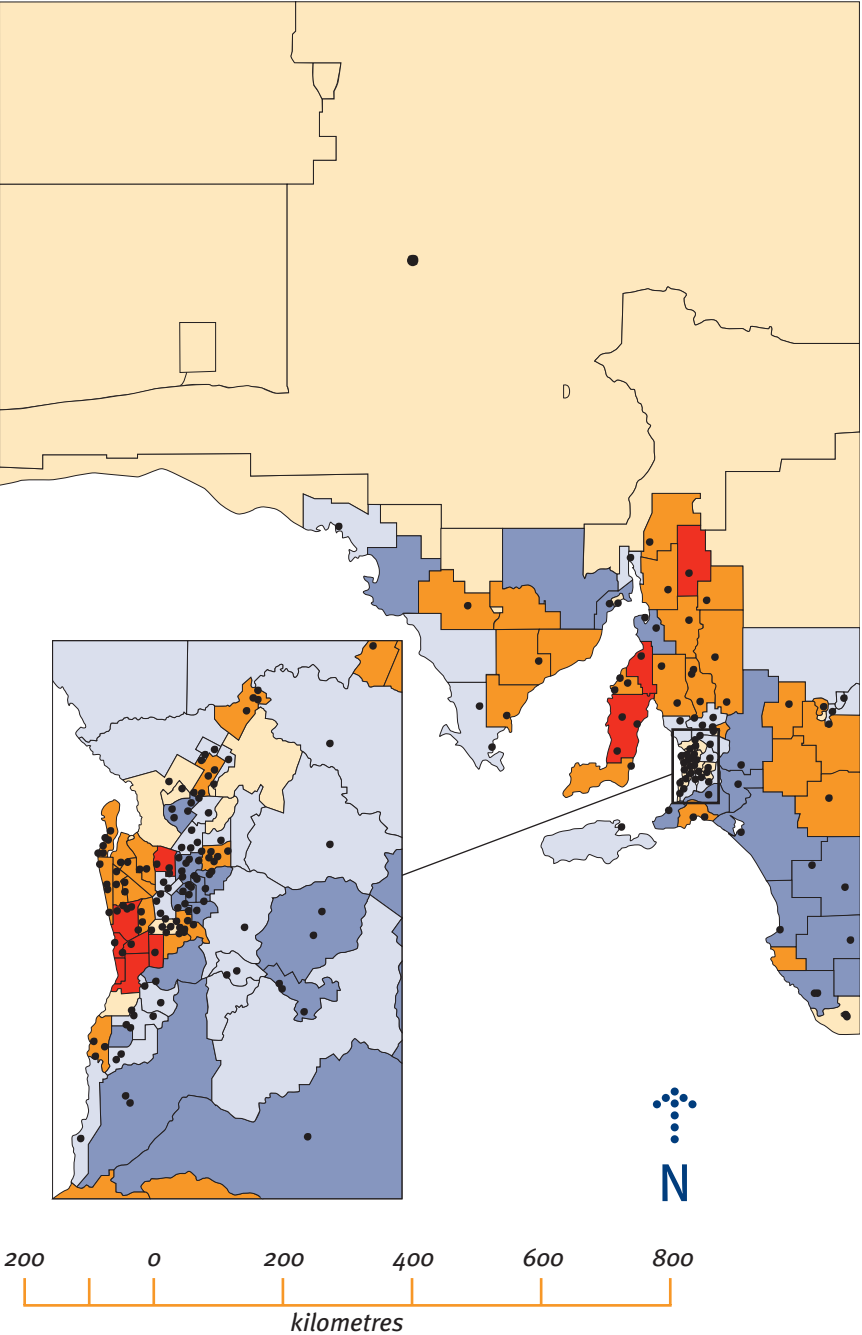
Table 3.12 shows the provision of aged care places and packages throughout South Australia in 2007. The majority of residential places are located in the metropolitan area; 12,226 places were available at 30 June 2007. Figure 3.15 shows the location

of residential aged care facilities and the distribution of older people in South Australia. It must be remembered that the mere presence of a residential aged care facility in an area does not mean that places will be available when older people require them.

**Figure 3.15**  
**South Australia, aged care facilities and percent of population aged 75+**  
*Source: ABS 2006 and Commonwealth Department of Health and Ageing*

- 0.00–0.60%
- 0.61–1.65%
- 1.66–3.04%
- 3.05–7.35%
- 7.36–34.57%

• Aged care facilities  
- high and low care (DoHA 2007)



## Table 3.12

### Aged care places and packages in South Australia, by regions, 2007

Source: AIHW 2008

	Major cities	Inner regional	Outer regional	Remote	Very remote	All regions
Residential	12,226	1,856	1,729	343	140	16,334
CACP <sup>a</sup>	2,363	543	303	77	20	3,306
EACH <sup>b</sup> and EACH Dementia <sup>c</sup>	293	54	50	0	0	397
TCP <sup>d</sup>	147	0	0	0	0	147
Total places and packages (No.)	15,069	2,453	2,082	420	160	20,184
Total places and packages (%)	74.7	12.2	10.3	2.1	0.8	100

a Community Aged Care Packages

b Extended Aged Care at Home Packages

c Extended Aged Care at Home Dementia Packages

d Transition Care Places

#### 3.3.1 Level of care

The breakdown of South Australia's residential aged care places into low and high care places (for 2006) is presented in Table 3.13.

Due to the introduction of ageing in place strategies for residential care facilities, whereby an older person can enter a residential facility on being assessed as low care but can remain in the same facility if they are re-assessed to high care, it is useful to look at the growth in low care facilities in South Australia. During the past

10 years there has been an expansion of residential low care facilities in the state, particularly in Adelaide (Figure 3.16 and Figure 3.17). The availability of aged care places in an older person's own community is important to enable links to be maintained with friends and family once that person is relocated to an institution.

## Table 3.13

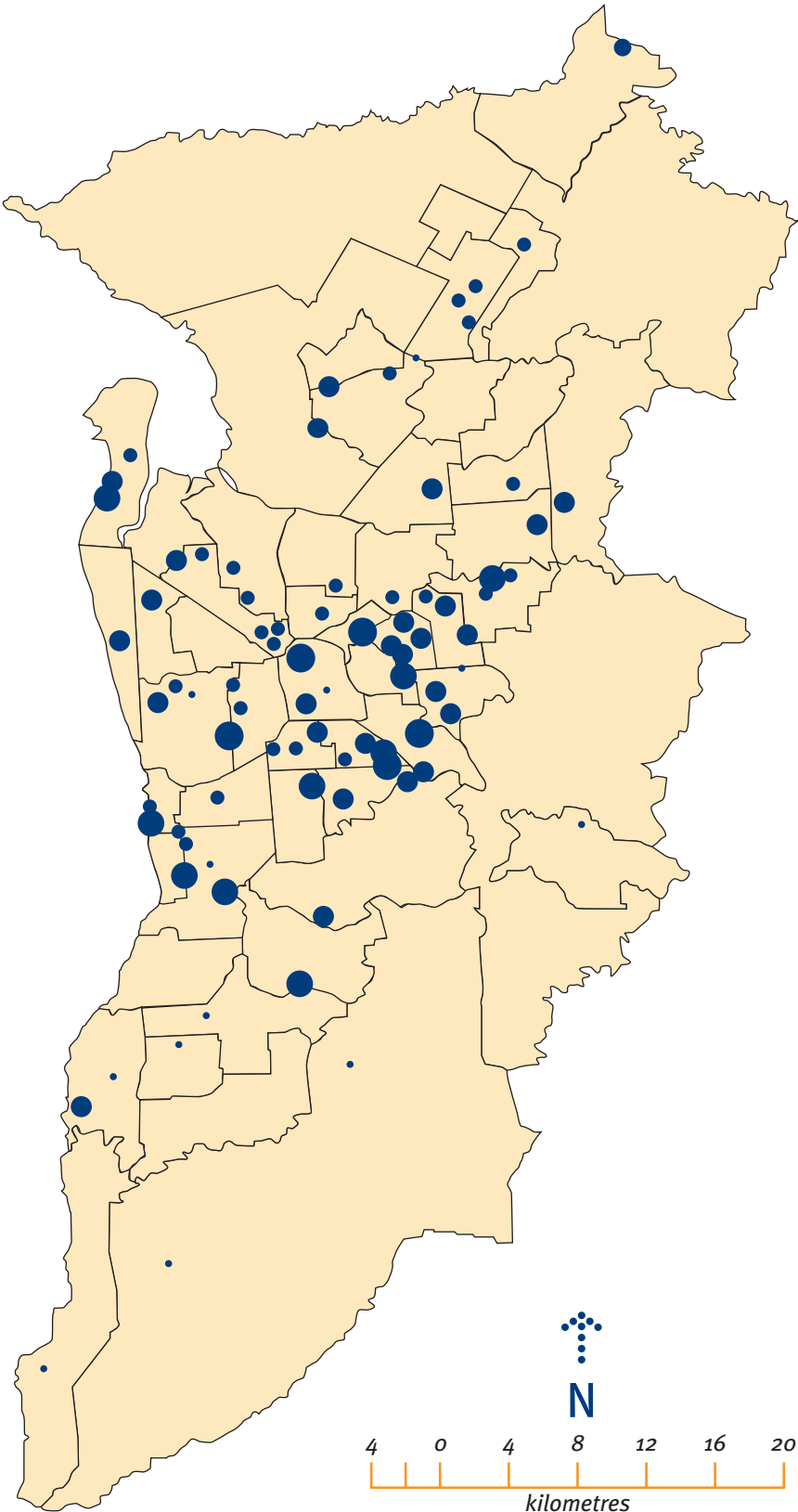
### Residential care places by type, South Australia, 2006

Source: Public Health Information Development Unit, 2008

	Total residential places	Residential high- level care places	Residential low- level care places	Community aged care places
Metropolitan Adelaide (excl. Gawler)	11,941	6,269	5,672	2,462
Country South Australia (incl. Gawler)	4,053	1,675	2,378	1,010
<b>Total</b>	<b>15,994</b>	<b>7,944</b>	<b>8,050</b>	<b>3,472</b>

**Figure 3.16**  
**Adelaide statistical division:**  
**low care facilities, number of**  
**beds, 1997**  
*Source: ABS and*  
*Commonwealth Department*  
*of Health and Ageing*

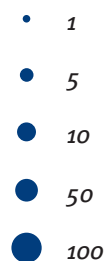
- 1-24
- 25-49
- 50-74
- 75-99
- 75-99



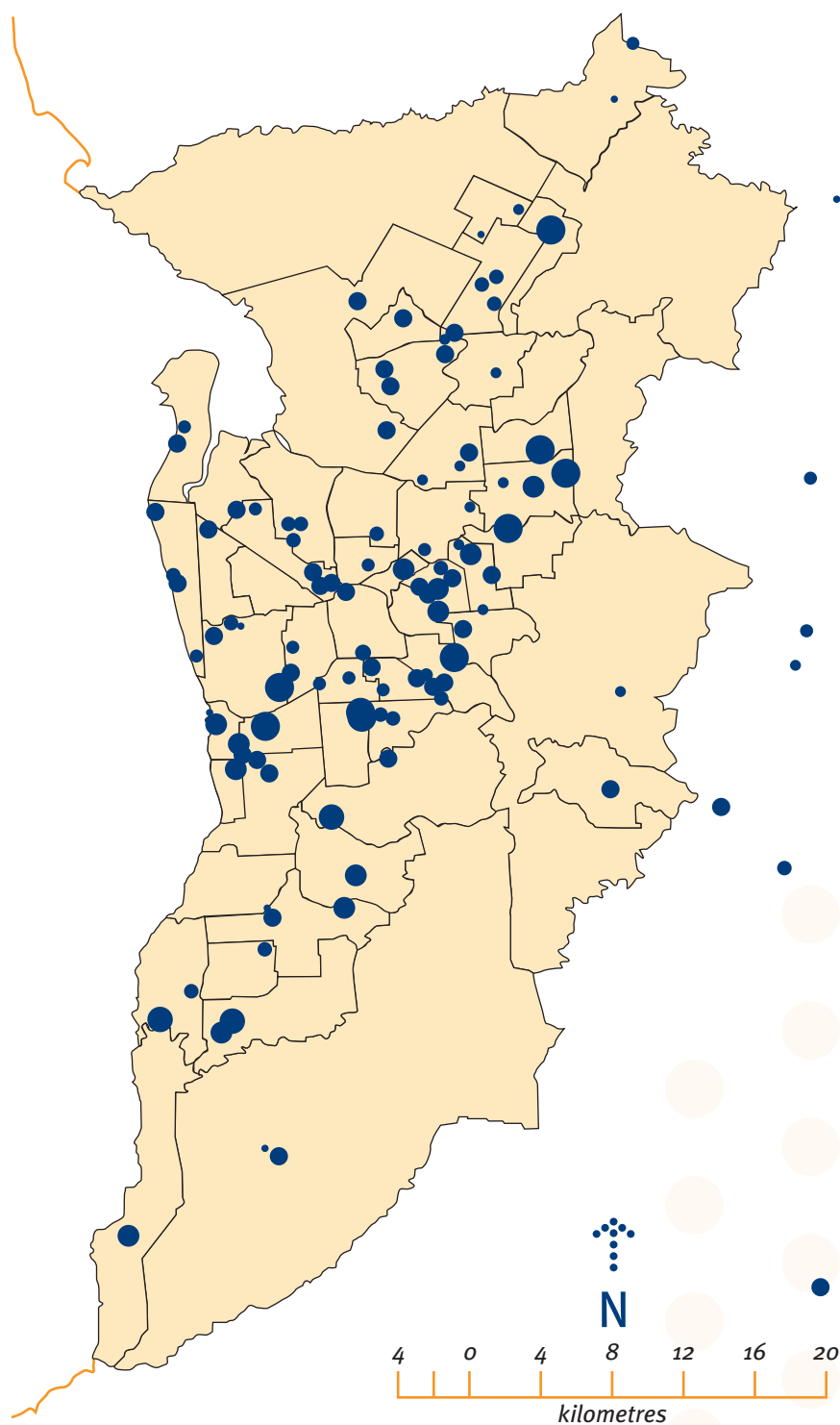
**Figure 3.17**

**Adelaide statistical division:  
low care facilities, number of  
places, 2007**

*Source: ABS and  
Commonwealth Department  
of Health and Ageing*



Australia



### 3.3.2 Non-residential aged care

In addition to residential aged care places, South Australia has a range of care packages available to assist people in their own homes (Figure 3.18). These packages are part of the home and community care (HACC) program, which was established in 1985. It

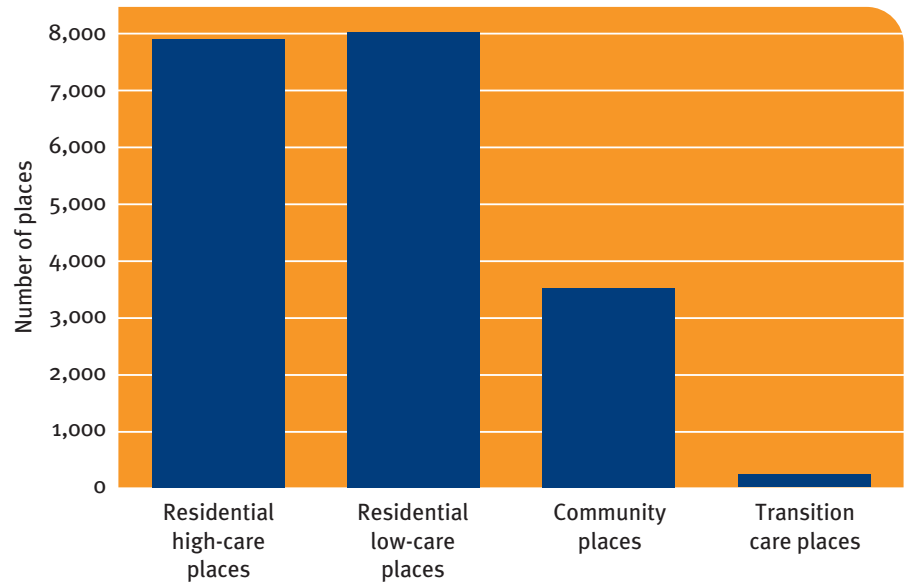
is funded jointly by the Australian, state and territory governments to support frail older people, younger people with disabilities and their carers. Further discussion of specific HACC programs for Indigenous and culturally and linguistically diverse (CALD) groups is provided in chapters 10 and 11.



**Figure 3.18**

**Total aged care places available, South Australia, at 30 June 2006**

Source: South Australian Department of Health 2008, p.162



The main objectives of the HACC program are to:

- provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail older people, younger people with disabilities and their carers
- support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to longer-term residential care

- provide flexible, timely services that respond to the needs of these people.

Services available to HACC clients have been categorised into seven service groups:

- 1—domestic assistance, personal care, social support, home maintenance, respite care and other food services
- 2—assessment, client care coordination, case management, counselling/support, information and advocacy

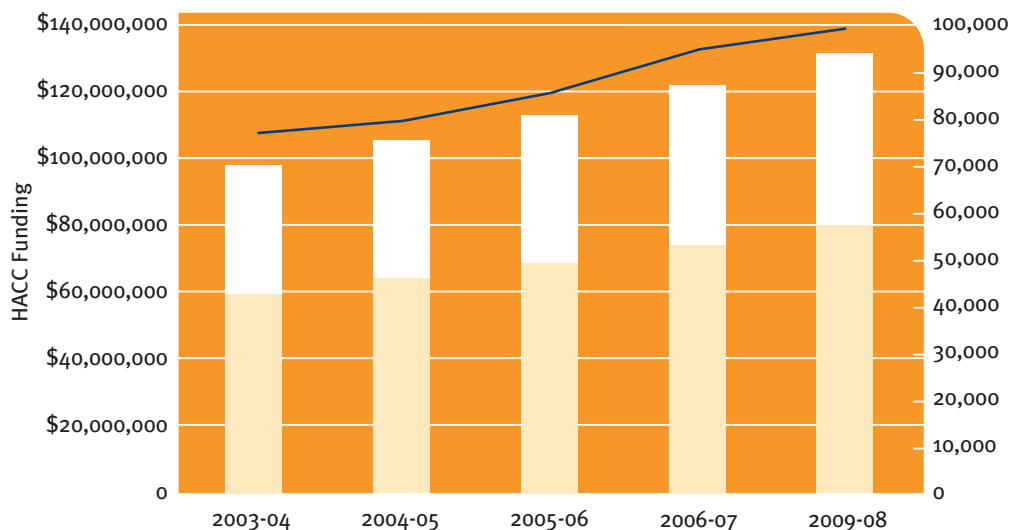
- 3—nursing and allied health care
- 4—centre-based day care
- 5—home modification, goods and equipment and formal linen
- 6—meals
- 7—transport.

The number of South Australian HACC clients who received one of the above service/assistance types increased by 11 percent from 85,412 in 2005–06 to 96,000 in 2006–07 (Figure 3.19). It is envisaged that dependency on HACC services will continue to grow.

**Figure 3.19**

**Growth in HACC funding and HACC consumers, South Australia, 2002–03 to 2006–07**

Source: South Australian Department for Families and Communities, Office for the Ageing, HACC Business Report 2006–07, Summary 2008, p.4



State government contribution



Australian government contribution



HACC consumers

### 3.4 Policy implications

The current government policy of ageing in place aims to assist older people to remain independent, either in their own homes or in a community or care facility. The ability of the older population to stay in their own homes as they age is dependent on the quality, suitability and sustainability of their housing in conjunction with the availability of appropriate services. Housing, in combination with the accessibility of services, can strongly influence the physical and psychological wellbeing of many older people.

While most older people would prefer to remain in their own home for as long as possible, a diverse housing market combined with adequate services and in-home support must be made available to make this possible. Policies that emphasise providing care in the home, however, may create increased pressure on partners, families and friends, who are sometimes put into a carer role for the older person in need (Faulkner and Bennett 2002). Access to information and support services for carers must be made available. The State Government's Ageing Plan for South Australia makes significant provision for the changing accommodation needs of our ageing population and supports a housing plan that will provide a greater degree of flexibility, adaptability and support to allow older people to remain in their own homes as they age.

### 3.5 Conclusion

The household composition and living situation of most older South Australians reflect general trends in Western society for older people, with higher proportions of couple and lone person households living in owner-occupied dwellings. There is a significant minority of older South Australians, however, who do not own their own home and who are limited in their ability to secure appropriate housing during their old age. There is a recognised preference of older people to stay in their own homes in their own communities. The next generation of older South Australians, the baby boomers, may not follow past trends—more retirement migration and increased travel and 'lifestyle' housing options are predicted. Housing tenure differs in later life with older renters more at risk of being unable to afford appropriate housing. Some home owners may be unable to effect change in their living situations due to house price differentials and maintenance and modification costs. Life events such as divorce and widowhood can significantly alter the living situation and future options of older people, and need to be considered when examining the financial and social wellbeing of older people.



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## 4 : Living Environment

**Successful ageing depends on a wide range of factors, including the environment in which older people live. South Australia is a state of immense diversity, from a highly urbanised metropolitan area to remote Indigenous communities, and geographical context has a considerable impact on the opportunities that older people have to age successfully in their homes and local communities.**

This chapter also considers the suitability of the built environment, which is also a key to successful ageing, in South Australia. For many older people, transport options become a critical issue as their health declines, as do issues of personal safety. Finally, the role of information technology is examined in relation to the older population.

### 4.1 Ageing in non-metropolitan areas

It is critical in a report of this kind to address the issue of ageing in all geographical regions of the state. The experiences of older people in the core region of metropolitan Adelaide are going to be quite different from those of people living in regional and remote areas of the state. While issues of geographical disadvantage are relatively well known for the general population, there are some additional issues that are specifically relevant to the older population.

#### 4.1.1 Aged care service provision

The ideal of ageing in place is a significant challenge for non-metropolitan communities. Several factors related to small communities work against this option for many older people. With the population of regional and remote South Australia ageing faster than the metropolitan areas, due to the outward

migration of young people and inward migration of retirees and older people, there is a need to understand the particular difficulties associated with aged care provision in non-metropolitan areas. The following points were raised in the literature and by stakeholders working in the aged care sector.

Staffing issues—it was noted that attracting and retaining staff was more difficult in areas outside Adelaide for a range of reasons. Also, ongoing professional development opportunities are limited due to the number of replacement staff and time required to be absent from the workplace due to distance issues. Staff burnout was also noted due to high workloads, which included additional after hours care for community members when it was known that there was no-one else to care for them. Short-term funding arrangements means it is difficult to plan ahead in terms of workforce needs.

Services—the range and number of places in regional communities can be mismatched in terms of actual need due to sporadic funding. There may be interruptions in service provision as funding allocations change. The following case study from the Murray Mallee explains how these issues affect a particular region.

## Box 4.1

### Murray Mallee aged care provisions—needs analysis

Source: Murray Mallee Ageing Taskforce, 2006

#### Murray Mallee aged care provision—needs analysis

In 2006 the Murray Mallee Ageing Taskforce conducted an analysis of the aged population and service provision in the Murray Mallee, which identified that there was an undersupply of 28 high-care places in that year. It is expected that without further high-care places the gap between demand and supply will increase over the next decade to 81 places.

Undersupply was identified across all LGAs in the region, although it was somewhat mitigated in the Mid Murray District Council (the area experiencing the most undersupply), where there were 15 Extended Aged Care at Home (EACH) packages, including EACH Dementia packages, and a low-care residential facility that offered ageing in place.

The supply of low-care places is significantly below the demand (67) and is expected to increase during the next 10 years. Based on the population projections available to the taskforce, an additional 95 low-care places would be needed in the next 10 years to meet demand, 45 of which would be needed in Murray Bridge.

The Murray Mallee was found to be oversupplied with community packages (Community Aged Care Packages [CACPs], EACH, EACH Dementia); however, when the undersupply of low-care places is combined with the oversupply of community packages the undersupply in Murray Bridge is accentuated and the oversupply in Mid Murray becomes an undersupply.

This analysis shows there are several complex factors that determine the supply and demand of aged care services in a region. In the Murray Mallee there clearly has been a mismatch of funding for aged care services. This has considerable implications for the local community because, if additional places are not provided, older community members may be at risk of inappropriate accommodation and care arrangements. In some situations, older residents may be forced to move out of the region in order to access the care they require. This will lead to further declines in the population, and the further reduction of services in the community.

Another important issue related to funding is the increased fuel costs associated with operating in regional and remote areas. Many service providers do not receive adequate income supplements for their remoteness and are forced to bear the rising fuel costs themselves.

The availability of suitable accommodation is a significant issue for older people wanting to age in place in their own community. In many towns around the state the facilities are not available when required. The move

to another community can be very distressing for older people, as the loss of social networks often adds to a sense of alienation in the new accommodation.

Finally, the ability of older people to effect change in their housing circumstances can be extremely limited in areas where house prices are considerably lower than the regional towns that are able to offer the services people require in older age. There is a concern that older people in very small communities may be significantly disadvantaged by

their location if they do not have the ability to move to services or have difficulties associated with accessing services. This should be a point of further investigation and possible options to reduce the disadvantages faced by older people in these types of situations.

#### 4.1.2 Health care

Access to health care is a significant and ongoing issue in regional and remote South Australia. For older people, the issue is a determining factor in their wellbeing, as their declining

health status creates a higher need for health care. Travelling to specialist medical appointments is a difficult event for many older people. Transport issues, discussed in the following section, ill health and limited support networks in Adelaide can make the process of ageing in place an enormous burden for older people. For those fortunate enough to have visiting specialists, the short visits and limited appointments can also present difficulties. Primary health care also varies between locations, and the recent discussion of the Country Health Care Plan raised additional concerns over the availability of health care in small country towns.

### 4.1.3 Transport

Perhaps the key issue related to successful ageing in regional areas is transport. For regional communities, where large distances are a part of life, the loss of a driving licence can have a wider range of consequences than for people living in metropolitan areas. Without the presence of a reliable, regular and affordable public transport system, many older people in regional areas are reliant on family and friends for their transport needs. Shopping, banking, medical appointments, social events and emergencies are difficult to manage without private transport in many areas of the state. For those still driving, the rising fuel costs and longer distances increase the costs associated with travelling and act as additional hurdles in accessing services, maintaining social networks and remaining active in the community. In addition the access to some specific services, such as Access Cabs, in regional areas decreases the opportunities of older people to age successfully in their own homes.

### 4.1.4 Living costs

Another issue for non-metropolitan communities is the higher costs of living associated with distance from Adelaide. Fuel and transport costs, which were discussed above, as well as prices for some fresh produce, telecommunications and utilities can be significantly higher in regional and remote areas. While lower house prices may offset these costs to some degree, many older people tend to own their homes and the offset amount is quite minimal. For older people on limited incomes, these higher costs of living can contribute to financial hardship and disadvantage. In particular, the influence of high prices for fruit and vegetables in some communities is a concern, with the flow-on effects related to health status reflecting the difficulties in obtaining an adequate diet.

## 4.2 The built environment

In its submission to the Second World Assembly on Ageing in 2002, the World Health Organisation (WHO) observed that age-friendly built environments can make the:

*"...difference between independence and dependence for all individuals but are of particular importance for those growing older. For example, older people who live in an unsafe environment or areas with multiple physical barriers are less likely to get out and therefore more prone to isolation, depression, reduced fitness and increased mobility problems."*

—WHO, Active ageing: a policy framework, 2002, p.27

### 4.2.1 Age-friendly cities

In 2007 the WHO published a checklist of essential features of age-friendly cities. In relation to

outdoor spaces and buildings, the following features were identified as essential:

- Public spaces are clean and pleasant
- Green spaces and outdoor seating are sufficient in number, well maintained and safe
- Footpaths are well maintained, free of obstructions and reserved for pedestrians
- Pedestrian crossings are sufficient in number and safe for people with different levels and types of disability, with non-slip markings, visual and audio cues and adequate crossing times
- Drivers give way to pedestrians at intersections and pedestrian crossings
- Cycle paths are separate from footpaths and other pedestrian walkways
- Outdoor safety is promoted by good street lighting, police patrols and community education
- Services are situated together and are accessible
- Special customer service arrangements are provided, such as separate queues or service counters for older people
- Buildings are well signed outside and inside, with sufficient seating and toilets, accessible lifts, ramps, railings and stairs, and non-slip floors
- Public toilets outdoors and indoors are sufficient in number, clean, well maintained and accessible.

In South Australia, many of these features of the built environment are present and therefore can encourage and enable our older people to get out and about. Compared to many other cities in the world Adelaide has a relatively well-developed street



and footpath network, and the active promotion of accessibility for mobility impaired people in public and private buildings, such as handrails and wheelchair ramps, have improved access for many people in the community. There is room for improvement, however, and an audit of Adelaide against the checklist may provide additional information on areas that could be improved.

There is an opportunity for South Australia to forge ahead in this area and actively promote urban planning principles that are age inclusive. South Australia could view this as an innovation opportunity—perhaps tying the concept in with sustainable

development practices. In particular, throughout the world there will be a need for innovative planning for cities facing ageing populations. Adelaide could choose to address this issue as well as look at age-friendly planning designs for new developments.

#### 4.2.2 Pedestrian safety

Pedestrian safety is a key issue for the older population, as their mobility can become more restricted over time. The Australian Local Government Association (2005) identified several initiatives to create safe and secure pedestrian environments. These included to:

- improve and maintain the road and footpath network, including a regular inspection program
- boost visual appeal, including removing rubbish and graffiti, planting trees for shade and installing seating
- address safety concerns, such as urban design features that enhance security, including lighting
- construct safer street crossings by, for example, programming adequately timed lights, and installing traffic calming devices.

The Walk with Care program started in the City of Unley in 2000 (Box 4.2).

### Box 4.2

#### Walk with Care

‘Walk with Care’ is an older pedestrian safety program that aims to reduce the incidence and severity of crashes involving pedestrians aged 60+ by addressing pedestrian mobility, access and the safety needs most relevant to older people.

The ‘Walk with Care’ program gives older pedestrians and community groups the opportunity to discuss local road safety issues and concerns. The information gathered

from a ‘Walk with Care’ survey and discussion groups help the Council provide advice regarding existing facilities and develop solutions to safety concerns raised by older pedestrians.

The ‘Walk with Care’ program was first piloted in the City of Unley in 2000 and was subsequently adopted by the cities of West Torrens, Holdfast Bay and Prospect.

Neil Coffee, University of Adelaide, has recently been investigating the ‘walkability’ of Adelaide streets and suburbs. He has considered various factors, including population density, land-use mix, the street network and retail access to index areas in terms of walkability. Figure 4.1 shows walkability throughout the metropolitan area: a higher score on the walkability index indicates that the area is ‘walk friendly’, for example, with interconnecting

streets, footpaths and relatively flat terrain. Figure 4.2 shows the population aged 75+. Together, these two maps demonstrate that the ability of older people to ‘get out and about’ without private transport is related to their location. The more established inner suburbs of Adelaide are quite ‘walk friendly’, while newer developments in the outer suburbs are less so because they have been designed for families with motor vehicle access. While

these suburbs may be suitable for some age groups, their suitability declines once older people give up their drivers licence. Longer streets and cul de sacs, limited footpaths, and hilly terrain can significantly affect the ability of older people to move around their suburbs. Compounding these are the demise of small local shops and businesses and the increasing dominance of large centralised shopping malls located on busy main roads.

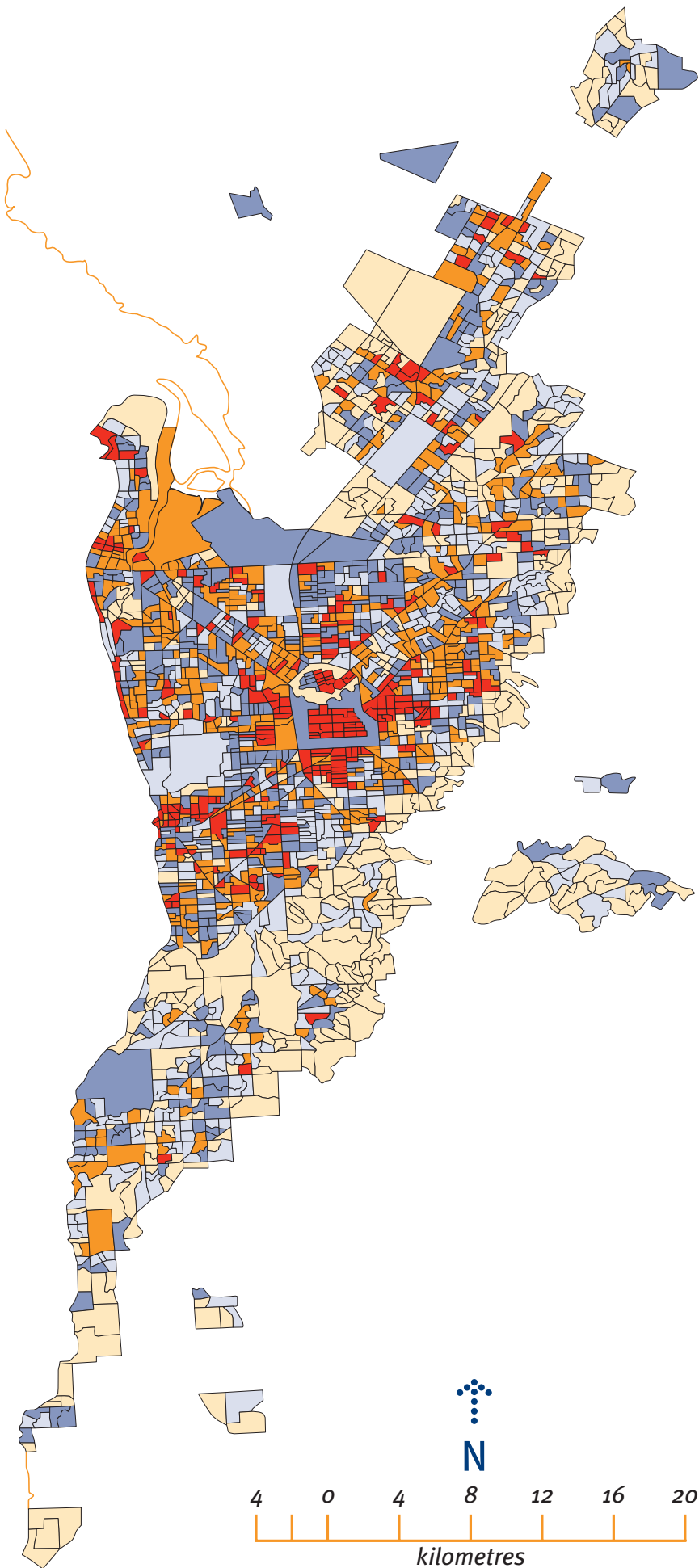


**Figure 4.1**  
**Adelaide statistical division:**  
**walkability**

Source: Coffee 2008 and ABS  
2006 Census

- 4.00–13.32
- 13.33–18.32
- 18.33–22.69
- 22.70–27.39
- 27.40–38.26

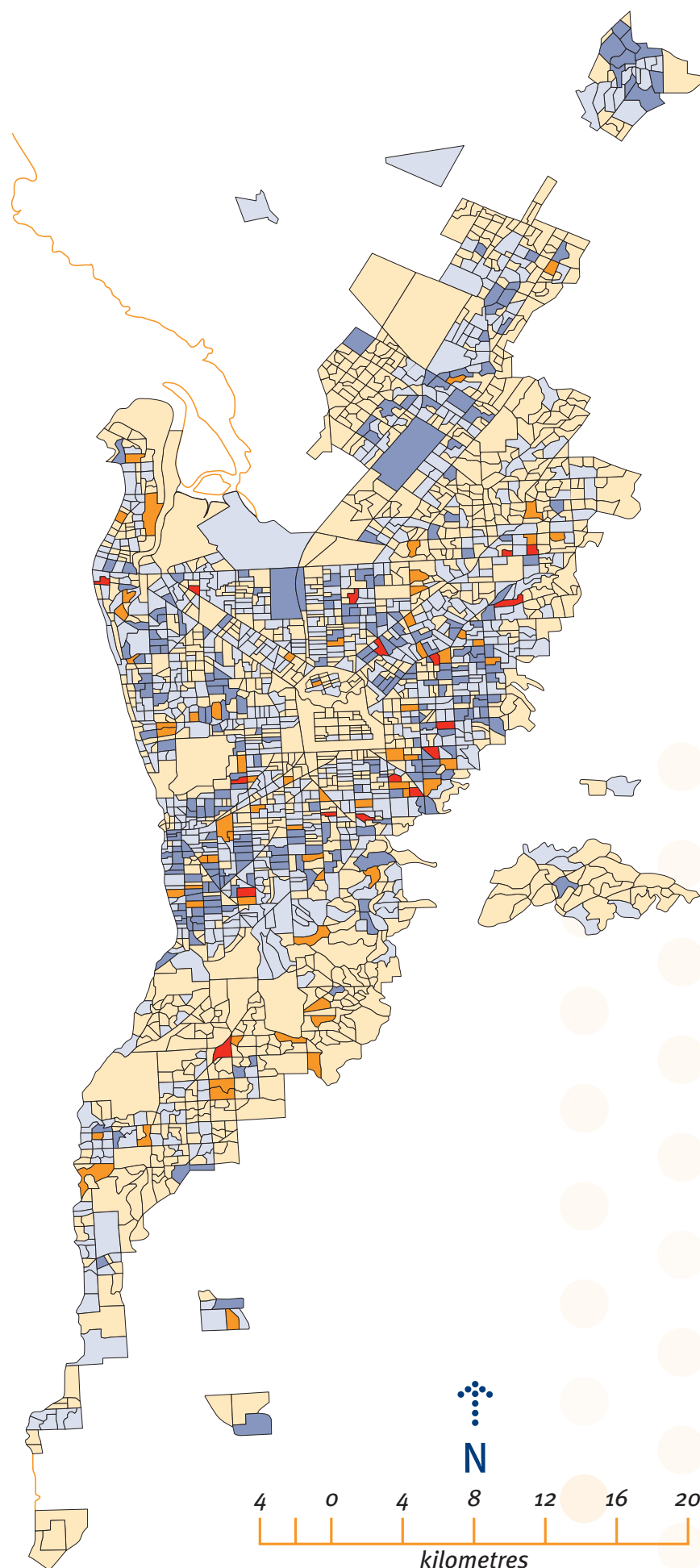
Australia



## Figure 4.2

### Adelaide statistical division: population aged 75+

Source: Coffee 2008 and ABS  
2006 Census



### 4.3 Transport issues

#### 4.3.1 Private transport

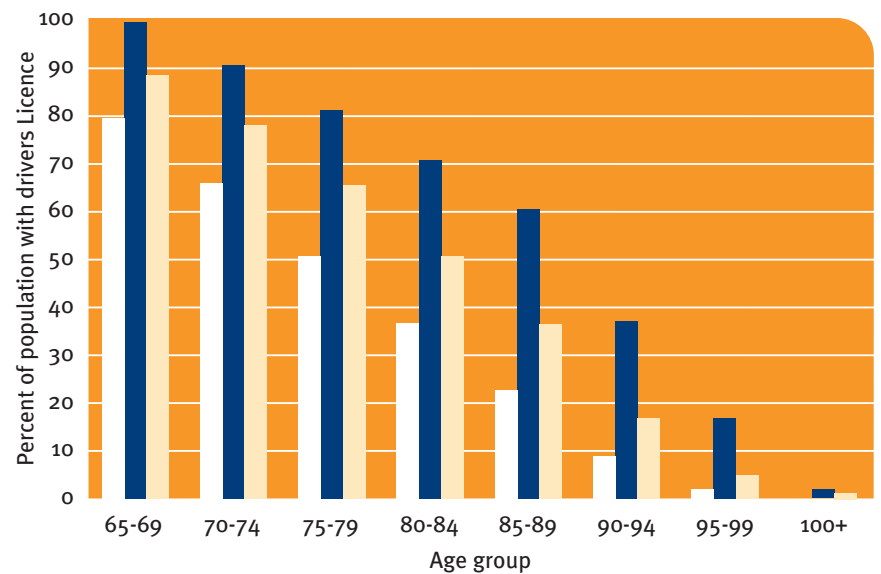
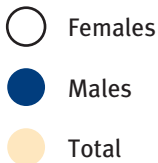
Cars are the dominant mode of transport in Australian society and for those members of the community without access to a car and/or without a licence, transport issues can have a major impact. Older people often experience a reduction in mobility as they age, with the loss of a

drivers licence often presenting a significant life change for older drivers. In South Australia, drivers over the age of 70 are required to provide evidence of their fitness to drive every year (in the form of a medical report from a doctor). Figure 4.3 shows the significantly lower proportions of old-old South Australians who are still entitled to drive. These figures reflect

the health and desire of older residents to continue driving as they age. The lower percentages of female drivers should also be noted. Many older women did not learn to drive when they were young, and have been dependent on their husbands, friends and family for transport. In these situations, the husband's loss of a licence affects both partners.

**Figure 4.3**  
Percentage of older people in South Australia holding a drivers licence, 2008

Source: South Australian Department for Transport, Energy and Infrastructure (DTEI) 2008 and ABS 2008



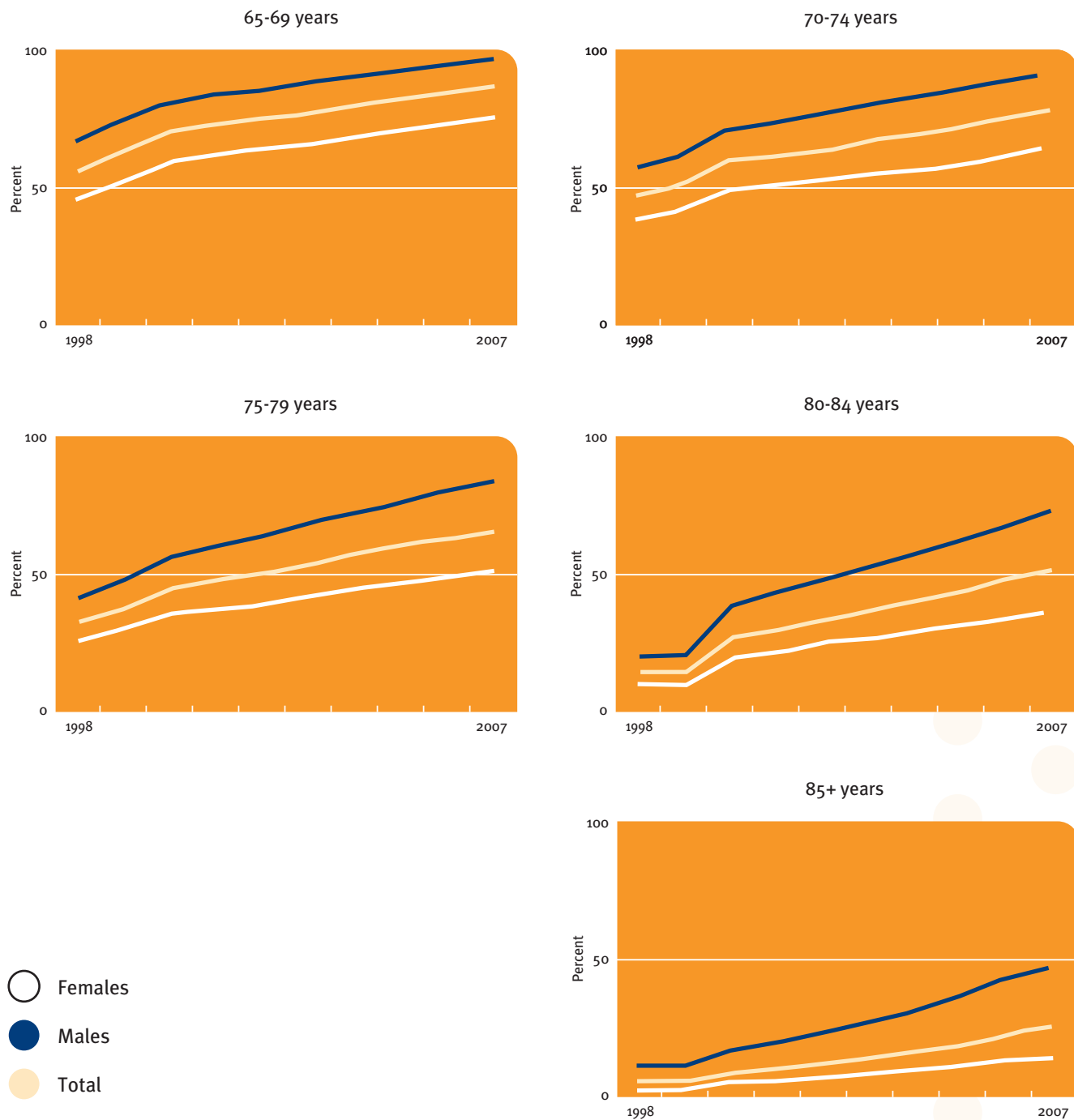
The Department for Transport, Energy and Infrastructure (DTEI) provided drivers licence statistics for South Australia from the past decade. The graphs in Figure 4.4 show the percentage of older South Australians holding a car class drivers licence in South

Australia. In all age groups the proportion of the population with a drivers licence has increased. It should be noted, however, that while many older people may still hold a licence, they may not still be actively driving.

## Figure 4.4

South Australia: percent of older people with a drivers licence, 1997–2008

Source: DTEI unpublished data



### 4.3.2 Public transport

Access to public transport can be a critical issue for older people as it can help sustain social networks and enable them to remain independent. Older people are a key group of public transport users, and are entitled to concession fares on buses, trains and trams. Additional assistance is available to mobility impaired people, as part of the Plus One Free Companion card scheme, which entitles holders to a free ticket for a companion to assist them with public transport. Access to public transport, however, is not equal across the city and some suburbs are relatively poorly serviced by public transport routes. The following two maps demonstrate the location of such suburbs in relation to their older populations. Figure 4.5 shows the difference between the population

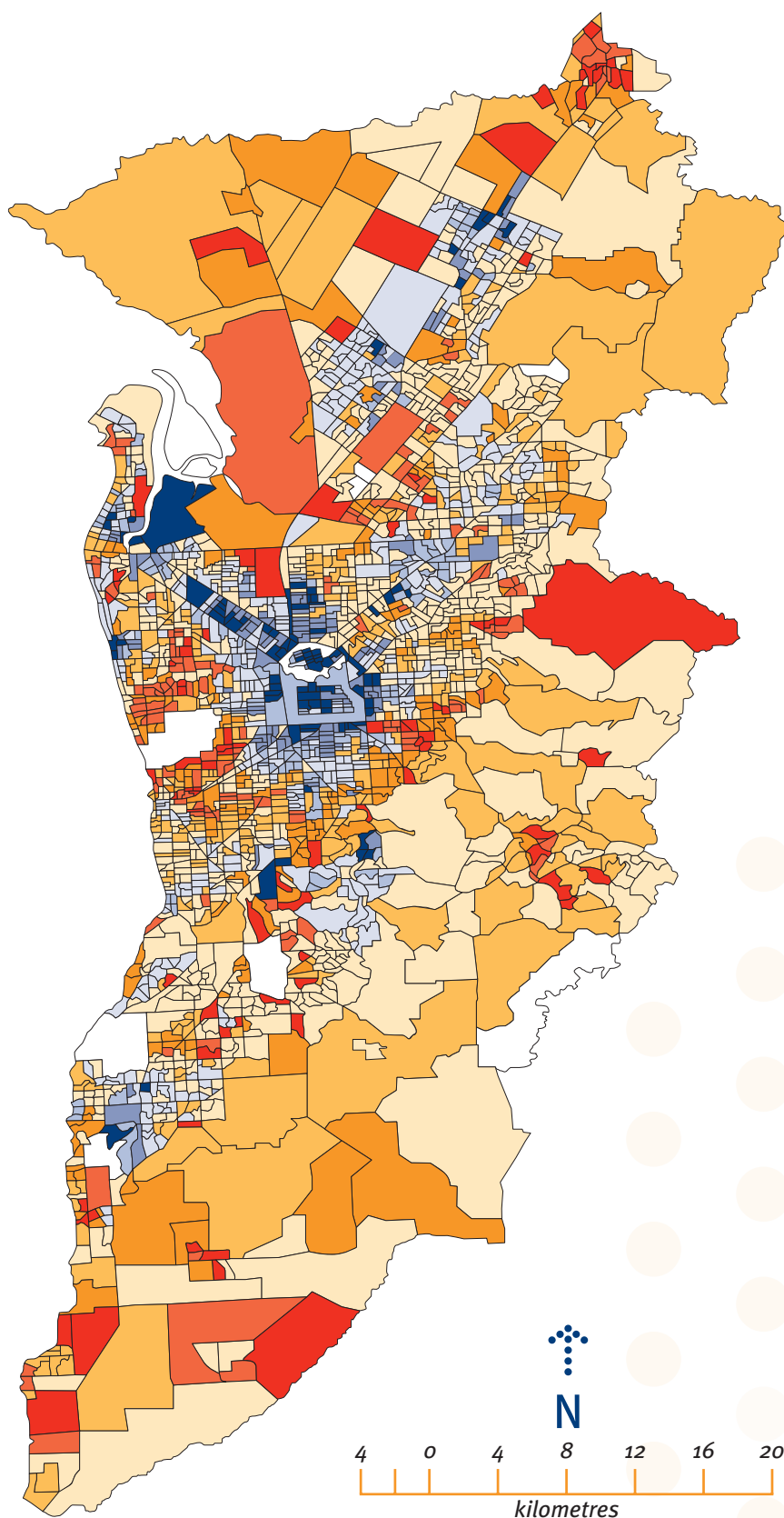
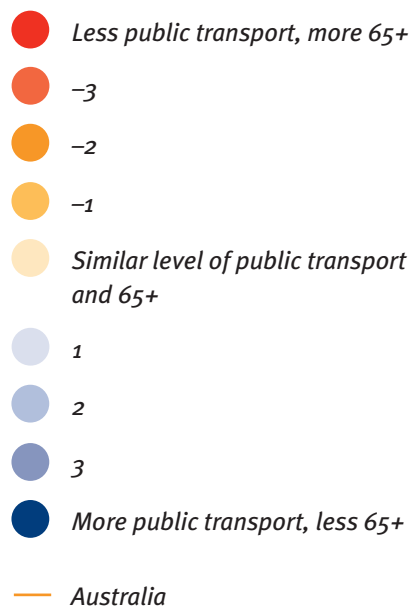
aged 65+ and the accessibility of public transport, while Figure 4.6 shows the difference for the 85+ population. They show there are several areas in the Adelaide metropolitan area that have populations of older people without good access to public transport, including the beachside suburbs south of Seaford, suburbs south-west of the airport (particularly parts of Novar Gardens and North Plympton), Gawler, the South Eastern foothills (around Urrbrae, Netherby and Glen Osmond) and parts of the Adelaide Hills (around Heathfield, Ironbank and Basket Range). These areas of disadvantage are similar for both age groups and should be considered in terms of future planning of the public transport network in Adelaide.

In 2001 Brisbane introduced another transport option for

older people: Council Cab Shared Transport Service, known as Council Cabs (see <[www.brisbane.qld.gov.au](http://www.brisbane.qld.gov.au)>). It aims to provide subsidised taxi transport to Brisbane residents who have difficulty accessing public transport. Presently, the service operates door-to-door share taxis to local shopping centres in 140 suburbs. The cost to passengers ranges from \$1 to \$2.50 a trip. Research on the scheme has indicated superior rates of satisfaction among users. The operating costs of Council Cabs indicate that the service is, comparatively, an efficient method of transporting people who are transport disadvantaged, and it is argued that the service complements existing infrastructure, supports citizenship and fosters healthy ageing.

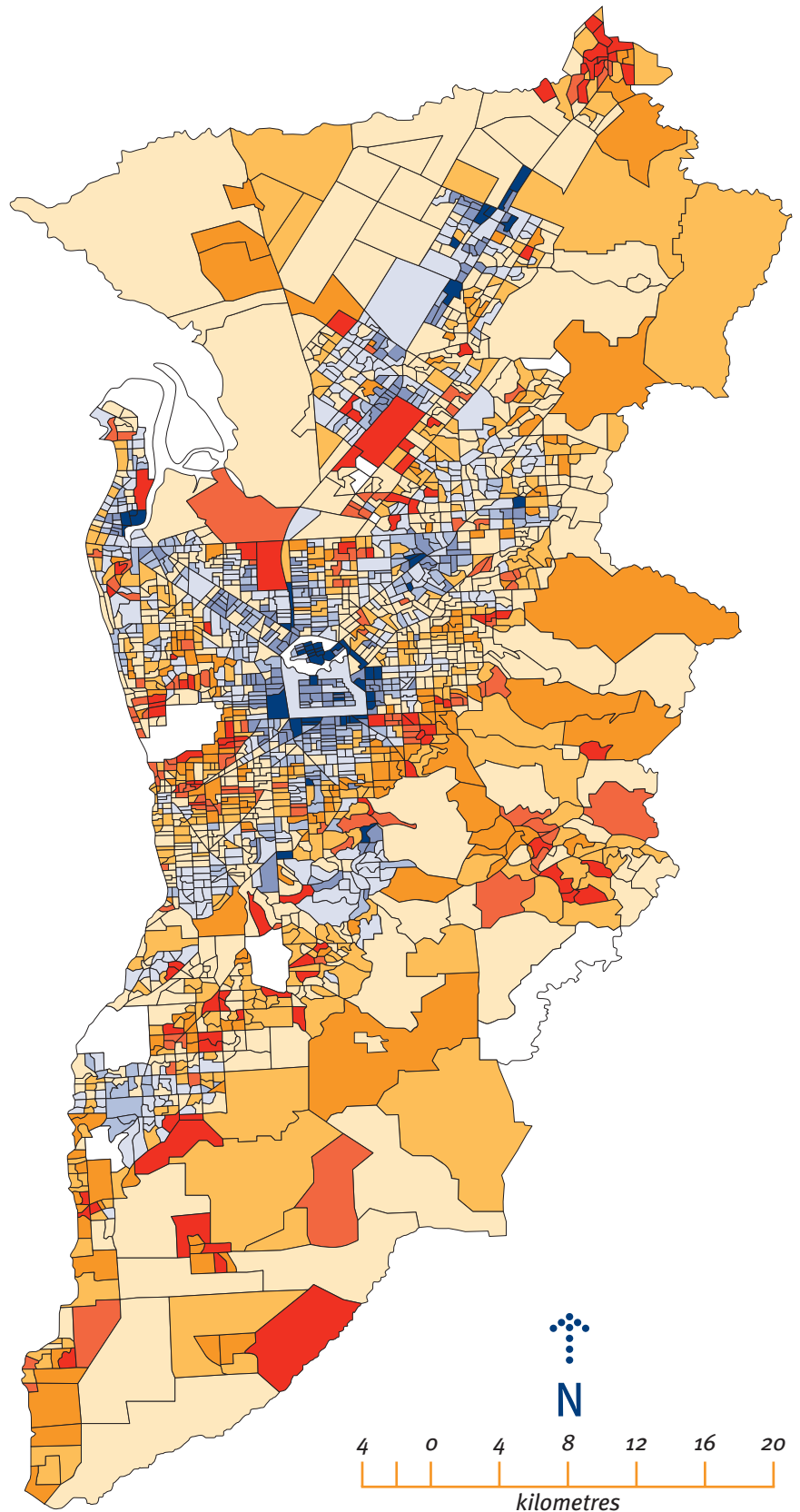
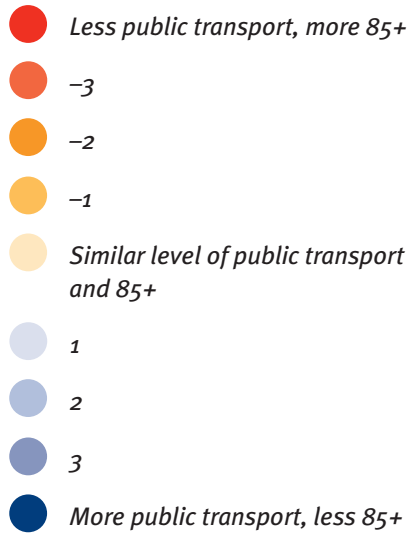
**Figure 4.5**

**Adelaide statistical division:  
difference between Public  
Transport Metro ARIA Index  
and proportion of population  
aged 65+**



**Figure 4.6**

**Adelaide statistical division:  
difference between Public  
Transport Metro ARIA Index  
and proportion of population  
aged 85+**





### Access Cabs

Access Cabs are available for people who are unable to use regular public transport (buses, trains and trams). These taxis are subsidised by the State Government through the South Australian Transport Subsidy Scheme. While the taxi service has not always responded well to the needs of older people in previous years, evidence on the website (<[www.opt.dte.sa.gov.au](http://www.opt.dte.sa.gov.au)>) indicates that these services have been improving.

### 4.3.3 Information technology and older South Australians

The rise of information technology (IT) has been one of the major changes that older people have experienced in their lifetimes. The majority of older people, however, have not had the

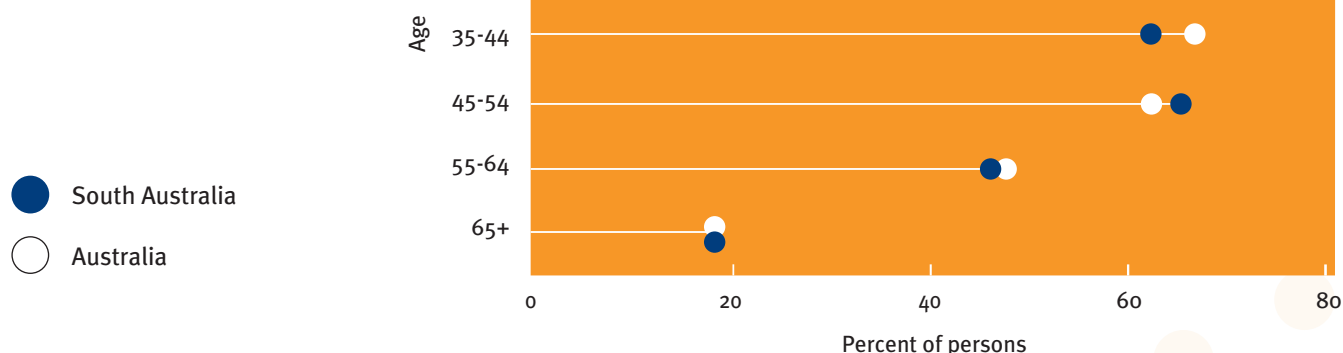
opportunity, education or even desire to engage in the digital world. This has led to concern by some that the 'digital divide' between the older 'computer illiterate' generation and younger 'computer literate' generations will have negative consequences for older people as society moves increasingly towards IT driven modes of communication, education, service provision and governance.

For older people, the benefits of IT have traditionally been linked to telecommunication: mobile phones and email communication enable many families and friends to stay in touch. Various other new technologies are being designed, however, that can help people stay in their homes longer and live more independent lives. Personal

emergency call buttons, motion sensors and security systems have already been developed to support older people. Further, the rapid development of telemedicine and medical technology is now extending the lives of much of our population. Yet, despite these advances, there is a strong division between the generations in terms of technology use. ABS data for 2005–06 indicates that home internet use is about 40 percent lower among people aged 65+, compared to younger age groups (Figure 4.7). When compared with national figures, older South Australians are using the internet at about the same levels as the national population, but interestingly, at slight lower rates among younger age groups.

**Figure 4.7**  
Internet use at home by age group, South Australia and Australia, 2005–06

Source: ABS 2007



There is very little statistical data on the computer literacy rates of older adults. Recent research suggests there is a link between internet use and social capital in later life. Russell, Campbell and Hughes (2008) noted that the internet has the potential to generate and sustain social capital in old age, but advised that it must not be seen as a panacea for

ageing-associated social losses. Another study by Sum et al. (2008) also looked at internet use and found that respondents who used the internet for communication had generally lower levels of social loneliness. On the other hand, use of the internet to find new people was associated with higher levels of emotional loneliness.

As mentioned before, the internet can also be a tool for delivering health information. The opportunity for this is promising, given the recent results of a South Australian survey. Wilson et al. (2008) found that 65 percent of a group of people aged 50+ would be willing to receive health information through the internet. The future possibilities



of the internet in terms of service provision and assistance for older people are yet to be established. With baby boomers moving into older age, however, the opportunity for extending services will be greater, given that most baby boomers will have been exposed to IT through their work and family lives.

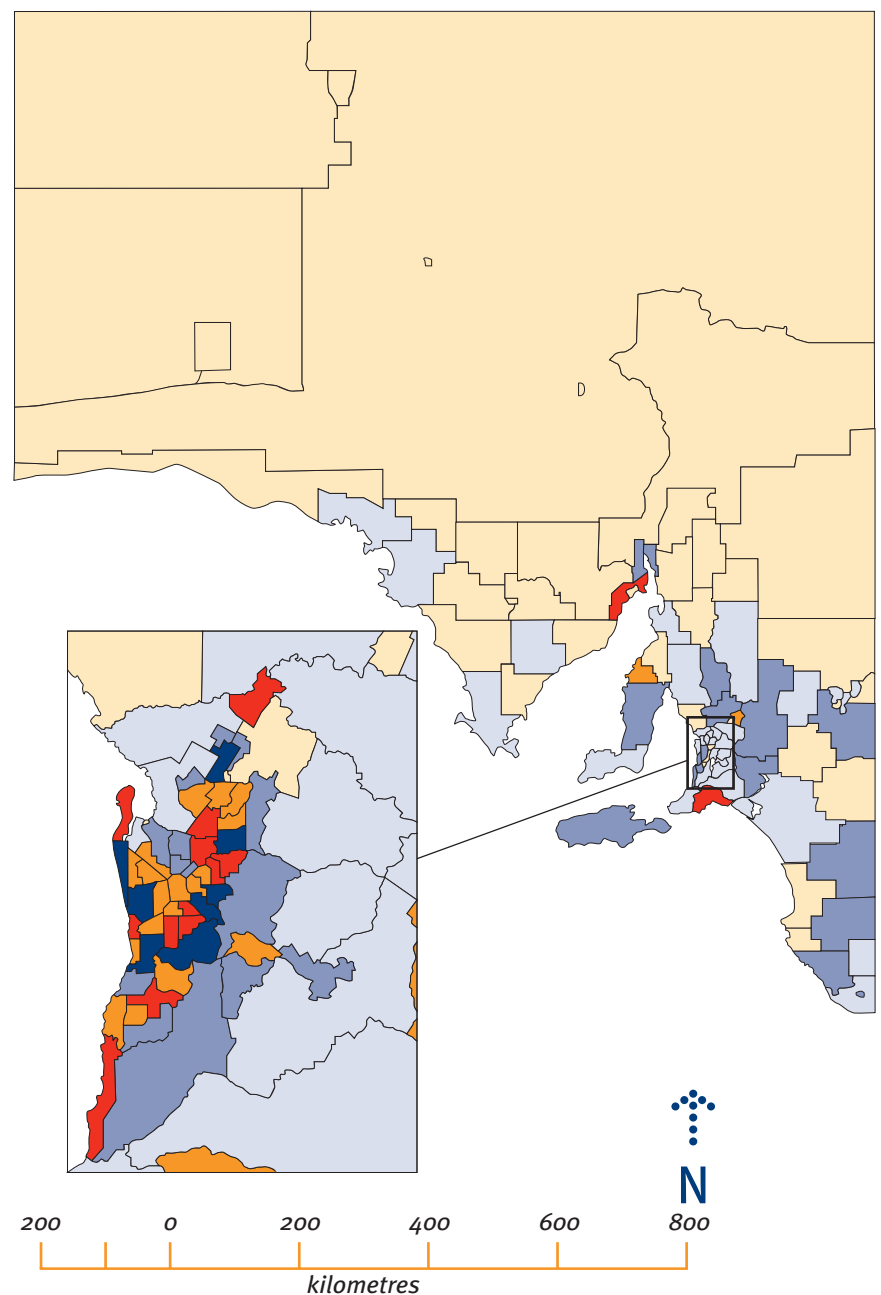
Given the move towards a more IT directed society, it is important to consider access and equity issues related to IT. For older people no longer in the workforce, the main

location of internet access is likely to be in the home. The following three maps show the distribution of households with residents aged 65+ with broadband internet connection (Figure 4.8), dial-up connection (Figure 4.9) and no internet connection (Figure 4.10). There is a relatively strong correlation between areas with internet connection and areas of higher socio-economic advantage. It must be noted, however, that the presence of an internet connection cannot be used as an indicator of computer literacy for

older people, as households may include younger members who are the sole users of the internet. In addition, there are still many parts of regional Australia that are not serviced by broadband technology and this reduces the availability of internet connections for regional and remote households. It needs to be noted that the widespread availability of IT and internet facilities provided by local libraries and community centres throughout South Australia has improved access for a range of people, including the aged.

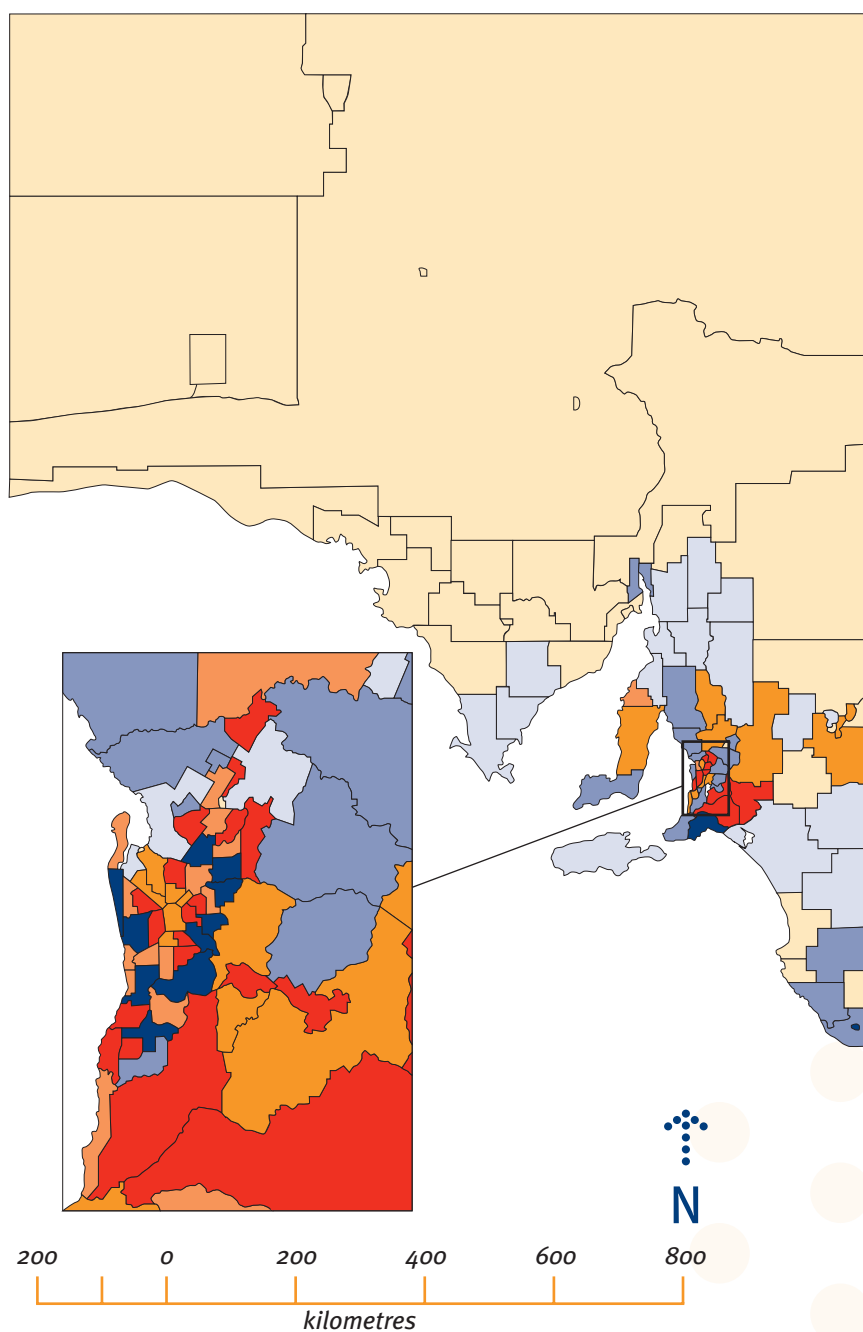
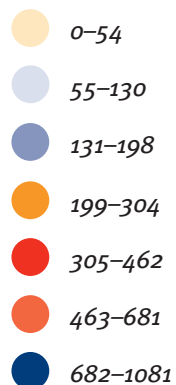
**Figure 4.8**  
Households with residents aged 65+ with a broadband internet connection by SLA, 2006

Source: ABS 2006 Census



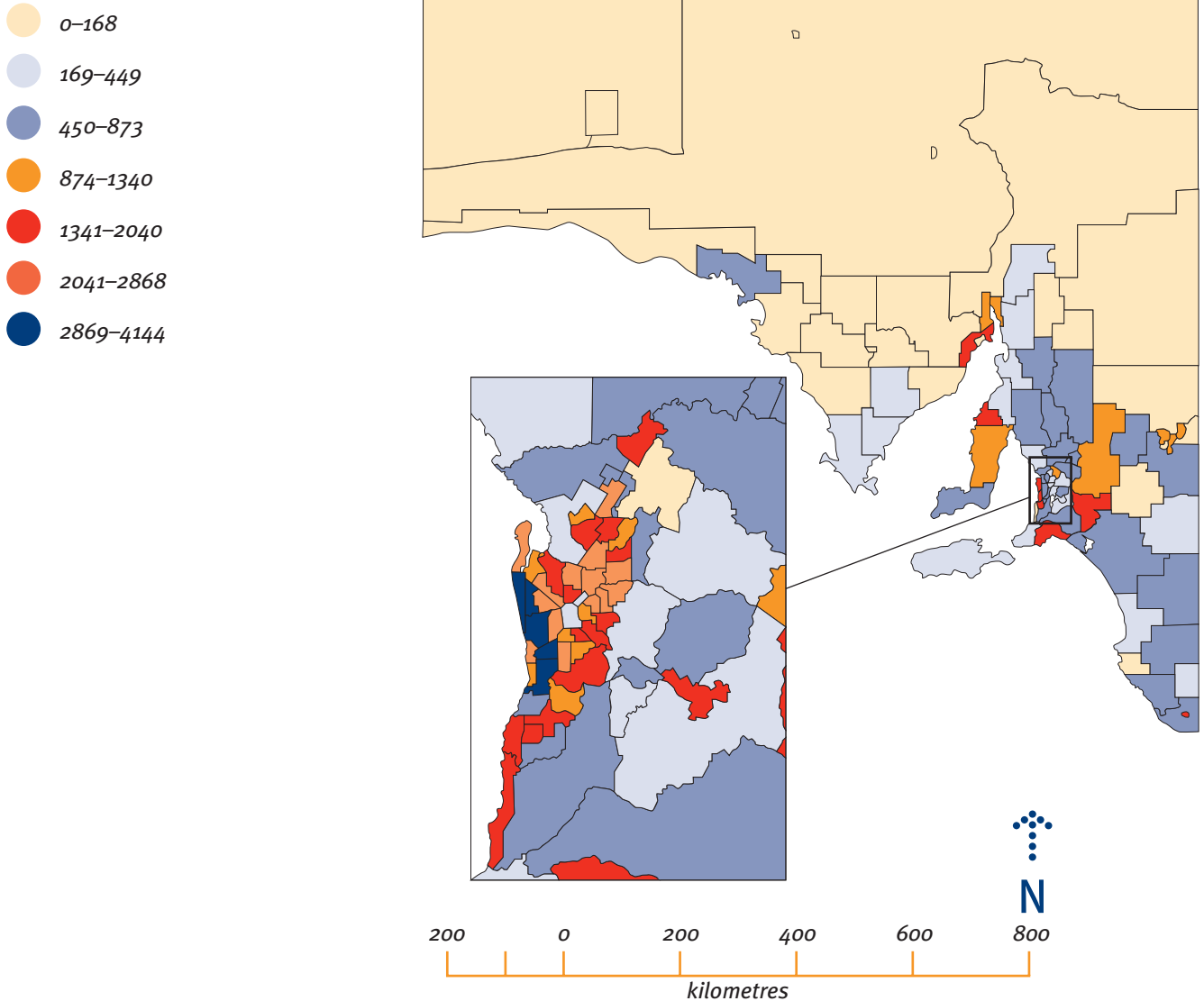
**Figure 4.9**  
Households with residents  
aged 65+ with a dial-up  
internet connection by SLA,  
2006

Source: ABS 2006 Census



**Figure 4.10**  
Households with residents  
aged 65+ with no internet  
connection by SLA, 2006

Source: ABS 2006 Census



#### 4.4 Crime and safety issues for older people

##### 4.4.1 Fear of crime

Fear of crime, which can have detrimental effects on both society and individuals, has been reported as a significant factor among older South Australians. Fear of crime can adversely affect quality of life by causing people to stay at home more, use security measures, avoid dangerous areas and make less use of public transport and facilities.

Although there has not been any recent research done on the issue in South Australia, recent research in New South Wales has found that the image portrayed by the media of older people being greatly concerned about their personal safety and being disproportionately targeted as victims of crime is not supported (Quine and Morrell 2008a). The results indicated that the vast majority of older Australians living independently in the community

are not fearful for their personal safety, either when in the home or in the neighbourhood. Further, Quine and Morrell (2008b) have also identified that older people perceived small rural communities as safer than major urban centres. Older people living in small rural communities were most likely to report feeling safe 'all' or 'most of the time' (61.6 percent), followed by those living in large rural centres (56.4 percent) and major urban centres (51.2 percent).

#### 4.4.2 Crime statistics

The statistics related to victims of crime also suggest that older people are not disproportionately targeted. Statistics provided by

the South Australian Office of Crime Statistics and Research (OCSAR) indicate that older people are much less likely to be victims of crime than younger adults. Only

1.8 percent of victims recorded by South Australian Police (SAPOL) in 2006 were aged 65+. The breakdown of victims by age and sex is provided in Table 4.1.

**Table 4.1**

**South Australia: victims of crime, by age and sex, 2006**

*Source: South Australian Office of Crime Statistics and Research (OCSAR), unpublished data*

Age group	Male	Female	Total
0–17	1,967	2,012	3,974
18–24	2,715	2,390	5,105
25–34	2,575	2,479	5,054
35–44	2,112	1,991	4,103
45–59	1,619	1,251	2,870
60–64	181	126	307
65–69	98	54	152
70–74	61	37	98
75–79	20	38	58
80–84	24	19	43
85+	9	14	23
Unknown age	1	1	2
<b>Total</b>	<b>11,382</b>	<b>10,412</b>	<b>21,794</b>

Note: age groups are not consistent with those used in the State of Ageing in South Australia report due to the data supplied by OCSAR

#### 4.4.3 Elder abuse

The World Health Organization (Krug et al. 2002) adopted a definition of elder abuse from the International Network for the Prevention of Elder Abuse. It states that ‘elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person’. The categories of abuse included in this definition are physical abuse, psychological or emotional abuse, financial or material abuse, sexual abuse and neglect.

Elder abuse is under-researched and often hidden occurring across the spectrum of society.

It is impossible to provide accurate data on the prevalence and incidence of elder abuse because it is often unreported, unrecognised, and hard to identify. South Australia does not have a register that records statistics related to elder abuse; however, the Aged Rights Advocacy Service (ARAS) has an Abuse Prevention Program that assists older people who are at risk of, or experiencing, abuse from those with whom they are in a relationship of trust, such as family or friends. Statistics collected in this program shed some light on the cases of elder abuse that come to the attention of ARAS. In 2007–08, the Abuse Prevention Program provided information about rights and

preventative strategies to 306 people and advocacy assistance to a further 450 individuals (ARAS 2007–08 Annual Summary). ARAS statistics show that the most common relationship of the alleged abuser was adult children (55 percent), which is consistent with information from national and international sources. The most common forms of abuse reported to the Abuse Prevention Program remain psychological and financial (36 percent and 35 percent respectively). The program also identifies risk factors associated with abuse, with dependency (both physical and psychological) being a major risk factor.

In 2007 South Australia developed *Our Actions to prevent the abuse of older South Australians* to

address these issues (Office for the Ageing 2007). Priority actions identified include:

- providing safety and security by strengthening reporting mechanisms and accountability
- implementing strategies for prevention through education and training
- raising awareness of older people, communities and professionals
- working together to build strong relationships
- supporting research and innovation to develop effective prevention models.

South Australia has been a leader in elder abuse issues in Australia. The State Government's Ageing Plan for South Australia along with ARAS activities such as seminars and information sessions, have been important in establishing the state's position as a leader in the field. With increasing awareness throughout the nation and internationally, South Australia can build on its achievements in this area and aim to develop some best practice strategies related to the identification and management of elder abuse issues.

#### 4.5 Policy implications

The policy recommendations arising from this chapter are significantly influenced by the need for equitable access to information and services for older people regardless of their geographical location within the state, financial situation or educational background.

The additional difficulties faced by older people in regional South Australia suggest that many existing programs need to be extended and new services developed to support older people in regional areas. Particular emphasis on transport provision, accommodation and health services is required. The longer distances involved in service provision in regional areas, both in terms of time and costs, must be fully recognised and taken into consideration by funding bodies.

In terms of the built environment and ageing issues, South Australia should promote the WHO age-friendly cities checklist within the existing planning policy framework. Given that the checklist is essentially considering equitable access for the community, it need not be promoted as a specific 'ageing' initiative but could be incorporated into broader planning principles.

Transport is a key issue for the older population, as the ability to access services can be severely limited once health and safety concerns curtail independent transport options.

It is recommended that older people continue to be a priority group when considering public transport strategies. In particular there may be scope for innovative solutions to be tried to ensure that adequate and appropriate transport is available for older people in South Australia.

It is strongly recommended that further initiatives be undertaken to encourage and support older people to develop their IT skills. There is a risk that the digital divide will further alienate older people from the community, information and services. Without specific additional support, their knowledge and ability to contribute to the community through volunteering, for example, may be lost. It should be noted, however, that many older people are unlikely to embrace the digital revolution and will continue to require information and support services in a non-digital format. In particular, governments and institutions will need to continue to provide information and services in a variety of formats to cater for all segments of the population. Not doing so could be viewed as exclusive and discriminatory and will undermine the state's actions in acknowledging the value of older people.

Finally, it is recommended that the state continue to highlight the important issue of elder abuse in the community and to progress the actions identified in *Our Actions to prevent the abuse of older South Australians*.

#### 4.6 Conclusion

This chapter has considered a range of issues related to the living environment of older people in South Australia. It can be seen that the successful ageing of the state's population depends on the accessibility of information and services. Older people living outside the metropolitan area face additional barriers to ageing in place than do their city cousins. The loss of the younger generation from country areas is affecting the situation, with older people being left without the services and support they require. Innovative solutions are going to be required to best service these older people and ensure that the assistance they require is available.

The built environment and transport options become more significant in older age as mobility decreases. South Australia must continue to promote good design and planning policies that accommodate the needs of the elderly. Fortunately, the entire community is likely to benefit from considerations of these issues and access for the entire population will improve as a result of placing transport and built environment issues in the mainstream.

Finally, an understated benefit of an ageing population is an expected decrease in crime. While the media portray older people as the major victims of crime, the statistics do not support this. The serious matter of elder abuse, however, is one that must continue to be promoted in the community. The need for increased awareness of elder abuse has already been identified and hopefully this will enable the community to identify and respond to cases.



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## 5 : The Labour Market and Older Workers in SA

This chapter provides an analysis of the age composition of the labour market in South Australia. It covers a range of indicators such as employment, unemployment and the labour force, with an emphasis on the labour market experience of the mature and older age groups, defined as six five-yearly age cohorts above 45 years old. Where salient, comparisons with the national labour market are highlighted. The analysis covers a retrospective examination of the South Australian labour market from 1978 to 2008 and gives an indication of the future implications.<sup>2</sup>

Claims about the role of ageing in generating an imbalance in future labour demand and supply in South Australia and Australia are becoming more common. It is not clear, however, that population ageing in South Australia is going to be responsible for declining 'labour supply' over the next decade or even longer.

Over time, structural ageing of the population can reduce labour supply through increasing that proportion of the mature-aged population for whom working can be considered optional, depending on their personal circumstances.<sup>3</sup> With one proviso (immigration), the age composition of the future population can be predicted with a great degree of certainty for at least a generation into the future. For any given rate of structural ageing in a population, however, it does not necessarily follow that total labour supply, or even

that its rate of growth, will fall in the future. Even given the rate of structural ageing of the future population, each age/sex cohort has a different propensity to participate in the labour force. Further, each of these propensities to participate in paid employment for any given age/sex cohort has a tendency to change over time.

We believe that a more nuanced approach to ageing and labour force participation rates, recognising a range of factors that influences labour force participation, plus a stronger emphasis on policy choices and interventions, presents a more transparent and potentially more positive outlook than some of the current published research about the effects of ageing on South Australia's labour market and economy.

Some occupations, such as in health and community services, for example, will face simultaneously increasing labour demand, due to heightened service demand from higher numbers of sick and infirmed older people, as well as pressures limiting labour supply, due to forthcoming baby boomer retirements from the health and welfare sectors. Despite this, occupational shortages in the future in these and any other occupation are not inevitable—whether it be in 10 or 20 years time. Future prospects for occupational shortages are subject to governmental, institutional, corporate, and individual choices made now

and in the future that affect the operation of markets for goods and services, including labour.

### 5.1 Structural ageing of South Australia's population and labour force participation

Previous chapters have presented detailed changes in the population so only a few salient points need to be repeated here. Growth rates are set to decline for the older aged groups during the next 30 years, even though absolute numbers will still increase. But, most importantly, changes in shares of the population do not translate directly into changes in the size of the labour force. Overall, the rate of increase in the labour force in South Australia during the past 30 years was 5.1 percent faster than the state's population growth. It is true that the disparity between the rate of change in the South Australian population and the corresponding rate of change in the labour force is not as great as the 17 percent disparity at the national level, but this simply points to the need to disaggregate and assess the differing cohort-specific labour force participation rates over time.

In the case of the 55+ age cohort, a given proportional increase in the population generates a broadly similar boost to the proportion of that cohort in the labour force in South Australia, as it does nationally. More pronounced, however, is the difference between South Australian and national change in the 15–29 age cohort. Whereas

<sup>2</sup> See also 'Wealth and Income' chapter for SA labour market projections from: Carson, C and King, P, forthcoming, South Australia's Ageing Labour Market Modelling Futures to 2050, Adelaide.

<sup>3</sup> This is generally acknowledged to be those people in the 55+ age bracket and for whom retirement from the labour force becomes a desirable and realistic option, depending on personal circumstances of finances, life cycle, health, availability of employment, and future expectations about these personal circumstances.

the population of 15–29 year olds grew nationally by 19.7 percent, it actually fell in South Australia by 6.8 percent. As a consequence, the number of people aged 15–29 in the labour force grew by 26.5 percent nationally but fell in South Australia by 5.9 percent.

The net result is that there is a stronger ageing trend in South Australia's labour force during the past 30 years than in that of the nation generally, with the gap widening since the early 1990s. But a more notable aspect of change concerns the male and female labour force in South Australia. The state's female labour force grew by 66.5 percent, which was considerably higher than the male rate of labour force growth, which was just 17.3 percent.

Although the proportion of younger people in the population is falling, the relationship between

the available labour supply and the age structure of the population is getting weaker due to social trends which tend to bolster the labour supply in some key age cohorts and reduce it in others. Chief among these is the rising participation of women in the labour market in each age cohort. Another is the trend to higher labour force participation of older age groups. Therefore we need to look at these effects on the historical behaviour of the labour force, as an illustration of how these trends might interact in the future.

### 5.2 The effect of structural population ageing on the size of the labour force 1978 to 2008

Figure 5.1 shows that during the past 30 years the South Australian labour force has grown, but more slowly than the national labour force. Without population ageing during that period, the size of

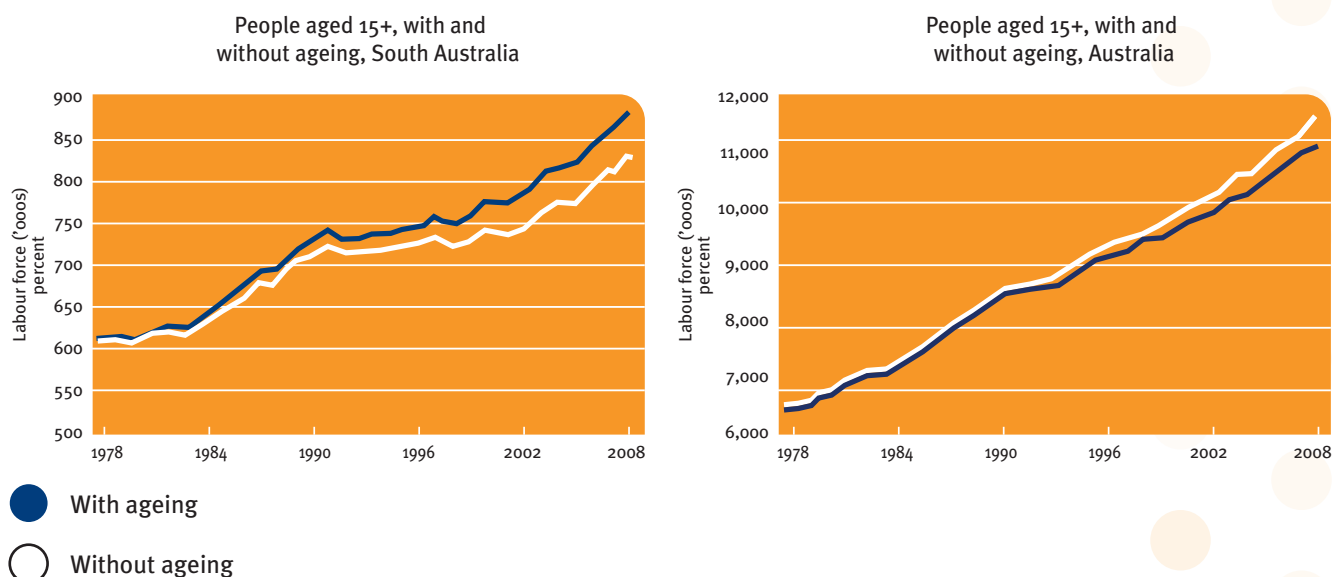
the South Australian labour force would have grown by an additional 51,600 people, or 23 percent higher than the actual growth of 224,200. This would have meant that in 2008 the South Australian labour force would have reached 876,900 and thus been 6.3 percent larger than it is.

The average annual increase actually recorded in the South Australian labour force is 1 percent. This compares to a projected annual figure of 1.2 percent had the population not aged—a difference of 0.2 percentage points a year. In Australia's case, the equivalent dampening effect of ageing on the labour force was only 0.1 percentage points a year. Proportionally, structural ageing of the population has reduced the rate of growth of the labour force in South Australia to more than twice the rate of Australia generally.

## Figure 5.1

### Labour force 1978–2008 with and without ageing, South Australia and Australia

Source: Derived from Productivity Commission 2005a, b; ABS 2008a; Carson and King (forthcoming).



### 5.3 Labour force participation in SA: gender and older workers

The most fundamental change in the labour market in Australia and South Australia over the life of the current generation is the rising participation of women. This profound change suggests that an analysis of the labour market should be done through a gender-based lens. This is not to deny the existence of large changes in the labour market associated with other demographic and social factors, notably age, marital status, and family structure, as well as economic changes such as de-industrialisation and the

growth of services, but women's labour market experience is so different to men's, such that we need to be cautious in making gender-blind generalisations.

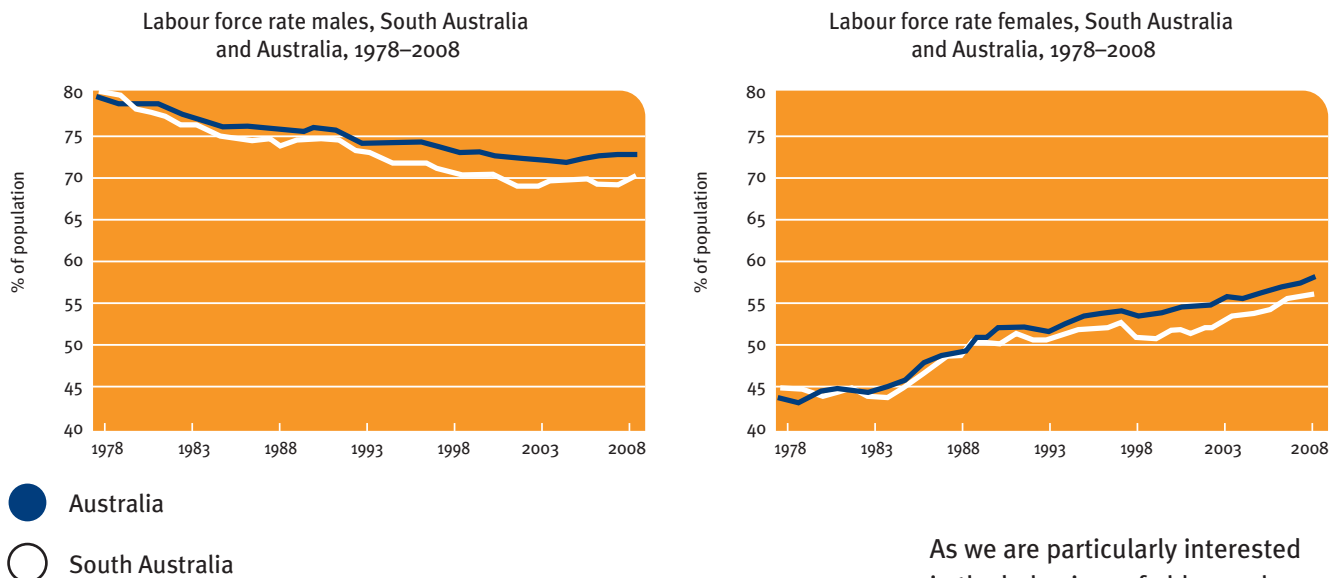
In 1978 in South Australia, female labour force participation (all ages) was 45.0 percent, with male participation 35 percentage points higher at 79.9 percent (Figure 5.2). By 2008, female labour force participation had steadily increased to 56.2 percent, while male labour force participation fell to 69.9 percent: the gap between male and female participation had reduced by 20 percentage points—or nearly two-thirds.

Figure 5.2 also shows how South Australia's female and male participation rates compare with the Australian experience. Relatively speaking, since 1978 male participation rates deteriorated by 12.5 percent in the state, compared with 8.6 percent for Australia as a whole. The female labour force participation rate in South Australia grew by 24.9 percent compared to the Australian average growth of 32.9 percent. Thus, the South Australian female labour force participation rate grew at about three-quarters of the national rate.

#### Figure 5.2

##### Labour force participation rates 1978–2008, South Australia and Australia, males and females

Source: Derived from Productivity Commission 2005a, b; ABS 2008a; Carson and King (forthcoming)



As we are particularly interested in the behaviour of older workers in South Australia, Figure 5.3 disaggregates this growth in female labour force participation and the decline in male participation according to five-year age cohorts.

### Figure 5.3

**Labour force participation rates by gender and age, 2008 on 1978, South Australia**

Source: ABS 2008b

- Males
- Females

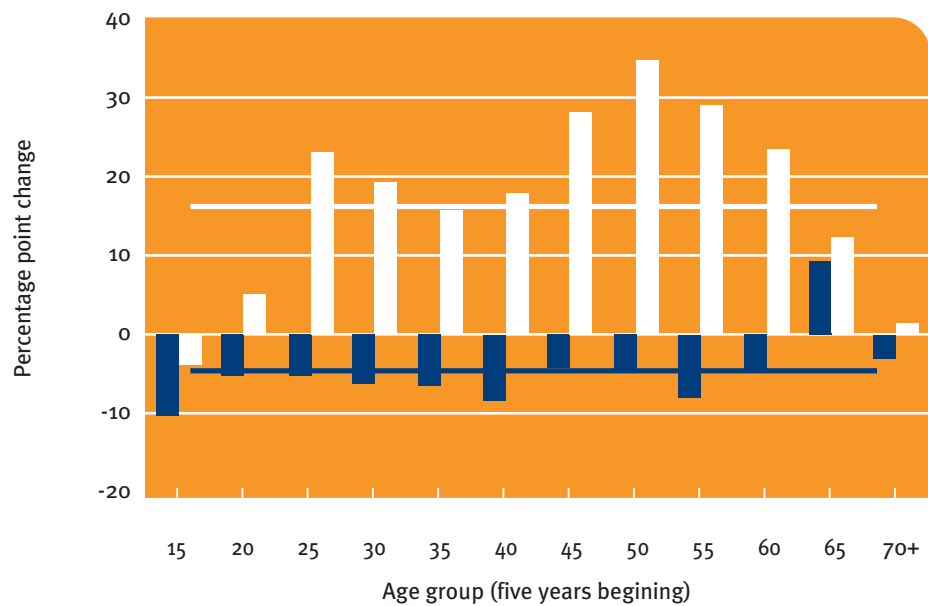


Figure 5.3 shows that, for women, the overall increase in female labour force participation during the past 30 years consisted of an increase in every age group except 15–19 year olds, reflecting this group's higher participation in post-compulsory schooling and tertiary education. Men had an overall reduction in the labour force participation rate of 9.1 percentage points between 1978

and 2008, which consisted of a fall in participation in every age group except 60–65 years.

Mature-aged women (50+) had above average increases in their labour force participation rates, except for those aged 70+. For mature-aged men, the 50+ groups all showed reductions in participation of less than the average, and one group, those aged 65–69, increased their

labour force participation by 8.5 percentage points.

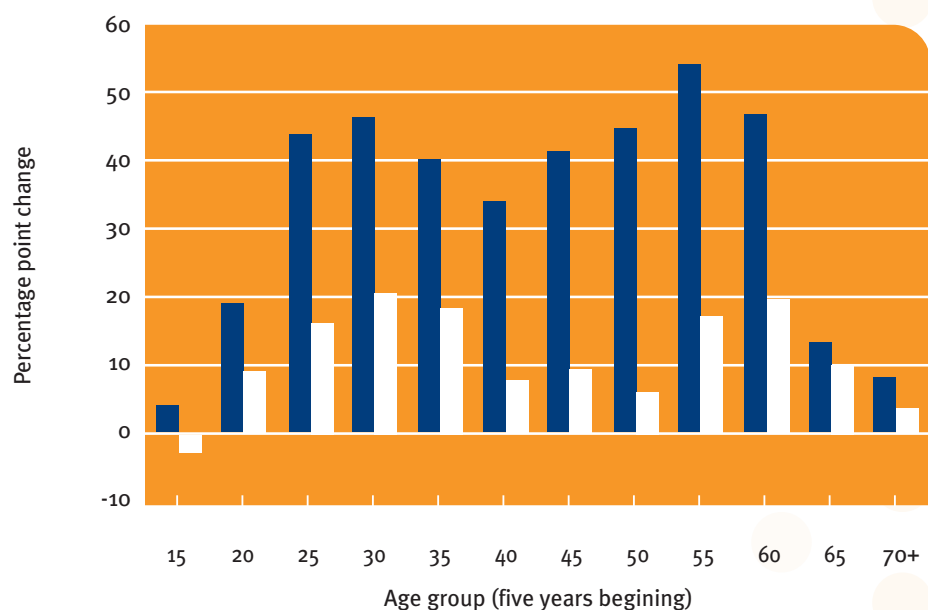
Figure 5.4 shows the percentage point gender difference in the labour force participation rate for each five-year age group in 1978 compared with 2008. This so-called gender gap has fallen substantially for each age group (by 50 percent or more) with the singular exception of the 65–69 age group (Figure 5.5).

### Figure 5.4

**Gender gaps in labour force participation by age group, South Australia, 1978 and 2008**

Source: ABS 2008b

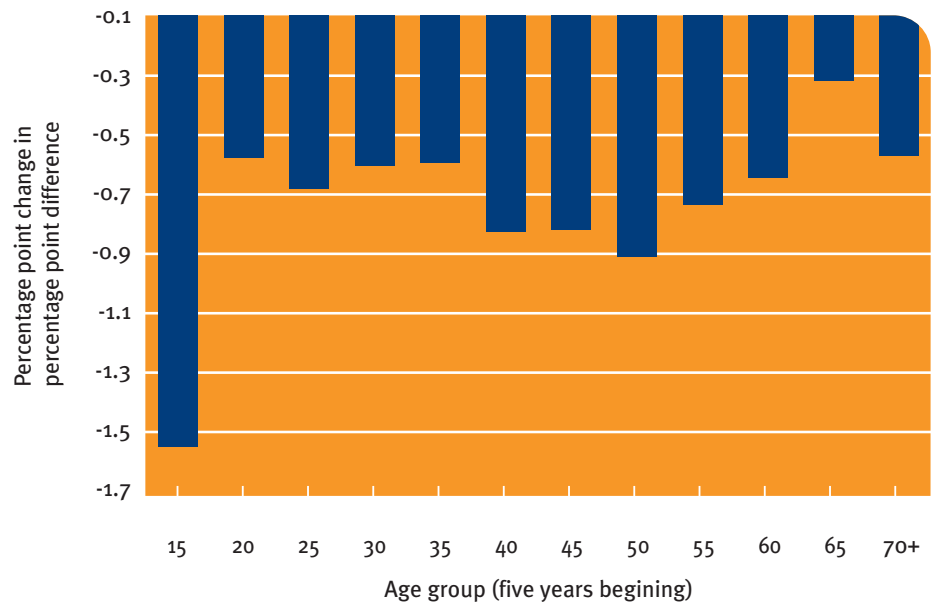
- Gender gap in 1978
- Gender gap in 2008



## Figure 5.5

Percent change in labour force participation gender gap by age group, South Australia, 1978 to 2008

Source: ABS 2008b



Women's increased participation is one of the factors that can be expected to bolster the labour supply in the near future. The other is the trend to higher labour force participation of older age groups. In this section we examine how these factors might increase the labour market supply by looking at how they interact with the effects of population ageing in the past. Firstly, however, we look in more detail at trends in labour force participation for the mature and older age groups in the recent past.

### 5.4 Recent trends in the participation of mature and older aged men and women

The point-to-point comparisons in labour force participation (2008 on 1978), cited above, mask some important within-period changes to participation rates during the past 30 years, especially for mature and older age men during the upturn in the labour market in the past decade, particularly since the early 2000s. Figure 5.6 shows these trends in the labour force participation rates of the six mature and older age cohorts, for men, women and their combined total.

For each age group, women's participation rates unambiguously increased from the late 1990s. In the case of women in the three age

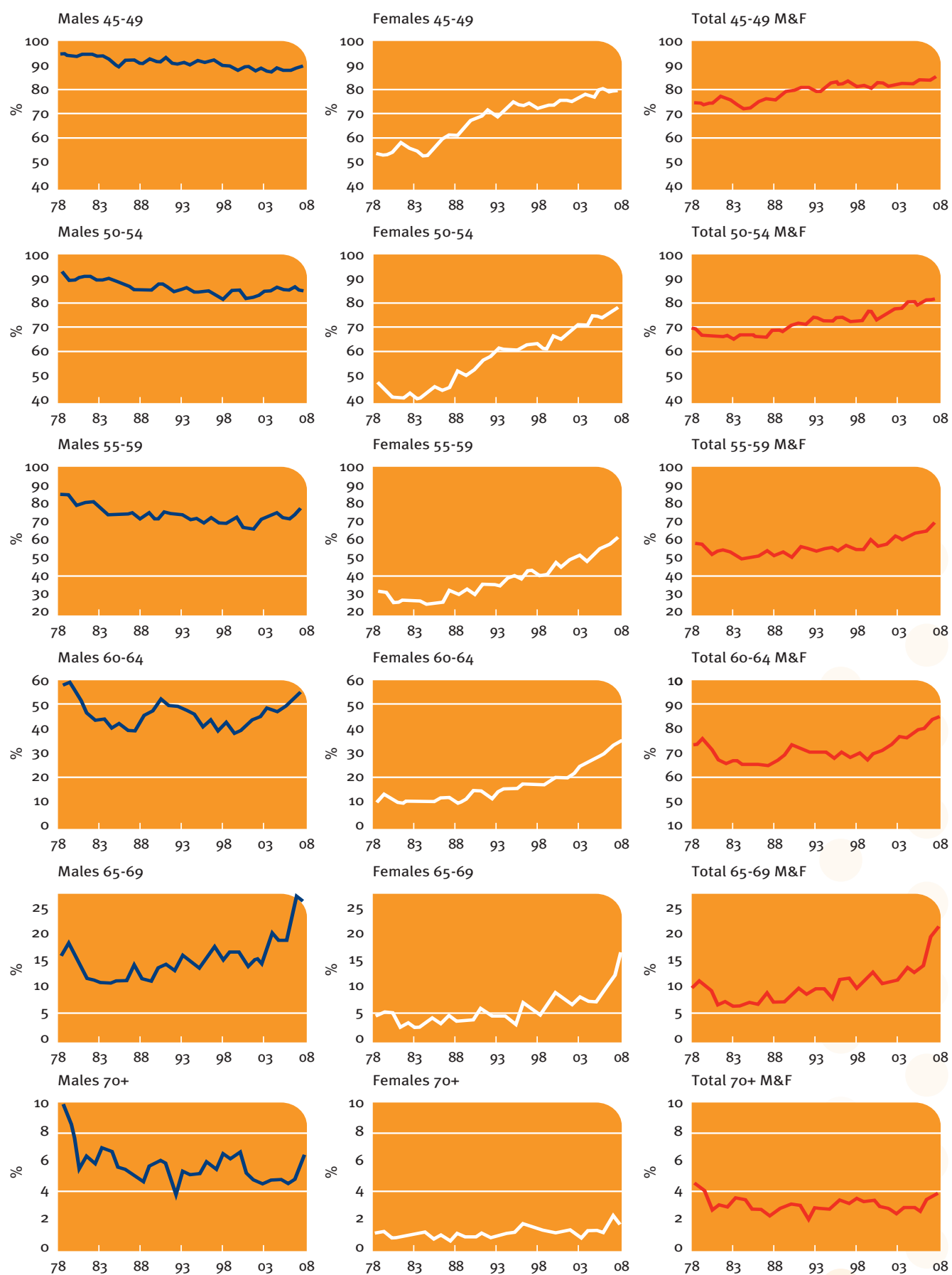
groups from 45 years to 59 years, the post-1998 trend represented a continuation of strong growth established from the early 1980s, 10 years earlier.

Labour force participation rates for males aged 50+ have recovered to varying degrees from their performance of the late 1990s. Of most significance is that for mature and older age males, the recent trends represent a reversal of previous trends, which were either flat or declining, between the late 1980s and the late 1990s. Trends in the participation rate for males aged 45–49 at least demonstrate a bottoming of the decline established between 1998 and 2001. These trends are further analysed in Table 5.1.

## Figure 5.6

Labour force participation rates, South Australia, five-year age cohorts 45+, males, females and total, 1978–2008

Source: ABS 2008b



**Table 5.1**

Participation rates 2001 and 2008 by five-year age groups, males and females, South Australia and Australia

Source: ABS 2008b

	Age group											
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	69+
<b>SA males</b>												
2001	59.6	87.7	91.5	89.9	89.6	88.9	89.8	81.6	67.7	43.6	13.8	5.2
2008	59.1	86.0	91.2	90.4	91.3	87.8	89.6	84.8	77.2	55.4	26.4	6.5
<b>Percentage point change 2001-2008</b>	<b>-0.5</b>	<b>-1.7</b>	<b>-0.3</b>	<b>0.5</b>	<b>1.7</b>	<b>-1.1</b>	<b>-0.2</b>	<b>3.2</b>	<b>9.5</b>	<b>11.8</b>	<b>12.6</b>	<b>1.3</b>
<b>Australia males</b>												
2001	59.2	85.7	91.2	92.4	91.7	91.1	89.2	85.4	72.2	47.1	18.5	6.1
2008	58.9	85.3	91.6	93.0	92.6	90.8	90.7	86.9	77.3	56.3	28.5	7.1
<b>Percentage point change 2001-2008</b>	<b>-0.3</b>	<b>-0.4</b>	<b>0.4</b>	<b>0.6</b>	<b>0.9</b>	<b>-0.3</b>	<b>1.5</b>	<b>1.5</b>	<b>5.1</b>	<b>9.2</b>	<b>10.0</b>	<b>1.0</b>
<b>SA females</b>												
2001	59.8	77.7	74.1	63.2	68.1	72.4	75.7	64.4	44.1	20.0	7.8	1.3
2008	60.4	76.7	74.3	70.4	71.9	80.6	79.8	77.7	60.3	35.1	16.6	1.7
<b>Percentage point change 2001-2008</b>	<b>0.6</b>	<b>-1.0</b>	<b>0.2</b>	<b>7.2</b>	<b>3.8</b>	<b>8.2</b>	<b>4.1</b>	<b>13.3</b>	<b>16.2</b>	<b>15.1</b>	<b>8.8</b>	<b>0.4</b>
<b>Australia females</b>												
2001	60.2	78.5	73.7	67.5	68.3	75.1	74.6	66.4	48.1	21.8	7.9	1.4
2008	60.7	79.0	76.1	71.3	71.4	78.1	79.6	74.8	59.8	37.3	14.0	2.0
<b>Percentage point change 2001-2008</b>	<b>0.5</b>	<b>0.5</b>	<b>2.4</b>	<b>3.8</b>	<b>3.1</b>	<b>3.0</b>	<b>5.0</b>	<b>8.4</b>	<b>11.7</b>	<b>15.5</b>	<b>6.1</b>	<b>0.6</b>

### 5.5 The effect of structural population ageing on the size of the gendered labour force

We observed previously that population ageing in South Australia reduced the rate of growth in the total labour force by about half of what might have been recorded between 1978 and 2008, and that, proportionally,

this was more than twice the dampening effect of population ageing applying nationally.

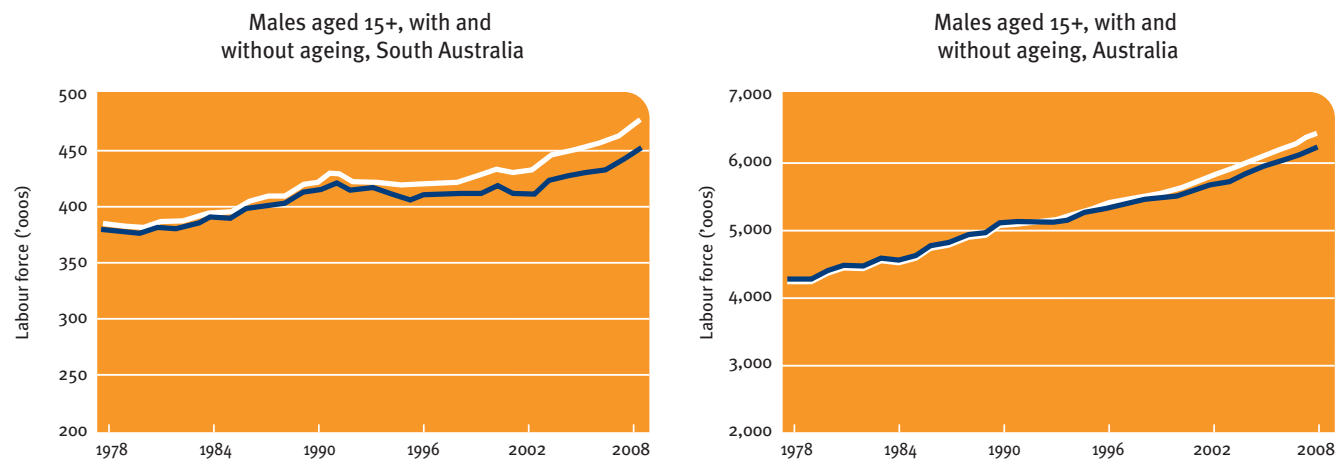
Table 5.2 and Table 5.3 provide a male/female breakdown of the relevant data provided in Table 5.1. Figure 5.7 and Figure 5.8 provide a summary representation of the data in Table 5.2 and Table 5.3.



## Figure 5.7

### Male labour force 1978–2008 with and without ageing, South Australia and Australia

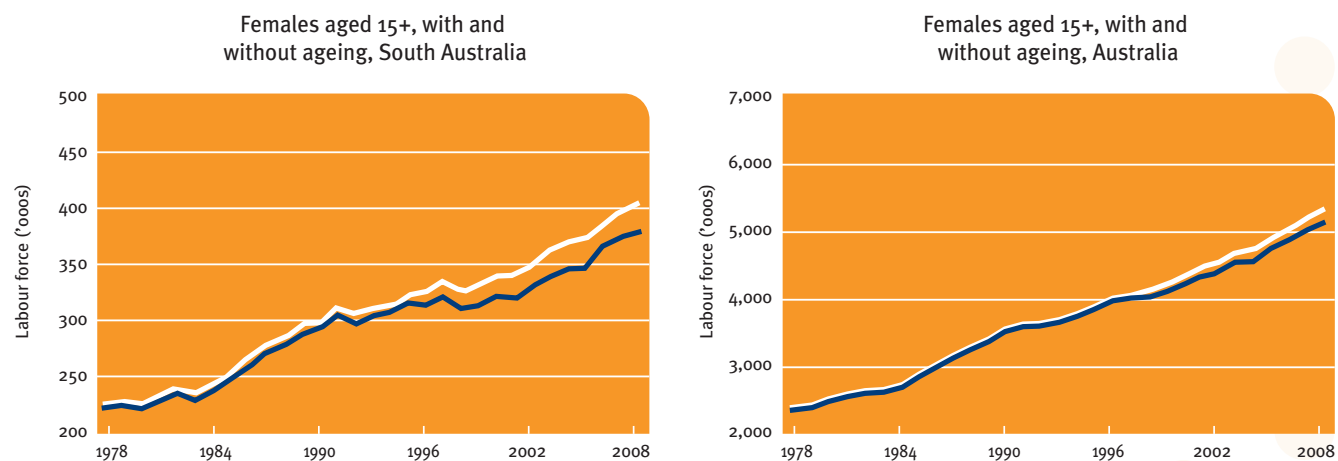
Source: Derived from Productivity Commission 2005a, b; ABS 2008a; Carson and King (forthcoming)



## Figure 5.8

### Female labour force 1978–2008 with and without ageing, South Australia and Australia

Source: Derived from Productivity Commission 2005a, b; ABS 2008a; Carson and King (forthcoming)





 **Table 5.2**

**Effect of ageing on the size of the male labour force, South Australia and Australia 1978–2008**

*Source: Derived from Productivity Commission 2005a, b; ABS 2008a; Carson and King (forthcoming)*

	South Australian labour force, males			Australian labour force, males		
	With ageing (actual data)	Without ageing (simulated data)	Difference	With ageing (actual data)	Without ageing (simulated data)	Difference
	(000)	(000)		(000)	(000)	
1978	378.9	378.9		4,179.4	4,179.4	
1979	378.8	379.8		4,212.5	4,214.9	
1980	377.0	379.1		4,284.5	4,288.1	
1981	379.9	382.8		4,380.9	4,385.2	
1982	380.3	383.9		4,415.0	4,420.4	
1983	382.5	386.7		4,458.9	4,467.8	
1984	387.4	391.9		4,512.1	4,528.2	
1985	390.4	395.8		4,563.6	4,588.6	
1986	395.9	401.8		4,665.2	4,699.4	
1987	400.5	407.3		4,752.5	4,789.2	
1988	401.2	408.0		4,830.9	4,867.0	
1989	408.1	416.1		4,906.1	4,941.8	
1990	414.0	422.1		4,990.0	5,031.3	
1991	417.6	426.3		5,032.9	5,071.5	
1992	412.7	421.2		5,034.0	5,072.3	
1993	413.6	421.6		5,050.8	5,091.6	
1994	410.2	418.0		5,111.1	5,161.0	
1995	406.7	417.2		5,194.6	5,254.6	
1996	408.9	419.8		5,255.0	5,328.5	
1997	407.6	420.1		5,295.6	5,384.1	
1998	408.6	421.7		5,348.2	5,441.1	
1999	410.8	425.2		5,380.1	5,494.7	
2000	414.7	431.9		5,426.6	5,567.8	
2001	410.7	429.4		5,501.7	5,657.6	
2002	411.8	432.0		5,579.2	5,748.0	
2003	420.0	441.8		5,637.2	5,821.3	
2004	425.1	447.5		5,724.2	5,931.4	
2005	428.2	452.2		5,838.7	6,045.9	
2006	432.3	456.9		5,923.5	6,141.5	
2007	437.8	463.3		6,014.0	6,239.0	
2008	448.6	475.0	26.4	6,136.6	6,380.6	244.0
Change (000) 1978–2008			26.4			244.0
	69.7	96.1	(37.9%)	1,957.2	2,201.2	(12.5%)
Percent change 1978–2008						
	18.4	25.4	7.0	46.8	52.7	5.8
Percent annual change 1978–2008						
	0.5	0.7	0.7	1.2	1.4	0.1

**Table 5.3**

**Effect of ageing on the size of the female labour force, South Australia and Australia 1978–2008**

*Source: Derived from Productivity Commission 2005a, b; ABS 2008a; Carson and King (forthcoming)*

	South Australian labour force, females			Australian labour force, females		
	With ageing (actual data)	Without ageing (simulated data)	Difference	With ageing (actual data)	Without ageing (simulated data)	Difference
	(000)	(000)		(000)	(000)	
1978	222.1	222.1		2,339.4	2,339.4	
1979	224.5	225.3		2,362.3	2,364.4	
1980	223.6	225.3		2,453.1	2,459.0	
1981	227.7	230.8		2,526.7	2,537.5	
1982	233.6	237.3		2,582.2	2,594.7	
1983	230.6	234.8		2,621.0	2,635.5	
1984	236.7	241.7		2,684.3	2,709.9	
1985	246.5	252.5		2,780.3	2,806.3	
1986	257.6	263.7		2,951.8	2,980.2	
1987	269.4	275.9		3,091.3	3,122.1	
1988	275.6	282.8		3,197.2	3,227.1	
1989	285.4	293.1		3,341.1	3,366.0	
1990	291.7	298.6		3,491.7	3,510.1	
1991	300.6	308.2		3,555.4	3,577.1	
1992	297.4	304.6		3,591.0	3,608.7	
1993	301.2	309.6		3,610.7	3,633.6	
1994	304.4	312.6		3,700.8	3,737.9	
1995	311.1	320.6		3,823.0	3,870.7	
1996	313.0	324.8		3,917.6	3,973.8	
1997	318.6	331.6		3,979.5	4,038.2	
1998	310.2	323.3		4,020.4	4,090.9	
1999	312.4	328.4		4,075.8	4,166.6	
2000	319.9	337.7		4,192.9	4,299.4	
2001	321.1	340.9		4,298.4	4,422.5	
2002	328.4	349.1		4,362.7	4,498.4	
2003	337.8	360.1		4,500.3	4,643.0	
2004	342.6	366.1		4,543.7	4,702.4	
2005	345.5	370.8		4,671.2	4,844.8	
2006	360.6	385.0		4,827.4	4,996.6	
2007	370.5	395.6		4,957.3	5,137.3	
2008	376.7	401.8	25.2	5,087.1	5,286.5	199.5
Change (000) 1978–2008			25.2			199.5
	154.6	179.7	(16.3%)	2,747.7	2,947.2	(7.3%)
Percent change 1978–2008						
	69.6	80.9	11.3	117.5	126.0	8.5
Percent annual change 1978–2008						
	1.7	1.9	1.9	2.5	2.7	0.1

Table 5.2 and Table 5.3 show that, without population ageing during the past 30 years, the size of the South Australian male labour force would have reached 475,000 by 2008, or 6.6 percent higher than the actual figure of 448,600. The male labour force in South Australia grew by 69,700; without population ageing it would have grown by 96,100—37.9 percent more. In Australia's case, the male labour force expansion would have been 12.5 percent higher. Thus population ageing dampened previous male labour force growth in South Australia by three times the dampening effect nationally.

Population ageing, however, had a relatively less moderating effect on the growth in the female labour force between 1978 and 2008. Because underlying female labour force growth was so much stronger as a result of the growth in the female participation rate, the population ageing effects were offset substantially—about half that on the male labour force.

Such comparisons of the historical behaviour of the male and female labour forces in the face of similar structural population ageing provides a way of demonstrating how, in the future, counter-trends in labour force participation in respect of specific age/sex cohorts have the potential to offset the negative influence of structural population ageing on labour force growth.

### 5.6 Participation rates

In its seminal study of the effects of ageing on the labour market, the Productivity Commission projected participation rates to 2051 on a state and national basis in respect of five-year age/sex

cohorts (Productivity Commission 2005a, b). For this discussion we are concerned with clarifying the recent rapid growth spurts in participation rates, as well as considering their potential prospects for the labour force in the future.<sup>4</sup>

It can be observed that, during the past eight years, Productivity Commission medium-term projections of participation rates, especially for older aged groups, both male and female, were very conservative. The Productivity Commission forecasts in 2004 underestimated the growth in older age groups' participation rates during 2004–08. For example, the participation rate of South Australian males aged 45–49 were forecast by the Commission to be a full 3.2 percentage points below their actual level in 2008. Participation rates for 50–54 year olds turned out to be two percentage points below forecast, and for 55–59 year old males they were underestimated by 7.1 percentage points. The corresponding underestimation of the 2008 female labour force participation rates was equally wide of the mark. For example, 50–54 year olds' participation was 3.2 percentage points below the actual figure; 55–59 year olds, 4.6 percentage points below actual; 60–64 year olds, 5.6 percentage points below actual; and 65–69 year olds, 7.7 percentage points below actual. If current participation trends are a guide to the future, then the Productivity Commission projections may be overly pessimistic for both sexes, at least in the near to medium term (during the next 10 years).

It is true that there are limiting factors on future growth of older worker participation. By age 55–64, about two-fifths of low-income Australians experience at least one major health issue (Walker et al. 2003). Even for middle- to higher-income Australians aged 55–64, about two-thirds experience at least one major health issue. Similarly, older men and women face increased caring responsibilities. Such countervailing forces could prevent the labour force participation rate of these older groups from increasing to a level similar to younger cohorts, but it is not clear that such pressures will change significantly in the near future.

Older male age cohorts aged 45+ accounted for eight out of every 10 additional male labour force positions created in the past 30 years. While their labour force growth rates are expected to be generally much less than those recorded historically, except for men aged 70+, the contribution to the growth in the future labour force from the six mature and older male age groups will be less in relative terms than was the case during the past 30 years.

For women during the past 30 years the ratio of mature and older age women compared to younger groups was 53:47, and it is projected that 52 percent of women's labour force growth will be contributed by women aged 45+. This represents only a very minor skewing towards older females, and nowhere near as substantial as the projection for men.

That said, the Productivity Commission's projections embody

<sup>4</sup> We used the implied growth rate projections in these series and applied them to updated participation rate data covering the period 2004–08 which was unavailable to the Commission at the time of its study, and projected them to 2051. We do not have space here for detailed discussions of modelling undertaken, which will be reported separately (Carson and King, forthcoming).

some strong participation growth rates, especially for women and men in the mature and older age groups. The slowdown in the rate of growth during the next few decades will not be dramatic enough to produce a fall in the present labour force levels at any time in the near or medium term. During the past 30 years the labour force grew, on average, by 1.0 percent a year. In the past eight years the labour force grew, on average, by 1.5 percent a year and in the next eight years it will grow by 0.9 percent a year, which is not much different to the average annual growth during the past 30 years (Productivity Commission 2005a, b; Carson and King, forthcoming).

Thus we again stress that although future structural population ageing during the next 30 years will have a larger negative impact on future labour force growth than it did in the past 30 years, this does not in itself justify claims that the labour force in South Australia will be unable to keep up with labour demand or that the labour force in South Australia will even fall. To use an analogy, the event of a flood is dependant on the absolute size of the rainfall in any year—not its size compared to a past year. Indeed, under current medium-scenario ABS assumptions about future population growth, ageing of the population structure in South Australia is not large enough to result in the size (absolute numbers) of the labour force falling at any time in the near future, given the size of predictable offsetting factors regarding labour force participation of the highest-growing age cohorts.

### 5.7 Employment and unemployment

Older aged people, especially males, have relatively low recorded rates of unemployment while enduring higher than average rates of ‘hidden unemployment’ (Watson, Buchanan, Campbell and Briggs 2003, chapter 4). After involuntarily losing their job, they tend to drop out of the labour force altogether and join the ranks of the discouraged job seekers, often going into ‘early retirement’ and/or sustaining themselves on the disability support pension (Productivity Commission 2007, chapter 8).

We will show that the 55+ age group is generally highly motivated to work provided they see the likelihood of a job within reach—otherwise they tend to shelter outside the labour market. These discouraged job seekers are not counted in the recorded unemployment rate and so the official unemployment rate does not adequately measure this group’s labour market behaviour. Labour market economists overcome this analytical shortcoming of the unemployment rate by focusing on the employment rate for these older age groups, defined as the ratio of the employed labour force to its civilian population for a given age cohort.

The participation rate is a widely used measure in this context, and we have used it to this point in the discussion for reasons of comparability with prior research. Most importantly, for older age groups, the employment rate is a particularly useful and convenient measure of both labour market deprivation and labour market advantage.

Figure 5.9 compares long-term historical trends in the employment rates for the aggregate of the older cohorts aged 45+ with those aged less than 45. In the three decades to 2008, in South Australia, the employment rate for those aged 45+ has increased by 4.6 percentage points while that of those aged less than 45 has grown by only 3.6 percentage points. Since the low point of the mid-1980s, however, when the 1982–83 recession bit hard into the employment base of mature and older aged people, the growth in their employment rate has far outstripped the growth in the group aged less than 45—13 percentage points growth for those aged 45+ compared to 5.9 percentage points growth for those aged less than 45. Figure 5.9 shows that, after falling more rapidly in the aftermath of the 1982–83 recession, the growth trajectory of the 45+ employment rate in South Australia has since matched its national counterpart.

## Figure 5.9

### Employment rates of people aged less than 45 and 45+, Australia and South Australia 1978–2008

Source: ABS 2008b

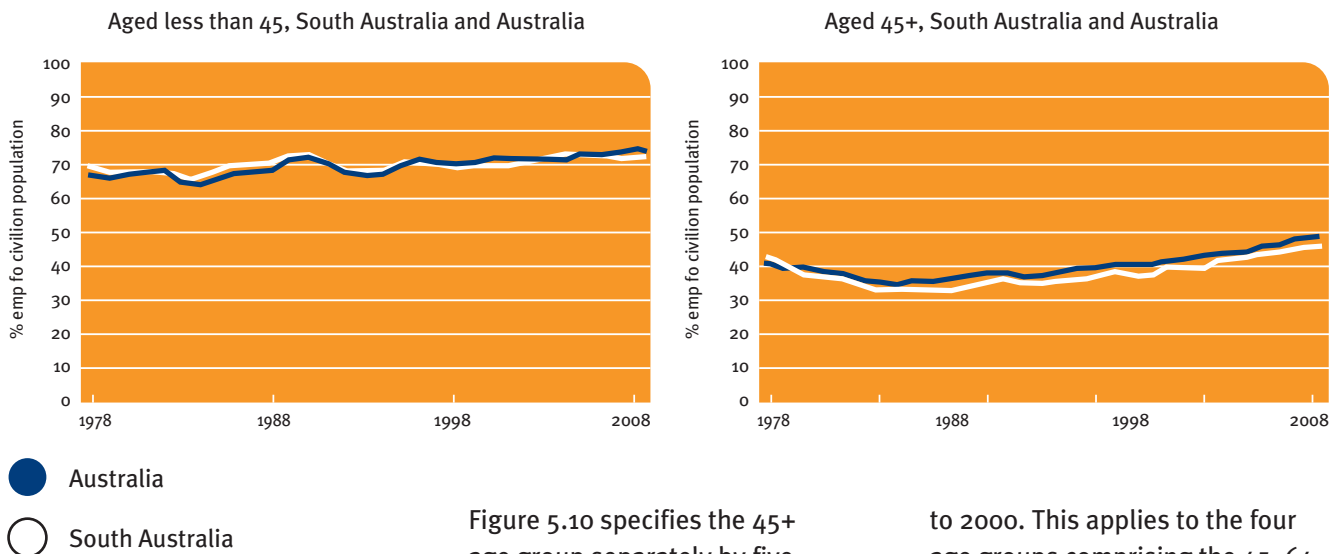


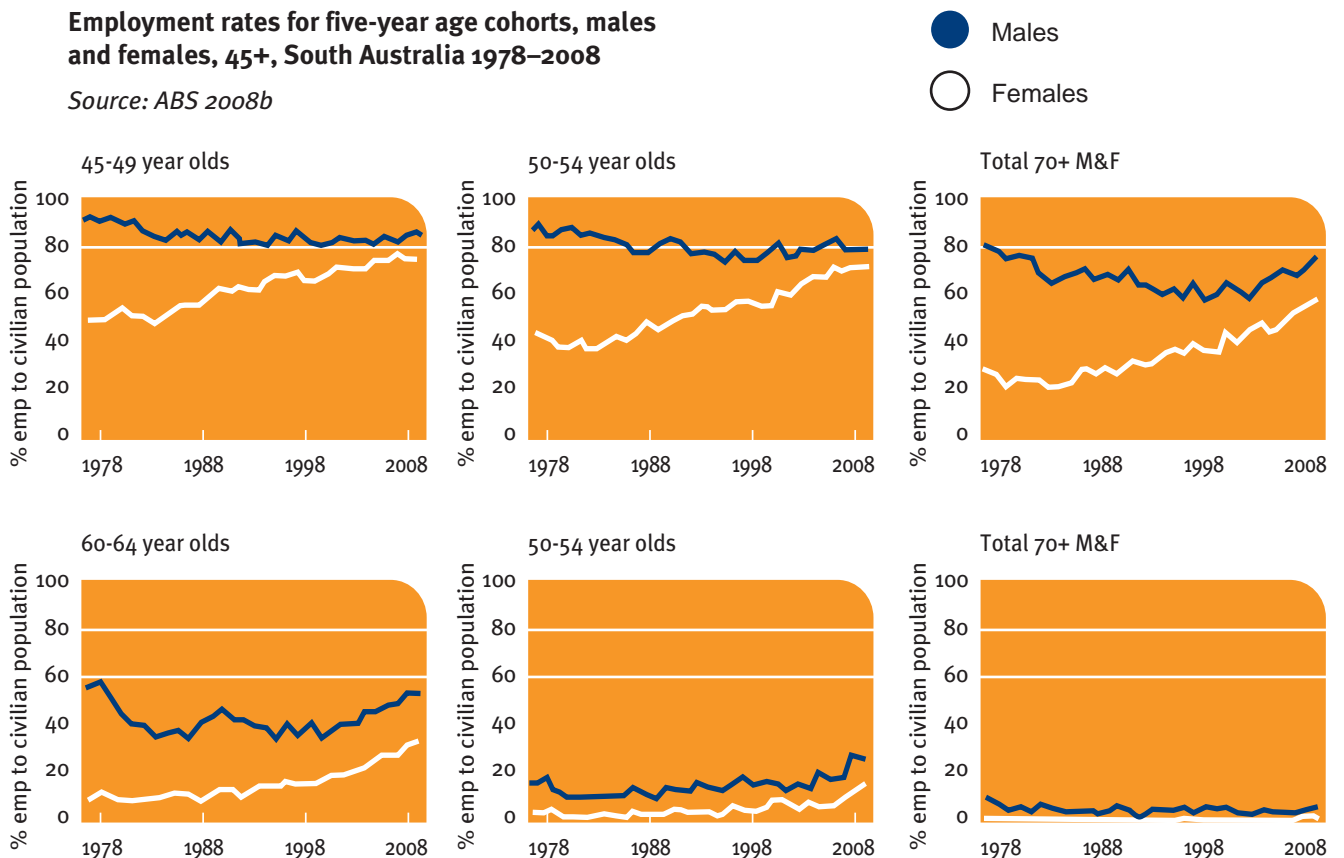
Figure 5.10 specifies the 45+ age group separately by five-year age/sex cohorts. For older males, since the early 2000s, the most remarkable feature of this figure is the reversal of declining or stagnating trends established in the two decades

to 2000. This applies to the four age groups comprising the 45–64 year old cohort, and is particularly noticeable in the 60–64 and 65–69 year old cohorts. Female employment rates have generally grown steadily since the early 1980s.

## Figure 5.10

### Employment rates for five-year age cohorts, males and females, 45+, South Australia 1978–2008

Source: ABS 2008b





## 5.8 Full and part-time jobs growth and the older age groups

part-time jobs growth dominated employment creation in South Australia during the past three decades, as was the case nationally. Full-time jobs grew from 465,000 in 1978 to 535,180 by 2008. Part-time jobs numbered 95,100 in 1978 and 239,330 by 2008. The rate of growth was greater in part-time jobs, off a low base, so that while full-time jobs grew by 15.1 percent during the past 30 years; part-time jobs grew by 151.7 percent. In 1978, full-time jobs outnumbered part-time jobs by a factor of nearly five to one but by 2008 full-time jobs outnumbered part-time jobs by only 2.2 to one.

Older workers in South Australia did especially well in full-time jobs growth during the past 30 years, with their increased employment being equivalent to the net increase in full-time jobs as well as more than half (53.6 percent) the net increase in part-time jobs. This is important as it contributes to a reconceptualisation of the entire concept of retirement as a result of changing modes of work-life balance, including part-time work and phased retirement plans. Mature-aged people can increasingly entertain the prospect of making a continuing contribution through paid work in the formal economy and through volunteering.

In South Australia between 1978 and 2008 the 55+ group increased its share of employment by six percentage points, with three out of every 10 new jobs going to people aged 55+ (65,700 out of 214,400). At the same time, more than half the growth went to people aged 40–54. Consistent with the pattern of change

in labour force participation discussed previously, there were 7,000 fewer employed in the 15–29 year old group than in 1978. These changes combined represent a structural shift in the composition of employment towards older workers.

## 5.9 Older aged full and part-time employment: gender differences

in the total employed labour force the share of men aged 55+ increased during the past 30 years by 130.7 percent, compared with a 209.5 percent increase for women aged 55+. There are now roughly equal shares of part-time and full-time women in the 55+ employed age group, while full-time employment still dominates the male 55+ employed age group (13.9 percent share of full-time employment compared to 3.9 percent share of part-time employment). Put another way, during the past three decades the female full-time employment pool aged to a greater extent than male full-time employment. The share of female full-time employment accounted for by the 55+ group more than doubled from six percent to 15 percent, while for males this share increased by 4 percentage points, or just 30 percent, over the same period.

The ageing of the part-time female employment pool during the past three decades was also faster than that of the male part-time employment pool. For women, the 55+ cohort share of the part-time women's employment pool grew from 10 percent in 1978 to 16 percent in 2008. By contrast, the 55+ male cohort experienced a falling share of male part-time employment with those jobs being taken up by younger males.

## 5.10 Drivers of older age groups' participation in paid employment

we made the point above that labour force composition in terms of its age distribution is affected by the age structure of the population as well as the propensity of each cohort to participate in paid employment, and that participation rate effects can outweigh countervailing demographic effects. In South Australia's case, the linkage between population and labour force growth is weaker than it is nationally. Three determinants of labour force growth in South Australia account for differences with the national picture. They are:

- compositional differences in population growth of age cohorts
- feedback loops between cyclical economic conditions and the participation rate of different demographic groups
- structural economic factors that favour labour market participation of some demographic groups more than others.

The first effect was examined in earlier sections of this chapter. To demonstrate the influence of the second factor listed above, Table 5.4 shows the relationship between changes in the size of the labour force for each age/sex cohort in South Australia and changes in the national unemployment rate, used as a proxy for cyclical economic conditions. The higher the absolute value of the coefficient of determination ('R') in Table 5.4, the higher the degree of association with the national unemployment rate (Argyrous 1996, chapter 19). A negative value of R indicates an inverse relationship. The value of R for the

55+ cohort is negative: a fall in the unemployment rate is associated with a rise in the participation rate of this age group. The value is given as  $-0.7$ , which is a very high association (Public Health

Information Development Unit 2006, p.77). No other age group shows anything like this degree of responsiveness to cyclical economic trends.

## Table 5.4

**Statistical association between size of labour force and national unemployment rate (R values), South Australia, 1978 to 2008**

*Source: ABS 2008a; Carson and King (forthcoming)*

Age group	Males	Females	Total
15–19	–0.4	–0.5	–0.5
20–24	–0.1	0.0	0.0
25–29	0.3	0.1	0.3
30–34	0.6	0.2	0.4
35–39	0.2	0.1	0.2
40–44	–0.1	–0.1	–0.1
45–49	–0.3	–0.3	–0.3
50–54	–0.7	–0.5	–0.6
55–59	–0.8	–0.6	–0.7
60–64	–0.7	–0.6	–0.7
65–69	–0.4	–0.6	–0.5
70+	–0.4	–0.4	–0.4
<b>Total 15+</b>	<b>–0.6</b>	<b>–0.4</b>	<b>–0.5</b>
	<b>SA</b>	<b>Aus</b>	
less than 45 (people)	0.0	–0.3	
45+ (people)	–0.6	–0.6	

The associations from Table 5.4 are very strong for the following groups:

- 50–54 years (males:  $R=-0.7$ ; females:  $R=-0.5$ )
- 55–59 years (males:  $R=-0.8$ ; females:  $R=-0.6$ )
- 60–64 years (males:  $R=-0.7$ ; females:  $R=-0.6$ ).

In other words, that portion of the labour force made up by the 55+ age cohorts grows and shrinks in a strongly pro-cyclical manner.<sup>5</sup> A falling unemployment rate heralding brisk economic conditions seems especially to induce members of this age group to remain in or re-enter the labour

market to a far greater extent than any of the younger age groups. This relationship is stronger for men than it is for women.

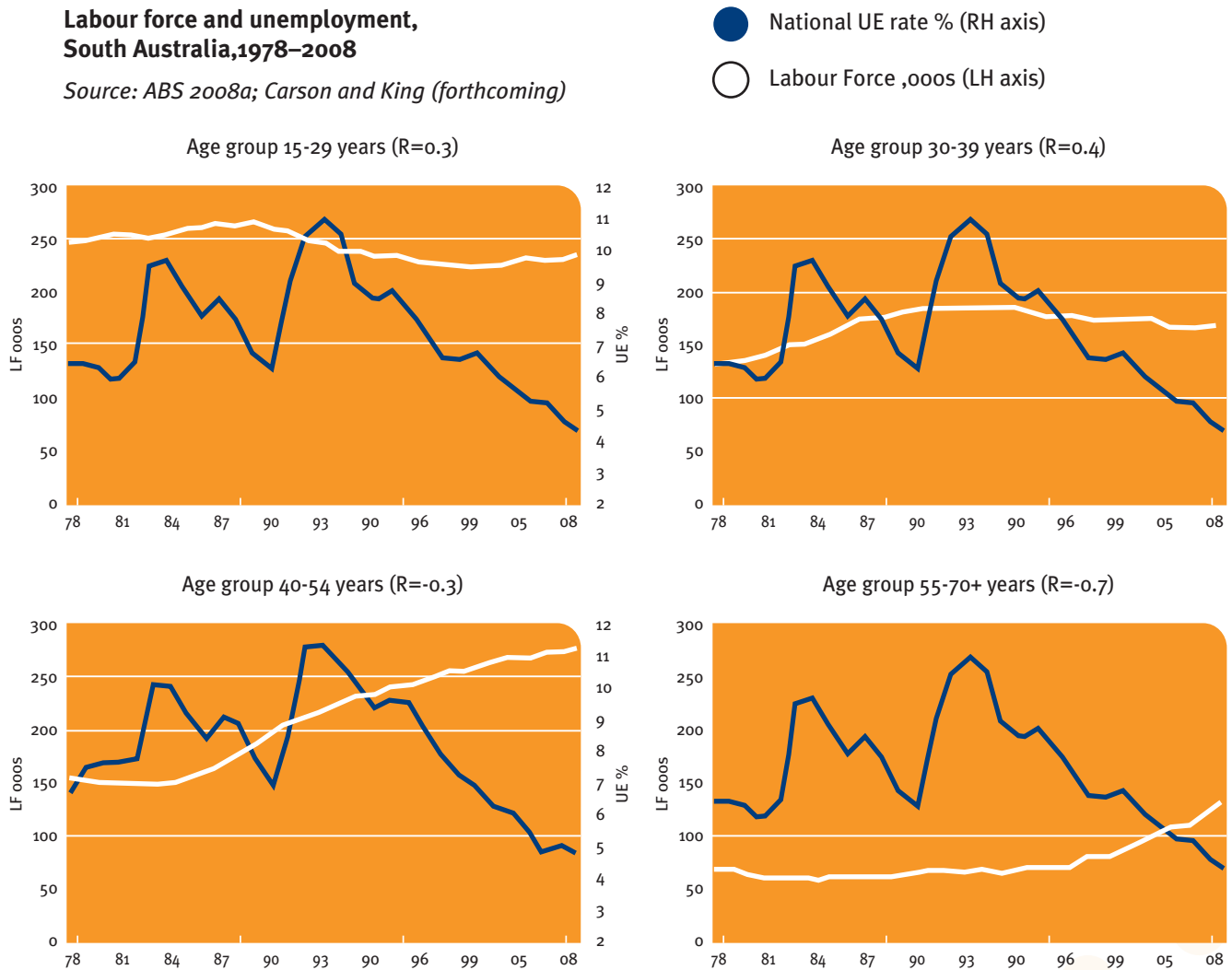
Figure 5.11 further illustrates data underpinning Table 5.4 by broadly grouping age cohorts to highlight the relationship between changes in the size of the labour force in South Australia and changes in the national unemployment rate (as a proxy for cyclical economic conditions). The labour force participation of people aged less than 40 does not show the scale and direction of the labour force growth that those aged 40+ have shown since the late 1990s relative to economic growth.

<sup>5</sup> Correlation coefficient of  $-0.7$ .

**Figure 5.11**

**Labour force and unemployment,  
South Australia, 1978–2008**

Source: ABS 2008a; Carson and King (forthcoming)



Taken together, all five-year age cohorts less than 45 years combined in South Australia display an infinitesimally small association<sup>6</sup> with cyclical economic conditions, while the 45+ group has a high R value of  $-0.6$  and the 55+ group has an R value of  $-0.7$ . This is a similar degree of association as for the Australian average; however, the national labour force aged less than 45 is more responsive than its South Australian counterpart, although the association, at  $R=-0.3$ , is weak.

This relationship has led to huge structural employment growth for those aged 55+ in South Australia,

as Figure 5.12 demonstrates. Since the end of the 1991–92 recession and during the course of the longest economic boom in Australia's post-war history, the share of post-retirement age employment grew by 57.2 percent for males and 239.4 percent for females. Since national unemployment peaked in 1993, full-time employment shares have grown by 284 percent in the case of women and 147.5 percent in the case of men. Part-time employment shares doubled for both sexes. In the case of females, the recovery was earlier and more sustained.

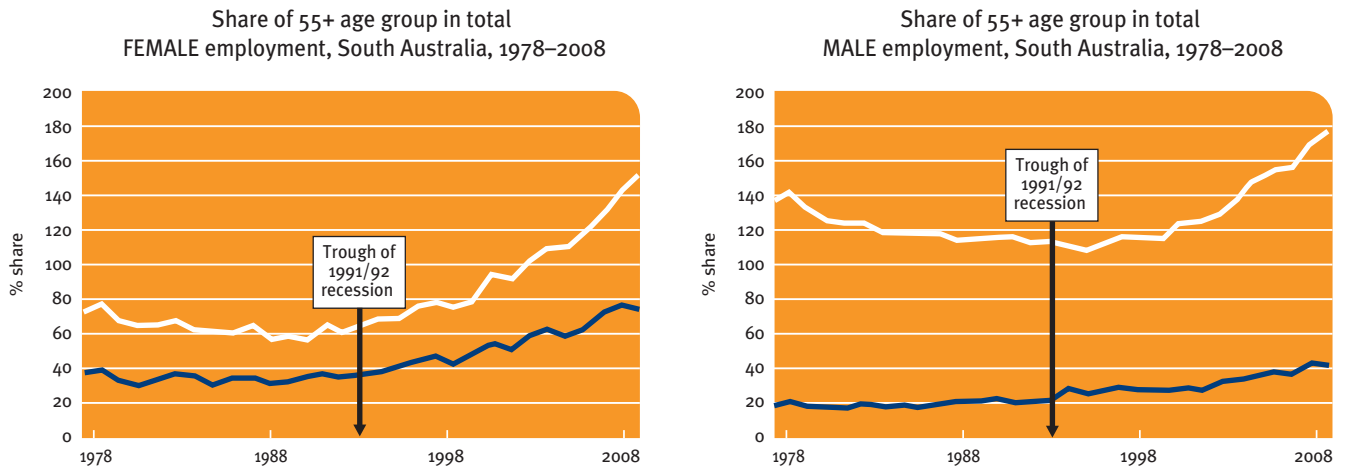
<sup>6</sup> Although shown as 0.0 in the table, which is rounded to one decimal point, the actual R value is 0.024.



## Figure 5.12

### Growth in older age employment shares, full- and part-time, 1978 to 2008, South Australia

Source: ABS 2008a, b



Employers are choosing to hire older workers more than was the case 30 years ago. In part this is because there are now proportionally more older males and females for employers to choose from, just as these same people constituted the more numerous prime age workers some 30 years ago. But since all groups among the 55+ years are signalling their willingness to stay in the labour market if there is a prospect of finding and retaining work, and they are especially interested in part-time employment, there are still underdeveloped policy measures that can build on the propensity of this group to participate in paid employment. We believe

the changes in older workers' participation rates are not only associated with the reduced unemployment rate during the past three decades, but also with their increased lifestyle expectations and desire to have larger retirement incomes.

This finding of older age groups' labour force participation being highly responsive to economic growth opens up a raft of policy interventions aimed at increasing labour force participation to make the most of this effect when the economy is on a cyclical upswing, and to counter it when economic growth is slowing down. Chief among these include labour market planning, education and training, immigration, childcare

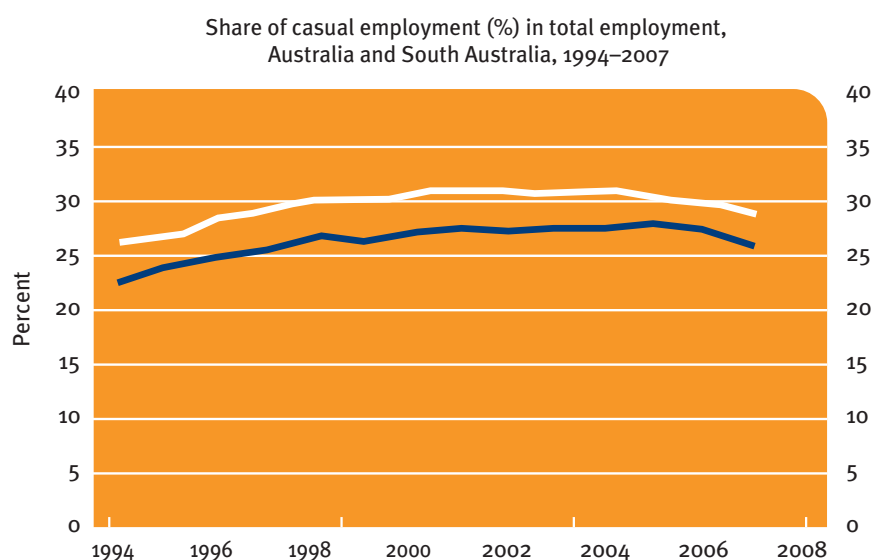
and enhanced superannuation provision.

One reason why, compared to younger age groups, employment of these older age groups appears to be more highly sensitive to cyclical economic conditions in South Australia, vis-a-vis Australia, could be the greater labour market flexibility afforded by South Australia's relatively more highly casualised labour market as shown in Figure 5.13. The needs of people making the transition to retirement may be more easily accommodated through this feature of South Australia's labour market, although this conjecture warrants more detailed analysis in a future research project.

**Figure 5.13**  
**Casualisation of the workforce, South Australia and Australia**

Source: ABS 2008a, b; ABS 2007

- Australia
- South Australia



### 5.11 Industrial and occupational composition of older age employment

#### 5.11.1 Occupational analysis

While the demographic changes associated with ageing are well documented, their impact on participation is not, and neither is their impact on particular occupations or the availability of skill sets. Very little discussion in the literature has focused on how the ageing population and changing labour force participation rates will affect the future supply of work skills in particular occupations.

There are predictions in the literature that cognitive and interactive skills, both within workgroups and between organisations, will become increasingly important at the expense of motor skills (Carson et al. 2004). Workers in the future will need additional skills, particularly team skills within work groups, as well as customer-oriented skills. Older workers have

amounts of such skills obtained from experience, although lower levels of formal education than younger workers. Despite the expected increase in retirements, in aggregate terms the stock of skills in the labour force will rise as more qualified age cohorts move through the workforce. This again reinforces the importance of retaining older workers and extending their working lives.

In terms of occupations, the current crop of older aged workers will retire from particularly highly skilled occupations—the professions, associate professions, management and advanced clerical occupations. Of these, the most rapidly ageing, measured by change in the proportion aged 55+ are; health and welfare; science, engineering and other associate professionals; and secretaries and personal assistants (Tan and Richardson 2008). These are the types of jobs where cognitive skills and experience are particularly

valuable, more so than physical capacity.

At the same time as having skills that are potentially in demand, these workers will be used to working in environments characterised by high levels of fractional employment and casualisation. These conditions will constitute, therefore, a match between older aged peoples' need for reduced working hours and less responsibility (Jackson and Walker 2007) and employers' needs to retain the staff with the greatest corporate memory and applied skill sets. This also highlights the opportunity to recruit older workers from broadly similar jobs who can apply their cognitive skills and experience to particular employment occupations.

Table 5.5 lists the top four occupations in which the older age cohorts of 55–64 and 65+ are concentrated. A gender breakdown is also shown.

For the two older aged male cohorts combined, the following occupations<sup>7</sup> provide the bulk of employment:

- Professionals
- Managers and administrators

- Tradespeople and related workers
- Intermediate production and transport workers.

For the two older aged female cohorts combined, the following occupations provide the bulk of

employment:

- Professionals
- Associate professionals
- Managers and administrators
- Intermediate clerical, sales and service workers.

**Table 5.5**  
Ranking of largest  
employing occupations,  
55+ cohorts, South  
Australia, 2008

Source: ABS 2008c

Males			
55–64 years		65+ years	
1.	Professionals	1.	Managers and administrators
2.	Managers and administrators	2.	Professionals
3.	Tradespeople and related workers	3.	Associate professionals
4.	Intermediate production and transport workers	4.	Intermediate production and transport workers
Females			
55–64 years		65+ years	
1.	Intermediate clerical, sales and service workers	1.	Professionals
2.	Professionals	2.	Intermediate clerical, sales and service workers
3.	Associate professionals	3.	Advanced clerical and service workers
4.	Managers and administrators	4.	Managers and administrators
Total Males and Females			
55–64 years		65+ years	
1.	Professionals	1.	Managers and administrators
2.	Intermediate clerical, sales and service workers	2.	Professionals
3.	Managers and administrators	3.	Associate professionals
4.	Associate professionals	4.	Intermediate clerical, sales and service workers

The recent employment trends in these occupations are shown in Figure 5.14.

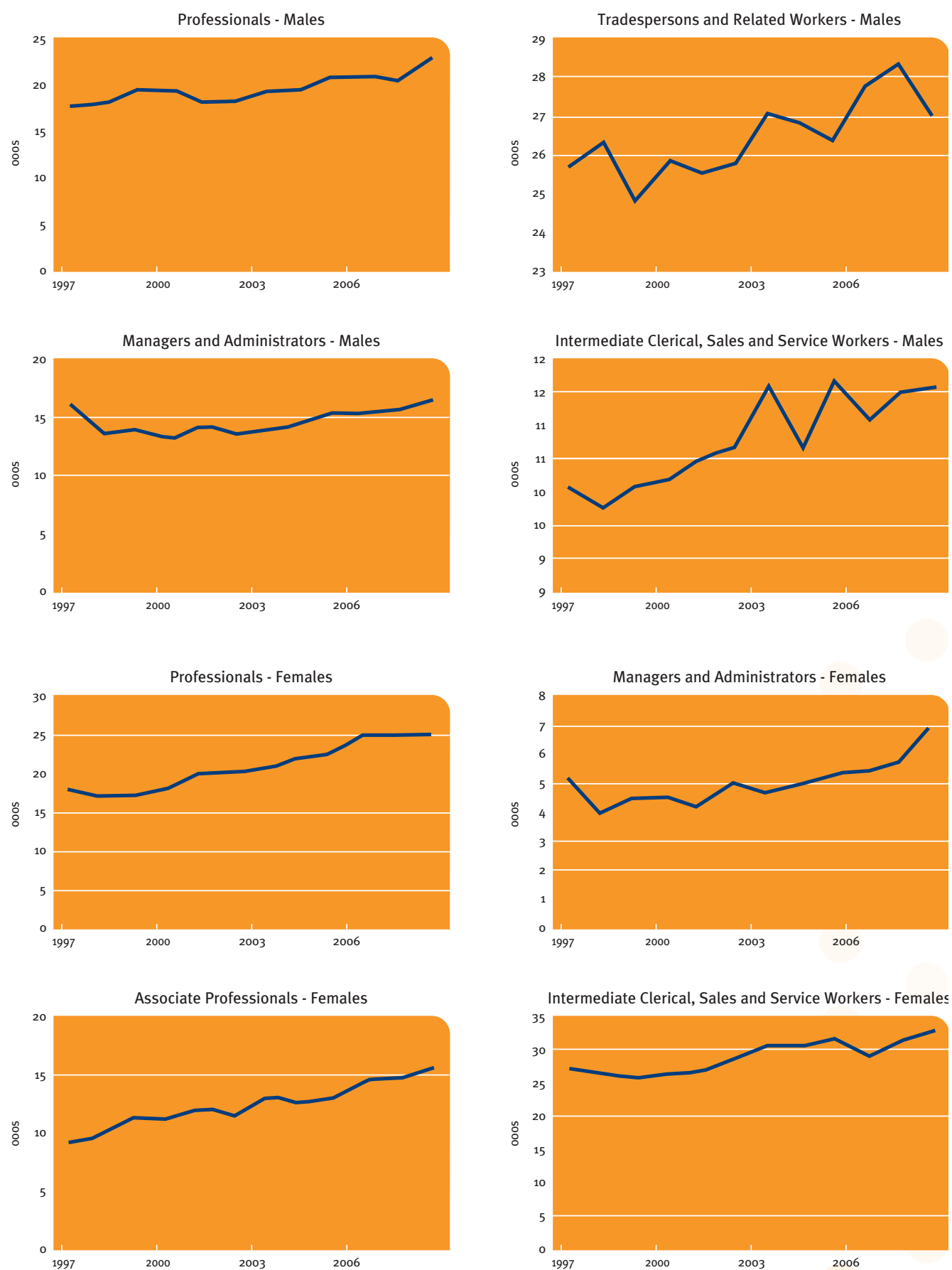
Figure 5.15 shows, for completeness, trends in the remaining occupations.

7 At the one digit ANZSIC level of aggregation, sourced from ABS Labour Force data cubes Cat. 6291.0.55.003 August 2008

**Figure 5.14**

**Top four employing occupations, males and females aged 55+, South Australia, 1995–2008**

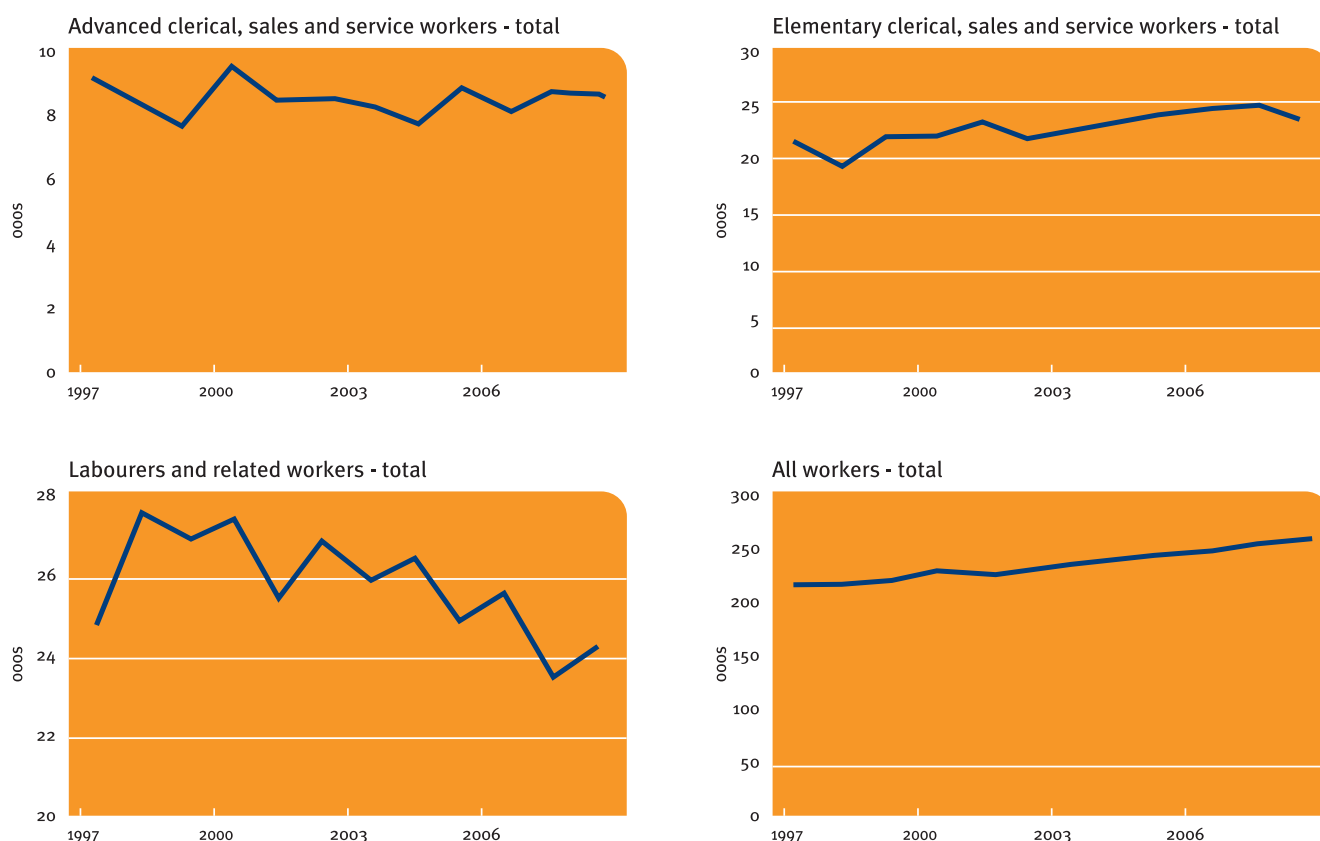
Source: ABS 2008c



## Figure 5.15

**Employment by occupation, total (males plus females) in South Australia, 1995–2008 (occupations in which older workers are not concentrated)**

Source: ABS 2008c



It is clear from Figure 5.14 that the eight occupational groups listed in Table 5.5, in which males and females aged 54+ are highly concentrated, are all growth occupations of the recent and medium-term past. By contrast, Figure 5.15 shows that the occupations in which this age group are not concentrated are either declining structurally (labourers and related workers) or stagnating (advanced clerical and service workers) or growing very slowly (elementary clerical sales and service workers).

Overall, these trends promise to advantage women more than men, as has been the case in the past three decades. Unfortunately for men, the category of employment that is growing fastest for them

(casual, including full-time casual) is also the one that is least likely to offer opportunities for skills development on the job. Because growth in permanent jobs has been concentrated in occupations that mostly require higher education, rather than trades or vocational education, the difficulty will be in harnessing skills of prime-age males whom we have shown to be participating less in the South Australian labour force in recent years. Their skills are less transferrable to growing occupations and men are likely to find it harder to use formal training systems to update their skills, or to shift to new formal skills needed for some occupations. Nevertheless, when recruitment and training systems

take into account the higher-level skills that are in growing demand, there is a case for development of better workforce planning in which occupations can develop strategies to target key groups of workers and potential workers.

### 5.11.2 Industry analysis

Employment in 2008 among the older aged groups, as well as in the labour market more generally, is dominated by the services sector. Three of the four industries in which older aged males are concentrated are service industries, as are all four industries in which older females are concentrated. This was not always the case, especially for older males. As late as the early 1980s, older aged males were concentrated in the utilities,

manufacturing, construction, transport, and agriculture, forestry and fishing. Thus, the baby boomers will retire from a different set of industries than their parents did. Service industries are increasingly important and have copious and growing levels of part-time and casual work, as well as a need for a range of skill levels including more highly skilled work (Watson et al. 2003, chapter 5).

Table 5.6 lists the top four industries<sup>8</sup> employing the older age cohorts of 55–64 and 65+ in South Australia. A gender breakdown is also shown.

For the two older aged male cohorts combined, the following industries provide the bulk of employment:

- Agriculture, forestry and fishing
- Manufacturing
- Property and business services

- Construction
- Retail trade.

For the two older aged female cohorts combined, the following industries provide the bulk of employment:

- Health and community services
- Education
- Agriculture, forestry and fishing
- Property and business services
- Retail trade.

## Table 5.6

**Ranking of largest employing industries, 55+ age cohorts, South Australia, 2008**

*Source: ABS 2008c*

<b>Males</b>			
<b>55–64 years</b>		<b>65+ years</b>	
1.	Manufacturing	1.	Agriculture, forestry and fishing
2.	Property and business services	2.	Property and business services
3.	Construction	3.	Manufacturing
4.	Retail trade	4.	Retail trade
<b>Females</b>			
<b>55–64 years</b>		<b>65+ years</b>	
1.	Health and community services	1.	Health and community services
2.	Education	2.	Agriculture, forestry and fishing
3.	Property and business services	3.	Property and business services
4.	Retail trade	4.	Retail trade
<b>Total Males and Females</b>			
<b>55–64 years</b>		<b>65+ years</b>	
1.	Health and community services	1.	Agriculture, forestry and fishing
2.	Property and business services	2.	Property and business services
3.	Education	3.	Health and community services
4.	Retail trade	4.	Retail trade

<sup>8</sup> At the one digit ANZSIC level of aggregation, sourced from ABS Labour Force data cubes, cat. no. 6291.0.55.003, August 2008

The recent employment trends in these industries are shown in Figure 5.16, while Figure 5.17

shows, for completeness, trends in the remaining industries.

# Figure 5.16

## Top four employing industries, males and females aged 55+, South Australia, 1995–2008

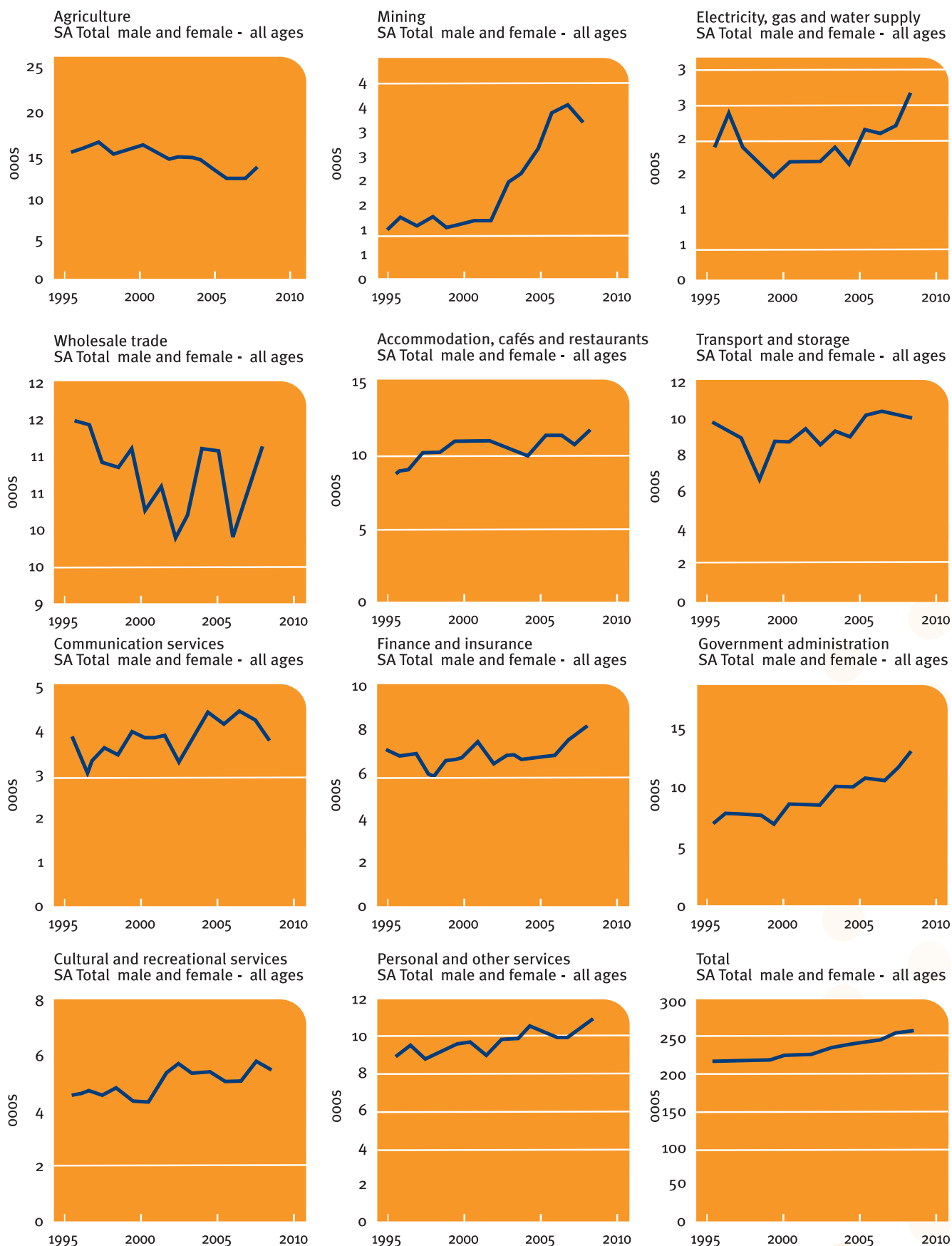
Source: ABS 2008c



## Figure 5.17

### Employment by industry, total (males plus females) in South Australia, 1995–2008 (industries in which older workers are not concentrated)

Source: ABS 2008c





With the exception of manufacturing, employment of the 55+ age groups is concentrated in strongly or moderately growing industries. The industries that these cohorts are not concentrated in are generally less buoyant, with declining or flat-lining trends. The exceptions are government administration, mining (a capital-intensive industry that is growing from a very small employment base) and personal and other services. Strong labour demand in the industries in which the baby boomers are concentrated bodes well for their bargaining strength to delay retirement and/or phase

down their employment hours, or level of responsibility.

### 5.12 Spatial distribution of South Australia's mature and older labour force

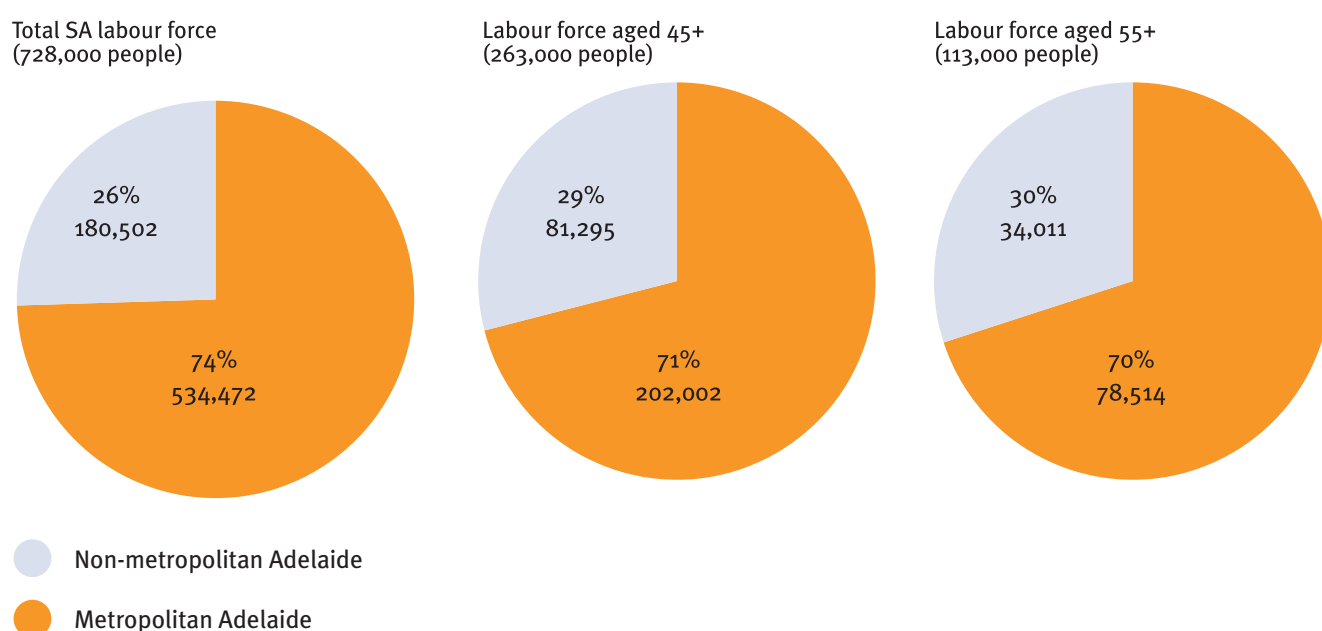
this section examines the spatial distribution of the mature and older aged labour force in South Australia using data from the 2006 Census, from which regional data can be derived.<sup>9</sup> At the time of the Census, South Australia had a total labour force of 728,074 people, of which 283,397 (38.9 percent) were aged 45+ and 112,525 (15.5 percent) were aged 55+.

Demonstrating just how much South Australia is a city-state, only 26 percent of the labour force lives outside the Adelaide metropolitan area. The share of the labour force aged 45+ living in country areas is 29 percent, some three percentage points higher than the all-age average. The share of the labour force aged 55+ living in country areas is virtually identical to its 45+ counterpart at 30 percent. The Adelaide metropolitan and country breakdown of these labour forces is shown in Figure 5.18.

## Figure 5.18

### Labour force shares—metropolitan and non-metropolitan Adelaide 2006

Source: ABS 2008d



<sup>9</sup> There are differences between the counts from the Census and the estimates compiled by the ABS using the monthly Labour Force Survey, the latter having been used extensively throughout this chapter. Differences relate to sampling variability of the Labour Force Survey estimates, as well as the period they relate to: the Census count relates to a particular day in the month of June and the Labour Force Survey estimates relate to an average of the 12 months of the 2006 financial year. The major differences, however, relate to under-enumeration of the Census counts due to self enumeration of the Census forms. The monthly Labour Force Survey, on the other hand, has virtually no under-enumeration due to the fact that the ABS invests heavily in personal interviewing techniques and follow-up procedures conducted by highly trained interviewers. For example, the estimate of South Australia's labour force in 2006 from the monthly Labour Force Survey was 792,900 people. The Census count was 728,074. The Census results also show that 63,625 people did not provide a usable response to this data item on the Census form, which is roughly the difference between the two aggregates. There is no reason to believe that the rate of non-response varies with the study variables under consideration in this section and so the relativities between and orders of magnitude of the aggregates cited can be taken to be a reliable regional, age and gender breakdown of South Australia's labour force as estimated from the monthly Labour Force Survey.

Figure 5.19 shows the Adelaide metropolitan mature and older labour force in each of the four ABS statistical subdivisions making up the metropolitan area. In metropolitan Adelaide, people in the labour force aged 45+ are most likely to live in Southern

Adelaide followed by Northern Adelaide. Together, these two regions account for 59 percent of the labour force aged 45+. The same is true of the labour force aged 55+.

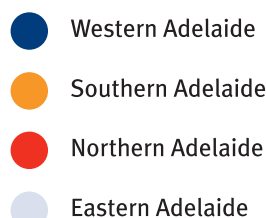
The smallest share of the workforce aged 45+ is held by

Eastern Adelaide (19 percent), while Western Adelaide accounts for 22 percent. These rankings are reversed, however, for those aged 55+; Western Adelaide accounts for the smallest share (16 percent) and Eastern Adelaide for 25 percent.

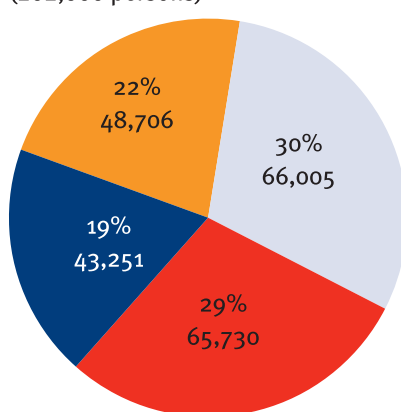
## Figure 5.19

**Mature aged and older South Australian labour force in metropolitan Adelaide regions, 2006**

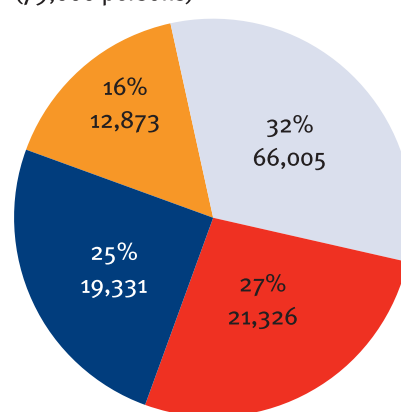
Source: ABS 2008d



Labour force aged 45+  
(202,000 persons)



Labour force aged 55+  
(79,000 persons)



In other words, the older a mature person in the labour force is (that is, 55+), the less likely they are to be living in Western Adelaide and the more likely they are to be living in Eastern Adelaide. There is no significant difference, however, between the likelihood of a member of the 45+ labour force versus a member of the 55+ labour

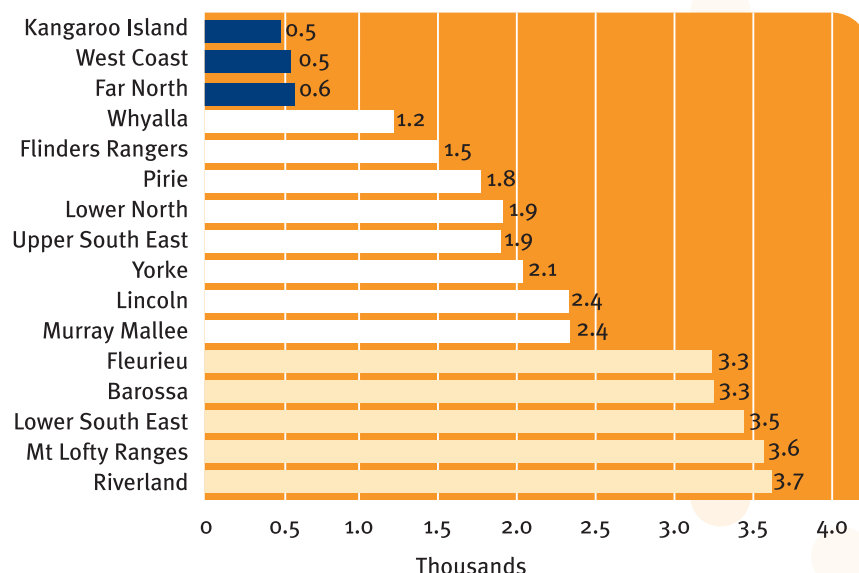
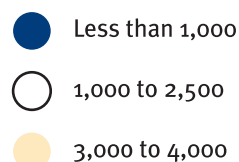
force living in Northern Adelaide and Southern Adelaide.

Outside the metropolitan area there is considerable variation in the size of the labour force and the age distribution in each region. Figure 5.20 shows the labour force aged 55+ living in non-metropolitan Adelaide regions ranked by its size.

## Figure 5.20

**Mature aged and older (55+) South Australian labour force in non-metropolitan Adelaide regions (ranked by size of labour force), 2006**

Source: ABS 2008d



The smallest three regions (each with less than 1,000 people aged 55+ in the labour force) are the statistical subdivisions of Kangaroo Island, West Coast and Far North. The five largest regions, all with between 3,300 and 3,700 people aged 55+ in the labour force are: Fleurieu, Barossa, Lower South East, Mount Lofty Ranges and the Riverland. The remainder, comprising eight country regions, each account for between 1,200 and 2,400 people aged 55+ in the labour force.

An indication of the relative age of the labour force in each of the South Australian regions is provided in Figure 5.21, which ranks each region according to a ratio, expressed as a percentage, of the share of its labour force aged 55+ to the share aged less than 55 years old. The

metropolitan regions are coloured blue and the non-metropolitan regions are white. The all-region average was 18.3 percent, meaning that as a proportion of the labour force aged less than 55 years, the labour force aged 55+ was 18.3 percent. Put another way, for every 100 people in the labour force aged less than 55 years, there were 18 who were aged 55+. This is indicated by the yellow bar in Figure 5.21.

The age structure of the overwhelming majority of the state's 20 regions was older than the all-state average. The Fleurieu region has the oldest labour force in South Australia, with 29 people aged 55+ for every 100 people aged less than 55 years old. Kangaroo Island, Lower North and Yorke also all had labour forces with more than one in four

members aged 55+. The number of people in their labour forces aged 55+ for every 100 people aged less than 55 years was 28.1, 28.0 and 26.9 percent respectively.

The youngest region was the Far North, with just 13 (or one in eight) members of its labour force aged 55+ for every 100 aged less than 55. Three other regions had younger than average labour forces, two of which were in metropolitan Adelaide: Whyalla, Northern Adelaide and Western Adelaide. The relative age of the labour force in the Southern Adelaide region was on a par with the state average. The remaining metropolitan Adelaide region, Eastern Adelaide, had a more aged labour force than the state average, with 20.6 people aged 55+ (just more than one in five) for every 100 aged less than 55 years old.

**Figure 5.21**  
**South Australian regions (statistical subdivisions) ranked by index of aged workforce (number of people aged 55+ for every 100 aged less than 55 years), 2006**

Source: ABS 2008d

- Metropolitan Adelaide
- Regional South Australia
- Total

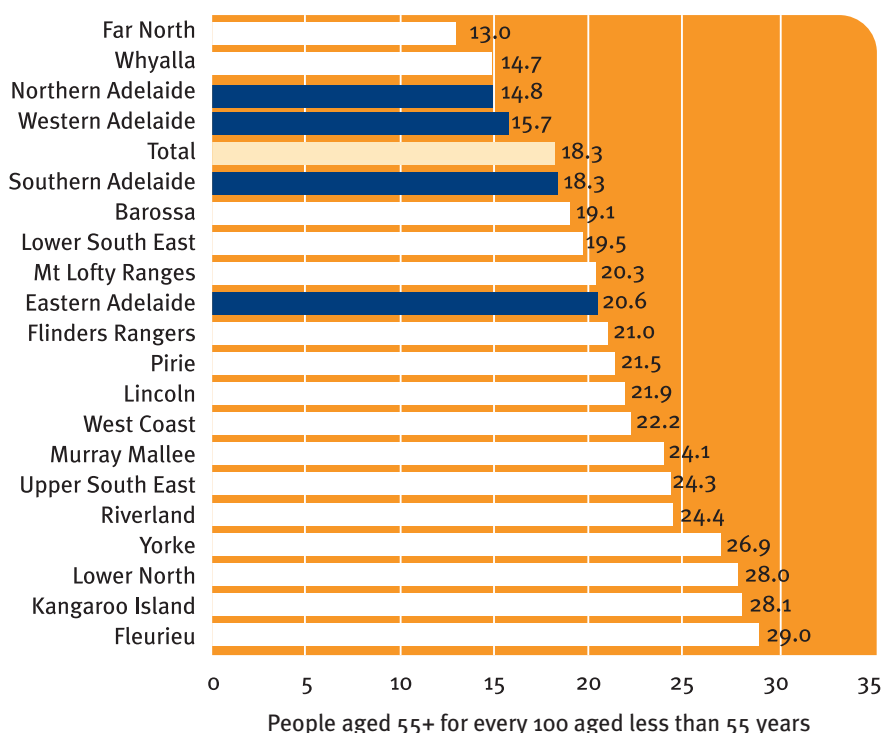


Figure 5.22 shows the ranking of employment rates for the 55+ age group in each South Australian region. Comparing these rankings with those of Figure 5.21 reveals

no correspondence between the relative age of the regional workforce and the employment rate of those in the population aged 55+.

Thus, Yorke and Fleurieu have two of the most aged labour forces at the same time as having two of the lowest employment rates of people aged 55+. The opposite is true for Kangaroo Island, which has a similar proportion of older workers in its workforce (Figure

5.22). Yorke and Fleurieu have high proportions of retirees, including (early) retirees aged 55–64, which is less the case for Kangaroo Island and, indeed, a majority of the non-metropolitan regions.

**Figure 5.22**  
South Australian regions (statistical subdivisions) ranked by employment rate of aged people (number of people aged 55+ employed as a percentage of population of people aged 55+), 2006

Source: ABS 2008d

- Metropolitan Adelaide
- Regional South Australia
- Total

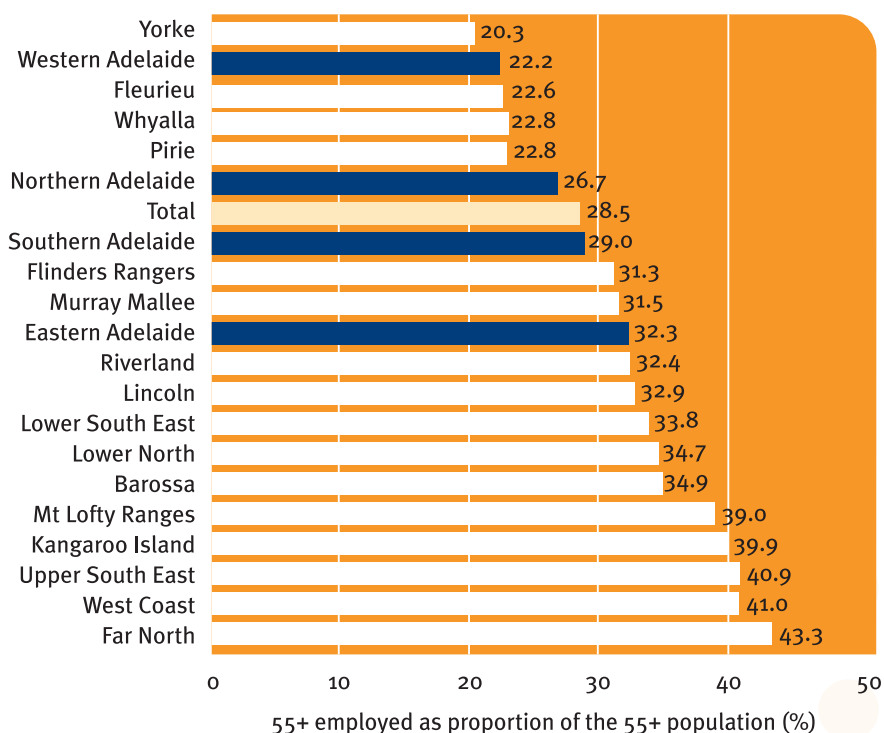


Figure 5.23 and Figure 5.24 show an age/gender cohort breakdown of the labour force in each of South Australia's regions in the form of 'population pyramids', related to numbers of men and women in the labour force, rather

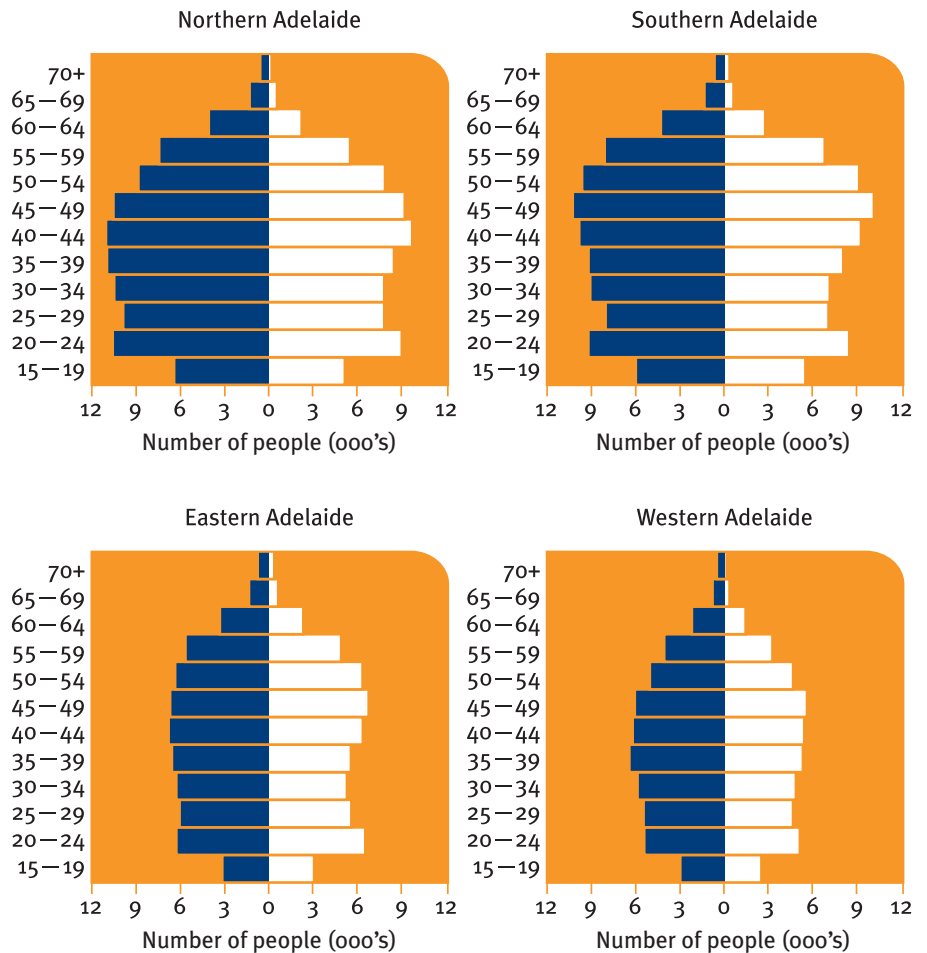
than the population. Figure 5.23 shows the labour force of the four Adelaide metropolitan regions and Figure 5.24 (a, b and c) shows the labour force for each non-metropolitan region in three (size) groupings specified in Figure 5.20.

**Figure 5.23**

**Age and gender distribution of the labour force in Adelaide metropolitan statistical subdivisions, 2006**

Source: ABS 2008d

● Males  
○ Females

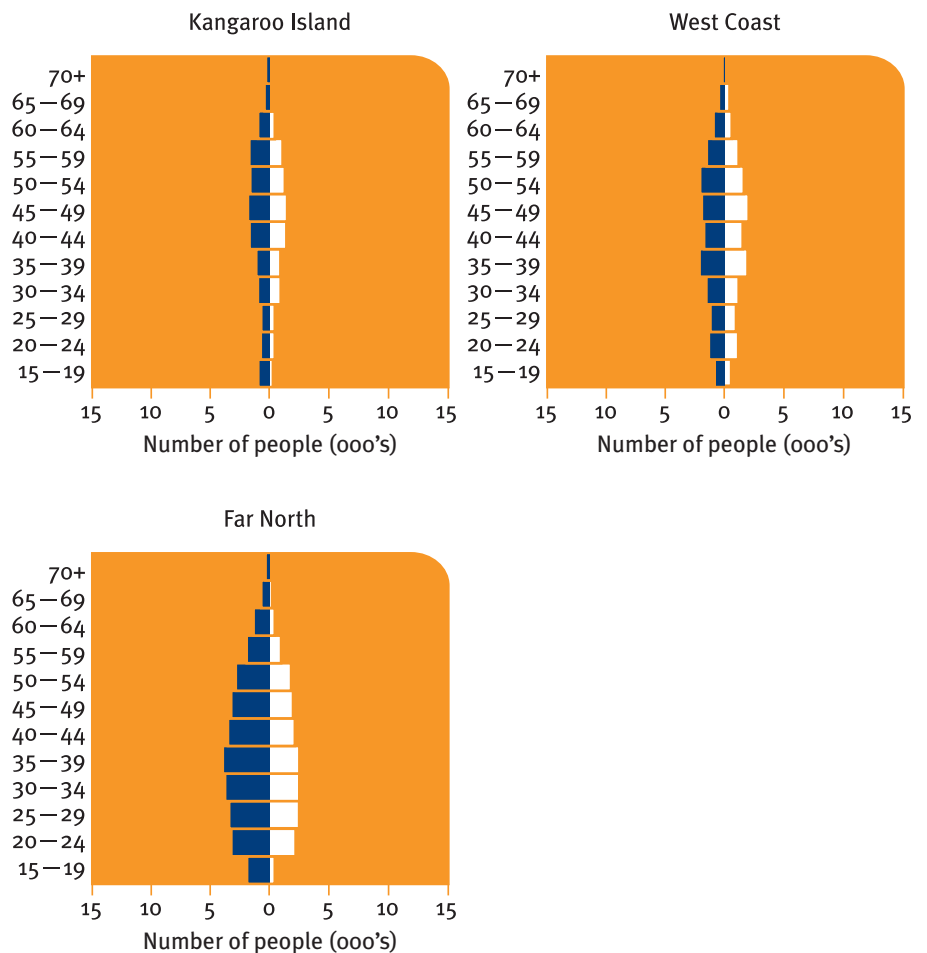


**Figure 5.24a**

**Age and gender distribution of the labour force in Adelaide non-metropolitan statistical subdivisions, 2006—Group 1 regions**

Source: ABS 2008d

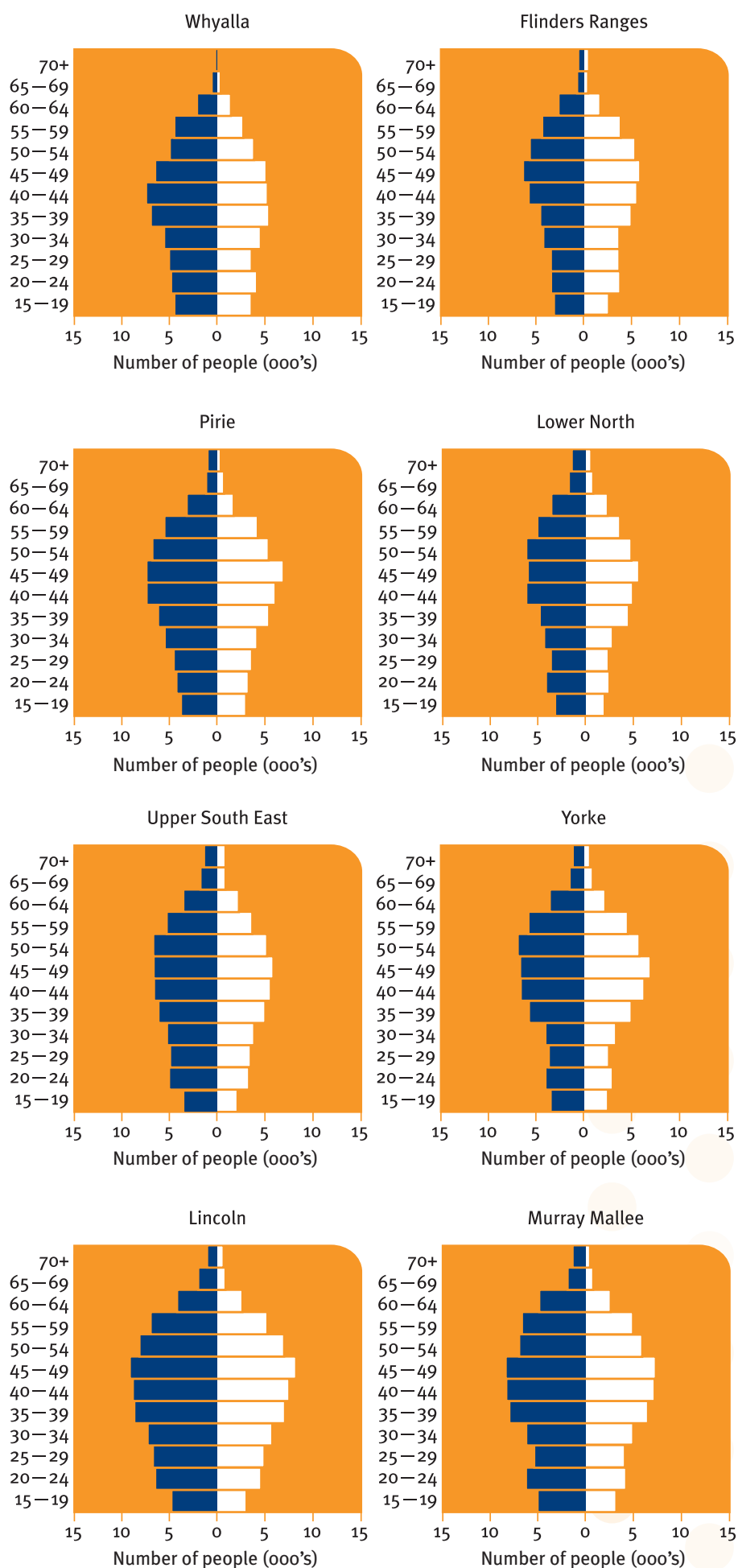
● Males  
○ Females



**Figure 5.24b**

**Age and gender distribution  
of the labour force in  
Adelaide non-metropolitan  
statistical subdivisions,  
2006 – Group 2 regions**

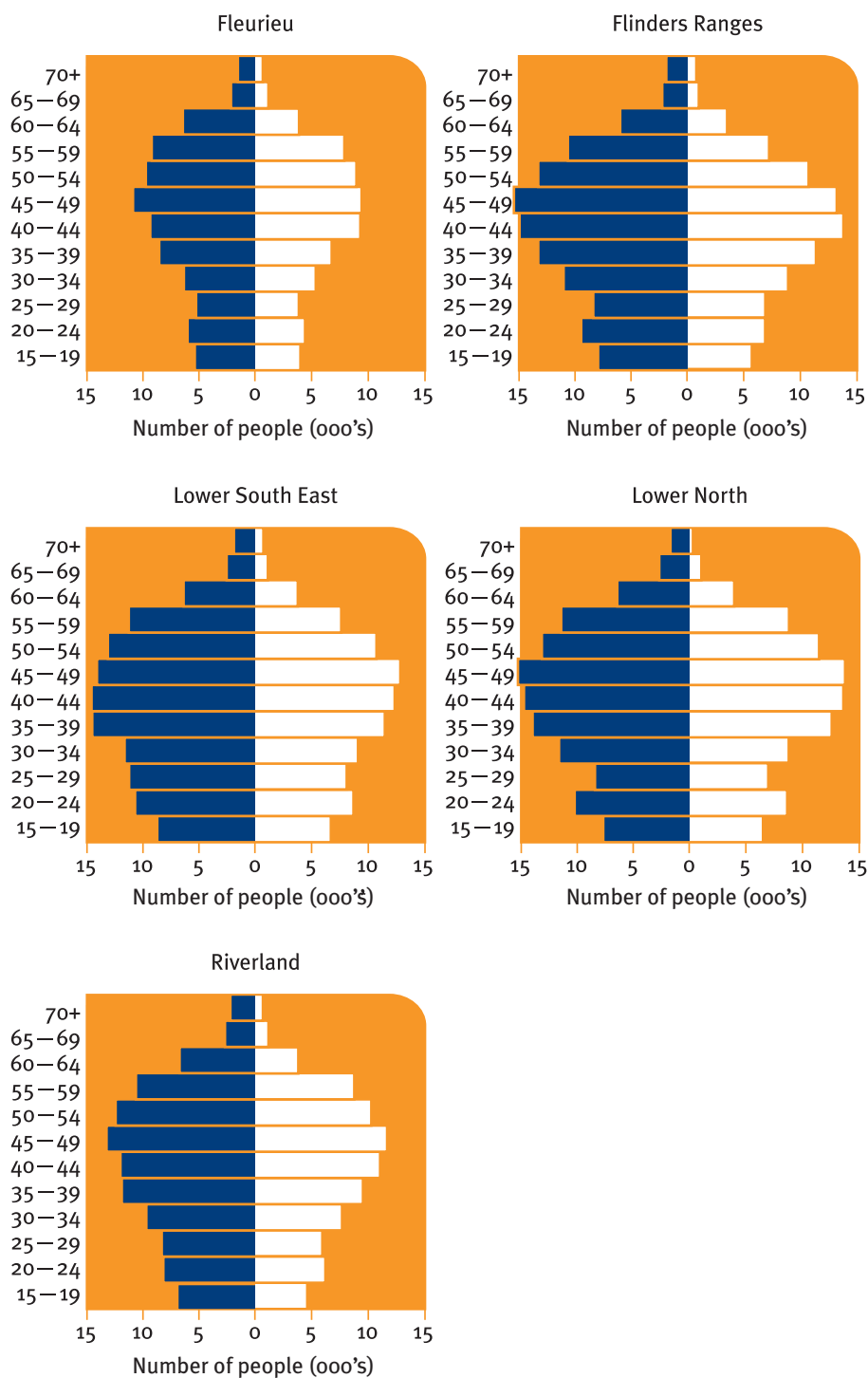
● Males  
○ Females



**Figure 5.24c**

**Age and gender distribution  
of the labour force in  
Adelaide non-metropolitan  
statistical subdivisions,  
2006—Group 3 regions**

● Males  
○ Females





### 5.13 South Australian regions, industries and occupations

the over-arching thesis of this chapter has been that there is only a weak and diminishing link between demography and the size of the labour force and the relative proportion of older cohorts in it. Consistent with this broad point, there are clearly other economic forces at work in each region that are determining the likelihood of employment of the group aged 55+.

We discussed above, in the context of Table 5.5 and Table 5.6, how older workers were more likely to be employed in clerical and professional occupations, and more likely to be in the industries of health and community services, or property and business services. This is consistent with the age distribution of the labour force in the Eastern Adelaide region, which has a higher proportion of older workers in its workforce, as well as a much higher than average employment rate for that age group.

Similarly, we discussed how older workers were also concentrated in the industries and occupations associated with agriculture. The pattern observed in many of the non-metropolitan regions, where the proportion of workers aged 55+ is higher than the all-state average, is consistent with a preponderance of agriculture and agricultural workers in those regions.

Conversely, the highly industrialised centres of Whyalla, Port Pirie, Northern Adelaide and Western Adelaide have below average employment rates of those aged 55+. Of course, caution needs to be taken with simple characterisations of the industrial and occupational characteristics

of South Australian regions, and how this may be associated with the prevalence and density of older workers. State regions are easily labelled, although such labels may not necessarily capture the complexity and countervailing trends in any one area. This is shown by the Far North region, which includes the intensive mining site of Olympic Dam as well as sparsely populated agricultural areas, since it has both the state's lowest proportion of older workers, at the same time as having the highest employment rate of people aged 55+.

More research based on very detailed occupational, industrial and demographic profiles of South Australia's regions could enable a predictive model of regional employment rates with more precision than is available with present levels of analysis. Nevertheless, the analysis done so far indicates that while there has been a considerable increase in participation rates for older female workers, and the decline in older male participation rates has bottomed, there is still scope for increased retention and recruitment, including rehabilitation and retraining of older workers through regionally specific programs in both metropolitan and non-metropolitan areas.

### 5.14 Policy implications

When older unemployed jobseekers find it harder to get jobs than their younger counterparts it might reflect age discrimination by employers who cite a skills mismatch by way of justification. But it could also be a result of insufficient help or inadequate brokerage from Job Network providers and vocational training providers, because we

know that the incidence of training in Australia declines significantly with age. We observed above that there are obviously limiting factors on indefinite growth in older workers' employment, including health constraints. Nevertheless, relative to other OECD countries, a high proportion of older Australians who are not in the labour force are on disability benefits and only a fraction of these receives vocational rehabilitation (OECD 2005). These constitute a mixture of policy implications that straddles Commonwealth, state and local government policy jurisdictions, but nevertheless this warrants concerted effort by all levels of government. Factors that offer opportunities to further improve the employability of older workers could include:

- enhanced incentives to remain in work longer
- reduced incentives to retire early
- improved information availability about future entitlements from superannuation
- monitoring of disability benefits and rehabilitation more closely than in the past
- broadened eligibility for the Workplace Modifications Scheme
- opening up job-search assistance to older jobseekers who do not receive assistance from either Centrelink or Job Network providers
- improved arrangements for the recognition of prior learning (RPL)
- increased awareness of anti-age discrimination legislation.

Taylor (2006) identifies a range of things that managers and public



policy planners can do to meet the baby boomer intentions for later retirement and to reap employer/employee mutual rewards in terms of higher productivity and avoidance of skill shortages.

These include:

- changing attitudes to ageing workers in organisations, such as raising awareness of the benefits of retaining older workers and addressing ageism
- tailoring training to the needs of older workers and ensuring training opportunities are available throughout their working lives
- facilitating promotion and internal job changes
- offering flexible working practices (hours of work), such as ensuring workers maintain some control over start and finish times
- attending to workplace design and health promotion, such as ergonomics and designing jobs and workplaces to prevent or address a functional decline of workers

- developing specific programs to facilitate employment exit and the transition to retirement, such as the timing and nature of retirement, and gradual or phased retirement.

Retirement is increasingly a phased process rather than an event, and social norms as well as individual circumstances interact in complex ways. As a consequence, in coming years the idea of ‘years to retirement’ rather than chronological age may be a critical variable that needs to be given increased emphasis in the development of interventions and strategies to promote increased labour force participation. As we suggested earlier, policy responses that distinguish between the various causes and ameliorations of an ageing labour force can highlight options for retaining, valuing and benefiting from older workers. South Australians have little reason to be alarmed about population ageing of the labour force into the foreseeable future.

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## 6 : Income and Wealth

**This chapter summarises a range of data on current and prospective financial circumstances of older South Australians.**

It draws mainly on the ABS Household Expenditure Survey 2003–04, Survey of Income and Housing 2006, Census of Population and Housing 2006, and the General Social Survey 2006, supplemented by AIHW data and National Centre for Social and Economic Modelling (NATSEM) analyses, and our own econometric modelling based on Productivity Commission and ABS methodologies. This modelling presents, for the first time in South Australia, up to date forecasts of population, labour force and employment according to various demographic and economic scenarios, especially as they relate to mature and older age groups.

It is well established that the elderly dependency ratio in Australia—people in the labour force aged 65+ as a proportion of the working age (15–64 years) population—is projected to increase from 18 percent in 2000 to more than 37 percent in 2050. In other words, in the future there will be fewer people between 15 and 64 years of age, and thus there are likely to be fewer workers to ‘support’ each retired person. More generally, though, the increasing elderly dependency ratio for Australia is not as severe as in some other countries, notably Italy, Germany and Japan, even though it is still significant, and the public finance aspects are a major issue (Kelly and Harding 2004).

More immediately, the circumstances of older Australians are not homogenous, but a brief snapshot shows that overall they:

- self report higher levels of prosperity and lower levels of financial stress than other groups
- have high rates of home ownership
- are on average wealthier than other households
- have much lower levels of debt than other households
- have disposable incomes about half of the disposable incomes of all households (Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs [FaHCSIA] 2007).

Furthermore, 75 percent of older Australians receive a full- or part-rate age or veterans pension, and 76 percent of them live on weekly incomes of less than \$400 (ABS 2008).

### 6.1 Wealth

Older Australian households are, on average, wealthier than other households. In particular, the 2003–04 ABS Household Expenditure Survey estimated that households headed by a person aged 65+ held \$778 billion in net assets. The distribution of net wealth across the various age groups to which households’ reference people belong in Australia and South Australia as at 2005–06 is shown in Figure 6.1. In a nutshell, it shows that the baby boomers are very wealthy; and in South Australia the baby boomers are wealthier than their interstate counterparts.

<sup>10</sup> This is a different point to that made in chapter 5 about the maintenance of the size of the future labour force in South Australia in the face of a structurally ageing population.

In Australia in 2005–06, households with a reference person aged 55–64 held more wealth than any of the other age groups and they held much greater wealth (46 percent more) than the all-household average (mean): \$824,000 compared to \$563,000. The older groups, namely those households with a reference person aged 65+, possessed \$670,000 net wealth, which was 20 percent higher than the average. Among single person older

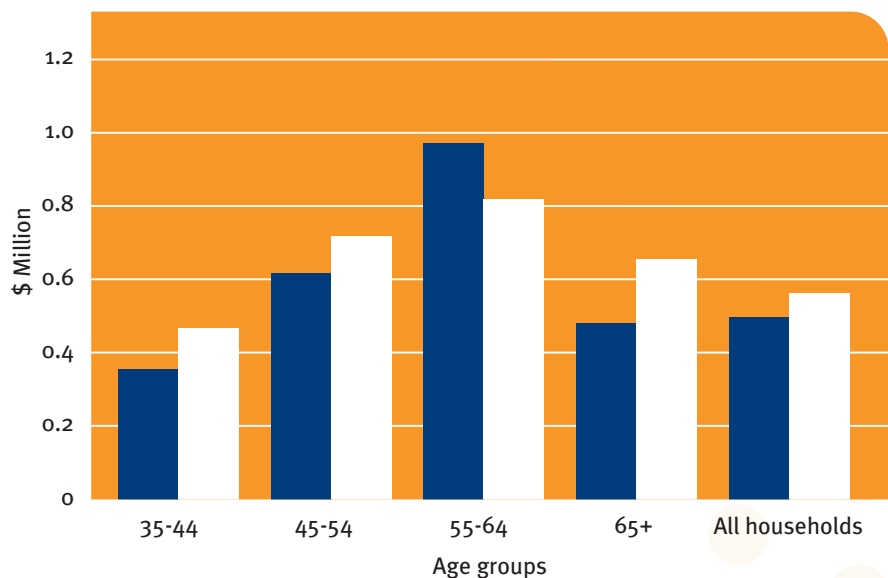
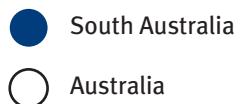
households, women had average assets of \$468,900 compared to the men's average of \$425,700. When measured another way, men tended to have higher median assets of \$284,000 compared to older women's median of \$278,300 (FaHCSIA 2007).

Figure 6.1 shows that households with a reference person aged 55–64 in South Australia had net wealth approaching \$1 million, which is 18 percent higher than the Australian average for this age

group, and 55 percent higher than the next most wealthy households aged 45–54 (ABS 2007e). Older South Australian households with a reference person aged 65+, however, have 29 percent less wealth than the Australian average for this age group, and the 65+ households in South Australia have slightly less net wealth than the state's household average (\$487,000 compared to \$502,000).

**Figure 6.1**  
Distribution of mean household net worth (\$m) by age group of household reference person, South Australia and Australia, 2005–06

Source: ABS 2007a, b, c



Australia-wide, there is a high proportion of older households with large amounts of equity in their homes—about 82 percent of older households are owner-occupiers. The rate among older couples was 90 percent and 75 percent for older singles. Although there are significant regional and market variations, nationally the average home and contents value

for older households was about \$409,900 (ABS 2004).

In South Australia, virtually three-quarters (74.9 percent) of people aged 65+ own their own home outright (without a mortgage). For those aged 55–64 the proportion is 65.5 percent, still substantially higher than the all-age average of only 40.1 percent (Figure 6.2).

## Figure 6.2

Percent share of age group owning their own home without a mortgage by age group, South Australia, 2006

Source: ABS 2007d

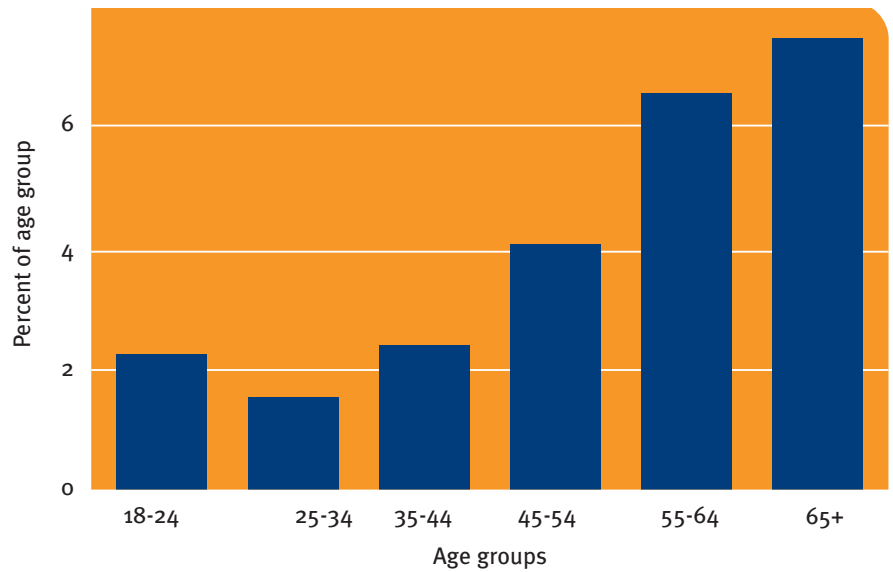


Figure 6.3 shows South Australian data regarding the distribution of outstanding mortgages by age group. Levels of mortgage debt fall

away abruptly for those aged 55+ and in each of the two older age groups (55-64 and 65+) the levels of debt decline noticeably.

## Figure 6.3

Distribution of outstanding mortgages by amount and age group, South Australia, 2006

Source: ABS 2007d

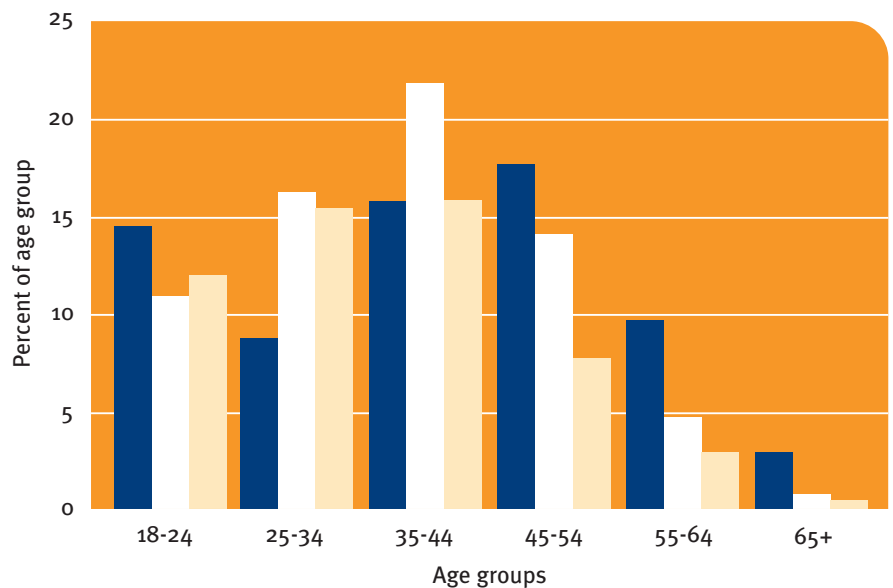
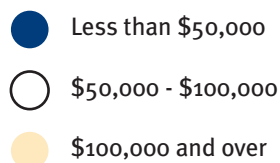


Figure 6.4 shows the proportion of older people (in two age cohorts; 55-64 and 65+) in South Australia with various levels of equity in their dwellings compared to the proportion of people of all ages. Not surprisingly, it shows that the older age groups tend to have higher levels of equity in their

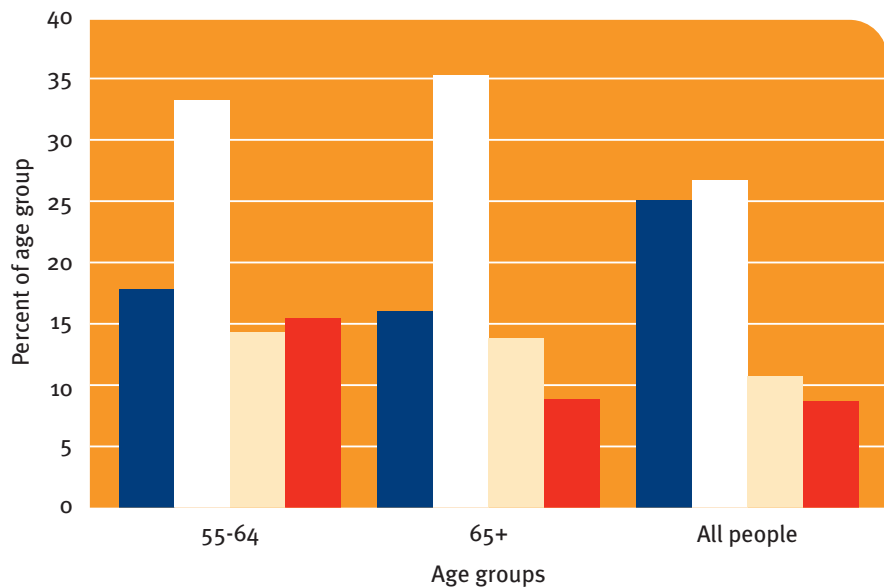
homes than the average. Thirty percent of South Australians aged 55+ who are not renting have equity in their dwellings of between \$100,000 and \$300,000. As might be expected, this is higher than the average for all ages with this amount of equity, which is only 25 percent.

## Figure 6.4

**Equity in owner-occupied dwellings by people in the age cohorts 55–64 and 65+ compared to all people aged 17+, South Australia, 2006**

*Source: ABS 2007d*

- Less than \$100,000
- \$100,000 - \$199,999
- \$200,000 - \$299,999
- \$300,000 and over



Current rates of home ownership across Australia by older people receiving age pensions are more than 70 percent. Estimates by FaHCSIA (May 2006) indicate that the average value of age pensioners' home ownership is \$367,000. Only about 10 percent of age pensioners have homes valued at more than \$600,000 and the distribution of those 90 percent of age pensioners with homes valued at less than \$600,000 is even across the ranges above and below \$300,000.

The family home is the most significant asset held by the average family and it is this equity in the home that constitutes a major component of the difference in assets between younger cohorts and the older cohorts. But it is not easy for any age group to convert this non-liquid asset into liquid assets without dislocation of the household's living arrangements, or participating in negative equity schemes which have so far proved to be of limited attraction to many Australians (NATSEM 2008).

Perhaps, more importantly, caution is required when reporting

average data, because wealth is far more unequally distributed than income, so the average wealth of particular age groups can be very misleading. Citing average wealth holdings or superannuation balances can disguise the fact that in average wealth estimates the wealth distribution is highly skewed. For example, NATSEM has estimated that the least wealthy quartile of baby boomers Australia-wide (defined for this purpose as 50–64 year olds) has accumulated only an estimated \$47,000 in total wealth (\$21,000 superannuation and \$23,000 home equity). That is, the poorest one-quarter of the age group collectively holds only 5 percent of the total wealth of that age group. The wealth of the richest quartile averages more than \$500,000 and collectively owns almost 60 percent of the total wealth of this age group (NATSEM 2004).

In most cases those older households with the highest wealth also have the highest income. The famous results of the Commission of Inquiry into Poverty in 1975 that emphasised the presence of a large contingent

of older Australians who were 'asset rich but income poor' are not reproduced as clearly in recent analyses. In particular, the ABS Household Expenditure Survey in 2004 did not find a large group of 'asset rich but income poor' older Australians. Only 16 percent of older households were in the top half of the wealth distribution and at the same time in the bottom 50 percent of households in income distribution (ABS 2004). For the most part, those with substantial assets currently have, or have had, comparably high income.

Nevertheless, there seems to have been a generational shift in wealth during the past 15 years (Kelly and Harding 2004). This is more than can be explained easily by structural ageing and the fact that the absolute and relative size of the older age groups has increased. Prima facie, therefore, it appears that baby boomers have saved considerable wealth that is likely to help them through retirement; however, the within-group variation of the assets highlights an inadequate level of savings by a high proportion of baby boomers who are due to retire.

In a similar vein, most South Australians due to retire are not guaranteed a big inheritance from elderly parents because, as we have noted, the distribution of wealth is extremely uneven. Research in 2000 by O'Dwyer, a South Australian inheritance researcher, coupled with that of two other Australian researchers, King and McDonald, identified that only one percent of South Australians received any inheritance in the previous year (O'Dwyer 2001).

## 6.2 Income

The average disposable (after-tax) household income for older Australian households is about half of the disposable income

recorded in the ABS Household Expenditure Survey (HES) 2003–04 for all households. The HES shows that the average disposable (after-tax) income of households headed by a person aged 65+ was \$23,800. The median income of these households was \$20,020. These values reflect the high proportion of older Australians who are fully or partly reliant on the age pension. In June 2007, about 67 percent of older Australians received an age pension or an equivalent veterans payment whereas the figure for South Australia was higher, at 70 percent.

Table 6.1 uses data from the ABS Survey of Income and Housing (2006) to compare weekly

household income, according to a range of measures, in Australian households where the reference person was aged 55–64 or 65+ with the all-household average. These enable the comparison of a range of related national figures with the corresponding figures for South Australia. The South Australian figures are compared to the Australian average by means of a ratio (the three columns on the right of Table 6.1).

It has already been mentioned that households comprising people at or over the current retirement age have roughly half the weekly disposable income of the all-household average. That statement is borne out by the evidence in the data in Table 6.1.

## Table 6.1

**Various measures of weekly household income by age group of reference person, Australia and South Australia, 2005–06**

*Source: ABS 2007a, b, c*

Mean income per week (\$)	Australia			South Australia			Ratio South Australia to Australia		
	55–64	65+	All house holds	55–64	65+	All house holds	55–64	65+	All house holds
Gross household income (household weighted)	1,279	602	1,305	1,228	629	1,151	0.96	1.04	0.88
Income tax and Medicare levy payable (household weighted)	209	45	238	196	55	194	0.94	1.22	0.81
Disposable household income (household weighted)	1,070	558	1,066	1,031	575	957	0.96	1.03	0.90
Equivalised disposable household income (household weighted)	666	414	633	649	428	584	0.98	1.03	0.92
Equivalised disposable household income (person weighted)	708	432	644	713	457	605	1.01	1.06	0.94



The South Australian income measures are significantly below the Australian average income levels for all age households combined: they range from about 6 percent below to 12 percent below. The differences between the national and South Australian average household income are much less, however, for the older age groups. In the case of the post-retirement age households (65+), it is particularly notable that the South Australian average weekly income measures are all slightly higher than the income measures of their interstate counterparts (the ratio of South Australian to Australian income is higher than one). For the 55–64 age group the ratio is slightly less than one, although the differences are not statistically significant.

The main message from this is that South Australian older age household incomes are at least on a par with the Australian average and any differences accounting for the large discrepancy between the Australian average and the South Australian averages, by deduction, emanate from younger households.

Table 6.2 shows the sources of weekly income for the older household groups (55–64 and 65+) as well as for the all-household average in South Australia and Australia. Compared to their Australian counterparts, those households in South Australia of retirement age (65+) derive proportionally less of their income from superannuation and more from wages and salaries,

government retirement pensions and other government benefits. Households with the reference person aged 55–64 in South Australia derive proportionally more of their income from superannuation and less from wages and salaries than do their Australian counterparts. Other income sources are roughly similar in share for all Australians and South Australians. Taken as a whole, and regardless of age, households in South Australia are much more reliant on government non-retirement pensions and benefits, as well as retirement pensions. Conversely, they derive less of their incomes from wages and salaries.

## Table 6.2

**Sources of weekly income (percent of total) by age group of household reference person, Australia and South Australia, 2005–06**

Source: ABS 2007a, b, c

Principal source of income	Australia			South Australia		
	55–64 (%)	65+ (%)	All house holds (%)	55–64 (%)	65+ (%)	All house holds (%)
Wages and salaries	54.0	5.8	59.3	48.9	7.9	55.1
Retirement pensions	4.9	62.5	13.4	5.1	65.1	16.1
Other government pensions	19.6	8.2	12.7	19.9	6.8	15.1
Superannuation income	5.6	13.0	11.3	9.2	11.9	4.4
Other income	15.9	10.5	3.3	16.9	8.3	19.5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

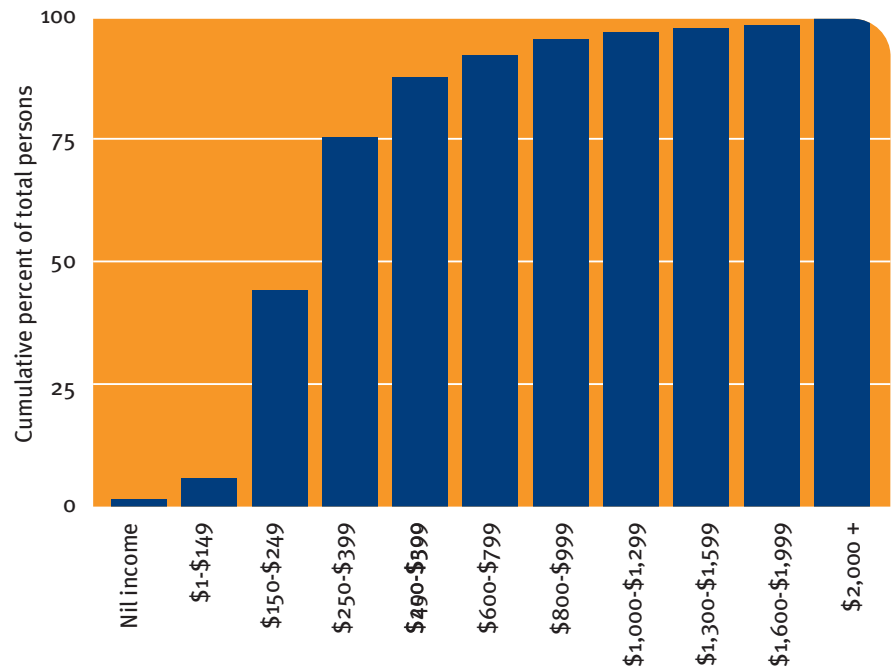
At the 2006 Census, more than 76 percent of people in South Australia aged 65+ lived on an income of less than \$400 a week. The high incidence of people in the

\$150–249 and \$250–399 a week ranges suggests that the principal source of income for these people was government cash benefits (Figure 6.5).



**Figure 6.5**  
Cumulative percentage distribution of people aged 65+ by ascending income range (percent of total people aged 65+), South Australia, 2006

Source: ABS 2008



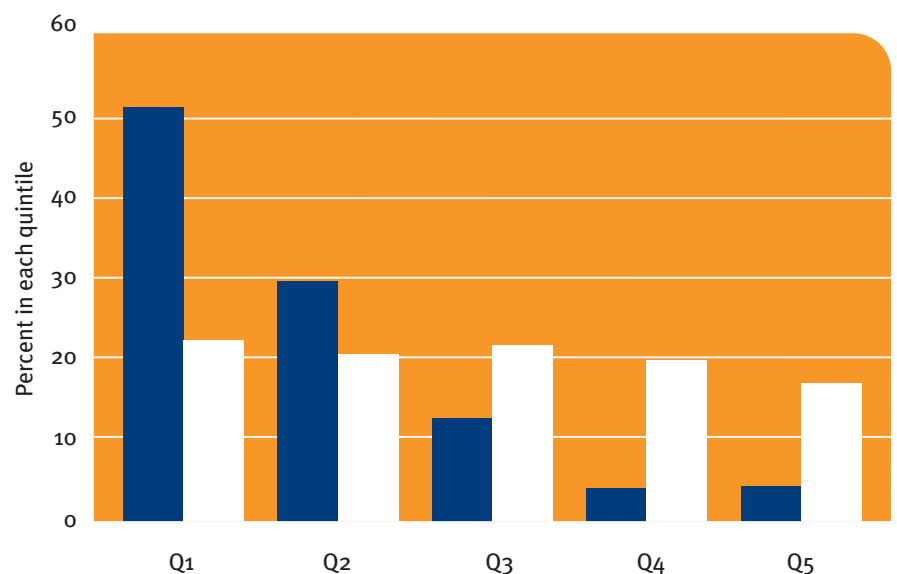
Using data from the ABS General Social Survey, Figure 6.6 indicates the spread of income levels across the population of retirees in South Australia compared to the distribution of incomes generally across the state's adult population. Just on half of South Australian retirees are in the poorest 20 percent of the population when ranked by descending order of income. Compared to all people receiving

an income, retired people are two and a half times more likely to be in the poorest quintile (20 percent of the population) than the average person receiving an income. More generally, eight out of 10 retirees are in the poorest 40 percent of households in the population (annotated on the graph as quintiles [Q] 1 and 2), roughly twice as high as the rate for all South Australians receiving an income.

**Figure 6.6**  
Proportion of retired people in each income quintile in the population, compared to all people, South Australia, 2006<sup>11</sup>

Source: ABS 2007d

Retired from work  
All persons



<sup>11</sup> Q1 is the lowest income quintile and Q5 is the highest. This data is 'equivalised' by the ABS to nullify or 'control for' the differences caused by household characteristics associated with income levels such as size of the household and its age structure.

Concerns about the current wellbeing of age pensioners raise issues about the adequacy of their incomes and about poverty. In Australia, the most commonly used poverty line is a relative poverty line based on 50 percent of median equivalised disposable household income, bringing Australian analysis in line with a measure common in many OECD countries. By that measure, at present, a substantial proportion of older Australians are living in poverty, about 23.9 percent according to recent analysis from the Social Policy Research Centre (SPRC). Of all Australians living in poverty, 27 percent are people aged 65+ (Saunders et al. 2008). More specifically, single older people have the highest incidence of poverty of any demographic group, with 46.9 percent of single older people living in poverty in 2005–06 (Saunders et al. 2008, Tanton et al. 2008).<sup>12</sup>

Many lone older people in particular are vulnerable to poverty. Although most lone older people live in their own house or in a non-private dwelling (usually a nursing home or hospital), nearly 17 percent are renting or still paying a mortgage. Public renters in Australia generally pay about one-quarter of their income on rent. At the same time, rent assistance is paid in Australia to those on low incomes who are renting privately. Therefore, these institutional mechanisms can partially offset some of the costs of renting. On the other hand, those single older people still paying a mortgage may be struggling, particularly given interest rate rises in the past decade in Australia, before the rapid declines in mortgage

interest rates that occurred in October 2008.

Most lone older people live in Australia's capital cities (reflecting the general population distribution), and many are aged 75+. Regardless of the poverty line used, both NATSEM and SPRC research finds that poverty is higher in the City of Adelaide than in other capital cities and, in addition, poverty is higher in non-metropolitan South Australia than in metropolitan Adelaide. The same pattern of rural and regional incidence of poverty is also true of New South Wales, Victoria and Tasmania, but not for Western Australia and Queensland. Nevertheless, the disparity between metropolitan and non-metropolitan is particularly large in South Australia and Tasmania (Saunders, SPRC 2008).

The disposable income of older people is supplemented by a range of subsidies and expenditures by government. Major programs of the Commonwealth Health and Ageing portfolio (medical benefits, pharmaceutical benefits, aged care subsidies, contributions to free hospital treatment as a public patient and rebates on private health insurance premiums) are tax funded public insurance schemes that are of more benefit to older people than to the rest of the population (which is legitimate and appropriate). This means that these programs result in a net transfer of cost to the general taxpayer away from older people. In 2005–06, the Australian Government paid nearly \$11.5 billion for the residential care services and community aged care packages required by those

aged 65+, as well as the Medicare and Pharmaceutical Benefits Scheme (PBS) services specified for them by health professionals. It is estimated that these older Australians contributed a further \$2–3 billion themselves for the provision of health services in 2005–06.

The Commonwealth Government Inter-Generational Review in 2002 found that spending on health and aged care would account for much of the projected rise in Commonwealth spending during the next four decades. Growth in health and aged care spending was projected to rise from 4.7 percent of gross domestic product in 2001–02 to 9.9 percent in 2041–42. It has nevertheless been argued by one advocate of retirees and superannuants, that the combination of rising health care costs and higher demands on retirement pensions is projected to cause living standards to fall to 27 percent below where they would otherwise be (Clare 2007).

### 6.3 Measures of financial stress

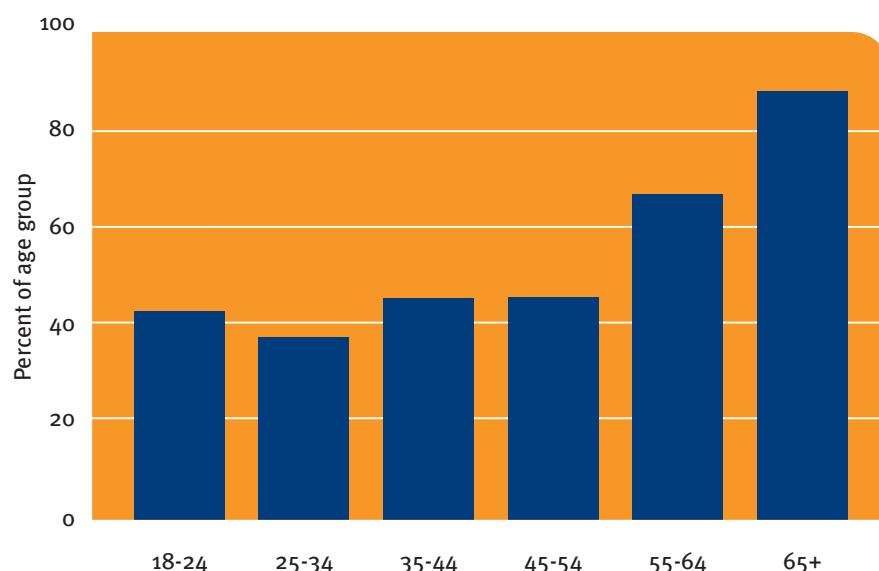
figure 6.7 shows that consumer debt decreases with age. Fifty-three percent of all people in South Australia are free of consumer debt. For the two older age groups, however, the proportion is much higher: 67 percent of 55–64 year olds and 87 percent of those aged 65+ are free of consumer debt.

<sup>12</sup> Caution is required with low-income data. Research has suggested that many households that report very low, zero or negative incomes in fact have standards of living that do not reflect these figures (Johnson and Scutella 2003).

**Figure 6.7**

**Proportion of people who are free of consumer debt by age group, South Australia, 2006**

*Source: ABS 2007d*



As shown previously in Figure 6.1, the relatively lower house prices in South Australia contribute to South Australians having a median net worth of only 83 percent of the national median but, at the same time, the state's older age distribution is part of the explanation for having the lowest level of median liabilities among mainland states (ABS 2006).

While such empirical measures are critical for analysis of wealth and income, much of the discussion about financial stress relates to

subjective perceptions on the part of older people. Measurement and evaluation of outcomes related to living standards are difficult, but subjective 'financial wellbeing' can be measured by using indicators of satisfaction and perceived financial stress.

The HILDA Survey and the ABS Household Expenditure Survey 2006 provide information on self-reported financial stress. Older Australians generally report high levels of wellbeing, and this is consistent with a pattern of

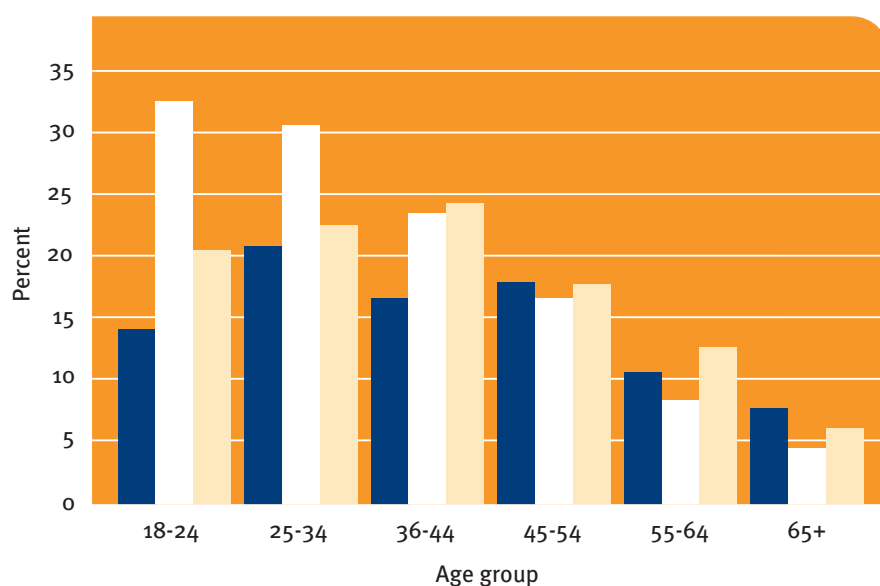
decline in self-reported financial stress as age increases. Figure 6.8 shows that South Australians aged 55+ reported the lowest incidence of financial stress in all three measures reported in the General Social Survey. For those aged 65+, for example, less than one in 20 (5 percent) reported cashflow issues in the past 12 months, while 7.4 percent of retirees aged 55+ reported such an occurrence. For all South Australians, the proportion was 19 percent, or one in five.

**Figure 6.8**

**Financial stressors by age group, South Australia, 2006**

*Source: ABS 2007d*

- Unable to raise \$200 within a week for something important
- Had at least one cash flow problem in the last 12 months
- Took at least one dissaving action in the last 12 months



In the HILDA Survey respondents were asked to self-report their level of prosperity on a six point scale, ranking from 'very poor' to 'prosperous'. The main results were:

- Only 0.2 percent of people aged 65+ reported being 'very poor', with just 1.6 percent reporting themselves as being 'poor'.
- The percentage of people who described themselves as 'just getting along' was 25.1.
- Most, 59.8 percent, classified themselves as 'reasonably comfortable', along with 12.4 percent who chose the response 'very comfortable'.
- Only 0.9 percent stated that they were 'prosperous'.

Across all household types, older Australians report fewer incidences of low prosperity compared to other age groups among respondents in HILDA. Only about 5 percent of older households reported that they could not engage in social activity, such as having a friend over for a meal, because of financial constraints.

To the extent there is evidence of any significant financial stress the most frequently cited instance of 'missing out on doing things because of a shortage of money' was the inability to have a holiday away from home once a year for one week or longer. This was reported by 18.0 percent of older couple households and 20.1 percent of older single person households, but these rates were well below the level of 27.1 percent for younger households. The second most cited instance of financial stress was 'not being able to have a night out once a week'. This was cited by 16.5 percent of older couples and 11.7

percent of single older households but, again, these rates were well below the 20.1 percent reported by younger households.

In 2004 the ABS Survey of Retirement and Retirement Intentions found that retirees were surviving on an income of less than 'modest but adequate'. For the baby boomers, the next generation of retirees, most of whom will have only slightly increased levels of superannuation savings by their time of retirement, and who have enjoyed a very high standard of living in their working years, this standard of living in retirement may not be acceptable.

#### **6.4 Adequacy of retirement income and replacement rates**

the adequacy of Australians' retirement incomes has been the subject of considerable debate in recent years, with much of that debate focusing on the setting of the benchmark for adequate retirement income. Even allowing for 'equivalence scales' that adjust for household size and composition, the adequacy of retirement incomes nevertheless depends on an individual's own circumstances, needs and expectations and this fact is sufficient to define the government's difficulty in establishing a precise benchmark. Nevertheless, the adequacy of retirement incomes can be assessed against a relative framework using income replacement rates.

In Australia, net replacement rates from the age pension are low by international standards. The age pension is replacing about half of an income amounting to 50 percent of the average weekly ordinary time earnings (AWOTE)

and about one-third of incomes corresponding to 100 percent of AWOTE. Currently, 46 percent of all people of age-pension age receive only a part-rate pension or no pension at all. By 2050, the maturing of the superannuation system and income-testing at the household level is expected to raise the retirement income share of AWOTE to about 65 percent (Commonwealth of Australia 2002).

For individuals with superannuation coverage, the replacement rate is projected to increase from just more than 50 percent in 2006 to more than 70 percent by 2020 and more than 80 percent in 30 years time. For the full population, replacement rates are estimated to rise from more than 60 percent in 2006 to more than 80 percent by 2016 onwards. Note that average replacement rates are higher for 'all retirees' as this group includes people who were on low incomes before retiring due to not being in the labour force or on other government benefits. For these individuals, the age pension provides an income in retirement at least as high as their income before retirement.

The average superannuation of males (about \$80,000) is more than two and a half times that of females (about \$30,000). This reflects the lower earnings, the greater likelihood of part-time employment, the disrupted work patterns and the higher incidence of non-participation in the labour force of baby boomer females. Estimates by financial planners and retiree advocates suggest that a 9 percent contribution would need to be increased to about 15 percent to provide more adequate levels of retirement income. This is because most financial

planners suggest that a retirement income of 60–65 percent of final full-time salary is required for a comfortable standard of living in retirement. In 2008 this equates to around \$35–38,000 a year, or about \$700 a week.

Assuming that average retirees do not use their superannuation payout for other purposes, a \$56,000 lump sum paid by a 65 year old male into an allocated annuity will provide an income of only \$100 a week up to age 80 (just short of an average 65 year old male's current life expectancy). In other words, it will provide a supplement of \$100 to the pension, giving a total income of about \$300 a week—well short of the suggested \$700 needed to be comfortable on today's figures. If the retirees choose to retire early and spend the lump sum, they can look forward to years on the limited standard of living provided by the age pension. If they remain in the labour force longer, as the recent trends outlined in chapter 5 and later in this chapter suggest, their prospects are more positive.

Projections of accumulated superannuation in coming decades suggest low retirement savings is particularly acute for women (Kelly, Harding and Percival 2002). While the relatively poor financial situations of women compared to men in retirement has long been common, the increasing incidence of marriage breakdowns and changing gender roles is making individual financial independence

more important, particularly for women. Many women in the baby boomer group have interrupted labour force careers as a result of child-bearing and child-rearing and, moreover, when they are in the labour force they are more likely to be employed in casual, part-time and low-paid positions.

### **6.5 Baby boomers and the superannuation guarantee**

the baby boomers were born in the period generally acknowledged to be from 1946 to 1965 inclusive (ABS 1998) and, by the end of the calendar year 2009, they will range in age from 44 years old (born in 1965) to 63 years old (born in 1946). Figure 6.9 shows the projected ages of the baby boomer generation from now until 2050 in single year cohorts. This is useful because, like everything else about the baby boomers, their pattern of retirement will be different from earlier generations. Although it is mostly true that they will retire later than their parents, within the baby boomer cohort there will be quite different financial and other motivations determining their choice of retirement age. This will in part depend on when they were born in relation to the introduction of the Commonwealth Government Superannuation Guarantee in 1992. Figure 6.9 enables identification of individual groups of baby boomers and their likely stage of life at various points to 2050.



## Figure 6.9

Age of the 20 baby boomer single year age cohorts in each year from 2008–50

Source: Carson and King, forthcoming

Year of baby boomer birth																					
	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	
Age of baby boomer in the years 2008 to 2050																					
2008	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	2008
2009	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	2009
2010	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	2010
2011	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	2011
2012	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	2012
2013	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	2013
2014	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	2014
2015	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	2015
2016	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	2016
2017	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	2017
2018	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	2018
2019	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	2019
2020	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	2020
2021	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	2021
2022	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	2022
2023	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	2023
2024	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	2024
2025	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	2025
2026	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	2026
2027	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	2027
2028	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	2028
2029	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	2029
2030	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	2030
2031	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	2031
2032	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	2032
2033	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	2033
2034	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	2034
2035	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	2035
2036	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	2036
2037	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	2037
2038	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	2038
2039	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	2039
2040	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	2040
2041	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	2041
2042	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	2042
2043	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	2043
2044	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	2044
2045	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	2045
2046	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	2046
2047	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	2047
2048	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	2048
2049	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	2049
2050	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	2050
	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	

The oldest baby boomers were 46 years old in 1992 when the Superannuation Guarantee (SG) became effective. They are 63 years old in 2009 and at their retirement they will have worked for only a minority of their working life (less than 20 years for many of them) under the SG regime. Financial retirement analysts seem in broad agreement that people who have worked for between 30 and 40 years under the SG regime will have adequate superannuation to replace their working incomes at adequate levels (AIHW 2007, Kelly and Harding 2004). The National Centre for Social and Economic

Modelling (NATSEM), estimates that perhaps three-quarters of Australian baby boomers have not yet saved sufficient resources to finance a comfortable retirement and most will not have worked for 40 years under the SG by the time of the maturation of the SG scheme in 2032 (NATSEM 2004).

For many of the baby boomers the SG is too little and too late in their working lives to make a significant difference to retirement prospects, and so for this proportion of the baby boomer cohort, there will be strong financial incentives to stay in the labour force for as long as possible.

### 6.6 Delayed retirement of the baby boomers: implications for incomes

according to the employment rate discussions in chapter 5, the average employment rate of South Australians aged 45+ has been rising strongly since the early 1980s. This does not alter the fact that during the next 40 years, each baby boomer cohort's employment rate is projected to progressively decline with age (Figure 6.10 and Figure 6.11).

Figure 6.10 shows the gender breakdown of employment rates for each of the selected five-year cohorts aged 45+.

**Figure 6.10**  
**Employment rates for five-year age cohorts, males and females 45+, South Australia and Australia, 1978–50**

Source: Carson and King, forthcoming

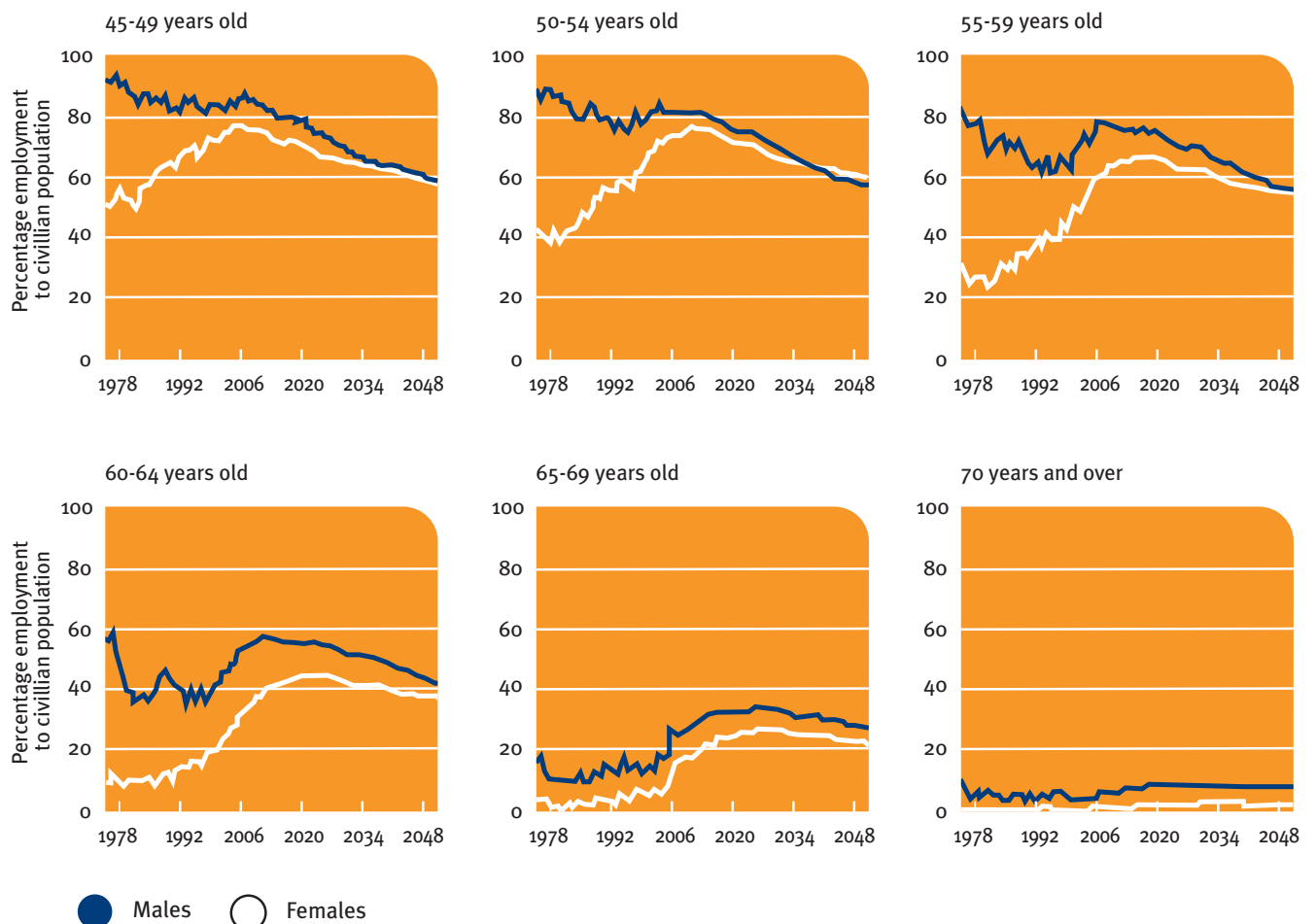


Figure 6.11 shows that, according to the Productivity Commission forecasts incorporated in our labour market model (see chapter 5), it is likely that, in South

Australia, the overwhelming majority of baby boomers in each of the five-year age cohorts to age 59 will be in paid employment up to 2024. And for those aged

60–65, their employment rates will still be within one or two percentage points of 50 percent up to 2029.

**Figure 6.11**  
**Baby boomers' projected employment rates to 2050, South Australia**  
*Source: Derived from Productivity Commission 2005; Carson and King forthcoming*

Calendar Year	Age of youngest boomers	Projected employment rate of youngest baby boomers						Age of oldest boomers
		45-49	50-54	55-59	60-65	65-69	70+	
2010	45							64
2011	46							65
2012	47	79.3	78.4	68.2	48.2	23.7	4.0	66
2013	48							67
2014	49							68
2015	50							69
2016	51							70
2017	52		76.4	69.6	48.9	28.2	4.7	71
2018	53							72
2019	54							73
2020	55							74
2021	56							75
2022	57			67.8	49.7	28.9	5.4	76
2023	58							77
2024	59							78
2025	60							79
2026	61							80
2027	62				48.4	29.6	5.7	81
2028	63							82
2029	64							83
2030	65							84
2031	66							85
2032	67					29.1	5.8	86
2033	68							87
2034	69							88
2035	70							89
2036	71							90
2037	72							91
2038	73							92
2039	74							93
2040	75							94
2041	76							95
2042	77						5.6	96
2043	78							97
2044	79							98
2045	80							99
2046	81							100
2047	82							101
2048	83							102
2049	84							103
2050	85							104



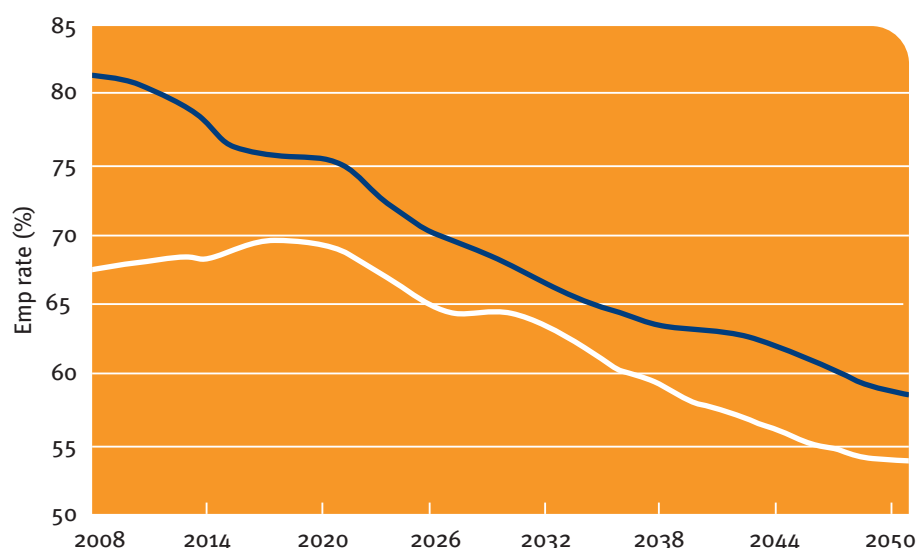
In particular, it can be seen in Figure 6.10 and Figure 6.12 that the employment rate of the youngest baby boomers (those aged 45–49 at 2008) is projected to be consistently and significantly

higher than the oldest baby boomers (those aged 55–59 at 2008) as they move through the next 40 years to retirement age and beyond (Figure 6.12).

**Figure 6.12**  
Forecast employment rates  
of youngest and oldest baby  
boomers, South Australia,  
2008–50

Source: Carson and King,  
forthcoming

- Aged 45–49 in 2008
- Aged 55–60 in 2008



As illustrated in Figure 6.12, the youngest baby boomer cohort current employment rate is 14 percentage points higher than the oldest baby boomers and, while this gap will narrow in coming years the size of the gap is projected to be, on average, some 6 percent from now until the middle of the century. In other words, compared to older baby boomers, the next wave of baby boomers will stay in the labour force and work for a substantially longer time.

These forecasts quantify for South Australia what is already widely known from the literature about retirement intentions, which show that Australian baby boomers are increasingly intending to delay their prospective retirement age. This is an extension of the recent trend that emerged between the late 1990s and early 2000s which indicated a shift to later retirement age in Australia—and which is a reversal of trends to earlier

retirement during the preceding two to three decades.

OECD analysis, for example, shows that in the period between the late 1960s and mid-1990s, the effective retirement age of Australian men fell more than four years from 67 years to 63 (OECD 2005). For Australian women, the effective retirement age has fluctuated to some extent during this period but it fell from almost 67 years to close to 61. In recent years, however, this downward trend has been reversed for both men and women. In fact, since the mid-1990s, the effective retirement age has increased by about one and a half years for both men and women.

In recent years, researchers at the University of Tasmania have surveyed retirement attitudes and motivations (Jackson and Walter 2007). These surveys indicate that about half of the baby boomers are ‘...open to the idea of a longer working life, with 43

percent believing they are likely to consider working beyond age 65’ (Jackson et al. 2007, p.1). The surveys found that the average age of all baby boomers’ expected retirement is 64 years (64 for males and 62 for females) which, as was observed above, is about what it is now, and higher than the actual retirement age was in the mid-1990s.

It can be seen from Figure 6.9 that the last of the baby boomers, who were 27 year olds in 1992 at the advent of the Superannuation Guarantee, will reach what is now considered to be the nominal retirement age (65 years old) in 2030. By this time, according to the discussion above, the youngest of the baby boomers will have worked long enough to avail themselves of a modest superannuation under the SG regime. Until about 2030, the high employment rates of the (by then, partially superannuated) baby boomers will help provide

a floor below which their income replacement ratios will not fall.

We have already observed that the decline in employment rates and labour force participation rates for older males in South Australia during the 1980s and 1990s has been arrested, and since the early 2000s their employment and labour force participation rates have increased markedly. At the same time, baby boomer women in particular have shown their preparedness to go (back) to work, with large increases in participation rates across the whole age group. While for some this is a scenario driven by economic necessity, for many others it represents a new wave of opportunity and flexibility.

Our discussion in chapter 5 highlighted not only historically increasing labour force participation rates, but also the large numbers of the baby boomers currently working in structurally ascendant industries and occupations in the South Australian economy. This would indicate that, up until about 2030, the financial necessity for baby boomers who are only partially superannuated to keep working will match a labour market broadly conducive to their needs, and this is also congruent with baby boomers' stated expectations. The University of Tasmania researchers cited earlier found that nearly two-thirds of baby boomers expect to work regularly part-time and three-quarters expect to continue in their present occupation.

Therefore, a key role of policy during the next two decades will be to maintain or increase the baby boomers' labour force participation rates at the levels contained in these forecasts.

## 6.7 Policy implications

We observed in chapter 6 that there are obviously limiting factors on indefinite growth in older workers' employment, including health constraints; however, there are policy implications associated with the imperative for baby boomers to delay retirement. These include, but are not limited to:

- enhanced incentives to remain in work longer
- reduced incentives to retire early
- improved information available about future entitlements from superannuation
- increased awareness of anti-age discrimination legislation.

In the meantime, of more immediate concern for many current retirees, and baby boomers contemplating retirement, is the realisation that the current global financial crisis is responsible for massive devaluation of assets, including superannuation savings. Some retirees with significant investments have been caught in a bind of collapsing asset values while still being unable to claim an age pension. This is clearly a change that requires recognition by Commonwealth and state governments, and this is being done. Recently announced changes include protecting bank deposits and reducing deeming when assessing income from financial investments for social security pensions and allowance purposes. The Commonwealth move to reduce the deeming rate from 4 percent to 3 percent on the first \$41,000 for a single pensioner and \$68,200 for a pensioner couple from mid-November 2008 is a first step in recognition of this major change in assets valuations, and it is likely that further

adjustments will be made in the near future.

Retirement is increasingly a phased process rather than an event (ABS 2006), delayed for many people by the current global financial crisis, but more generally social norms about retirement as well as individual circumstances interact in complex ways. As a consequence, in coming years the idea of 'years to retirement' rather than chronological age may be a critical variable that needs to be given increased emphasis in the development of interventions and strategies to promote increased labour force participation and assist with more precise planning for transition to retirement.



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# 7 : Health

**How healthy are older South Australians? Which conditions and diseases impose the greatest burden on the community and health care system and are these conditions and diseases distributed equally throughout the community? How well does the health of South Australians compare to people in Australia's other states and territories? How long can South Australians expect to live, and are older South Australians healthier than their forebears?**

This chapter will address these types of questions as it explores the health of older South Australians. Health is a concept that is often debated and continues to evolve. The Australian Bureau of Statistics states that 'health is an important part of wellbeing, of how people feel and function, and contributes to social and economic wellbeing; health is not simply the absence of illness or injury; there are degrees of good health as well as of bad health; and health should be seen in a broad social context.' (ABS 2008, p.4). This latter point reflects an explicit aim of the *State of Ageing in South Australia*, which is to see health not only as an indicator of status, but also as a dynamic enabler of individual wellbeing and social exchange.

## 7.1 Health status

### 7.1.1 Life expectancy

The ABS collects and publishes extensive data on mortality that is used to produce life tables, which inform us about how many years an individual can be expected to survive at a given age. A life table is a statistical model used to represent mortality of a population. In its simplest form, a life table is generated from age-specific death rates and the resulting values are used to measure mortality, survivorship and life expectancy. Life expectancy is one of the

most commonly used summary indicators of a population's health (ABS 2006).

We used ABS life tables to identify the life expectancy of older South Australians and compare with life expectancy in Australia as a whole (Table 7.1). It can be seen that the life expectancy of older South Australian males and females is comparable with that of the broader Australian population. At age 50, South Australian men can expect a further 31.1 years of life, which is slightly less than females of the same age (35.1 years). By age 85 males can expect a further 5.9 years and females 7.1 years of life. The life expectancy of South Australians compares favourably with life expectancies in the other states and territories of Australia.

Table 7.1 also provides life expectancy at birth for comparison with life expectancy at ages 50, 65 and 85. It can be seen that life expectancy changes with age, that is, life expectancy at birth is different from life expectancy at ages 50, 65, and 85. For example, a male surviving to 65 years of age, can expect a further 18.3 years of life (that is, well beyond the life expectancy of a male at birth). This has important consequences for the number of Australians reaching older ages (85+) and for patterns of health, disease and disability in the community.

**Table 7.1**

**Expectation of life at birth and ages 50, 65 and 85 in South Australia and Australia**

*Source: ABS Life Tables 2006*

Exact age (years)	South Australia		Australia	
	Males	Females	Males	Females
o (birth)	78.6	83.6	78.7	83.5
50	31.1	35.1	31.2	35.0
65	18.3	21.6	18.3	21.5
85	5.9	7.1	5.9	7.1

### 7.1.2 Self-assessed health status

An individual's rating of their own overall health is a commonly used indicator of health status. This information is routinely collected as part of several national surveys including the HILDA Survey; National Health Survey; Survey of Disability, Ageing and Carers; Australian Longitudinal Study of Ageing (ALSA); and the state

SAMSS Survey. These surveys ask respondents to rate their health against five grades ranging from excellent through to poor.

The self-assessed health status of older South Australians compares favourably with that of older people throughout Australia (Table 7.2). It can be seen that about two-thirds of older South Australians (those aged 65+)

rate their health as excellent, very good or good. As might be expected, a greater proportion of older South Australians rated their health lower than that reported by younger South Australians (those aged less than 65). The proportion of older South Australians rating their health fair or poor is similar to that reported by older people across Australia (Table 7.2).

**Table 7.2**

**Proportion of respondents reporting excellent/very good, good or fair/poor health in South Australia and throughout Australia**

*Sources: South Australian Monitoring and Surveillance Survey 2006; ABS 2006*

Age		SAMSS <sup>a</sup>	National Health Survey <sup>b</sup>	
		SA only (%)	SA (%)	Aus <sup>c</sup> (%)
less than 65	Excellent/very good	60.4	57.1	60
	Good	25.9	29	27.1
	Fair/poor	13	13.9	12.8
65+	Excellent/very good	40	36.8	35.5
	Good	30	31.9	31.8
	Fair/poor	30	31.3	32.7

<sup>a</sup> South Australian Monitoring and Surveillance Survey 2006 (weighted to South Australian population)

<sup>b</sup> 2001 (weighted to estimated resident population)

<sup>c</sup> Data for all of Australia includes respondents from South Australia

Note: proportions may not total 100 percent due to rounding

Among older South Australians, the proportion of individuals describing their health as excellent or very good slowly declines from

45.3 percent of people aged 65–69 to 34.4 percent of those aged 80–84. After 80 years of age there seems to be little change in the

proportion of individuals reporting excellent/very good, good or fair/poor health.

**Table 7.3**

**Self-assessed health status in five-year age categories.**

*Source: SAMSS Survey 2006*

Self-assessed health status	Age groups				
	65–69 (%)	70–74 (%)	75–79 (%)	80–84 (%)	85+ (%)
Excellent/very good	45.3	41.5	37.3	34.4	34.8
Good	30.5	29.6	29.2	29.9	29.5
Fair/poor	24.2	28.9	33.4	35.7	35.8

When self-assessed health status of South Australians aged 65+ was stratified by health region, there was little difference between the

Central Northern Health Region, Southern Adelaide Health Region or the Country Health Region (Table 7.4).

**Table 7.4**  
**Self-assessed health status of older people (65+) across the three SA health regions**

Source: SAMSS Survey 2006

	Central Northern (%)	Southern Adelaide (%)	Country (%)
Excellent/very good	39.2	39.1	41.3
Good	29.5	31.2	29.1
Fair/poor	31.4	29.6	29.7

As might be expected, self-assessed health status is strongly correlated with satisfaction with health. Data from the HILDA Survey demonstrates that older South Australians were mostly satisfied with their health (satisfied 69.4 percent; neither satisfied nor dissatisfied 14.3 percent; dissatisfied 16.3 percent). Ensuring South Australians are satisfied with their health is important because this is correlated with satisfaction with other aspects of wellbeing including satisfaction with the home in which you live ( $R=0.21$ ,  $p<0.001$ ), employment opportunities ( $R=0.29$ ,  $p<0.001$ ),

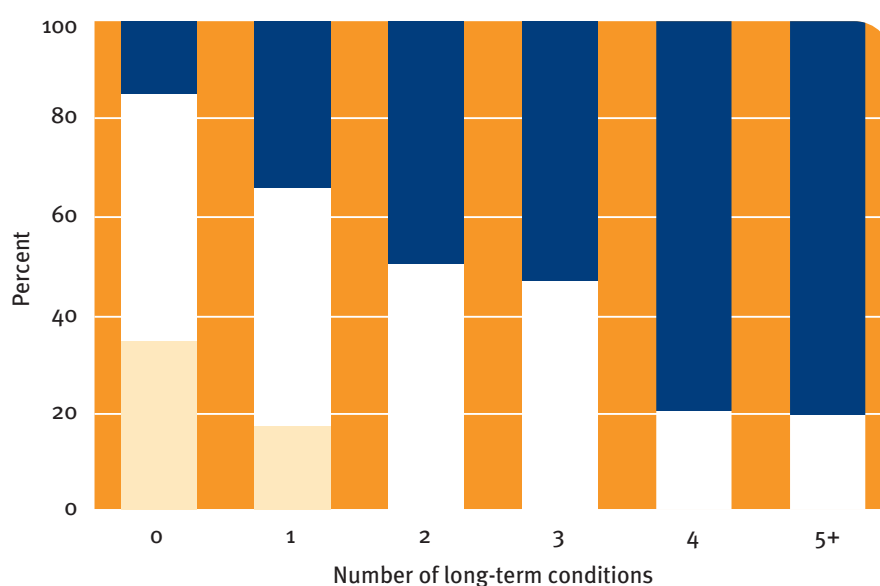
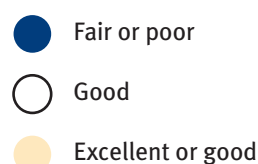
financial situation ( $R=0.33$ ,  $p<0.001$ ), feelings of safety ( $R=0.37$ ,  $p<0.001$ ), feeling part of the local community ( $R=0.31$ ,  $p<0.001$ ), satisfaction with the neighbourhood in which you live ( $R=0.33$ ,  $p<0.001$ ), the amount of free time you have ( $R=0.13$ ,  $p<0.001$ ), and satisfaction with life ( $R=0.47$ ,  $p<0.001$ ).

How people rate their health and how satisfied they are with their health is known to be associated with the number of long-term conditions that they report (AIHW 2008). As expected, a greater proportion of older (65+) than younger people report living with

a long-term health condition (56.1 percent and 21.2 percent respectively). As has been shown previously, the number of long-term health conditions a person is living with is inversely correlated with their self-assessed health status ( $R=-0.48$ ,  $p<0.001$ ) and health satisfaction ( $R=-0.5$ ,  $p<0.001$ ), such that the more long-term conditions an individual is living with the lower they rate their health status and the more dissatisfied they are with their health. How older South Australians rate their health is consistent with these trends as can be seen in Figure 7.1.

**Figure 7.1**  
**Self-assessed health status by number of long-term health conditions**

Source: HILDA Survey 2006





## 7.2 Mortality

Data on death and its causes are vital measures of health in a community. The ABS keeps detailed information about deaths and its causes to examine trends in mortality. Mortality rates and life expectancy are typically presented by age and separately for men and women, as

mortality increases as people age and women tend to have lower mortality rates and longer life expectancy than men.

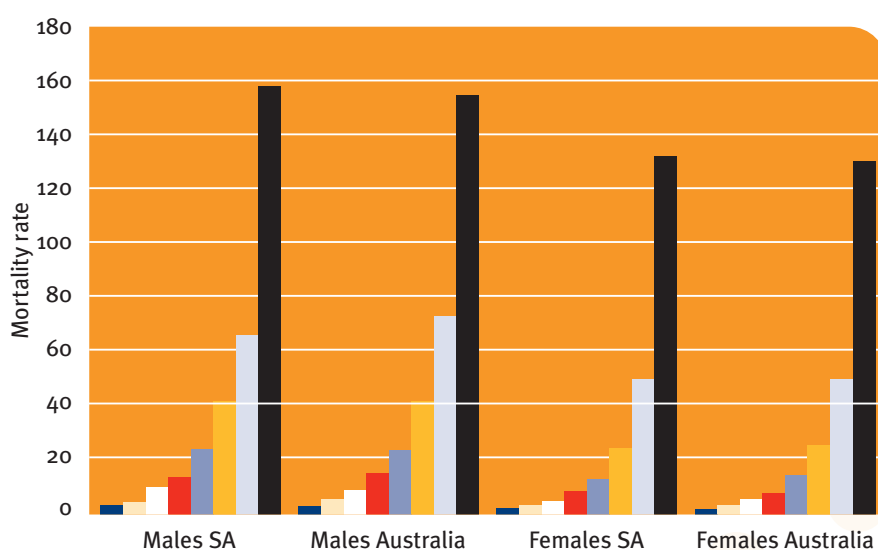
Figure 7.2 presents mortality rates for South Australian men and women in 2006 from 50 years of age, and compares these with mortality rates for Australia as a whole. It can be

seen that the mortality rate increases significantly with age and that males tend to have higher mortality rates at all ages compared with females. For all age groups, South Australian men and women have mortality rates comparable with the Australian average.

### Figure 7.2

#### Comparison of mortality rate by gender, South Australia and Australia

Source: ABS 2006



Mortality rates are commonly monitored over time to determine if the health of the population is improving. The mortality rate for

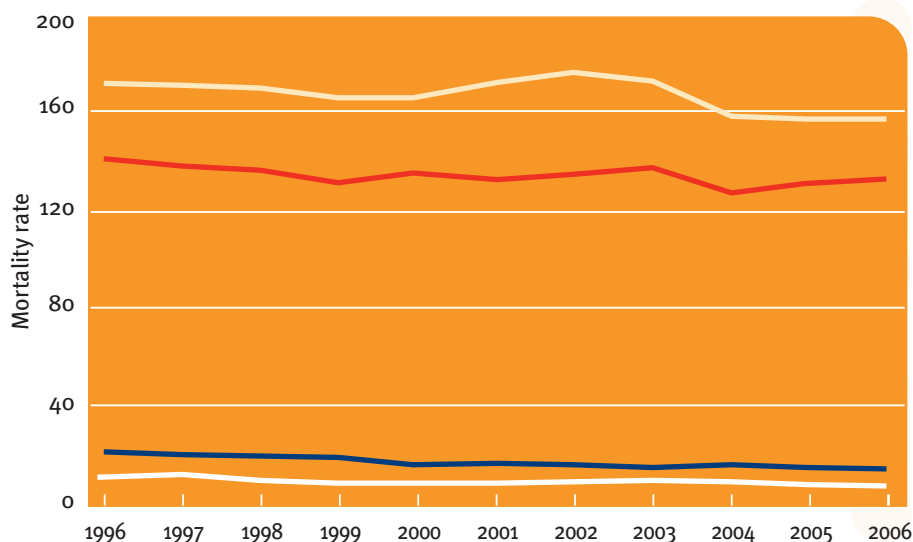
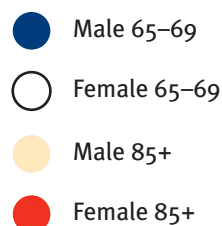
South Australian men and women is trending downwards for both men and women, especially in the old-old age group (85+) (Figure

7.3), indicating improving health in the community over time for older South Australians.

### Figure 7.3

#### Male and female trend in mortality rate between 1996 and 2006 for South Australians aged 65–69 and 85+

Source: ABS 2006



### 7.3 Causes of death

The most common causes of death for South Australians aged 65+ are presented in Table 7.5. It can be seen that diseases of the heart and circulatory system

(acute myocardial infarction, chronic ischaemic heart disease, and stroke) are the most common causes of death in older South Australians.

**Table 7.5**  
Selected underlying causes of death for South Australians aged 65+

Source: ABS 2006

Cause of death and ICD <sup>a</sup> code	Males	Females	Total
<b>65–74 years</b>			
All causes	1,040	652	1,692
Malignant neoplasm of bronchus and lung (C34)	106	57	163
Chronic ischaemic heart disease (I25)	97	28	125
Acute myocardial infarction (I21)	70	30	100
Other chronic obstructive pulmonary disease (J44)	35	29	64
Malignant neoplasm of prostate (C61)	60	—	60
Malignant neoplasm without specification of site (C80)	27	23	50
Malignant neoplasm of colon (C18)	33	17	50
Malignant neoplasm of breast (C50)	—	48	48
Malignant neoplasm of pancreas (C25)	29	17	46
Unspecified diabetes mellitus (E14)	17	13	30
<b>75–84 years</b>			
All causes	1,950	1,813	3,763
Acute myocardial infarction (I21)	166	152	318
Chronic ischaemic heart disease (I25)	171	119	290
Malignant neoplasm of bronchus and lung (C34)	144	84	228
Stroke, not specified as haemorrhage or infarction (I64)	68	116	184
Other chronic obstructive pulmonary disease (J44)	93	65	158
Unspecified dementia (F03)	43	74	117
Malignant neoplasm of prostate (C61)	106	—	106
Malignant neoplasm of colon (C18)	38	43	81
Malignant neoplasm without specification of site (C80)	33	41	74
Sequelae of cerebrovascular disease (I69)	16	29	45
<b>85–94 years</b>			
All causes	1,367	2,265	3,632
Acute myocardial infarction (I21)	146	253	399
Chronic ischaemic heart disease (I25)	137	202	339
Stroke, not specified as haemorrhage or infarction (I64)	81	220	301
Unspecified dementia (F03)	65	144	209
Pneumonia, organism unspecified (J18)	46	98	144
Other chronic obstructive pulmonary disease (J44)	60	50	110
Heart failure (I50)	38	71	109
Alzheimer's disease (G30)	18	74	92
Sequelae of cerebrovascular disease (I69)	22	59	81
Malignant neoplasm of prostate (C61)	71	—	71

Cause of death and ICD <sup>a</sup> code	Males	Females	Total
<b>95+ years</b>			
All causes	172	486	658
Chronic ischaemic heart disease (I25)	21	60	81
Stroke, not specified as haemorrhage or infarction (I64)	14	58	72
Acute myocardial infarction (I21)	19	51	70
Pneumonia, organism unspecified (J18)	12	39	51
Unspecified dementia (F03)	6	33	39
Heart failure (I50)	7	23	30
Sequelae of cerebrovascular disease (I69)	5	20	25
Alzheimer's disease (G30)	3	15	18
Other chronic obstructive pulmonary disease (J44)	n.p.	n.p.	13
Other disorders of urinary system (N39)	n.p.	n.p.	7

<sup>a</sup> International Classification of Diseases

## 7.4 Disability and ill-health

### 7.4.1 Long-term health conditions

Data collected as part of the SAMSS Survey provides information on the prevalence of diseases of ageing including chronic diseases such as diabetes, respiratory illness, cardiovascular disease, arthritis, osteoporosis and falls. The prevalence of self-reported doctor diagnosed illness for South Australians aged

less than 65, 65–84 and 85+ is presented in Table 7.6. Nearly one in two South Australians aged 85+ reported activity limitation due to the effects of impairment or a health issue. Of the conditions asked about in the SAMSS Survey, arthritis was the most common reported by older South Australians and chronic obstructive pulmonary disease (COPD) the least common (Table 7.7).

**Table 7.6**

The prevalence of selected self-reported, doctor diagnosed conditions among South Australians.

Source: SAMSS Survey 2006

Condition	Age group		
	less than 65 (%)	65–84 (%)	85+ (%)
Any activity limitation due to health?	17.5	33.6	48.9
Arthritis	14.1	49.7	53.4
≥1 fall/trip in past year	12.5	31.6	43.8
Cardiovascular disease	3.2	27.0	37.0
Osteoporosis	1.8	13.6	17.3
Diabetes	4.3	16.4	12.9
Respiratory illness			
— current asthma	14.3	12.1	8.8
— chronic obstructive pulmonary disease	4.6	7.6	5.7

## Table 7.7

Top 10 conditions producing 'main' disability reported in the Survey of Disability, Ageing and Carers for South Australians aged 65+ compared with all Australians aged 65+

Source: ABS 2003 Survey of Disability Ageing and Carers

	South Australia (%)	Australia (%)
Dementia or Alzheimer's disease	14.7	16.5
Arthritis and related disorders	14.7	14.3
Hypertension	6.4	5.7
Stroke	6.2	5.9
Heart disease/angina/myocardial infarct/other heart	5.4	5.1
Respiratory problems (asthma/COPD <sup>a</sup> /other respiratory)	5.2	4.6
Back problems	3.9	4.3
Diabetes	2.9	3.3
Parkinson's disease	2.6	2.1
Depression/mood affective disorders	2.3	2.3

a Chronic obstructive pulmonary disease

### 7.4.2 Psychological distress

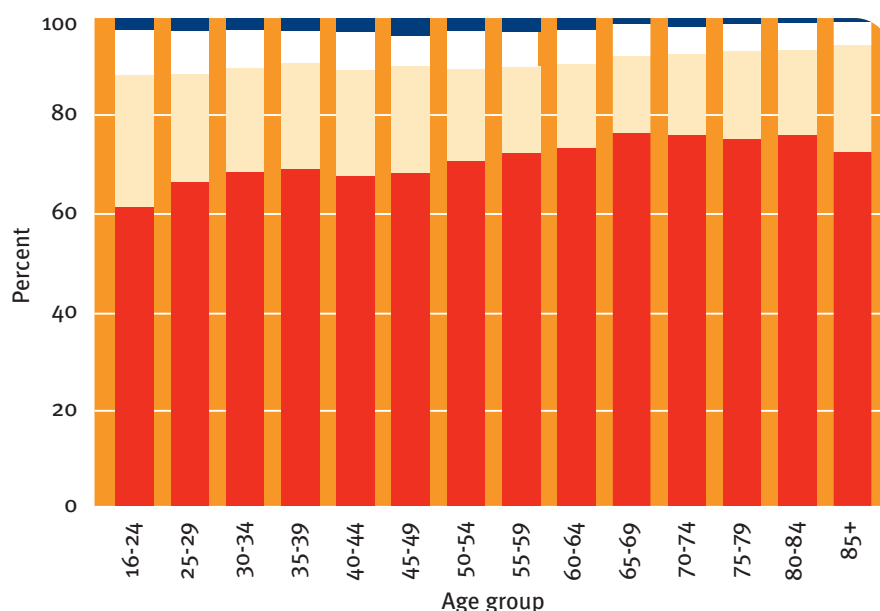
Psychological distress is a useful indicator of the risk of a mental health issue. The Kessler 10 scale (K10) is commonly used to assess psychological distress in populations. The vast majority of

South Australians experience low levels of psychological distress and older South Australians tend to report lower levels of psychological distress than younger South Australians (Figure 7.4).

## Figure 7.4

Proportion of South Australians reporting very high, high, moderate and low levels of psychological distress by five-year age categories

Source: SAMSS Survey 2005



7.5 Mental health

Mental health issues and dementia can contribute to isolation and loneliness for sufferers. The prevalence of mental disorders is often higher among individuals with physical health issues and can affect quality of life. Mental health issues are one of the leading causes of the total burden of disease and injury in Australia

(Begg et al. 2007), and this is also seen in Table 7.7, where respondents of the Survey of Disability, Ageing and Carers identified dementia along with arthritis as the main condition causing disability in the household.

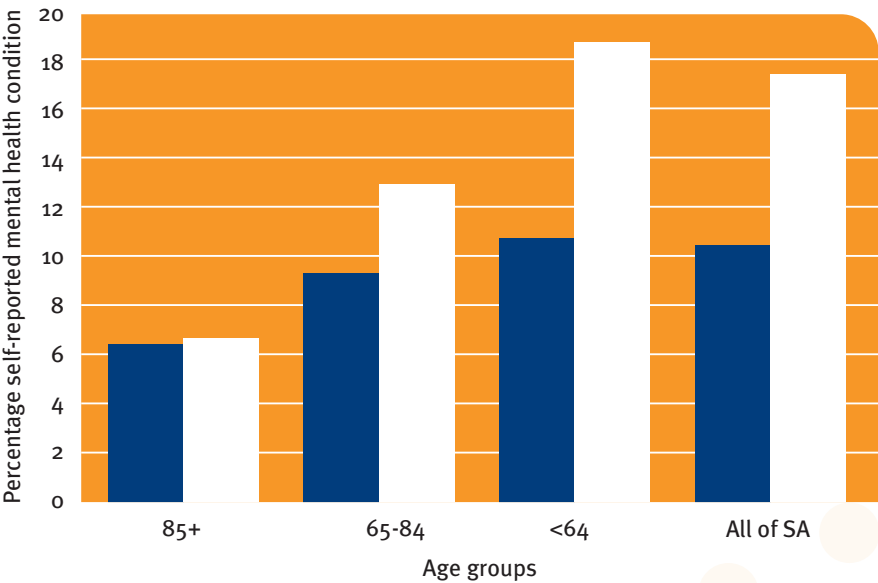
7.5.1 Mental health issues

Respondents to the SAMSS Survey were asked if they had a current mental health issue. One in 10

(10.6 percent) South Australian men and nearly one in five (17.6 percent) South Australian women reported a current mental health issue. Older South Australians of either gender, however, are less likely to report a mental health issue than younger South Australians and, in the older cohort, men remain less likely than women to report a mental health issue (Figure 7.5).

**Figure 7.5**  
Proportion of South Australians with a mental health issue by age and gender  
*Source: SAMSS Survey 2005*

- Males
- Females



7.5.2 Suicidal ideation

Suicidal ideation refers to feelings, thoughts or plans to commit suicide. Data from the SAMSS Survey indicates that suicidal

ideation is less common in older South Australians than younger South Australians, but is still of significant concern to a small percentage of older people (Table 7.8).

**Table 7.8**  
The proportion of South Australians aged 65+ compared with those aged less than 65 reporting suicidal ideation.  
*Source: SAMSS Survey 2006*

	Age group	
	less than 65 (%)	65+ (%)
Males	5.0	3.9
Females	4.8	4.2

### 7.5.3 Dementia

Dementia is a syndrome characterised by 1) impairment in memory; 2) impairment in another area of thinking such as the ability to organise thoughts and reason, to use language or to perceive accurately the visual world; and 3) impairments that are severe enough to cause a decline in usual level of functioning. There are more than 100 recognised causes of dementia, of which Alzheimer's disease (roughly about 60 percent of dementia) and vascular dementia (roughly about 20 percent of dementia) are the most common (Woodward et al. 2007).

Alzheimer's disease is a progressive neurologic disease of the brain that leads to the irreversible loss of neurons and dementia. There are four well established risk factors for Alzheimer's disease: 1) old age; 2) genetic mutations; 3) genetic factors (for example, Down's syndrome/apolipoprotein E status); and 4) family history of Alzheimer's disease. Other likely risk factors include head injury, head size (smaller), vascular risk factors including hypertension and smoking, and a fatty diet.

Vascular dementia is a form of dementia related to poor blood supply to areas of the brain due to

cerebrovascular disease, usually with stepwise deterioration from a series of small strokes. Risk factors for vascular dementia include old age, male gender, hypertension, stroke, diabetes, elevated cholesterol, smoking, obesity, cardiac disease and family history of vascular disease (Woodward et al. 2007).

The prevalence (existing cases) and incidence (new cases) of dementia increase with age (Table 7.9 and Table 7.10). As Australia's population ages, it is projected that the prevalence of dementia will increase three and half times by 2041 from 1995 levels (Jorm 2001).

#### Table 7.9

**Dementia prevalence estimates for South Australians by age and sex**

*Source: J Glover 2006*

Age group	Female (% of population)	Male (% of population)
0-59	0.01	0.01
60-64	0.6	1.2
65-69	1.3	1.7
70-74	3.3	3.5
75-79	6.3	5.8
80-84	12.6	11.8
85-89	21.5	18.6
90-94	33.3	31.1
95+	40.3	38.1

#### Table 7.10

**Dementia incidence estimates for South Australians by age and sex**

*Source: J Glover 2006*

Age group	Female (% of population)	Male (% of population)
0-59	-	-
60-64	0.03	0.03
65-69	0.11	0.12
70-74	0.24	0.27
75-79	0.42	0.58
80-84	0.46	0.75
85-89	0.35	0.77
90-94	0.16	0.49
95+	0.03	0.12

Currently, the prevalence of dementia in South Australia is estimated to be 1.3 percent for females aged 65–69 to 40.3 percent for females aged 95+, and 1.2 percent for men aged 65–69 to 38.1 percent for men aged 95+ (Glover 2006). Prevalence estimates and incidence estimates for South Australia are reproduced from the Glover report and presented in Table 7.9 and Table 7.10 respectively. It can be seen that even at age 95+ more than 60 percent of South Australians will be free of dementia. For the remainder, however, there is currently no cure for dementia and although it is not possible to prevent it, vascular dementia is caused by lifestyle choices that can be modified in early adulthood. While prevalence increases dramatically with age, incidence (or new cases of dementia) increases for both sexes until age 80, when estimated incidence begins to decline for females.

It is well known that dementia is a major source of disability in the elderly (Jorm 2001); however, the neurodegenerative diseases such as Alzheimer's, and unspecified dementia are also a high ranking underlying cause of death. Deaths where the underlying cause included Alzheimer's disease or unspecified dementia accounted for almost as many deaths as stroke and ischaemic heart disease in South Australians aged 85+ (Table 7.5).

#### 7.5.4 Use of health services

The use of health services increases with age, across all service types. Not surprisingly, health expenditure in Australia has been shown to be significantly greater in individuals aged 65+ compared with younger groups, particularly in the areas of hospital and pharmaceutical expenditure.

Table 7.11 presents information on the use of health services by South Australians aged 0–64, 65–84 and 85+ as captured by the

SAMSS Survey. Table 7.11 shows there is a large increase in service use reported in the groups aged 65+, compared with those aged less than 65, however there is little increase in the proportion of individuals reporting use of health services between the young-old (65–84) and the old-old (85+).

In the final column of Table 7.11 p (probability) values indicate if there is a statistically significant difference in the proportion of individuals reporting use of the service type. A greater proportion of older people used health services compared with younger people (aged less than 65); however, there were few differences in the use of services between the young-old (65–84) and the old-old (85+), other than the use of a community/district nurse. Proportionally, three times as many people aged 85+ use this service compared with individuals aged 65–84.

### Table 7.11

**Proportion of South Australians reporting the use of a health service in the past four weeks**

*Source: SAMSS Survey 2006*

	Age group			p value <sup>a</sup>
	less than 65 (%)	65–84 (%)	85+ (%)	
Community/district nurse	1.1	3.1	10.4	p<0.001
General practice	33.0	56.6	59.3	p<0.001
Specialist	8.8	13.8	13.5	p<0.001
Hospital (outpatient) clinic	6.2	10.6	9.3	p<0.001
Accident and emergency	2.2	2.5	2.8	p=NS <sup>b</sup>
Hospital admission	2.2	4.2	5.5	p<0.001

<sup>a</sup> Probability

<sup>b</sup> Not statistically significant

#### 7.5.5 Hospital separations

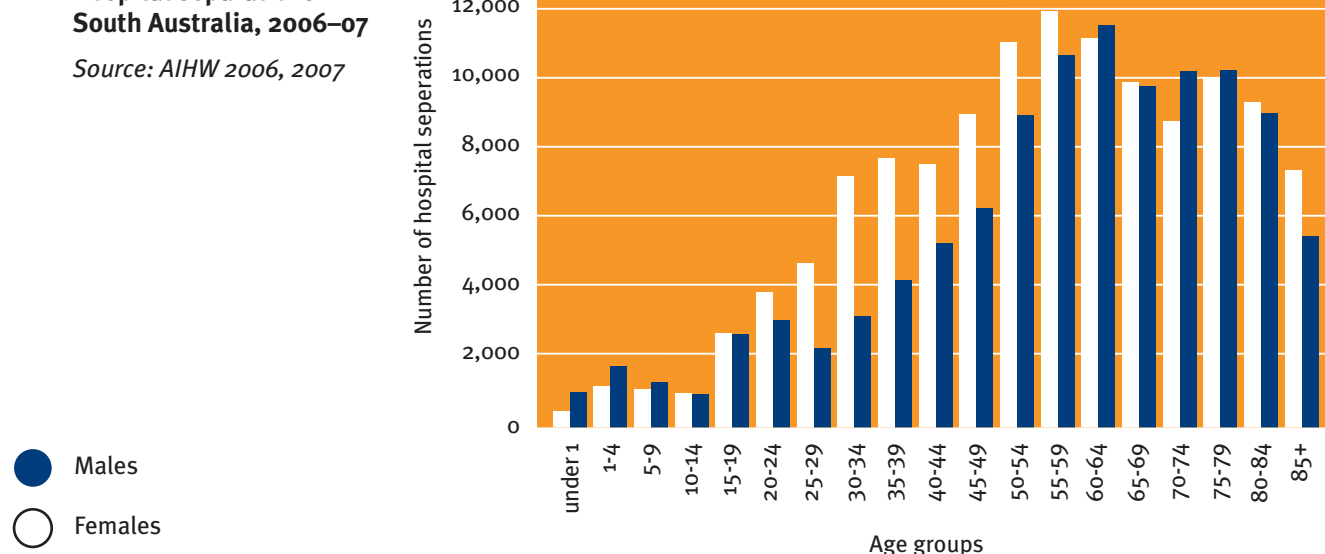
In 2006–07, 229,324 hospital separations were recorded in South Australia. Older South Australians (aged 65+) accounted for 88,786 (38.7 percent) of

these separations. While women clearly account for more hospital separations than men through the middle years, there is little difference in the absolute number of hospital separations between

older South Australian men (n=44,093 separations) and women (n=44,692 separations) (Figure 7.6).



**Figure 7.6**  
**Hospital separations in**  
**South Australia, 2006–07**  
*Source: AIHW 2006, 2007*



A better understanding of the effect of ageing and gender on health service use is provided in the Australian Longitudinal Study of Ageing (ALSA). Participants in this study were asked about hospital admissions and bed days in the previous 12 months. This was supplemented by consent from 439 participants in 2004 to access Medical Benefits Schedule (MBS) and PBS resource use for 2001–04. The data was profiled by age and sex for participants aged 75+. This information is

reproduced in Table 7.12, where it can be seen that PBS (medication) expenditure for ALSA males per person year increases with age, while female PBS expenditure per person year is largely unchanged, or slightly decreases with age. MBS (medical services) expenditure per person year increases with age for both males and females. The average number of self-reported hospitalisations and average (hospital) bed days increases with age (data not shown), corresponding with an

increase in hospital expenditure per person year with age. Taking into account each of these factors, the total health expenditure per person year for participants in the ALSA cohort ranged from \$3,065 for males aged 75–79 to \$4,720 for males aged 85–89. It can be seen that although MBS and PBS expenditure is lower for males, the increased frequency of hospitalisation and length of stay translates into greater health care costs for males compared with females.

**Table 7.12**  
**Average Medical Benefits**  
**Schedule (MBS),**  
**Pharmaceutical Benefit**  
**Scheme (PBS) and hospital**  
**bed day expenditure**  
**(constant 2002–03 prices)**  
**per person year by age and**  
**sex**

*Source: Luszcz et al. 2007*

Age group	PBS expenditure per person year (\$)	MBS expenditure per person year (\$)	Hospital expenditure per person year <sup>a</sup> (\$)	Total expenditure per person year (\$)
<b>Male</b>				
75–79	349	567	2,149	3,065
80–84	425	747	2,200	3,371
85–89	525	971	3,224	4,720
<b>Female</b>				
75–79	1,022	917	1,781	3,721
80–84	821	1,013	2,022	3,856
85–89	970	1,090	2,064	4,124

<sup>a</sup> Expenditure for bed days was calculated by multiplying the self-reported bed days by the 2002–03 cost per bed day of \$871 reported by the AIHW (2004)

These patterns of service use suggest that although men have lower use of preventive medications and therapies in earlier parts of old age, this is associated with greater use of hospital services in the later part of old age (Luszcz et al. 2007).

7.6 Older person’s health assessments

Older South Australians are eligible to request an in-depth assessment of their health from a general practitioner (GP).

Commonly known as a 75+ Health Assessment or Older Person’s Health Assessment, this Commonwealth-funded scheme provides a structured way of identifying health issues and conditions that are potentially preventable or amenable to interventions to improve health and/or quality of life (DoHA 2006). A GP must undertake the medical components of the health assessment and is responsible for making clinical judgements on the patient’s health.

Older South Australians are able to access the Health Assessment either in the GP’s consulting rooms (MBS Item No. 700) or in their own home (MBS Item No. 702). Table 7.13 compares Medicare billing data for these services per capita in the mainland states. Older South Australians are accessing fewer of these services in GPs’ consulting rooms and more in their own homes, compared with older people in the other mainland states (Table 7.13).

**Table 7.13**  
Number of 75+ health assessments (MBS Item Nos 700 and 702) per capita recorded by Medicare, by state, calendar year 2007  
*Source: AIHW 2007*

MBS item no.	Services/100,000 population				
	NSW	Vic	SA	Qld	WA
700 <sup>a</sup>	792	640	544	758	432
702 <sup>b</sup>	633	597	1071	526	425

a MBS Item No. 700: Older person’s health assessment conducted in the GP’s consulting rooms  
b MBS Item No. 702: Older person’s health assessment conducted in the patient’s home

Funding is not provided to conduct Older Person’s Health Assessments with people living in residential aged care facilities, as the program is intended specifically to improve primary care for people living in the community.

7.7 Health service utilisation among the Indigenous community

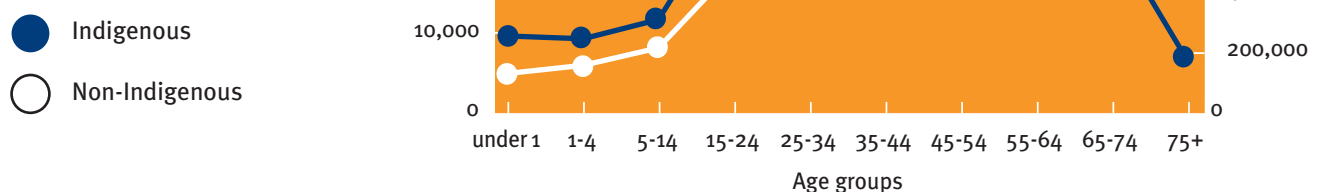
Across Australia, Indigenous Australians have proportionally more hospital separations than other Australians. The hospital separations rate for South Australia’s Indigenous population is 2.7 times greater than for other South Australians.

Interestingly, the raw number of hospital separations for the

Indigenous population unlike other Australians, does not continue to increase beyond 55 years of age (Figure 7.7). For other Australians, the raw number of hospital separations continues to increase into the 75+ age group. This most likely reflects increased mortality in the Indigenous population in the younger age groups compared with other Australians.

**Figure 7.7**  
Number of hospital separations by Indigenous status and age

Source: AIHW 2006, 2007



**Table 7.14**  
Hospital separations by Indigenous status

Source: AIHW 2006, 2007

Hospital separation rate	NSW	Vic	Qld	WA	SA	NT	Subtotal
Indigenous Australians per 1,000	545.3	657.2	816.2	1,101.1	962.6	1,584.8	868.3
Other Australians per 1,000	318.8	391.0	365.6	345.7	361.2	233.0	352.6
Rate ratio	1.7	1.7	2.2	3.2	2.7	6.8	2.5

The increased hospital separation rate per 1,000 people among Indigenous Australians may reflect differences in availability and access to primary health care (especially in regional and remote areas of the state) or greater need for tertiary care (for example, more complex health issues or greater severity of illness).

### 7.8 Health risk factors

there is overwhelming evidence of harm associated with smoking, poor nutrition, excess alcohol consumption and a sedentary lifestyle. These lifestyle behaviours, sometimes referred to as SNAP (smoking, nutrition, alcohol, physical activity), have been identified by peak bodies such as the Royal Australian College of General Practitioners as the most important behavioural risk factors that affect the health of the Australian community.

### 7.8.1 Smoking

Every year, about 19,000 Australians die from diseases caused by smoking (Ridolfo et al. 1998). Smoking is estimated to

kill about half of long-term users (Lopez et al. 1994). Compared with older Australians in other states and territories, South Australians aged 65+ are less likely to be among the most frequent regular

smokers, with older New South Welshmen, Queenslanders and Tasmanians smoking more (Table 7.15). Victoria and Western Australia have the lowest prevalence of smoking.

## Table 7.15

**Smoking status by state and age: data is weighted to the estimated resident population 2001**

Source: National Health Survey 2005

State	Smoking status	Age group					
		All 65+ (%)	65–69 (%)	70–74 (%)	75–79 (%)	80–84 (%)	85+ (%)
New South Wales	Current smoker	8.6	15.0	10.5	4.0	1.4	5.7
	Ex-regular smoker	44.4	41.4	48.8	40.3	47.7	46.2
	Never smoked regularly	47.0	43.6	40.8	55.6	50.9	48.2
Victoria	Current smoker	6.6	10.7	5.4	6.1	2.1	5.0
	Ex-regular smoker	41.5	40.7	44.7	41.7	32.1	50.6
	Never smoked regularly	51.9	48.7	49.8	52.2	65.8	44.5
Queensland	Current smoker	8.7	14.7	5.3	5.7	5.8	8.2
	Ex-regular smoker	47.2	48.1	45.0	51.5	45.5	41.0
	Never smoked regularly	44.1	37.2	49.7	42.8	48.7	50.8
South Australia	Current smoker	7.5	10.3	9.6	6.1	4.5	2.8
	Ex-regular smoker	43.0	41.7	44.3	46.2	40.5	40.5
	Never smoked regularly	49.5	48.1	46.1	47.7	55.0	56.7
Western Australia	Current smoker	7.2	10.9	7.3	6.5	2.9	1.2
	Ex-regular smoker	43.7	38.2	41.0	51.8	53.9	39.1
	Never smoked regularly	49.1	50.8	51.7	41.8	43.2	59.8
Tasmania	Current smoker	8.7	10.0	7.4	11.1	7.3	4.7
	Ex-regular smoker	47.5	54.3	41.0	43.8	63.2	28.3
	Never smoked regularly	43.9	35.7	51.6	45.1	29.5	66.9

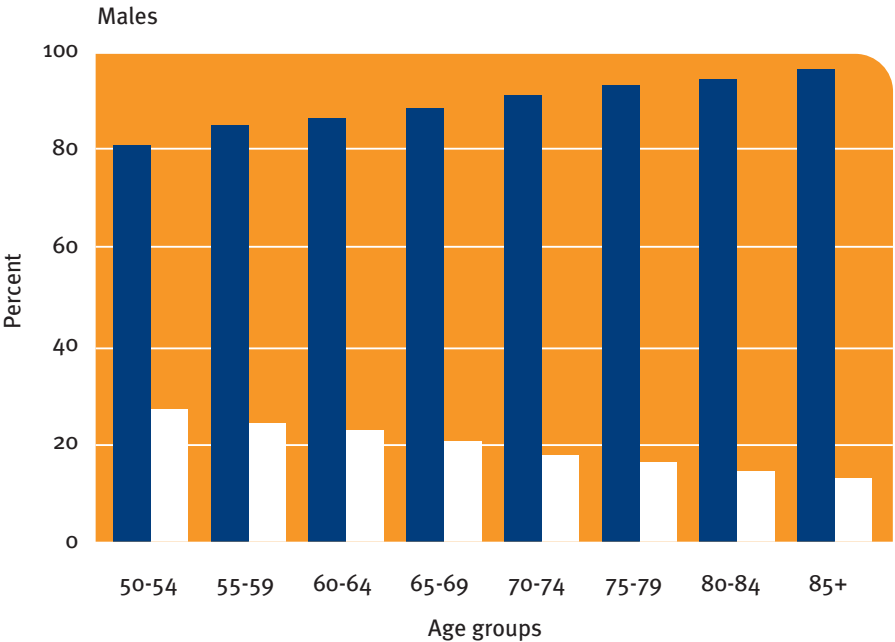
Note: percentages may not total 100 due to rounding.

Data from both the National Health Survey (Table 7.15) and the SAMSS Survey (Figure 7.8) demonstrates how the prevalence of smoking declines with age, and few South Australians aged 85+ are current smokers (SAMSS Survey). This likely reflects

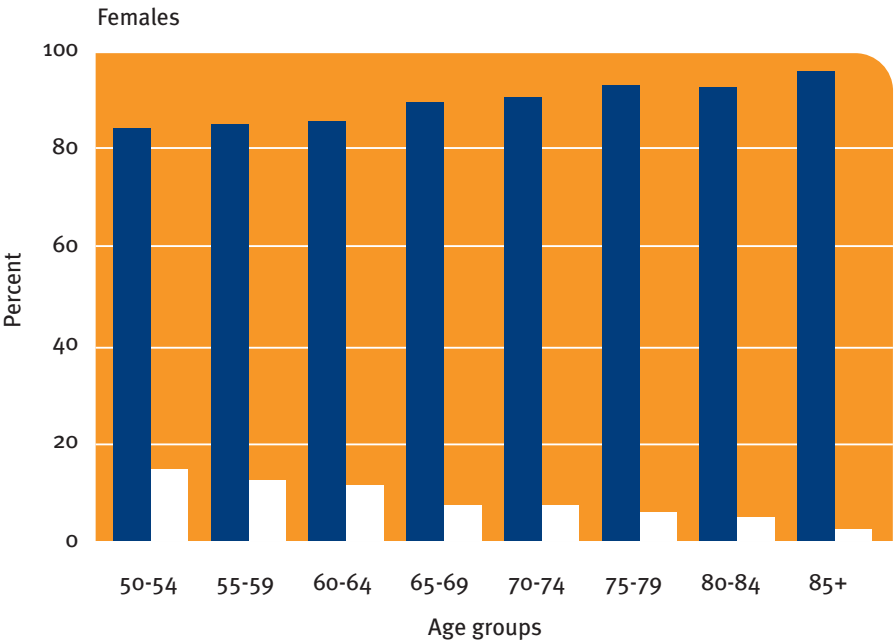
increased risk of mortality among smokers. A greater proportion of males reported being a regular smoker compared with females, but the decline in the proportion of current smokers is similar between the sexes (Figure 7.8).

**Figure 7.8**  
**Smoking status by age and gender, South Australia**  
*Source: SAMSS Survey 2005*

● Non-/Ex-smoker  
○ Current smoker



● Non-/Ex-smoker  
○ Current smoker



### 7.8.2 Nutrition

An indicator of nutrition status is the number of serves of vegetables and fruit that is usually eaten each day: the recommended daily intake is five serves of vegetables and two serves of fruit. As can be seen in Table 7.16, the proportion of older South Australians eating

the recommended serving of vegetables and fruits each day is less than that recommended, but overall, older South Australians report usually eating more serves of fruit and vegetables per day than younger South Australians.

Only a small number of older South Australians experience food insecurity (defined as 'any' times

in the past 12 months where the food that was bought did not last and the respondent did not have money to buy more). This is in contrast to the high proportion (6.0 percent) of younger South Australians who report food insecurity.

## Table 7.16

**The proportion of South Australians reporting usual daily servings of fruit and vegetables eaten by age group and food security**

Source: SAMSS Survey 2005

Age group	Servings usually eaten per day			Food security
	No.	Vegetables <sup>a</sup> (%)	Fruit <sup>a</sup> (%)	Food did not last and did not have money to get more <sup>b</sup> (%)
less than 65	None	0.7	6.1	Yes—6.0
	1 or less	23.5	54.1	
	2–4	66.7	39.8	
	5 or more	9.0	not asked	
65–84	None	0.3	0.1	Yes—2.4
	1 or less	15.5	47.5	
	2–4	72.8	50.1	
	5 or more	10.9	not asked	
85+	None	0.4	1.7	Yes—1.0
	1 or less	18.4	50.3	
	2–4	71.2	47.8	
	5 or more	8.1	not asked	

<sup>a</sup> Total does not equal 100 as does not include individuals reporting 'Don't know'

<sup>b</sup> In the past 12 months.

Body mass index (BMI) is another key indicator of nutrition status in communities. BMI is used as an indicator of body fat, and is calculated by dividing a person's weight in kilograms by their height in metres squared.

The proportion of South Australians falling into each BMI category varies dramatically with age. The SAMSS Survey classified

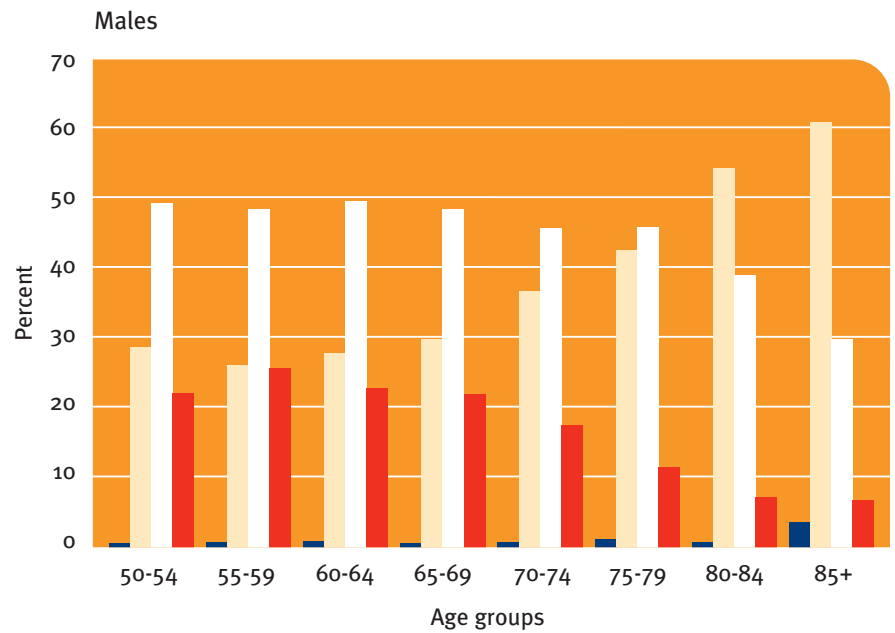
people with a BMI of less than 18.5 underweight; 18.5–25 normal weight; 25–30 overweight; and more than 30 obese. Using this scale, it can be seen in Figure 7.9 that the proportion of people classified as normal weight increases considerably with age, while those classified as underweight increases slightly with age, and the number of

overweight and obese individuals declines with age, reflecting perhaps increased mortality in these groups.

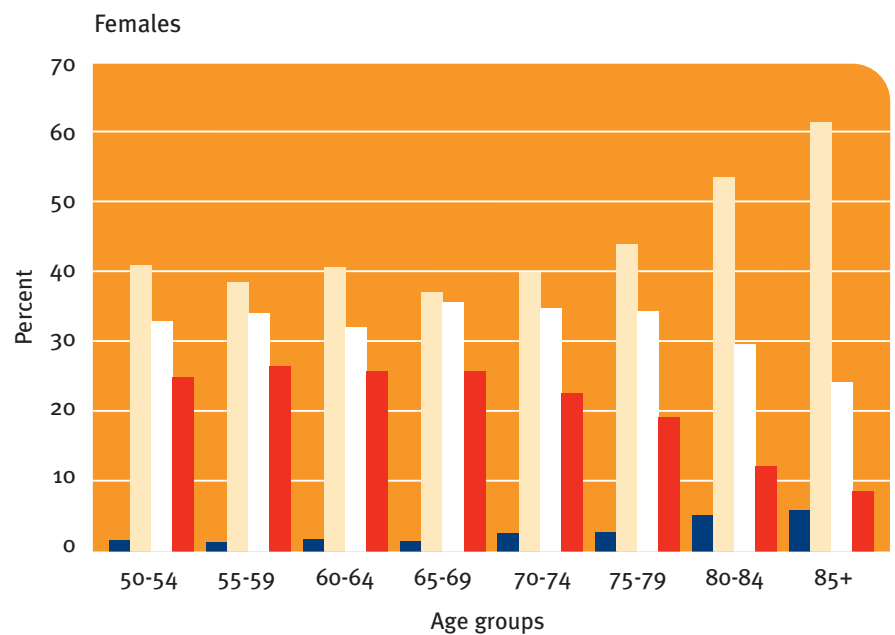
At each age group there are many more overweight males but proportionally, fewer obese males than obese females. At age 85+, just more than 60 percent of both males and females fall within the 'normal' BMI range.

**Figure 7.9**  
**BMI category by age for**  
**males and females**  
*Source: SAMSS Survey 2005*

- Underweight ( $<18.5$ )
- Normal ( $\geq 18.5$  &  $<25$ )
- Overweight ( $\geq 25$  &  $<30$ )
- Obese ( $\geq 30$ )



- Underweight ( $<18.5$ )
- Normal ( $\geq 18.5$  &  $<25$ )
- Overweight ( $\geq 25$  &  $<30$ )
- Obese ( $\geq 30$ )



The ALSA cohort was asked a series of questions about their preferred weight. Data from this cohort shows that 55 percent of participants self-reported they were 'about the right weight', and 37 percent believed they were 'overweight'. An age effect was seen with respect to preferred weight in the ALSA cohort as shown in Figure 7.10.

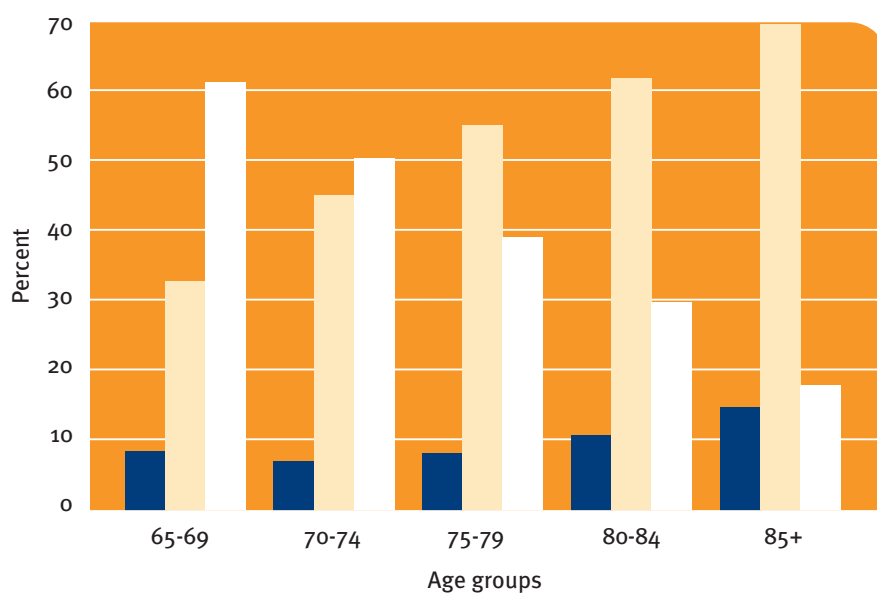


**Figure 7.10**

**Preferred weight by age**

*Source: Luszczyk et al. 2007*

- Underweight
- About the right weight
- Overweight



7.8.3 Alcohol

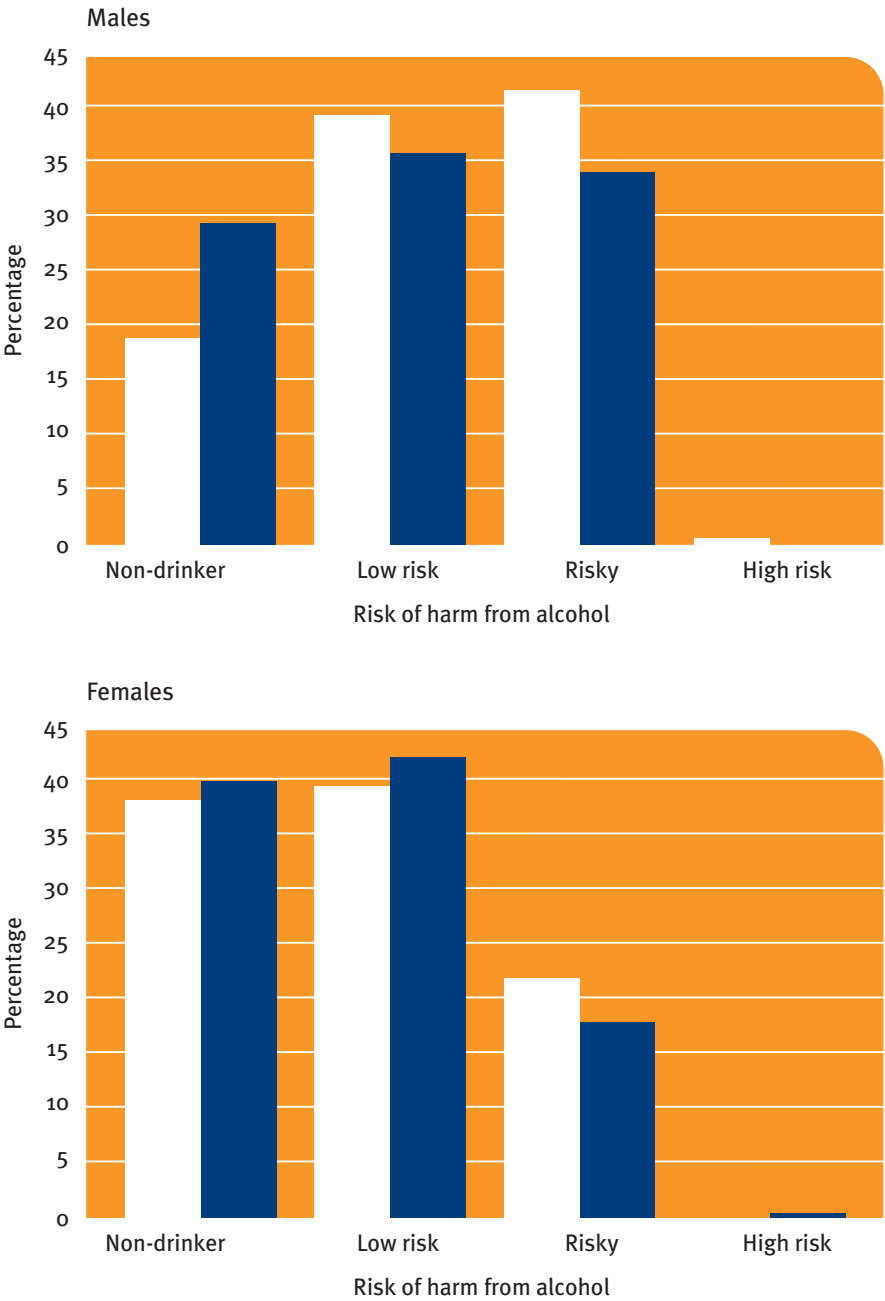
Light or moderate alcohol consumption has been found to decrease total burden of disease whereas excessive alcohol consumption increases burden of disease (Britt et al. 2003). About one-third of ALSA participants

abstain from drinking, and females were more likely to be abstainers than males. The ALSA data is also supported by data from the SAMSS Survey on risk of harm from alcohol consumption (Figure 7.11).

**Figure 7.11**  
Risk of short-term harm from alcohol consumption among South Australians aged 65–84 and 85+  
*Source: SAMSS Survey 2005*

○ 65–84  
● 85+

○ 65–84  
● 85+



### 7.8.4 Physical activity

Physical activity is associated with several health benefits and inactivity is implicated in several conditions. At a basic level, negative consequences include skin breakdowns, oedema (swelling in the extremities), muscle weakness and shortening, and changes in metabolic rates, blood chemistry and blood volume (Mott, Poole and Kenrick 2005). For some older people, a typical

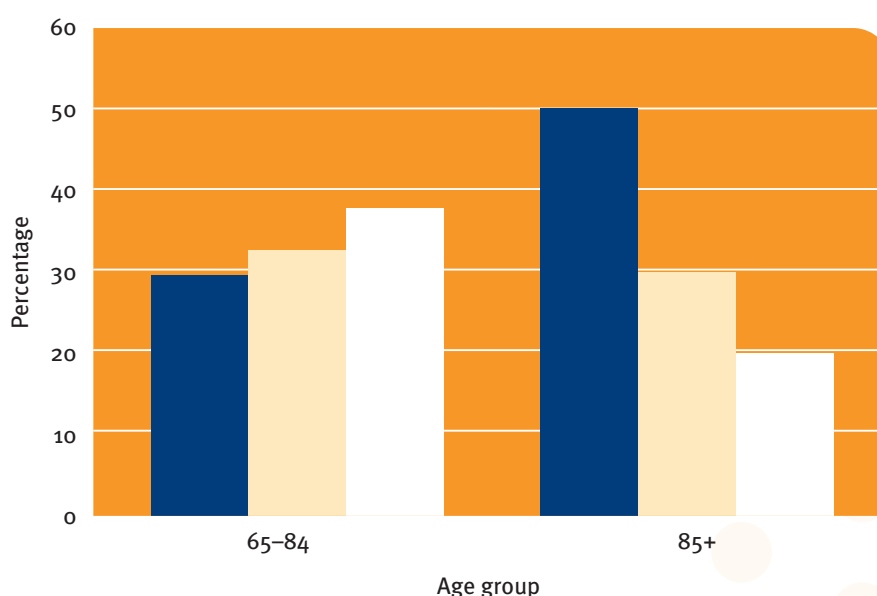
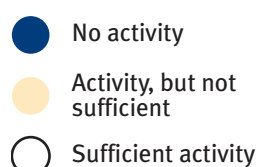
day can involve sitting still for long hours (Chipperfield 2008). This is a concern as physical inactivity is implicated in several conditions and limited 'everyday physical activity' predicts mortality in community dwelling older people. Chipperfield (2008) recently demonstrated that decreasing daily physical activity levels were associated with an increased probability of dying, even after controlling for age, health status, functional status,

and psychological status, during a two-year longitudinal follow-up of about 9,000 Manitoba ageing study participants in Canada.

About half of South Australians aged 85+ report no physical activity, while just under one in three South Australians aged 65–84 years reports no activity (SAMSS Survey), which is a serious concern and health promotion activity will need to continue (Figure 7.12).

**Figure 7.12**  
Proportion of South Australians participating in sufficient physical activity (sufficient time is 150 minutes of vigorous activity weighted by a factor of two)

Source: SAMSS 2006



The exercise patterns of 1,788 participants aged 70+ were examined in a study looking at the importance of exercise in a subgroup of ALSA participants. The data showed that in the two weeks before interview at baseline, 39 percent of subjects had not exercised and only four percent had exercised vigorously. When compared with those who did not exercise, exercisers were more likely to be male and younger, to self-report better health, and to be former smokers and regular alcohol users. Elderly people who did not exercise were found to be in a high risk group,

among whom one in six failed to survive two years. Mortality rates at follow-up were inversely related to the level of exercise at baseline, that is, those who reported to exercise more survived longer. This research highlighted a clear public health message in the benefits and importance of regular exercise for the very old, as well as younger groups (Finucane, Giles et al. 1997).

### 7.9 Policy implications

Efforts need to be made to ensure older men make appropriate use of preventive medicines that may lessen the need for acute services

in future. Increased education of elderly men, their carers/spouses and their GPs about the importance of preventive health care should be a priority. At the same time, South Australia's Ageing Plan continues to support the state-wide Quality Use of Medicines Program, which is reducing overuse, and inappropriate use, of medicines.

Data from the ALSA has been used to track changes in functional status and activity patterns. It is clear from the research looking at health transitions over time that ageing does not consist of a progressive and inevitable

decline in function and health, but rather moves in a much less linear fashion, in which a temporary decline may be offset by substantial or complete recovery. We need to identify the characteristics that define individuals or groups who are able to reverse apparent deteriorations in function and health status. An understanding of these characteristics may ultimately lead to the development of intervention strategies for the prevention and minimisation of disability and its consequences.

The National Strategy for an Older Australia (2002) states that 'the leading causes of ill health and disability in the Australian population are chronic non-communicable, preventable diseases that relate to the known

common risk factors of smoking, nutrition, alcohol consumption, physical inactivity, high blood pressure and high cholesterol' (p.121). The health of future generations of older people will be influenced by their health before reaching old age. There is a need to be aware of conditions that may be increasing in incidence in the community.

South Australia should plan to have a health system that is easy for people to use and to focus on health promotion, illness prevention and early intervention to improve the health and wellbeing of older people. It should aim to continue to demonstrate the benefits of activity on good mental health, disease prevention and social connection.

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## 8 : Older Carers

**This chapter summarises a range of data on current and prospective caring responsibilities of older South Australians and, where salient, highlights comparisons with the national incidence and patterns. It draws mainly on the 2006 Census (ABS 2006) and the ABS 2003 Survey of Disability, Ageing and Carers (SDAC).**

Supplementary data from AIHW and NATSEM is reported where appropriate. Census data has the potential to under-represent the incidence of caring responsibilities when compared to data from specific disability and caring surveys such as SDAC because the Census involves self-reporting and records activity over a much shorter time-frame than SDAC. Where relevant, this discrepancy in data sets is noted.

In addition to data set variations, definitions of carers vary as much as the organisations that report on them. The most common usage is ‘... people who provide informal assistance to someone with a disability or long-term health condition, or to an older person (aged 60+)’ (ABS 2008a).

Carers Australia (2007) believe that the term should be reserved for family members or others providing informal care, rather than paid care workers, and defines a carer as ‘... someone who provides care and support for their parent, partner, child or friend who has a disability, is frail aged or who has a chronic mental or physical illness’.

A broader definition used by the National Carers Coalition (NCC) (2008) encompasses both formal (paid) and informal (unpaid) carer roles, and gives consideration to the impacts of care-giving on the carer's life. The NCC holds a carer to be ‘... virtually anyone who provides care and support to another person, no matter if this support is minor or if this support is so great that it overrides the caregiver's entire existence and leaves little time for any kind of quality for an independent life’.

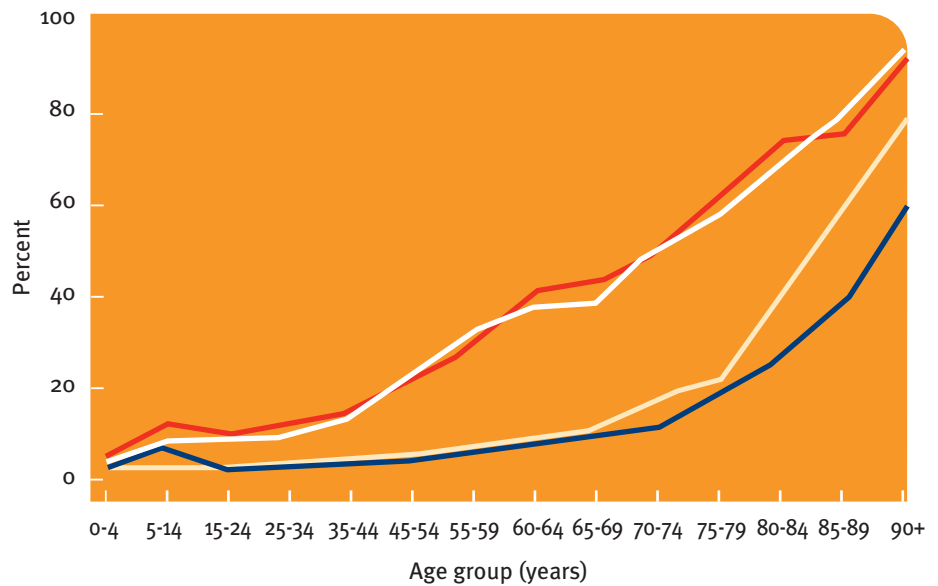
Caring in Australia has been principally an unpaid and family role, with the majority of care given to older people, children and people with a disability (AIHW 2005). One in five people in Australia (20 percent, or four million people) reported a disability in the 2003 Survey of Disability, Ageing and Carers, with almost one-third (31 percent) of those reporting a profound or severe limitation. The overall disability rate increased steadily from 4 percent of 0–4 year olds to 41 percent of 65–69 year olds and 92 percent of those aged 90+ (Figure 8.1).

## Figure 8.1

### Disability rates by age and sex

Source: ABS 2003 Survey of Disability, Ageing and Carers

- Males with a disability
- Males with a profound or severe core-activity limitation
- Females with a disability
- Females with a profound or severe core-activity limitation



In particular, the survey found that about 2.5 million Australians provided care to 2.1 million older Australians (ABS 2005a). Those living in cared accommodation predominantly are cared for by paid carers but the majority of older people (83 percent) who remain in private houses are primarily cared for by family members who are largely unpaid. About 92 percent of older people living at home with a disability were assisted by family, 17 percent by friends and family and

8 percent solely by friends.

Older people (aged 65+) accounted for 18 percent of all carers aged 15+, with older males accounting for 22 percent of male carers and older females accounting for 16 percent of female carers (Figure 8.2). While 54 percent of all carers in 2003 were women, the proportion of women undertaking a caring role decreased with age so that less than half of older carers were women (46 percent). Women,

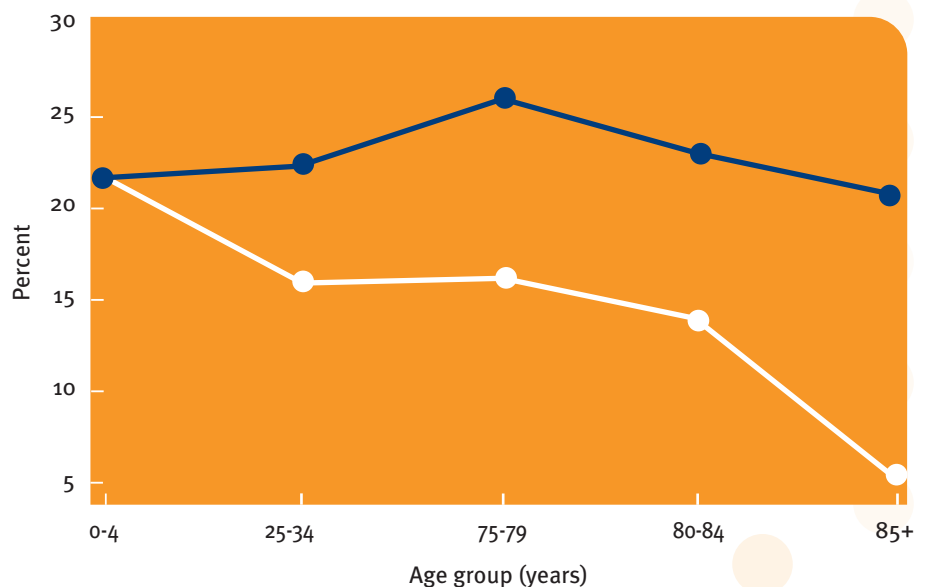
however, predominated among the primary carers (71 percent) and outnumbered men in all but the oldest age group (aged 85+) (AIHW 2007). One in five carers (19 percent) is a primary carer and primary carers are generally older than non-primary carers (with a median age of 52 compared with 47 for non-primary carers) and are less likely to be in the paid workforce (39 percent compared with 60 percent for non-primary carers) (ABS 2005a).

## Figure 8.2

### Carer rates by age and sex

Source: ABS 2005

- Males
- Females





The vast majority (84 percent) of older primary carers aged 65+ were caring for an older person, most often a partner, and the proportion of older carers providing primary care peaked in the 75–79 age group (AIHW 2007). One reason for the male carer rate being higher than the female rate in the older age groups may be that more older men are living with a spouse whereas more older women have been widowed. This is related to the lower life expectancy of men than women, combined with the fact that men are on average slightly older than their wives.

According to NATSEM (2004) the largest growth in the number of family carers will occur among older people. Between 2001 and 2031, the number of carers aged 65+ is predicted to grow by an estimated 110 percent; by 2031, 56

percent of all carers are expected to be aged 65+. NATSEM (2004) states that despite increases in the overall number of carers, it is projected that by the year 2031 the number of carers will increase by 57 percent compared to a 160 percent increase in the numbers of older people requiring care.

### 8.1 Carers in South Australia

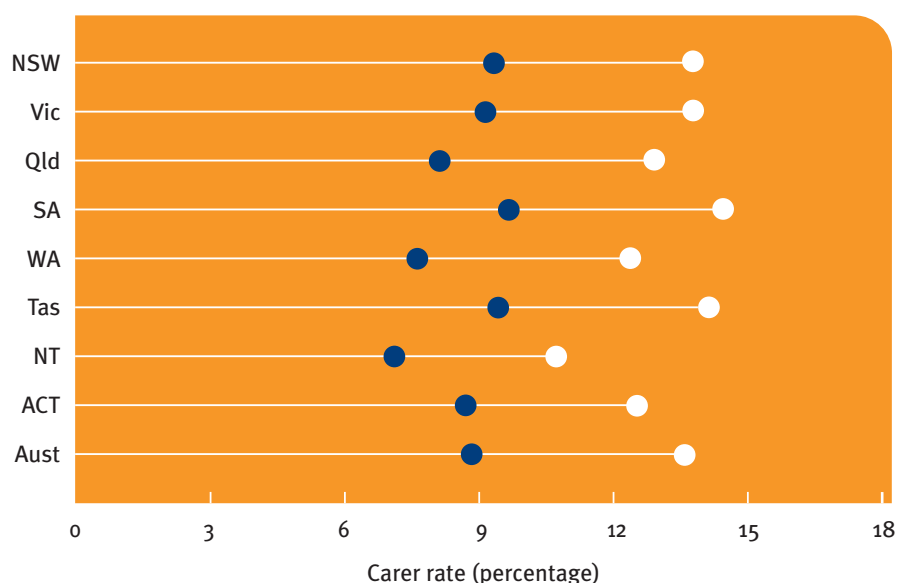
In the 2006 Census, South Australia had the highest reported disability rate in Australia (24 percent compared to 19 percent nationally). The need for care increases with age, and the states and territories with an older age profile have a higher carer rate than those with a younger age profile. In 2006, the median age in South Australia was 39 years and 12 percent of the population aged 15+ were carers, while the median age in the Northern Territory was

31 years and 9 percent of the population aged 15+ were carers. Community service agencies involved in supporting and advocating for carers argue that Census data under-represents the incidence of caring responsibilities when compared to data from specific disability and caring surveys, because the Census involves self-reporting by each household member (in response to a single question about unpaid caring activity 'in the last two weeks', while the SDAC involves detailed personal interviews of care recipients about caring activity ongoing or likely to be ongoing for at least six months, which means it can identify people who would not self-identify as carers). Nevertheless, there is no reason to expect that state relativities are affected by this discrepancy between data sets.

**Figure 8.3**  
**Carers by state and territory**  
*Source: ABS 2006 Census*

● Males  
○ Females

Carers aged 15 and over as a proportion of that age and sex in the same state or territory.  
Based on place of usual residence.



The 2003 SDAC (ABS 2005a) found there were 227,700 South Australians involved in a caring role, 18 percent (or 41,290) as primary carers. Seventy-one percent of primary carers (or 29,441) were female (ABS 2005a).

In 2004 Health Harrison Research estimated that primary carers in South Australia increased as a percentage of the general population, from 3.4 percent in 1994 to 5.9 percent in 2004 (Health Harrison Research 2004).

In South Australia the peak age for caring is 45–64, reflecting baby boomers caring for ageing parents (Carers SA 2007), but carers aged 65+ represent 21.6 percent of all carers in South Australia (Carers SA 2008).

Of the 39,500 carers who are aged 65+, 9,900 are primary carers. Age profiles for carers of people with disability in South Australia show that the state has

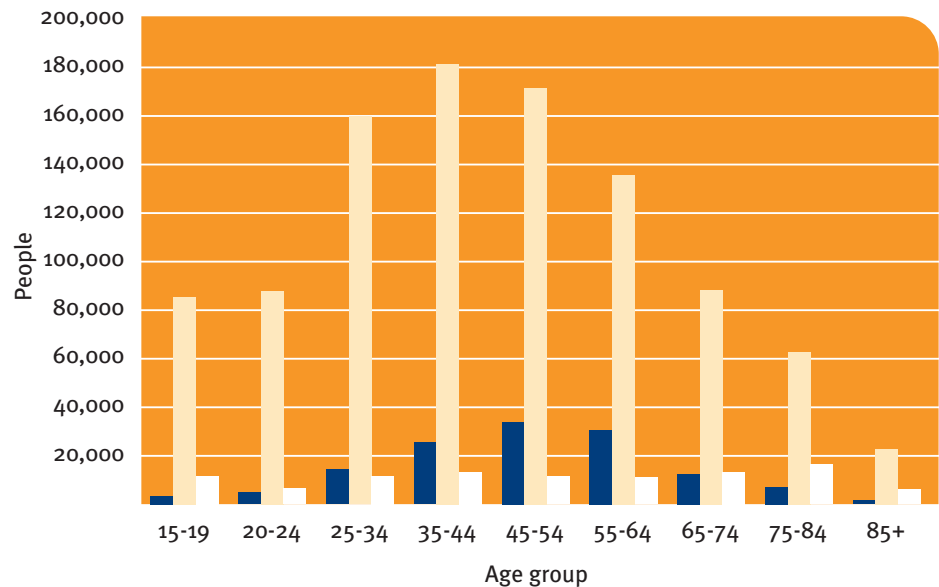
a higher proportion of carers in every age group compared to Australia-wide figures (see Figure 8.4 to Figure 8.8) (ABS 2006). It is significant to note the greater

proportions of carers in South Australia across age ranges between 25 and 64 years, but it is particularly evident in the 45–54 and 55–64 age groups.

**Figure 8.4**  
**Unpaid caring for person with a disability, South Australia, 2006**

Source: ABS 2006

- Provided unpaid assistance
- No unpaid assistance provided
- Not specified



**Figure 8.5**  
**Proportion of carers for person with a disability, by age group, South Australia, 2006**

Source: ABS 2006

- Provided unpaid assistance
- No unpaid assistance provided
- Not specified

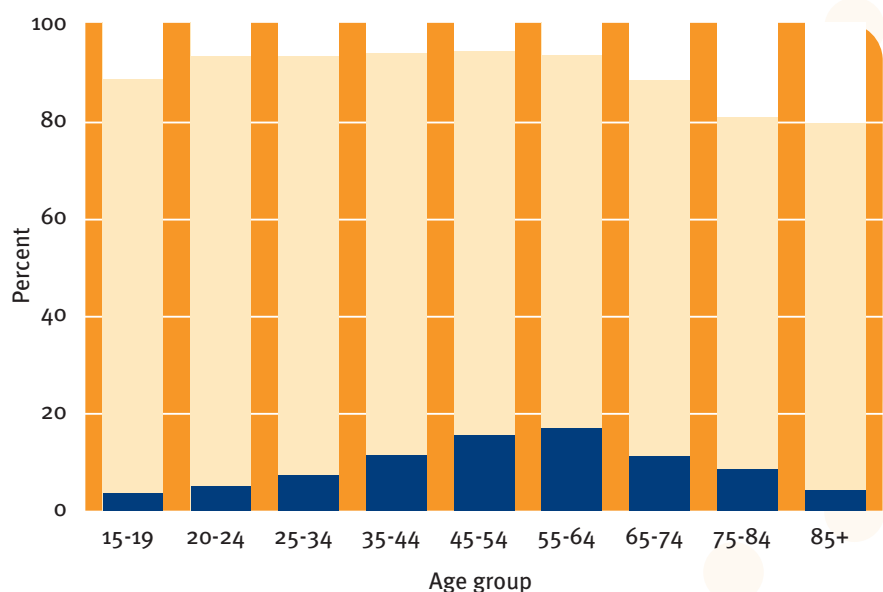
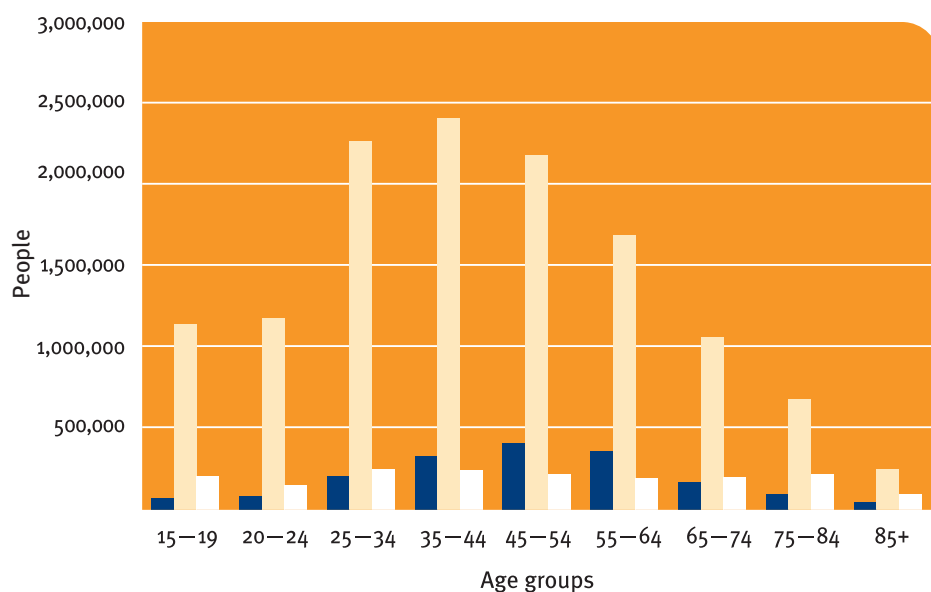


Figure 8.4 and Figure 8.5 show that in 2006 the provision of unpaid assistance to people with a disability in South Australia peaked in the 45–54 and 55–64 age groups, which are directly comparable to figures for Australia (see Figure 8.6 and Figure 8.7).

**Figure 8.6**  
Unpaid caring for person with a disability, Australia, 2006

Source: ABS 2006

- Provided unpaid assistance
- No unpaid assistance provided
- Not specified



**Figure 8.7**  
Proportion of carers for person with a disability, by age group, Australia, 2006

Source: ABS 2006

- Provided unpaid assistance
- No unpaid assistance provided
- Not specified

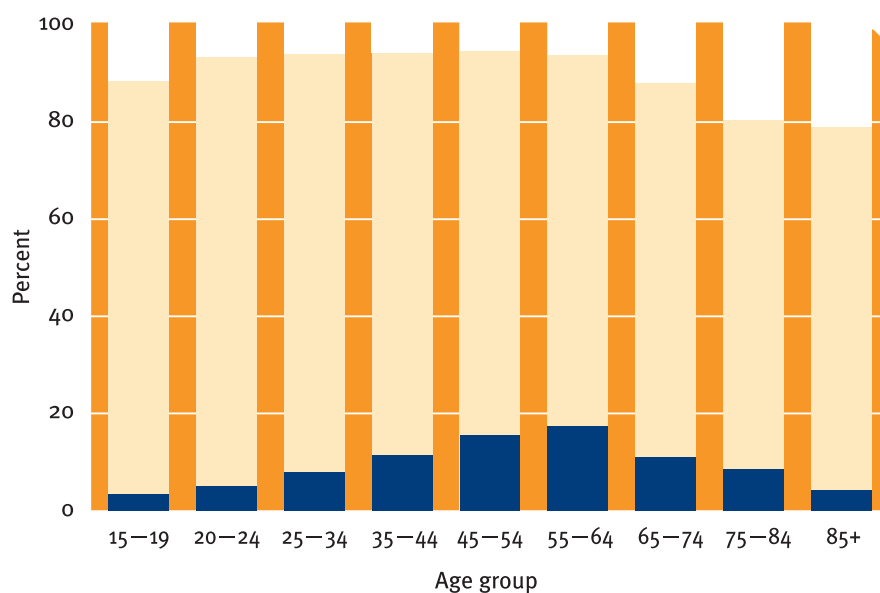


Figure 8.6 and Figure 8.7 suggest a broadly similar distribution in the numbers and proportions of carers to that reflected in the figures for South Australia. But Table 8.1 and Figure 8.8 demonstrate that the most notable characteristic of caring in South Australia is the higher proportions of people undertaking caring roles across most age groups compared

to Australia-wide. Figure 8.8 highlights how South Australia is notable for having a higher proportion of male carers in every age group, and higher proportions of female baby boomer carers. For females carers aged 65+, however, South Australian proportions are marginally less than the corresponding national proportions.

Table 8.1

Proportion of age group caring for person with a disability, South Australia and Australia

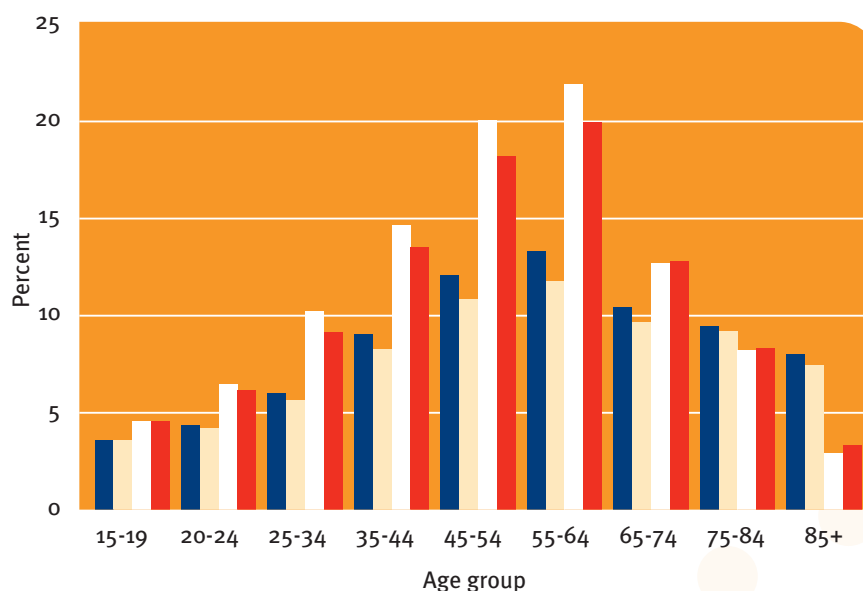
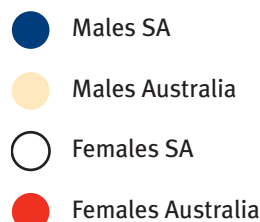
Source: ABS 2006

	Age group									Total
	15-19 (%)	20-24 (%)	25-34 (%)	35-44 (%)	45-54 (%)	55-64 (%)	65-74 (%)	75-84 (%)	85+ (%)	
Males: SA	3.4	4.1	5.8	8.7	11.7	13.0	10.1	9.2	7.8	8.7
Males: Australia	3.4	4.0	5.4	8.1	10.5	11.6	9.4	8.9	7.2	7.9
Females: SA	4.3	6.2	9.8	14.4	19.7	21.6	12.4	8.0	2.8	13.2
Females: Australia	4.3	6.0	8.9	13.2	17.8	19.7	12.5	8.1	3.1	12.2
Total: SA	3.9	5.1	7.8	11.6	15.8	17.4	11.3	8.5	4.4	11.0
Total: Australia	3.9	5.0	7.2	10.7	14.2	15.6	11.0	8.5	4.4	10.1

Figure 8.8

Proportion of age group caring for person with a disability, South Australia and Australia

Source: ABS 2006



## 8.2 Location

Nationally in 2006, 68 percent of all carers lived in cities but the concentration of carers located in major cities is greater in South Australia than in any other state, as a consequence of a higher metropolitan centralisation of the population, few large regional cities, a higher proportion of the population aged 60+, and the increased rate of disability with age (ABS 2008a).

In 2006, reflecting the age structure of populations in different areas of Australia, the carer rate among the national population aged 15+ was highest in 'inner regional' areas (12 percent) and lowest in 'remote' areas (9 percent). This pattern was evident for both males and females, with the highest rates in inner regional areas (10 percent and 15 percent respectively) and lowest in remote areas (7 percent and 12 percent respectively) (ABS 2008).

**Table 8.2**  
**Carers in South Australia**

Source: ABS 2006

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
<b>Number (ooo)</b>						
Males	38.3	6.4	5.9	1.4	0.4	52.5
Females	61.2	10.2	9.1	2.1	0.6	83.3
Total	99.5	16.6	15.1	3.4	1.0	135.8
<b>Percentage</b>						
Males	9.6	9.8	9.5	8.6	8.6	9.6
Females	14.2	15.1	14.5	13.7	13.5	14.4
Total	12.0	12.5	12.0	11.1	10.9	12.0

Census 2006 data shows that, nationally, the carer rate was similar in the most disadvantaged areas (those in the first SEIFA decile), to that in the least socioeconomically disadvantaged areas (those in the 10th SEIFA decile) — 12 percent compared with 11 percent (ABS 2008). When examining local government areas (LGAs) across metropolitan Adelaide, we see that in general the percentages overall for people providing care is comparable to the data for Australia. It does appear, however, that the caring differences associated with LGAs of different SEIFA indices are more pronounced in South Australia than indicated by the headline national rates. For example, the rate overall in Mitcham was 12 percent, Prospect 11.87 percent (both high values on the Index of Relative Socio-economic Advantage and Disadvantage), but Port Adelaide Enfield was 10.51 percent and Salisbury 10.29 percent (both low on the index). This does not seem to be related to people in the LGA identifying as needing assistance for a core activity, as there was little difference in this across the LGAs

(for example, Mitcham was 4.26 percent, Prospect 4.02 percent, and Salisbury 4.84 percent).

Comparison across age groups does show noticeable trends. Looking especially at baby boomers, the data shows for example, that females aged 55–64 providing care in Burnside were 25.51 percent, compared with 24.90 percent in Mitcham, 19.73 percent in Port Adelaide Enfield, 18.40 percent in Salisbury and 17.47 percent in Playford. Differences in proportions of females aged 45–54 years reporting caring activity were less pronounced although the pattern is nevertheless evident with, for example, 21.34 percent providing care in Mitcham and the corresponding figure for Salisbury being 17.46 percent.

When comparing caring activity of males and females, the traditional gendered patterns of caring are evident in the baby boomer cohorts of females providing about two-thirds of care, but this differs somewhat across LGAs with differing SEIFA indices. There is a trend for males in more advantaged areas to be more likely to provide care than those

in less advantaged ones, for example, 16.35 percent of males aged 55–64 in Mitcham compared with 11.15 percent in Playford. Workforce participation does not appear to affect this trend.

Most interesting is the differences that become apparent with people aged 65+ in relation to providing care, bearing out the AIHW (2007) observation that the male carer rate is higher than the female rate in the older age groups, mainly because more older men are living with a spouse whereas more older women have been widowed. For example, 10.37 percent of males aged 65+ in Mitcham are providing care, compared with 10.30 percent of females; in Burnside, the figures are 11.13 percent males, 10.84 percent females; Marion 10.21 percent males, 9.38 percent females; Playford 9.96 percent males, 8.10 percent females; Tea Tree Gully 9.72 percent males, 8.84 percent females; and Salisbury 8.90 percent males and 8.28 percent females.

It is worth noting the number of very old people still providing care, for example, 68 males and 35 females aged 85+ in Onkaparinga; 39 males and 38

females in Burnside; 48 males and 49 females in Mitcham; and 57 males and 27 females in Marion.

Contributory factors to local variations in caring patterns across metropolitan areas include age group differences within those populations in need of care, as well as the differing rates of chronic disease and corresponding need for care in the respective LGAs. It is, however, difficult to differentiate between factors contributing to rates of caring for and by older people in this data because the ABS data does not distinguish between caring for older people and younger people with a disability. Also, while caring activity recorded by people in one LGA will most likely be for someone in the same area, indeed, the same household, it is not necessarily so. Nevertheless, despite the similarity in proportions of caring activity across socioeconomic areas at the national level, a clear difference is evident in the Adelaide metropolitan area.

When analysing the data for non-metropolitan LGAs, overall the trends are noticeably different from metropolitan LGAs. While the figures for those identifying as needing assistance with a core activity are much the same (about 4.7 percent), the overall percentage of those providing care is lower. For example, in Alexandrina it was 12.08 percent; Mt Gambier 10.09 percent; Port Lincoln 10.01 percent; Port Augusta 9.90 percent; and Berri/Barmera 9.83 percent. The lower incidence is not readily associated with the age of the population, as, for example, Berri/Barmera had 9.98 percent of the total population aged 75+, compared with 9.56 percent for Mitcham.

Gender differences in the baby boomer cohorts were somewhat different in the non-metropolitan areas compared to metropolitan areas. As with the metro areas, more males aged over 65 were providing care than females but with males generally providing almost half the care (as opposed to about a third in metro areas). For example, in Alexandrina, it was 10.57 percent for males and 8.95 percent for females; Mount Gambier 9.60 percent males and 8.33 percent females; and Berri/Barmera 9.02 percent males and 7.63 percent females.

As noted for the metro areas, significant numbers of very old people in the non-metropolitan area are still providing care. For example, the figures were 52 males and 50 females aged 75+ in Mount Gambier, and 84 males and 67 females in Alexandrina.

As with comparisons between metropolitan LGAs, factors contributing to variation in caring patterns across non-metropolitan areas include age group differences within those populations in need of care, as well as the differing rates of chronic disease and corresponding need for care in the respective LGAs. It is less likely that caring activity recorded by people in one LGA will be outside that LGA, and yet, the variations in caring patterns are clear.

### 8.3 Carers' participation in the workforce: Australia

australian communities rely on carers to keep people out of high cost residential and health care facilities for as long as possible. The provision of care, however, is often at the expense of paid employment for those providing care. Fifty-three percent of all

carers aged 15+ were in paid employment. Thirty-four percent of all carers were employed on a full-time basis, 46 percent of primary carers were employed full-time.

Access Economics (2005) found the participation rate in paid employment for all carers to be 56.1 percent compared to 67.9 percent for non-carers. For primary carers the participation rate was 39 percent with only 19.2 percent in full-time employment, figures that are less than half those of the participation rates for those not providing care. In its report into balancing work and family, the Taskforce on Care Costs (TOCC) noted that being a primary carer reduces the likelihood of workforce participation by some 30 percent (TOCC 2007). Overall labour force participation rates for mature-age people (aged 45–64), however, increased by 6.2 percent to 71.6 percent between 1996 and 2006, due largely to the increased participation rate (from 53 percent to 64 percent) of women during this time (AIHW 2007).

Carers wanting to stay in paid employment face significant difficulties. The Australian Institute of Family Studies (cited in Carers SA 2007) reported one in seven workers took time off from employment to provide care to parents. Nearly half of all primary carers do not actively participate in paid employment, and more than half of those who participate do so part-time only (ABS 2003). As a result of reduced working hours those providing care receive a lower income than they could if they did not have care responsibilities.

Mature-aged people retiring from the paid workforce are influenced in their decision to retire by such factors as health status



and disability. Some 40 percent reported health and physical abilities as contributing factors in their decision to retire but the need to provide care to a spouse or other family member was also an often reported factor (AIHW 2007). At the same time, Carers SA (2007) identifies the cost of, or the inability to access alternative care, as posing a significant barrier to carers in balancing the demands of paid employment and their caring responsibilities. In a national survey of carers, 60 percent of those not in the workforce reported they would return to paid employment and 52 percent of those working part-time would increase their hours of work if the cost of alternative care was more affordable (TOCC 2006).

Since people in older households are often retired and therefore have lower income (but may have relatively high wealth), a greater proportion of both older carers and older non-carers in those areas live in low income households. In 2003, about one-third of all carers in Australia (32 percent) and 44 percent of primary carers were living in low income households, compared with 17 percent of non-carers (ABS 2003).

It is forecast that the proportion of carers balancing the demands of paid employment and care roles will continue to grow as the result of the ageing demographic, increasing proportions of women in paid employment, the increasing desire for those in receipt of care to live independently, and the continuing support of governments to enable those who are frail aged and disabled to continue living in the community (Carers SA 2007). But the combination of an ageing population and the

fact that the majority of carers in Australia are aged between 35 and 64 years means it is likely that without positive intervention the participation of carers in the workforce will continue to decline (TOCC 2007).

Key findings from the Taskforce on Care Costs (TOCC 2007) in relation to combining work and aged/disability care highlighted the following issues:

- Carers have difficulties in balancing work and care.
- Carers have had experiences of being undervalued and misunderstood in the workplace.
- Support services are inadequate and/or fractured.
- The provision of financial support as welfare does not enable workforce participation.
- There is underutilisation of carers in the workforce. Carers are often being employed below their skill levels.
- Carers have difficulties in accessing flexible work practices.
- Workplace flexibility was considered a key management strategy, with one-quarter of respondents expected to engage in a caring role in the next five years.

#### 8.4 The paid care workforce: Australia

Alongside the need for increased numbers of workers in aged care institutions, the demand for paid carers for aged people living in private houses will increase as a result of the growth in numbers of older people who can remain at home and also through a reduction in their ability to call on family due to the smaller number of children that future generations of older Australians will have

compared with the present older population.

Data on paid care workers in the labour force is not readily available but such data highlights some of the issues affecting the paid care work sector. In the case of aged care, for example, it is difficult to establish the precise size of the paid workforce in Australia. Richardson and Martin (2004) assessed data from several sources (ABS, National Centre for Vocational Education Research, Australian Institute of Health and Welfare) as well as surveying aged care facilities to estimate the number of direct care workers in residential aged care. They estimated the workforce in aged care facilities in 2004 as 155,000 (Richardson and Martin 2004).

The paid aged-care workforce is predominantly female (94 percent) and women employed in aged care jobs are generally older than all employed women. They are nearly twice as likely to be aged 44+ (59 percent versus 33 percent for all Australian female workers) and are much less likely to be aged less than 35 (17 percent versus 43 percent). This conforms to the prevailing view of this workforce as being female and relatively old but this should not be exaggerated because 43 percent of the aged care workers are less than 45 years old, compared with 67 percent of all Australian workers (Richardson and Martin 2004). Aged care is not an industry 'in crisis', in terms of its current or future labour force, although clearly the issues of worker attraction and retention remain important.

Hugo (2007) estimates that between 2001 and 2031 the numbers of paid aged care workers in Australia will need



to increase almost threefold from 121,845 to 328,256, with an extra 69,954 workers needed in the residential care area and 136,457 in the non-residential care area.

### 8.5 The paid care workforce: South Australia

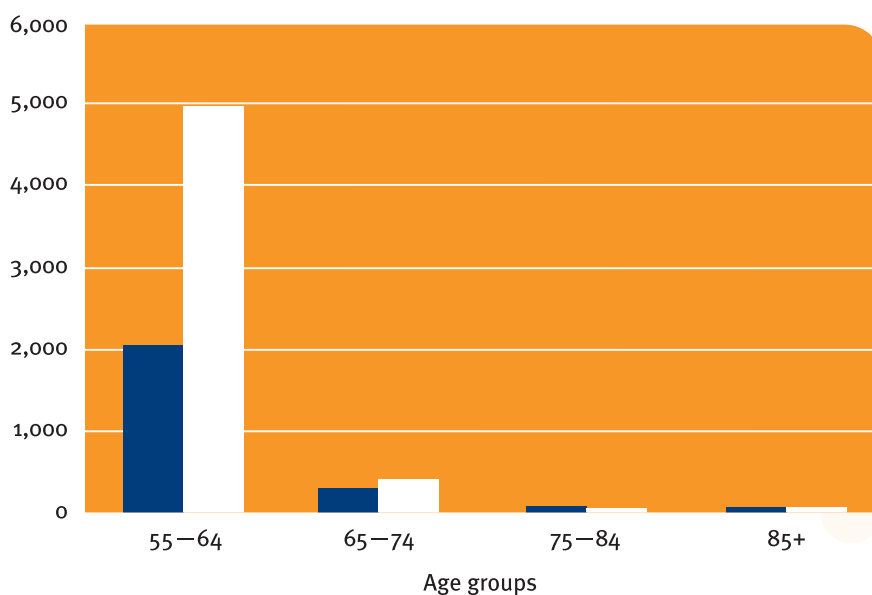
As is the case with estimations of the size of the paid care workforce Australia-wide, clear and consistent data is not readily available in South Australia. In part, this is a result of the processes of data classification at the national level. The ABS 2006

Census, however, reports that 7,828 older South Australians worked as paid carers of people with a disability (Figure 8.9). Beyond very basic figures the detail of the paid caring workforce becomes more difficult to assess because data from various sources is not always consistent or easily comparable.

**Figure 8.9**  
Community and personal services workers in South Australia

Source: ABS 2006

● Males  
○ Females



The ABS Community Services Survey incorporates a broader definition of community caring services than that available from the Labour Force Survey and Census. In the case of data from the Community Services Survey, however, the statistics are not up to date. The Labour Force Survey data, while relatively more up to date, does not provide sufficient details of the sector to allow for an adequate degree of analysis and comparison, because this data is compiled on the basis of the Australian and New Zealand Standard Industrial Classification (ANZSIC) definition. The 2006 ANZSIC classification of workers in the 'caring' industry is under a Health Care and Social Assistance Industry classification, which includes the four categories of:

hospitals, medical and health care services, residential care services (with two subcategories, aged and other) and social assistance services (with two subcategories, childcare and other social assistance). One effect of this is that the classification of aged residential care loses the distinction afforded to it in the previous (1993) ANZSIC classification between basically medical or nursing services (in which case it was classified to hospitals) and aged residential facilities where medical or nursing care is not provided as a major service in which case it was classified to community services. Similarly, the 2006 ANZSIC classification considers a host of other services at the junction

of other industry sectors such as education, law, housing, health and transport, which many analysts would refer to as 'community services' as being outside the officially recognised sector. These include, but are not confined to, community transport, community centre-based community development, occasional childcare and after-hours school care and supported employment.

In terms of employment in areas of service provision, the dominant category is Residential Care and Supported Accommodation, which accounts for almost 30 percent of total employment in the sector and employs an estimated 6,704 people. Two further categories each have estimated employment

between 1,500 and 2,000: Childcare and Personal Support Services for Independent Living. The remaining two sub-sectors (residential care services and accommodation for the aged) occupy relatively minor shares and together made up just one-quarter of all employment (Carson

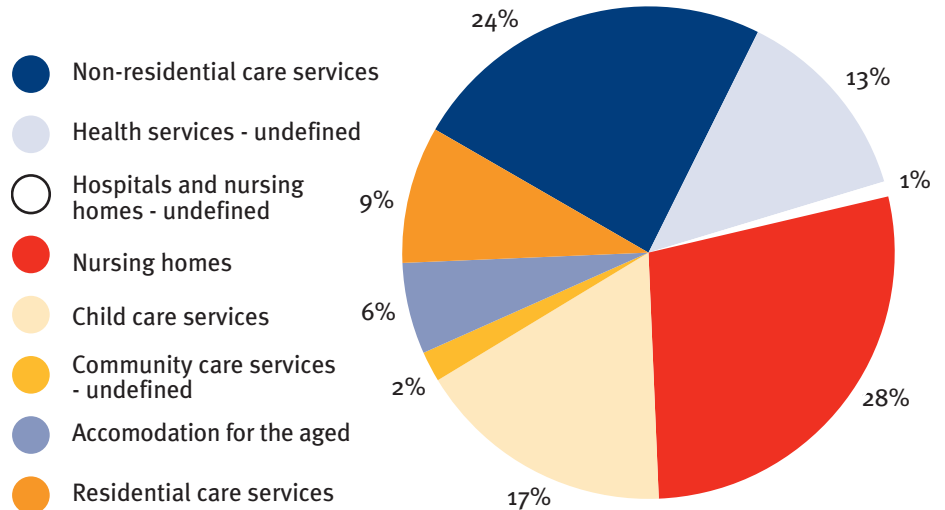
et al. 2006). Australian Institute of Health and Welfare (AIHW) statistics indicate that nursing homes and non-residential care services were the largest sectoral employers in the health and community services industries in both South Australia and Australia (see Figure 8.10 and Figure 8.11).

The proportional spread of people employed in community services occupations by statistical region in South Australia indicates a larger number of caring occupations in the Eastern Adelaide region and a relatively low amount of such occupations in the Western Adelaide region (see Figure 8.12).

## Figure 8.10

**People employed in health and community services industries, South Australia, 2001**

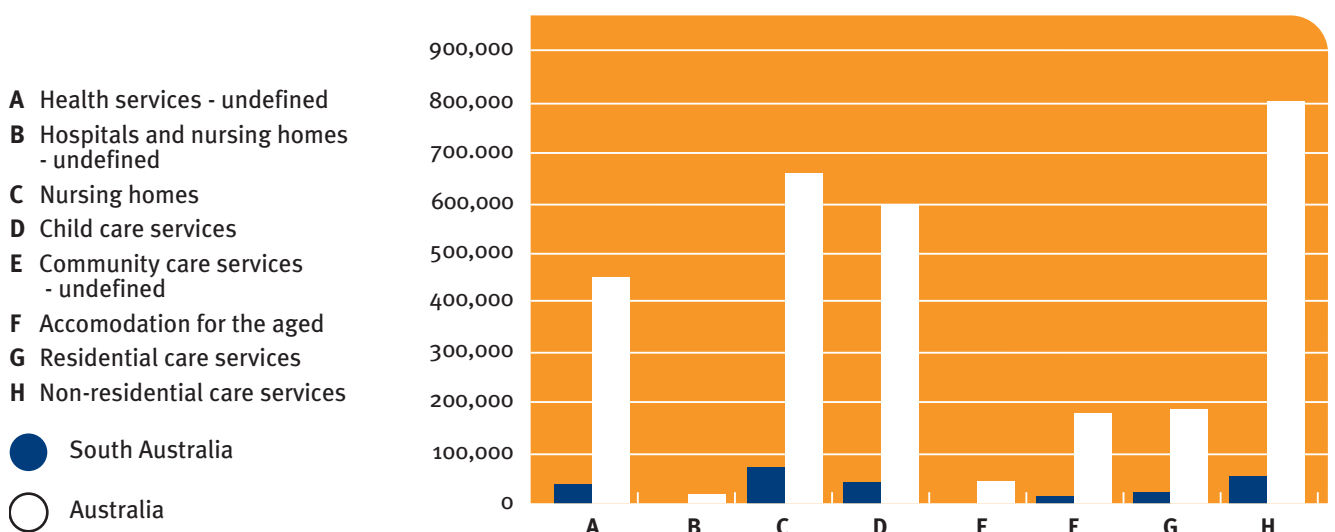
Source: ABS 2001



## Figure 8.11

**People employed in health and community services industries, South Australia and Australia, 2001**

Source: ABS 2001



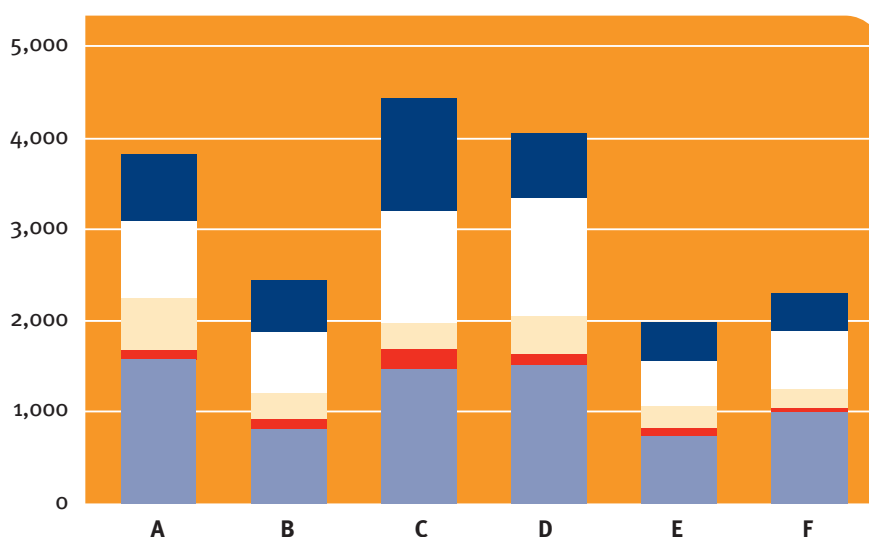
## Figure 8.12

### People employed in community services occupations, South Australia, 2001

Source: ABS 2001

- A Northern Adelaide
- B Western Adelaide
- C Eastern Adelaide
- D Southern Adelaide
- E North and Western SA
- F Southern and Eastern SA

- Other community services
- Aged or disabled carer
- Disability services
- Family services
- Child and youth services



As previously mentioned, the paid and unpaid care workforce is predominantly female. On average, women occupy eight out of 10 jobs in the community services sector in South Australia. This ratio is much higher in the sub-sectors of childcare (94 percent female employees) and aged care (87 percent female employees). This degree of labour market segregation is much higher than in other industries, including the highly female dominated industries of retail trade, hospitality and education which, combined, only averaged about 56 percent female employment.

Some 78 percent of employment in the community services sector is engaged in direct service delivery performed by professionals and 'direct support' occupations. The overwhelming majority of these occupations are 'front line' (that is, direct service delivery) jobs. Just two occupations account for 45 percent of the total sector employment—aged or disabled person carers and childcare workers. The two most common occupations and their employment numbers in South Australia in 2006 were aged or disabled person carers (3,190 people) and childcare workers (2,273 people) (Carson et al. 2006).

### 8.6 Grandparents as childcare providers

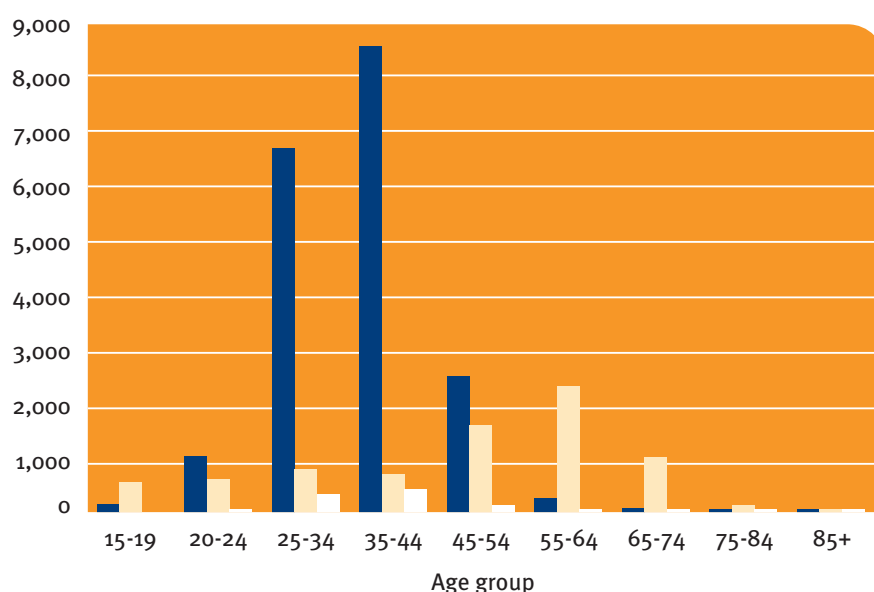
a significant change in recent years is the increasing numbers of grandparents who are providing childcare for their grandchildren.<sup>15</sup> Australian grandparents are the biggest providers of informal childcare for children between birth and 12 years, but particularly for babies and toddlers while their parents are in the workforce or studying (ABS 2006, AIFS 2006). There is a clear pattern in South Australia whereby most unpaid childcare for a child other than their own is provided by carers in the 55–64 age group, and the majority of these are grandparents, and mainly grandmothers (see Figure 8.13).

<sup>15</sup> Note difficulties of nomenclature arising from the intermittent use of the term 'carers' in a generic way by mainstream media to describe 'parenting' rather than the more precise definition of the term when describing family carers: those people who are caring for a child/person with a disability or chronic illness.

**Figure 8.13**  
**Providers of unpaid**  
**childcare by age group,**  
**South Australia, 2006**

Source: ABS 2006

- Own child only
- Other children only
- Own and other children



A major Australian study found that most preschool grandchildren have contact with their grandparents and more than 40 percent of infants (48.9 percent) and four to five year olds (44.8 percent) had face-to-face contact with a grandparent at least weekly (Gray, Misson and Hayes 2005). Very few children (2.9 percent of infants and 2.6 percent of four to five year olds) had no face-to-face contact with a grandparent. Several studies of grandparents have found that the most important thing for many grandparents was that the provision of childcare to grandchildren afforded them a central role in the family (AIFS 2006). To many grandparents this sense of connectedness in the family was more important than social contacts outside the family network. The negative aspects of caring for grandchildren are reported to include feeling tired as well as needing more time for self and with similarly aged people.

The labour force status of grandparent-headed families shows that 34 percent of such families had one or both grandparents in paid employment in 2003 (ABS 2005c). Although most of these grandparents (mostly grandmothers) were not paid they often received payment in kind (that is, payment of household bills, or purchase of food, or other treats) (AIFS 2006). Grandparents caring for grandchildren with a disability are eligible for Carer Payment and Carer Allowance payments and also the full range of Australian Government family payments, such as Family Tax Benefit (FTB), Parenting Payment and Childcare Benefit (CCB).<sup>16</sup> Where the grandparents are providing childcare to a child not deemed as having a disability, only Grandparent Childcare Benefit (GCCB) is payable.

Childcare by grandparents is often for short periods of time, particularly when the

grandchildren are young, but there are 22,500 grandparent-headed families in Australia with children aged up to 17 years, representing 1 percent of families (ABS 2004). With the exception of the sudden death of parents, the transition to grandparent childcare is usually not unexpected, as grandparents are often aware that the parents need support. In the case of substance abuse and mental illness, the grandparents may have been helping out to some extent by caring for the grandchildren on and off, by helping financially, and by stepping in when needed. Indeed, such grandparents are often caring for two generations; the adult children—in which case it is invariably caring in the narrow sense of caring for someone with a disability or chronic illness—as well as being surrogate parents to the grandchildren, the combination of which can be a significant burden.

<sup>16</sup> Carer Payment provides income support to people who, because of the demands of their caring role, are unable to support themselves through substantial workforce participation. Carer Payment is subject to income and assets tests and is paid at the same rate as other social security pensions (for example, the age pension). Carer Allowance is an income supplement available to people who provide daily care and attention in a private home to a person who has a disability or severe medical condition or who is frail aged. Carer Allowance is not taxable or income and assets tested and can be paid in addition to a social security income support payment (such as the age pension).

A report commissioned by the Federal Minister for Children and Youth in 2003 involved consultation with grandparents in relation to their experiences, the support they received and the support they felt that they needed. Seventy-two percent of these grandparents reported that they were in this situation as the result of maternal substance abuse, a situation also confirmed by overseas studies. While there have always been grandparents who have brought up grandchildren due to the death of the children's parents, parental physical or mental illness, or abandonment, in recent years the increased abuse of drugs and alcohol has increased the number of grandparents caring for their grandchildren (Council on the Ageing National Seniors 2003). This study found there was a failure in community support services available to grandparents raising their grandchildren, and this had profound impacts on these families (Fitzpatrick 2003).

Several Australian studies of grandparents have highlighted similarities in the experiences of different migrant groups (Drysdale and Nilufer 2000, Lever 1995). Grandparents felt that they were valued in their caring role and provided valuable assistance in helping their families adapt to Australian society, especially for the more recently arrived

migrant groups. Grandparents born overseas were more likely to be very much involved in caring for their grandchildren: often their lives revolved around their childcare giving role (Goodfellow and Lavery 2003). Furthermore, there appears to be an expectation in some cultures that grandparents should provide childcare for grandchildren, although it may also be a situation whereby grandparents in migrant groups may simply be responding to the needs of their children for childcare so that they may both work to establish the family in their new country (Drysdale and Nilufer 2000).

### 8.7 Social and economic exclusion of carers

the significant economic contribution that carers make to Australian society in providing unpaid care work is highlighted by de Vraus, Gray and Stanton (2003). They estimate the value of contributions made by those aged 55+ to be about \$74.5 billion a year. Revenue foregone by carers through loss of earnings in South Australia alone was estimated in 2005 at \$424 million (Access Economics 2005).

Carers typically have a reduced income, with primary carers' median gross income per week in 2003 reported to be \$237 compared with \$407 for non-

carers (Carers Australia 2005). Single parent carers of children with disabilities are one of the most vulnerable groups with a household income of 46 percent of the Australian average (StollzNow 2005). The burden of medical costs, which are estimated to consume on average 15 percent of household income, compounds the experience of a reduced household income (StollzNow 2005). The cost of alternative care added an extra burden to those carers who were in the labour force, the cost of such care was on average \$162 a week or \$8,400 a year, elder care was \$118 a week or \$6,100 a year, and similarly for care for people with disabilities (NATSEM 2006).

It is ironic that, by some measures of social exclusion, the social exclusion of carers is not exacerbated by the limited resources. The ABS Profile of Carers in Australia reports that, nationally, in the two weeks before the Census, carers undertook voluntary work or a community activity more frequently than non-carers (ABS 2008).<sup>17</sup> Table 8.3 shows that this was the case across all age groups but the most notable finding was that the gap between carers and non-carers was greatest for those aged 65+.

**Table 8.3**  
People undertaking  
community activities and  
voluntary work

Source: ABS 2008

	Males	Females	18–34 years	35–64 years	65+ years	Total
Carers	27.1	31.6	26.3	30.7	28.9	29.7
Non-carers	16.9	19.5	16.0	21.1	14.0	18.2

<sup>17</sup> The position of advocacy groups such as Carers Australia and Carers SA on under-reporting of caring activities by Census data was acknowledged early in the chapter.

Table 8.3 does not, however, control for the amount of time spent caring or the difference between primary carers and all carers. Carers SA (2007) draws attention to the situation facing South Australian women with caring responsibilities, who often have the dual responsibilities to care for both children and the elderly or people with disabilities. Women in this situation, often referred to as the ‘sandwich generation’, frequently face choices around whether to work or provide care. Given the higher proportions of women with caring responsibilities it is not surprising that women primary carers aged 25–54 and providing more than 40 hours of care a week are reported to experience more than twice the level of social exclusion than those providing less than 20 hours of care a week (Carers SA 2007).

### 8.8 Policy implications: impacts of caring on carers

as a group, carers are now recognised as being at greater risk of morbidity, disability and mortality, typically experiencing a lower health status than non-carers (Cummins et al. 2007, Gill et al. 2007). Nationally, 44 percent of all carers also had a disability themselves and more than three-fifths (61 percent) of older carers (aged 65+) report that they have a disability compared with 51 percent of older people who were not carers (ABS 2005a).

Caring responsibilities are considered to affect carers physically, mentally, emotionally and socially due to the responsibilities associated with the provision of care, the stress of caring, social isolation, loneliness, changing relationships, loss and grief (Carers Australia 2001, Independent Living Centre 2006). Added to this is a reported tendency among carers to neglect their own physical and mental health needs to make ends meet (NATSEM 2006). In past research nearly 50 percent of carers nationally reported their health to be only fair and/or getting worse (Carers Australia 1999), and nearly one-third of carers had delayed seeking help for their own health conditions because of their caring responsibilities (Carers Australia 2000). The wellbeing of carers is expected to deteriorate further

as more carers are getting older, have often been caring for many years continuously, typically as ‘lone carers’, and are often isolated from professionals and services.

The South Australian Carers Policy identifies carers belonging to special needs groups requiring particular consideration. In particular, ageing carers are considered to be one such group. The impacts of caring on ageing carers are identified by Carers SA (2008) as including the physical burden of caring, feelings of helplessness and loss of control, experiences of being undervalued by professionals, coping with challenging behaviours of the person in their care, and the strain of looking after the person in their care. While the majority of older carers are caring for an older person significant numbers are caring for adult children, with considerable impact on their own lives. Carers SA highlights that the most common stress among older carers is that they report feeling anxious and fearful about the future care of their child as they, the carers, get older. ‘Of all age groups, carers of adults aged over 40 years are seen as the most vulnerable’ (Carers SA 2006). Important issues for this group include the impact of their longevity in the caring role and the need for future planning for care of the recipient.

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## 9 : Community Connections: Social Inclusion, Volunteerism and Social Capital

**This chapter explores the level of social integration of older South Australians and provides a snapshot of issues of exclusion, isolation and loneliness. Data on social integration provides us with information about the extent to which older South Australians have social ties or social connections. The extent and nature of older people's involvement in family, community and social life are important influences on their quality of life.**

In Australia, social exclusion among older people has been a late starter in social exclusion debates, with limited research data and under-developed thinking about the applicability of a social inclusion framework to the risks and challenges faced by current and future generations of older people. In the UK a similar late focus on the issue resulted in the social inclusion strategies that did emerge mimicking strategies adopted towards children and struggling to deal with the particular disadvantages faced by older people. The ground-breaking establishment of the Social Inclusion Unit in South Australia in 2004, some four years before the national SIU, has mainly focused on issues related to the young and working aged population. Unless its focus is expanded to include older people, South Australia may in the future be at risk of the same underdevelopment of analysis and resultant strategies as has happened overseas.

The Commonwealth Intergenerational Reports 2002 and 2007 placed a strong emphasis on the fiscal pressures our demography will place on government budgets, particularly from 2030 onwards. But this longer-term focus has to a certain extent masked the realities of disadvantage among older people in the shorter term.

The World Health Organization argues that a social inclusion approach needs to go beyond a traditional service provision model with its focus on the provision of health and community care services. An effective strategy should emphasise the use of

services much earlier in life as opposed to merely treating them after they have formed (WHO 1999). This could include, for example, retaining low skilled and blue collar workers longer in the workforce and ensuring adequate retraining for people in their mid and later 50s because this does contribute to cumulative disadvantage. A focus on strategies to improve access to employment is a common social inclusion position (Levitas 1998) but this can be seen as a necessary but not sufficient position. For older people an approach to social inclusion must not only support people who want to remain in the workforce but also invest in areas of social inclusion not related to employment. These include social relationships to address social isolation and a stronger focus on accessible urban infrastructure.

The question of how differences in the extent of social integration may influence health and wellbeing can be examined from a structural perspective, which typically involves counts of existing relationships, or by examining more qualitative functional aspects of these relationships which typically involves assessing the content of, and satisfaction with, social interactions (for example, the amount of emotional and/or instrumental support that is provided) (Seeman T 1996).

To understand older South Australians' social integration we looked at social involvement with partners, family and friends, older people's participation in ongoing learning, cultural and sporting

activities and events, and their involvement in other leisure and recreational activities such as travel. This provides important information about the level of social integration of older South Australians and issues of isolation and loneliness.

9.1 Family and friends

Older people are disproportionately affected by certain kinds of losses or restrictions relating to income, health or reduced social ties that might be expected to affect their social relationships. Such changes might take place across all points of the life course but they are likely to feature more prominently in later life given income changes associated with retirement, the impact of chronic disabling conditions, and increased

needs among people adjusting to living alone.

Increasing age has been found to have a particularly strong relationship with exclusion from social relationships, service provision, and material consumption. United Kingdom research has shown that exclusion from services and material consumption had a very strong relationship with those aged 80+ (DSS 1999). Almost one in three people aged 80+ were found to be excluded from basic services compared to only one in 20 of those aged 50–59. The case was similar for material exclusion. Exclusion from social relationships also showed that 25 percent of people aged 80+ were deemed to be socially excluded, compared to only 9 percent of those aged 50–59. By contrast, those aged

50–59 were more likely than those in other age groups to be classified as excluded from civic engagement.

An important factor in the degree of wellbeing felt by older South Australians is the nature of their living arrangements and the family context in which individuals live. Much research suggests that social relationships have direct effects on health and wellbeing and can buffer the effects of psychosocial and physical stresses. Data derived from the General Social Survey indicates that most older South Australians (59 percent) are married, but unlike younger South Australians they are more likely to be widowed but slightly less likely to be divorced or separated (Table 9.1).

**Table 9.1**  
Current marital status of South Australians aged 65+ compared with those aged less than 65  
*Source: General Social Survey 2006*

Age group	Married (%)	Separated (but not divorced) (%)	Divorced (%)	Widowed (%)	Never married (%)
less than 65	52.8	3.6	9.5	1.2	32.9
65+	59.1	0.8	7.8	27.6	4.7

Another Australian social survey, the HILDA Survey, asks respondents to rate the satisfaction with several of their relationships on a scale of 0 to 10. South Australian respondents to this survey aged 65+ were mostly satisfied with their relationship with their partner (mean 8.77/10, range 0–10), and mostly satisfied with their relationships with their

children (mean 8.73/10, range 0–10), although the range from 0 to 10 indicates that some were very dissatisfied while others were completely satisfied with these relationships. Older South Australians participating in the HILDA Survey were also asked a range of questions about the quality of their relationship with their

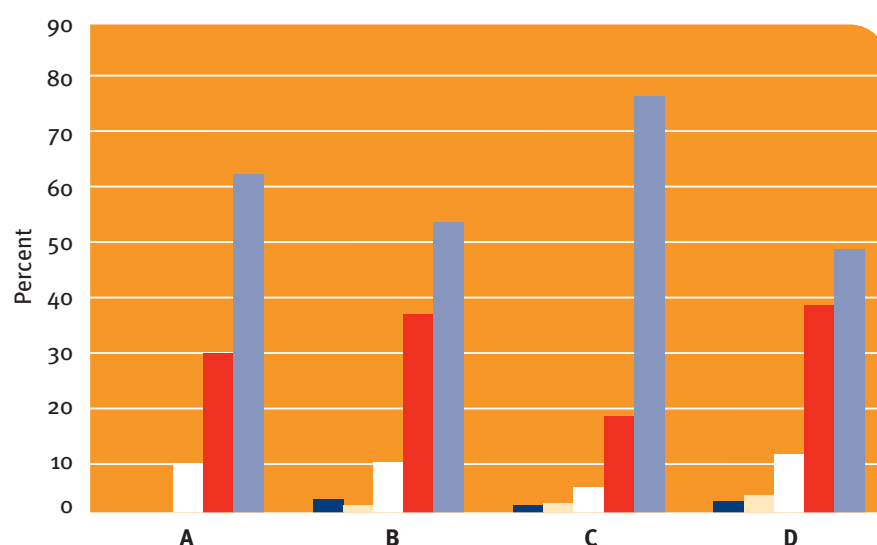
partner, including how good they considered their relationship to be compared to most and the extent this relationship has met their original expectations. These are presented in Figure 9.1. It can be seen that the relationship with their spouse mostly met their expectations and they are satisfied with this very important relationship.

## Figure 9.1

**How satisfied South Australians aged 65+ are with the relationship with their spouse/partner**

Source: HILDA Survey 2005

- A** How good is your relationship compared to most
- B** To what extent has your relationship met your original expectations
- C** How much do you love your spouse/partner
- D** How well does your spouse meet your needs



The relationships older South Australians maintain with their family, and in particular their children, is another important source of emotional and instrumental social support. The majority of older South Australians (93 percent) have borne children (HILDA 2005). South Australians aged 65+ who have children have a median of 3.0 children. For most families these children no longer live in the older person's home, although 2.7 percent of older people have at least one child still living with them (HILDA 2005).

Of those with non-resident children, only two in five (41.8 percent) have a child who lives within nine kilometres of them and fewer than one in three has a child living within five kilometres, which poses a risk for older people to receive adequate instrumental

and emotional support from family members, particularly those older people living alone. Fewer than half of older South Australian respondents to the HILDA Survey (40.1 percent) saw members of their extended family in person often or very often; 18 percent saw them sometimes; and 41.8 percent saw them occasionally, rarely or never.

The HILDA Survey uses two measures of connectedness. One is concerned with close, intimate and live-in relationships and the other is concerned with broader friendship and social support.

The HILDA social networks index comprises 10 items asking 'how much support do you get from other people?' Typical items are, 'I often need help from other people but can't get it', 'there is someone

who can cheer me up when I am down' and 'I often feel very lonely'. These items are answered on a one to seven scale where one means 'strongly disagree' and seven means 'strongly agree'. A common form of presentation is to split the index at the mid-point, so that those whose answers indicate they have poor social network are distinguished from those whose networks are deemed to be more substantial and supportive.

Table 9.2 presents an analysis based on 2005 HILDA data which suggests that those aged 65+ had social networks of about the same quality as the rest of the population and better than other potentially 'at risk groups' of lone mothers, separated or divorced people and people with a disability.

## Table 9.2

### Social support in 2005

Source: HILDA Survey 2005

Poor social network (%)	
Men	12.6
Women	10.3
All	11.4
Elderly	12.4
Lone mothers	19.0

Poor social network (%)	
Single	12.0
Separated or divorced	20.1
Disabled	17.1
Non-English speaking background	11.1

Note: population weighted results

More specifically, it was hypothesised that living alone creates social conditions that have implications for social connectedness. An analysis of HILDA data over a five-year period shows that fairly high proportions of the elderly, singles, separated/divorced people and people with a disability lived on their own for all five years. Yet, Table 9.3 shows that, as with the quality of social

networks reported in the cross-sectional data in Table 9.2, only a small proportion of elderly people (1.6 percent) reported poor social networks in that five-year period. This was very close to the degree of connectedness measured for the general population and was in contrast to the greater isolation of lone mothers and people who are separated or divorced or disabled.

## Table 9.3

### People experiencing social capital deficits for five years running, 2001

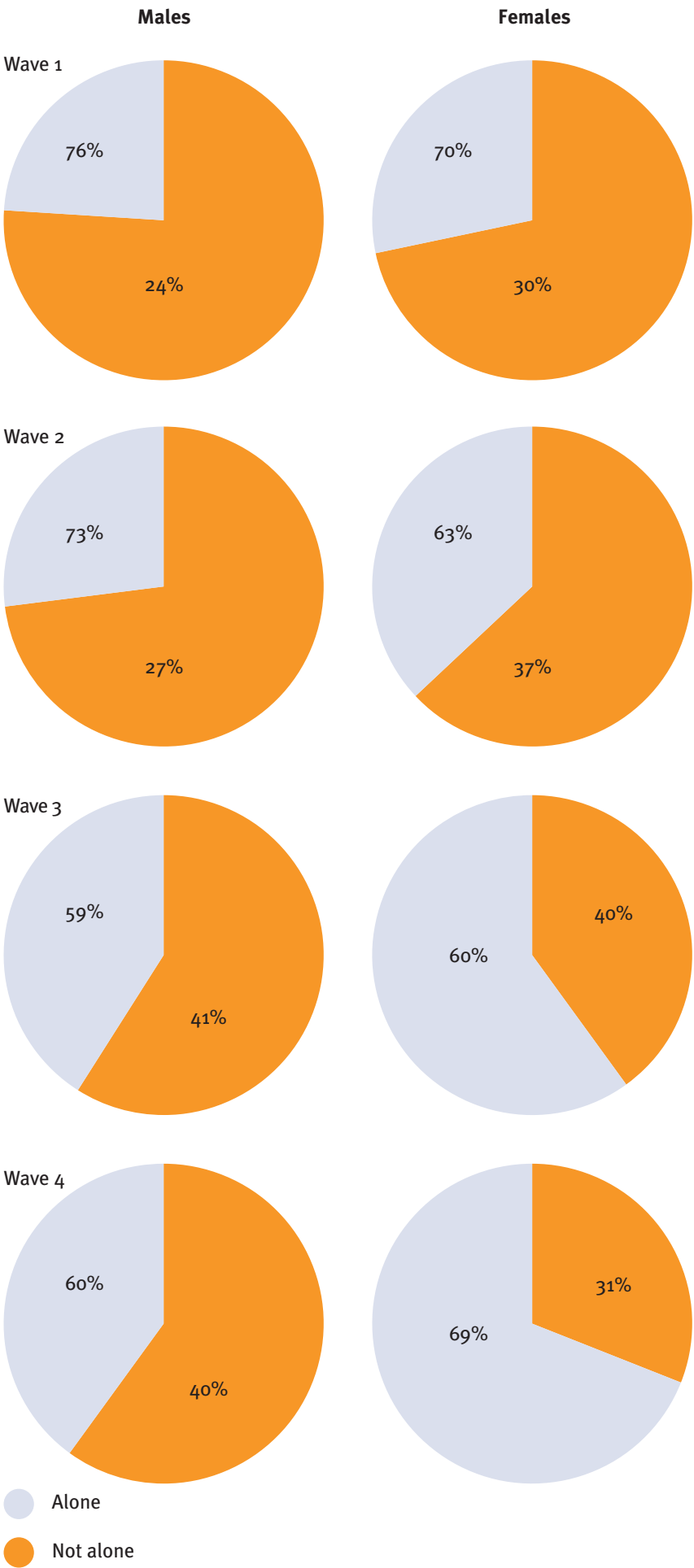
Source: HILDA 2005

	Lives alone (%)	Poor social network (%)
Men	6.7	1.5
Women	8.7	1.4
All	7.7	1.5
Elderly	21.8	1.6
Lone mothers	n.a.	3.6
Single	11.7	2.0
Separated or divorced	27.8	4.0
Disabled	13.3	2.6
Non-English speaking background	5.9	1.6

Note: population weighted results

As individuals age they are more likely to live alone, which has implications for wellbeing and social support. Data from the Australian Longitudinal Study of Ageing (ALSA) (2006) shows how co-resident status of ALSA participants differs by gender, and how as the cohort aged, participants were more likely to live alone.

**Figure 9.2**  
**Co-resident status of ALSA participants by wave and gender**  
*Source: Australian Longitudinal Study of Ageing 2006*



Older South Australians participating in the HILDA Survey were asked about their friendships and the quality of these friendships. On a seven point scale that ranged from strongly disagree (1) to strongly agree (7), older South Australians believed they seemed to have a lot of friends (mean 4.2, range 1–7), although one in three (33.7 percent) disagreed with this statement (that is, indicating that they do not have a lot of friends) and nearly one-quarter (23.5 percent) felt that they did not have anyone to confide in or felt they had no-one to lean on in times of trouble (19.3 percent). One-quarter of older South Australians (24.9 percent) report feeling

very lonely, but nearly all (95.9 percent) enjoy the time they spend with the people who are important to them. Four in five older South Australians were confident they could find someone to help them out if needed, although 11.6 percent disagreed with this statement and 7.6 percent neither agreed nor disagreed, suggesting that there is a significant number of older South Australians without instrumental and social support.

Figure 9.3 presents graphically how often older South Australian respondents to the General Social Survey (2006) report getting together socially with friends, with the greatest number of respondents (mode=59.2

percent) indicating face-to-face contact with family or friends at least once a week. Additionally, more than nine out of 10 older South Australians (93.6 percent) have daily or weekly telephone, email or mail contact with family or friends and nearly all older South Australians (92.2 percent) believed they could get support in times of crisis. For older South Australians, this support was mostly from family (Figure 9.3), and less so their neighbours and friends, which was different from the sources of support reported by younger South Australians who identified family and friends as their most important sources of support in times of crisis.

### Figure 9.3

#### Frequency of face-to-face contact with family or friends, older South Australians only

Source: General Social Survey—weighted to the ERP 2001

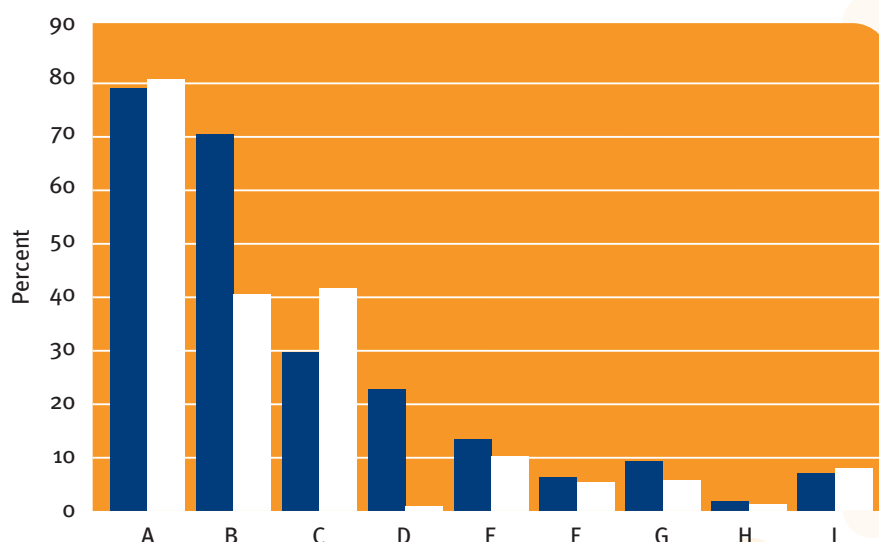


### Figure 9.4

#### Sources of support in times of crisis

Source: General Social Survey 2006

- A Family
- B Friend
- C Neighbour
- D Work colleague
- E Community charity or religious organisation
- F Local council or other government
- G Health, legal or financial professional
- H Other
- I No support



While most South Australians feel well supported by family and friends, a large group of older South Australians do not have positive social relationships. For example, one-quarter of older South Australians (25.7 percent) do not feel as though they have someone to confide in, while 2.5 percent of older South Australians report phone, mail or email contact with family and friends less than monthly. These figures suggest there is a group of older South Australians who are socially isolated and who may be at risk of negative health and wellbeing outcomes.

This is also a trend reported in the HILDA Survey, where as many as one-third of older South Australian respondents to the survey indicated they felt lonely. That is, 36.5 percent believed people did not come to visit them as often as they would like, 22.2 percent believed there was no-one who could cheer them up when they were down, 15.8 percent believed they often needed help from people but could not get help and one-quarter of older South Australian respondents to the HILDA Survey felt very lonely.

The social relationships of older South Australians has also been a focus of the work of Giles et al.

2004, who explored the social relationships of participants in the Australian Longitudinal Study of Ageing based on a broad range of items that characterises social relationships at the baseline interview. A summary of the structure of social relationships of the ALSA cohort (n=2,087 participants) is provided in Table 9.4. Instrumental and emotional social support was explored from an analysis of baseline statistics for the function of social relationships of ALSA participants. This indicates that the majority perceived they had access to instrumental and emotional support.

## Table 9.4

**Baseline summary statistics for structure of social relationships of ALSA participants (n=2,087)**

*Source: Luszcz et al. 2007*

Characteristic	Summary			
Structure of social relationships	n	%	Mean	SD
— Has children	1,839	88		
— Number of living children			2.4	1.7
— Proximity of children (percent with children within one hour's travel)		91		
Age of children				
— Oldest child			50.0	7.4
— Youngest child			42.1	8.1
— Only child			47.6	8.4
Has grandchildren	1,736	83		
Number of grandchildren			6.2	4.2
Has siblings	1,968	94		
Number of living siblings			1.7	1.7
Has close friends	1,443	69		
Number of close friends			3.9	8.3
Has confidant	1,863	90		
Frequency of contact	n	%		
>Weekly personal contact with children	1,314	71		
>Weekly phone contact with children	1,455	79		
>Weekly personal contact with other relatives	4,38	21		
>Weekly phone contact with other relatives	606	29		
>Weekly personal contact with friends	1,138	55		
>Weekly phone contact with friends	1,109	53		



## Table 9.5

### Baseline statistics for function of social relationships of ALSA participants (n=1,939)

Source: Luszcz et al. 2007

Characteristic	Summary	
Instrumental social support	n	%
— Help available if sick	1,735	89
— In emergency, someone could call on immediately	1,859	96
— Extra help with ADLs when needed	1,688	87
Emotional social support		
Can count on partner when needed	1,227	90

Further ALSA research examined if different types of social networks, including children, relatives, friends, and confidants, could predict survival over 10 years after controlling for a range of demographic, health and lifestyle variables (Giles, Glonek et al. 2005). The participants were living in both the community and residential care facilities. The findings demonstrated that after controlling for a range of demographic, health and lifestyle variables, greater networks with friends were protective against mortality in the 10 year follow-up period. The effects of social networks with children and relatives, however, were not significant with respect to survival over the following decade. The conclusion can be drawn that survival time may be enhanced by strong social networks with friends. Therefore, strong social networks of discretionary relationships may be important in ensuring longer survival. This has policy implications for the development of strategies to enable establishment and maintenance of such relationships in late life (Giles, Glonek et al. 2005).

There is clear evidence from the ALSA that it is possible to distinguish various kinds of social networks. More importantly, benefits in terms of health outcomes vary according to different types of social networks.

Specifically:

- strong social networks with friends ensure longer survival
- strong social networks with family are protective against disability
- a confidant relationship is protective against moving to residential aged care.

Family networks, incorporating spouses, children, grandchildren and siblings, provide stability over a lifetime and are invaluable in providing instrumental support in times of need and a buffer against stress. The quality of these social relationships, not only their size, facilitates participation in society. They also provide outlets for demonstrating care, using acquired expertise, and transferring wisdom, which are essential to strengthening the fabric of society.

Research suggests that social relationships have direct effects on health status and may help to protect individuals from ill health due to psychosocial and physical stress.

### 9.2 Community participation

Community characteristics highlight the way older people, who may have strong attachments to their locality, may also be vulnerable. Typically this concerns changes associated with population turnover, economic

decline, urban infrastructure and insecurity within neighbourhoods.

Older South Australians are mostly satisfied with their neighbourhoods and the relationships in their communities. An overwhelming majority of older South Australians (87 percent) have a preference to continue living in the area in which they currently live and most are satisfied with their communities. Figure 9.5 presents information on a range of indicators of relationships with neighbours and the communities in which older South Australians live. Data from the HILDA Survey also finds that the majority of older South Australians (81 percent) feel part of their community, are satisfied with the neighbourhood in which they live (92 percent) and are satisfied with their safety (87 percent), suggesting good community connections, although more still needs to be done to engage those older South Australians who do not feel part of their community.

While individuals vary in the nature of the relationships they desire with their neighbours, qualitative research with older South Australian women by Walker and Hiller (2007) reveals that reciprocal and trusting relationships with neighbours underpin older women's sense of satisfaction with and sense of security in their neighbourhoods.

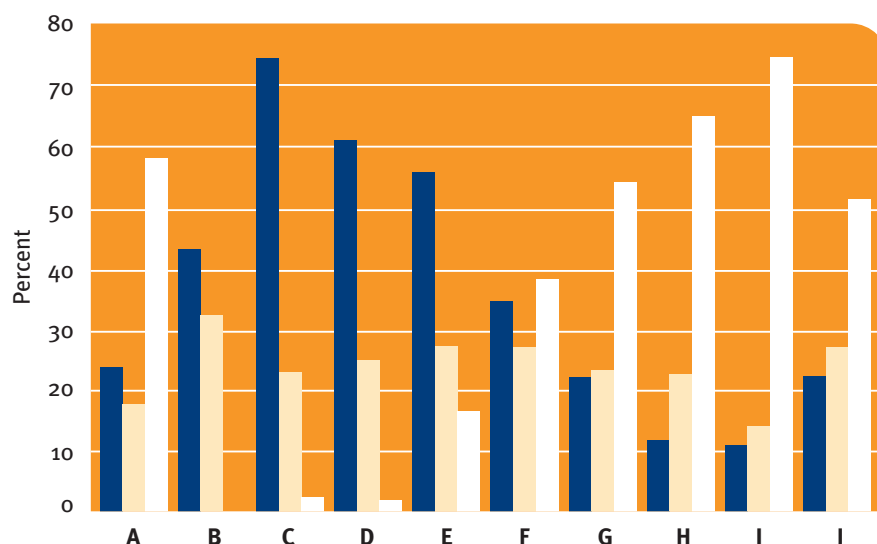
## Figure 9.5

### What South Australians aged 65+ think of the neighbourhoods they live in and the relationships with their neighbours

Source: HILDA Survey 2005

- A Neighbours help each other out
- B Neighbours do things together
- C Neighbours are hostile and aggressive
- D There is vandalism and property damage
- E There is burglary and theft
- F This is a close knit neighbourhood
- G People are willing to help their neighbours
- H People in neighbourhood can be trusted
- I People in neighbourhood generally get along
- J People in neighbourhood share the same values

- Never or rare
- Not common
- Fairly or very common



Nationally, individuals aged 65+ are more likely to be an active member of a sporting/hobby/community-based organisation than those aged less than 65 years. This trend is also seen in South Australia; however, less than half of older South

Australian respondents (44.4 percent) to the HILDA Survey were currently an active member of a sporting/hobby/community-based organisation, which was a lower rate of participation than all mainland states other than Western Australia (Table 9.6).

## Table 9.6

### Proportion of HILDA Survey respondents who are active members of a sporting/hobby/community-based organisation

Source: HILDA Survey 2005

		State (%)				
Age group	Active membership	SA	NSW	Vic	Qld	WA
less than 65	Yes	35.1	37.6	37.3	31.0	32.9
65+	Yes	44.4	52.2	51.3	48.6	40

In addition to active membership in community groups, more than one in three older South Australians (34.7 percent) responding to the HILDA Survey reports sometimes, often or very often making time to attend services at a place of worship and 37.8 percent report sometimes, often or very often attending events that bring people together,

such as fêtes, shows, festivals or other community events.

Fewer older South Australians attended cultural (71.5 percent) and sporting events (29 percent) in the past 12 months than younger South Australians (cultural events 91.8 percent, sporting events 59.8 percent). The low attendance at sporting events suggests that barriers may exist

to older people attending these events, although the proportion of older South Australians attending these events was similar to that found in the other states (NSW 21.0 percent; Vic 29.4 percent; Qld 20.0 percent; WA 27.0 percent; Tas 32.3 percent).

Cinemas, libraries and botanic gardens were the most popular cultural venues attended by older

South Australians. Overall, the pattern of attendance at cultural events was similar for older and younger South Australians; however, older people attended these events less often than

younger South Australians. More than one-quarter of older South Australians did not attend any of the selected cultural events in the past 12 months. Not surprisingly, the proportion of South

Australians attending these events declines dramatically with age, with nearly half (46.8 percent) of South Australians aged 85+ not attending any of these events in the past 12 months.

## Figure 9.6

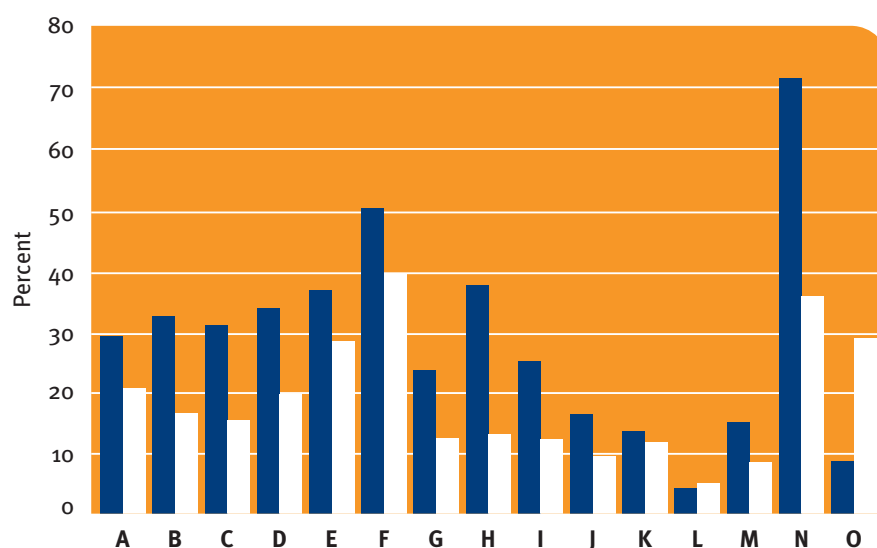
### Proportion of South Australians attending selected cultural events in the past 12 months

Source: General Social Survey 2006

- A Art galleries
- B Museums
- C Zoological gardens
- D Wildlife parks and aquariums
- E Botanical gardens
- F Libraries
- G Classical music concerts
- H Popular music concerts
- I Theatre
- J Dance
- K Musicals
- L Operas
- M Variety shows
- N Cinema
- O None

● Less than 65 years

○ 65 + years



Local councils in South Australia play an important role in the community by facilitating activities such as exercise sessions and social activities through older people's associations and clubs, as well as access to health services.

For example, some councils offer services such as community buses that provide a door-to-door transport service in the local government area. These buses visit places such as shopping centres, libraries, Neighbourhood Centres and various seniors' clubs and groups.

Local government in Australia also provides health services directly to

older people, usually in the form of community and social support. For example, in South Australia, local government actively supports and promotes the Home and Community Care (HACC) program, which is a joint Australian state and territory government initiative under the auspices of the Home and Community Care Act 1985.

An example of this is promoted by the local government area of Holdfast Bay in metropolitan Adelaide, South Australia: (<http://www.holdfast.sa.gov.au/site/page.cfm?u=831>)

In Holdfast Bay, the HACC program provides funding for services to support people whose capacity for

independent living is at risk. The overall objective of the program is to enhance people's independence and to avoid or delay their premature or inappropriate admission to long-term residential care. This is achieved through the provision of basic maintenance and support services to optimise people's capacity to live independently in the community with dignity. The program assists frail elderly people, people who have a disability, and unpaid carers of someone who is aged or disabled.

### 9.3 Volunteering

Volunteering is a particularly tangible and powerful manifestation of participation in the community, and older people across Australia already volunteer in large numbers. Recent discussions of volunteering in the literature have been inspired by Robert Putnam's pioneering studies in which he concluded that the most significant component of 'civic engagement' was the 'social capital' generated by a wide range of voluntary activities. Where there were high levels of voluntary participation there were also high levels of trust in others (Putnam 1993).

Formal volunteering through an organisation is relatively well documented in Australia and although informal volunteering is equally important, it is more difficult to measure. Time use surveys suggest that during the 1990s there were increases in the average time allocated to formal volunteering through organisations and a corresponding decline in the average amount of informal volunteering (Iremonger 2002). Estimates during the 1990s suggested that organised volunteering in South Australia represented less than 40 percent of the total value of volunteering, but current estimates put it at about 51 percent of total volunteering activity (Harrison Market Research 2006).

The Productivity Commission projects that as a result of the ageing population older people across Australia will volunteer in increasing numbers, not only changing the age distribution of

volunteering but also increasing the value of volunteering to the Australian economy (Productivity Commission 2005, Iremonger 2002).<sup>18</sup>

This is not, however, a foregone conclusion, since the increasing focus on boosting labour force participation of older people, and recent pressures on retirement income due to economic cycles, may result in a decrease in formal and informal volunteering (Productivity Commission 2005).

Recent ABS data indicates that employed people, either in full-time (34 percent) or part-time (44 percent) work, had a higher volunteer rate than those who were unemployed (26 percent) or not in the labour force (30 percent). Men employed full-time were as likely to volunteer (34 percent) as women employed on the same basis (33 percent); however, 55 percent of employed women worked part-time, and among these women 47 percent were doing voluntary work, suggesting that many may have been choosing part-time participation in the labour force to make other activities possible (ABS 2006a).

While the proportion volunteering was lower for the groups of people not in employment, employed men gave on average 2.2 hours a week to voluntary work, while unemployed men did 3.4 hours of voluntary work a week, and retired men did 5.9 hours. Similarly, retired women did more weekly hours of voluntary work (3.5 hours) than other women not in the labour force (2.4 hours) and those who worked part-time (2.3

hours), full-time (2.1 hours) or were unemployed (2.0 hours) (ABS 2006a).

ABS data shows that volunteer rates increased in all states and territories between 1995 and 2000 and in most of them between 2000 and 2006. In contrast to the national trend, the volunteer rate fell in South Australia for both men and women between 2000 and 2006 with the result that the overall volunteering rate fell from 38 percent to 32 percent (ABS 2006a). But detailed analysis of the patterns of volunteering among older South Australians shows that, despite that general decline, older South Australians volunteer in even greater proportions than is the case Australia-wide.

Formal volunteering rates are significantly higher in regional South Australia (63 percent) than in the metropolitan area (47 percent) and somewhat higher among 35–54 year olds than other age groups (58 percent).

Data from the 2006 Census indicates that, Australia-wide, the number of volunteers is greatest in the 35–44 age group and the data gives an initial impression that the pattern of volunteering in South Australia is broadly similar to the national pattern. Middle-aged volunteers are more numerous nationally and in South Australia (Figure 9.7 and Figure 9.8). Similarly, at both national and South Australian levels it is clear that females consistently volunteer more than males across all age groups (Figure 9.9 and Figure 9.10).

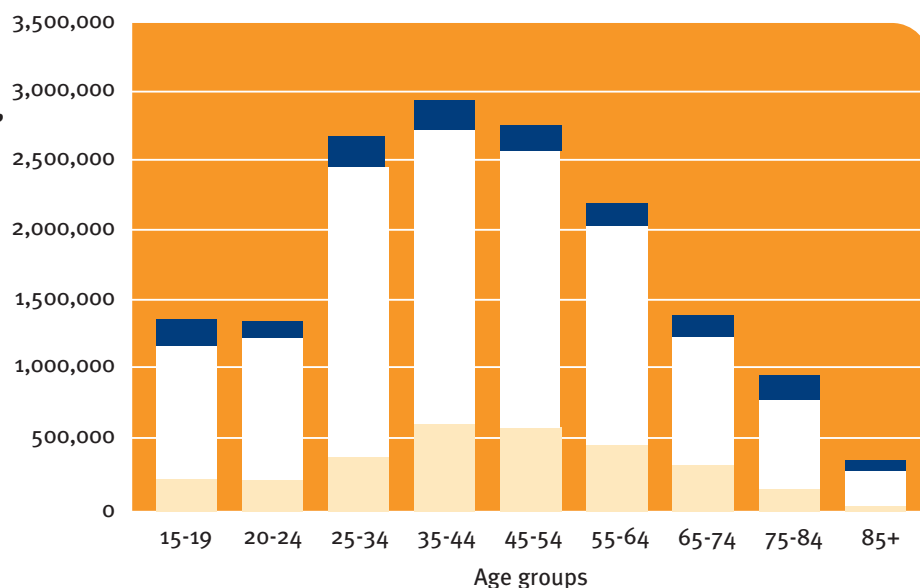
<sup>18</sup> The value of volunteering depends on the method used to impute a value to each hour of volunteer time but, for example, the Productivity Commission predicts that the value of volunteering contributions to the Australian economy will rise from 1.8 to 2.1 percent of GDP in the next five years (Productivity Commission 2005).

**Figure 9.7**

**Volunteers and non-volunteers by age, Australia, 2006**

Source: ABS 2006b

- Not specified
- Non-volunteers
- Volunteers

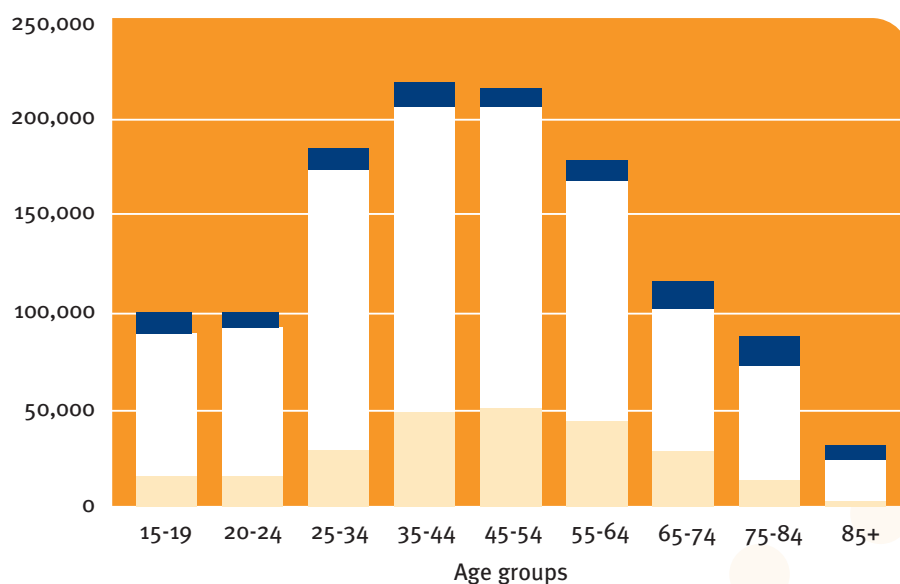


**Figure 9.8**

**Volunteers and non-volunteers by age, South Australia, 2006**

Source: ABS 2006b

- Not specified
- Non-volunteers
- Volunteers

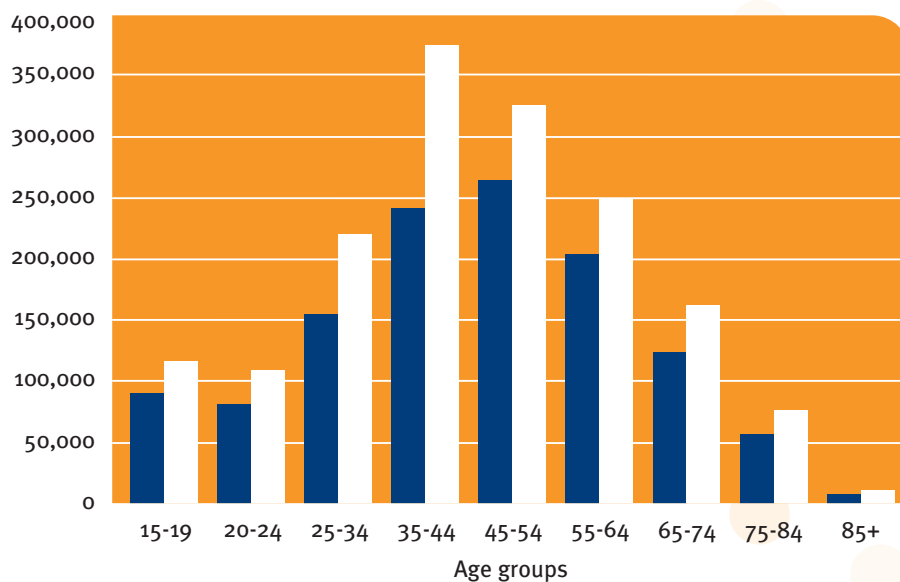


**Figure 9.9**

**Volunteers by sex by age, Australia, 2006**

Source: ABS 2006b

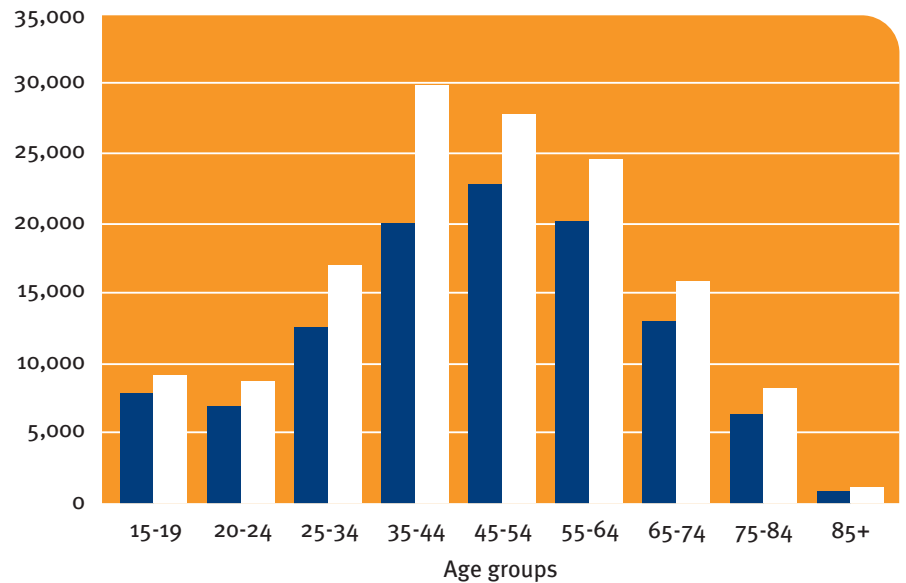
- Males
- Females



**Figure 9.10**  
Volunteers by sex by age,  
South Australia, 2006

Source: ABS 2006b

● Males  
○ Females



The initial impression of similarity between national and South Australia data disappears, however, when we identify proportions of volunteers within age groups.

Australia-wide, those aged 45–54 volunteer in the highest proportions (21.2 percent), just marginally higher than the proportions of those aged 35–44 (20.9 percent), 55–64

(20.6 percent) and 65–74 (20.8 percent) (Figure 9.11). By contrast (Figures 9.12 and 9.13) show that volunteering in South Australia is notable for having a higher proportion of people in all age groups who volunteer than is the case Australia-wide. Even more important for this analysis, South Australia is exceptional for having a higher proportion of older volunteers. Higher proportions

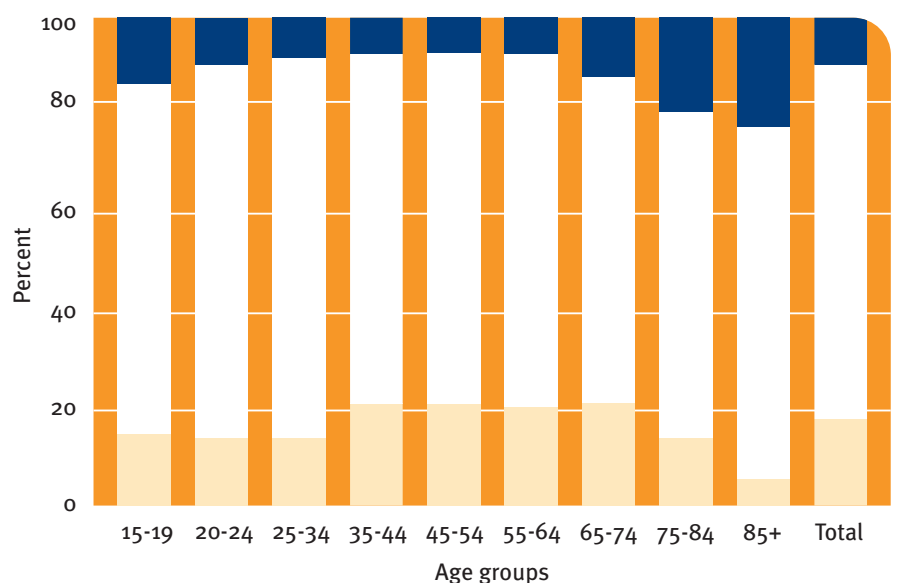
of South Australians volunteered in the 55–64 age group (25.0 percent) and 65–74 age groups (25.1 percent) than in the 45–54 age group (23.2 percent).

One could argue that the Productivity Commission's predicted pattern of increased older volunteering is already evident in South Australia.

**Figure 9.11**  
Volunteers by percentage of  
age group, Australia, 2006

Source: ABS 2006b

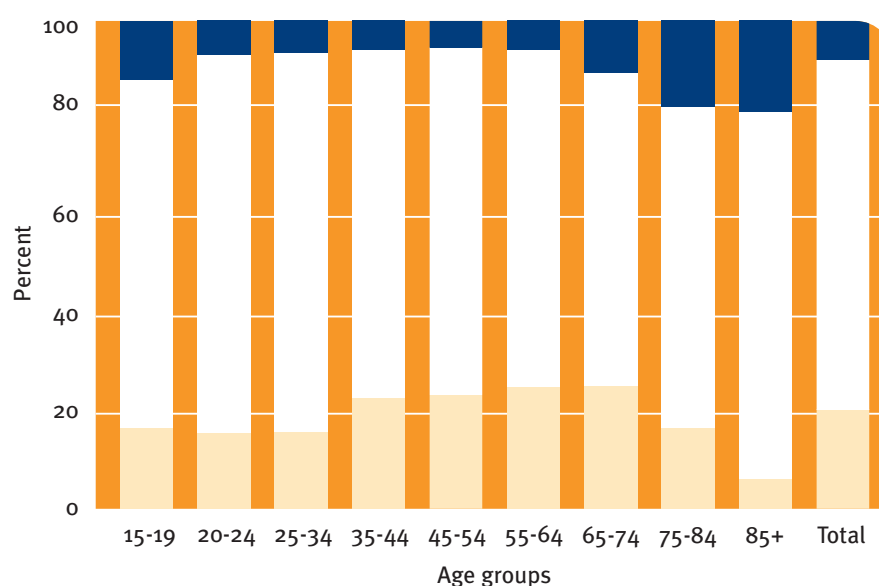
● Not specified  
○ Non-volunteers  
● Volunteers



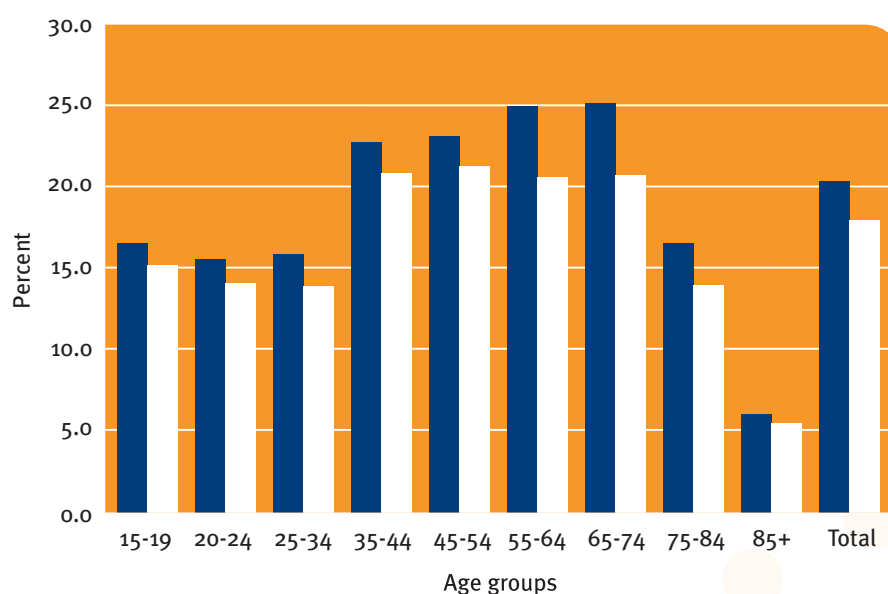


**Figure 9.12****Volunteers by percent of age group, South Australia, 2006***Source: ABS 2006b*

- Not specified
- Non-volunteers
- Volunteers

**Figure 9.13****Volunteers by percentage of age group, South Australia and Australia, 2006***Source: ABS 2006b*

- South Australian volunteers
- Australian volunteers



### 9.3.1 Transitions

There are two approaches adopted in the literature that consider older volunteers—a generational analysis and a life-cycle analysis. The first approach suggests that volunteering behaviour depends on one's generation, arguing that particular generations have distinct characteristics that influence the extent to which they volunteer (Esmond 2004). The second approach argues that volunteering typically changes over time depending on

commitments such as work and family obligations (Omoto, Snyder and Martino 2000).

Volunteering as a way of transitioning out of full-time employment towards retirement could include combining part-time employment and volunteer activity. This may mean that older people could delay full retirement. The private sector could benefit from this prolonged employment among older people and the retention of corporate knowledge and skills that goes with this,

while having the opportunity to train up new workers. Conversely, volunteering can be used as an avenue back into employment. In this situation older people who have been unemployed or retrenched through the changing skills required by the work environment can use volunteering as a way of updating skills and creating networks to facilitate new employment options.

In either case, employers as well as the government need to play a role in promoting older



volunteering as a step towards retirement. Some of the literature promotes volunteering as a mentoring role within firms and also corporate volunteering (staff volunteering on the firm's time as part of its community contribution). Note, though, that Volunteering Australia cautions strongly that volunteering should never be used to replace paid employment (Volunteering Australia 2001).

#### 9.4 Policy implications:

Social networks provide opportunities for social support, social influence, social engagement, interpersonal contact and access to financial and health care resources. Strategies to promote the establishment and maintenance of such relationships in later life deserve further attention.

Local government has a pivotal role to play in the provision of services that support people to live independently in their own homes and remain connected to their neighbourhood and local community. The South Australian Government's social inclusion agenda is tackling the issues for those who are at risk of becoming isolated.

Investment needs to be made in identifying and developing strategies that enable older people to establish and maintain new or existing relationships with friends. These could range from environmental factors such as ensuring access to good public

transport (to visit friends once they move) to more proximal factors (for example, programs run by GPs or local councils that promote to the elderly the importance of maintaining friendships for good health; and ensuring GPs are aware of the importance of friendship networks and that changes to these networks could signal declines in health and functioning).

Maintenance of family ties can assist in relieving the negative consequences of disability. Policies should ensure that mechanisms that enable those with disabilities to remain in the community do not transfer the burden of care to adult children, particularly in light of the increasing pressure on them to remain in the workforce.

Attention needs to be drawn to the fact that changes to social networks could signal declines in health outcomes and functioning. Assessment of need (for example, for residential or community care, or assistance with disabilities) should include consideration of the availability and continuity of different types of social networks.

Older people should be encouraged and supported in using information technology. They should be made aware that this technology can support their ongoing participation in society by giving them the ability to communicate with people all over the world, the potential for further learning and access to health information and services

that assist with 'ageing in place'. We must ensure that this technology is accessible to older people. The South Australian Government has recommended the support of community libraries as an important resource for older people, not only for the provision of information technology, but also information about local services and activities.

Government strategies that actively promote volunteerism are important because volunteering can increase older people's contribution to the social and economic wellbeing of the state and it can fit into a broader strategy of planning for a healthy ageing population, as it can increase the life choices of older people and improve their health if the option is taken up.

Older people tend to be motivated to volunteer because of community obligation factors and a desire to provide a social service. This has implications for how to direct recruitment campaigns for volunteer-involving organisations. Where governments are interested in promoting volunteering by people who will form the post-retirement cohort in years to come, programs may target the baby boomers aged 45+.

Triggers for first-time volunteering include transition periods such as retirement or when a spouse dies; however, some advocates suggest that waiting for baby boomers to retire before recruiting them to volunteering may be too late.

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## Aboriginal and Torres Strait Islander Ageing

**Perhaps the most significant theme to emerge in this report is the heterogeneous nature of the older population in South Australia, and the need to take into consideration the social diversity that is a significant feature of our state.**

The following two chapters seek to draw further attention to this diversity and the implications of an ageing multicultural society. This chapter considers the experience of older Indigenous South Australians and their particular need for culturally sensitive and flexible care arrangements that take into account differing approaches to ageing.

### **10.1 Older Indigenous people in South Australia**

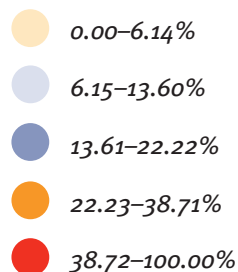
In 2006, 25,555 people in South Australia identified themselves as Indigenous (ABS 2006 Census). Of these, only 907 (3.55 percent) were aged 65+. Areas of the state with higher proportions of older Indigenous people are shown on Figure 10.1. The median age of the

Indigenous population (21 years) in South Australia is significantly lower than the non-Indigenous population (39 years), indicating the younger age structure of the Indigenous population. This is a product of higher fertility rates and deaths occurring at younger ages. Due to this fact, the majority of policies, funding and research attention is given to Indigenous youth issues. There is limited information and research into ageing issues for Indigenous Australians, which has hampered the preparation of this section. It is hoped that this report will generate further interest in this important group of older South Australians and that there will subsequently be more information available as more Indigenous people reach older ages.

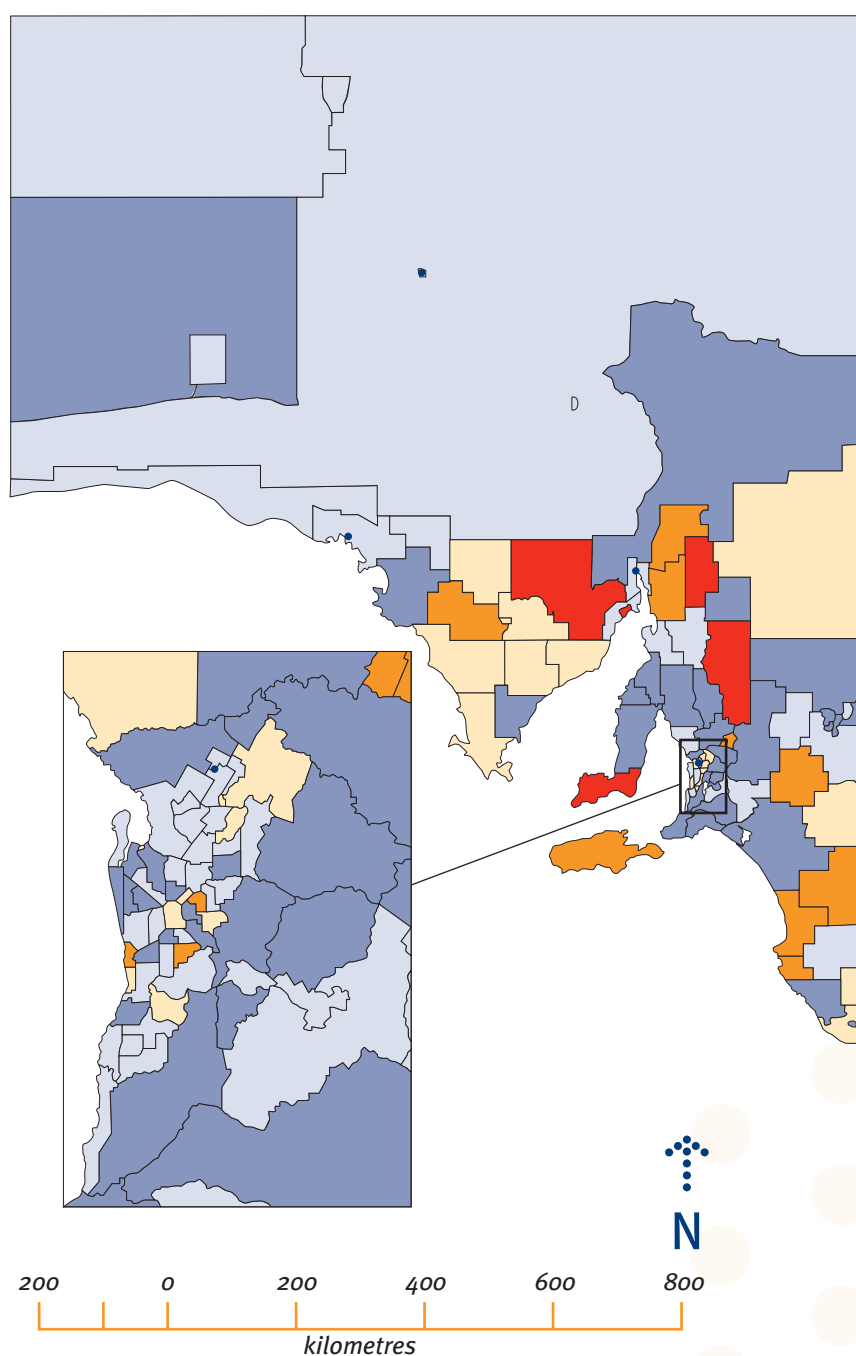
**Figure 10.1**

**South Australia: Indigenous population aged 50+ as a percentage of the total Indigenous population**

*Source: ABS 2006 Census*



- *National Aboriginal and Torres Strait Islander Aged Care Strategy*



As with the general population, it is important to acknowledge the different life events, opportunities and barriers that Indigenous South Australians have experienced in the past to understand their current situation. There are some significant differences in the pasts of Indigenous and non-Indigenous South Australians, which are summarised in Table 10.1. While this list is a generalisation for both groups, it is useful as a starting point for discussing

the background to the enduring issues that older Indigenous South Australians experience today. As has been seen earlier in this report, most older South Australians have lived through a time of full employment and have accumulated assets such as a comfortable home and savings that enable them to live out their years in relative comfort and security, with multiple lifestyle options available to them.

## Table 10.1

### Life events for Indigenous and non-Indigenous South Australians

Source: Adapted from Ranzijn and Bin-Sallick, 2001

	Indigenous	Non-Indigenous
Major life events and issues	Racism Prejudice Stolen Generation Deaths in custody Youth suicide Land rights	Great Depression World War II Post-war prosperity Comfortable and secure retirement 'Grey Nomads'
Working lives	Drugs and petrol sniffing Exploitation Low wages High unemployment	Full employment Retirement about 65 years
Income and financial security	Below poverty level No savings	Adequate income Money in the bank for 'little luxuries'
Citizenship	Denied vote until 1967 Marginalisation and exclusion Elder abuse 'Elders without status'	Active role in society Respect for elders

The life experiences of Aboriginal elders, however, are vastly different. Many older Indigenous South Australians have not had the opportunity to save money or buy a home, and have experienced longer, generational poverty than the majority of Australians. In addition modern family dislocations and traumas associated with drugs, alcohol and petrol sniffing have influenced the strength of family relationships and the roles that family members are able and willing to take on. While Indigenous elders previously enjoyed high levels of respect as the custodians of culture and

language and were held in high regard by younger people for their expertise and wisdom, there has been a decline in their status as social and economic pressures have changed the relationships between community members and led to breakdowns in traditional hierarchies. Burden described those affected by these changes as 'elders without status' (Burden 1999). Despite these extensive overarching issues, older Indigenous South Australians are actively seeking to engage with their communities. The next sections will consider the specific issues faced by older Indigenous South Australians.

## 10.2 Health

### 10.2.1 Life expectancy

Perhaps one of the starkest differences between the Indigenous and non-Indigenous populations is life expectancy at birth. Despite improvements in medical technology and

practice, diet and lifestyle, there is still a gap of about 12 years for males and 10 years for females between the Indigenous and non-Indigenous population (Table 10.2).<sup>20</sup> This gap is seen by many to represent the overwhelming disadvantage experienced by the Indigenous people of Australia.

## Table 10.2

**Life expectancy at birth by Indigenous status, 2005–2007, Australia**

*Source: ABS 2008, cat. no. 3302.0.55.002*

	Indigenous (years)	Non-Indigenous (years)	Indicative difference (years)
Females	72.6	82.6	10.0
Males	66.9	78.7	11.8

Due to the lower life expectancy of Indigenous Australians, the age at which a person is classified as ‘old’, and is affected by ‘ageing’ issues may be much younger among Aboriginal communities. For the Indigenous population, ‘old’ may be a term applied to a person of just 45 years. Figure 10.2 and Figure 10.3 show the distribution of Indigenous South Australians aged 50+ for the metropolitan area and the state respectively. Service providers and policy makers may need additional flexibility to take into account the premature ageing of Indigenous people.

In recognition of the large discrepancy in life expectancy at birth rates, the State Government has included a target in the state’s Strategic Plan. Target 2.5 aims to lower the morbidity and mortality rates of Aboriginal South

Australians. The Government has recognised that there are clear linkages between life expectancy and other health and lifestyle factors, and as such has identified strategies to:

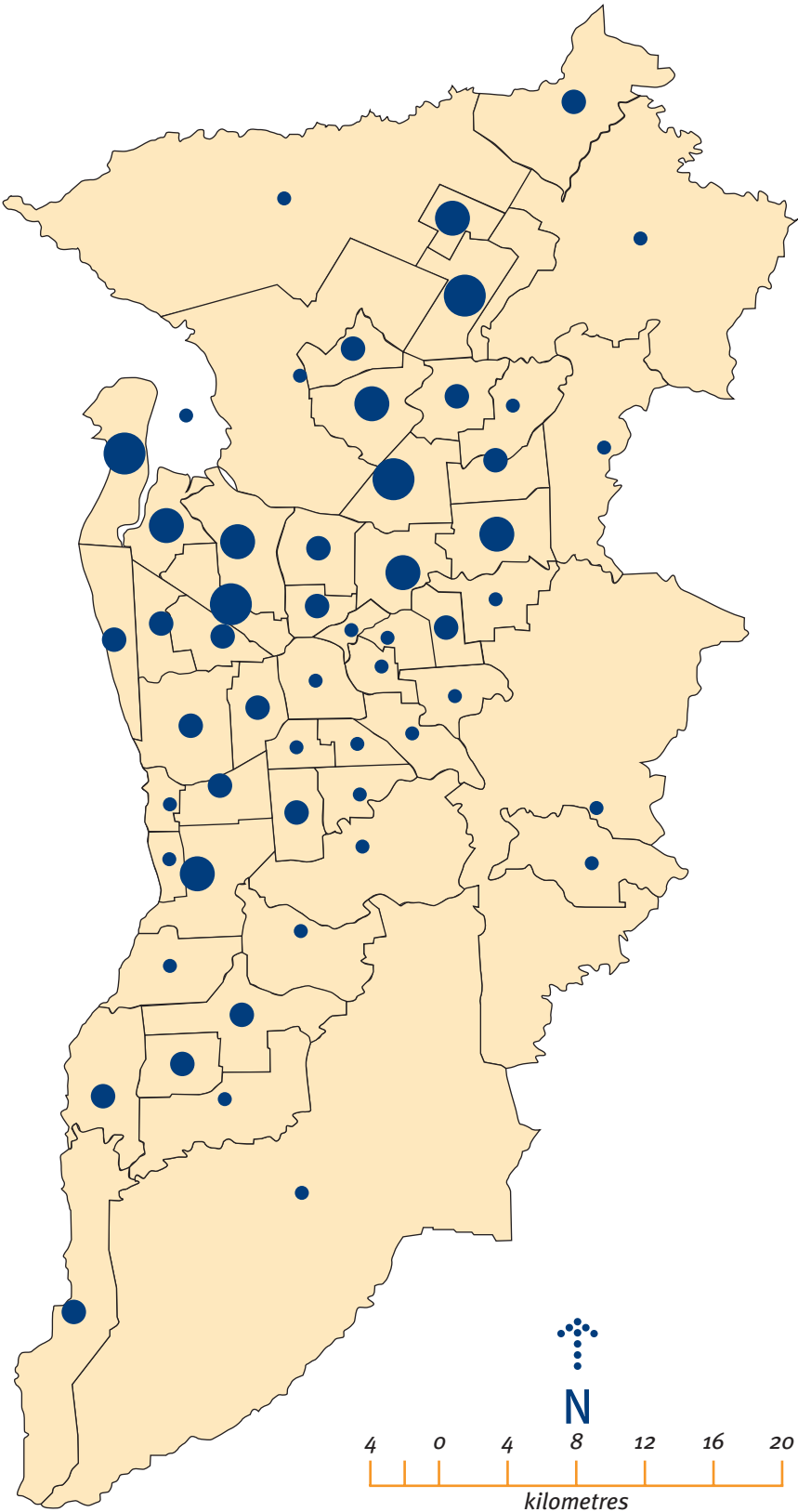
- improve Aboriginal birthing outcomes
- improve the delivery of comprehensive primary health care
- improve chronic disease management
- reduce smoking rates for Aboriginal people
- increase the number of Aboriginal people employed in the public sector health workforce
- develop Aboriginal child and family based programs
- improve mental health treatment for Aboriginal people.

<sup>20</sup> These current life expectancy estimates have been developed using a new method and should not be compared to previous published life expectancy estimates. Further discussion of the statistical methods used in developing the new life expectancy at birth figures is provided in the ABS publication Discussion Paper: Assessment of Methods for Developing Life Tables for Aboriginal and Torres Strait Islander Australians, Australia, 2006, cat no. 3302.0.55.002, ABS, Canberra.

**Figure 10.2**  
**Adelaide statistical division:**  
**number of Aboriginal and**  
**Torres Strait Islander people**  
**aged 50+ by SLA, 2006**

Source: ABS CDATA 2006

- 0–19
- 20–39
- 40–59
- 60–78



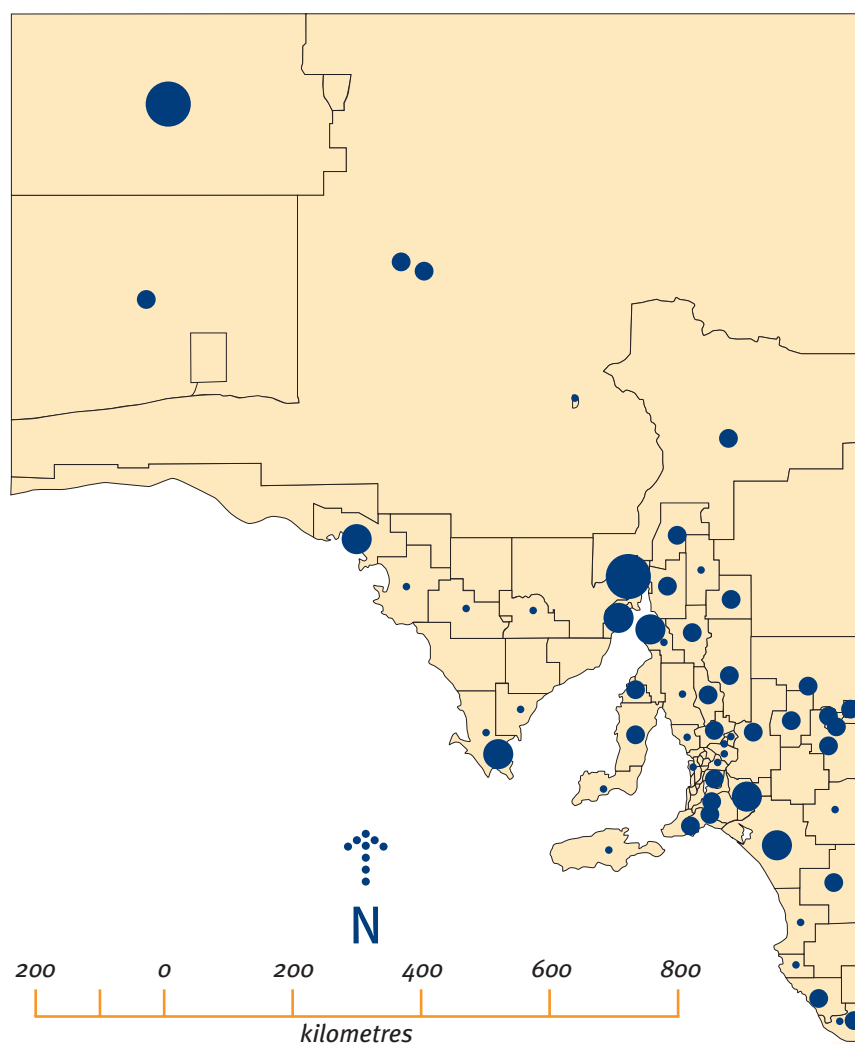


**Figure 10.3**

**South Australia: number of Aboriginal and Torres Strait Islander people aged 50+ by SLA, 2006**

*Source: ABS CDATA 2006*

- 0–9
- 10–49
- 50–99
- 100–286



#### 10.2.1 Long-term health conditions

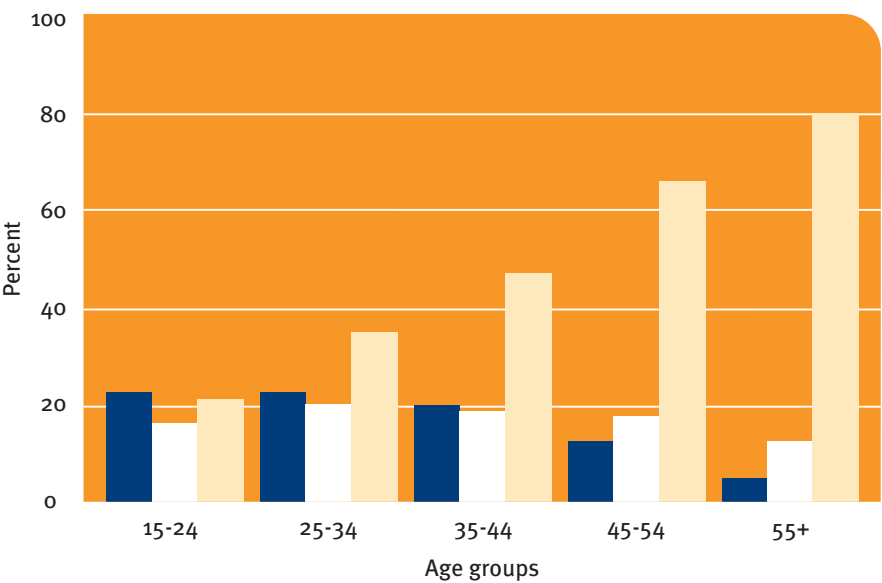
the incidence of multiple long-term health conditions increases with age, and is particularly evident among Indigenous people. The 2004–05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) identified that nearly 80 percent of older Indigenous Australians had three or more long-term health conditions (Figure 10.4).

The most commonly reported long-term health conditions among older Indigenous people were arthritis (44 percent), high blood pressure (42 percent) and diabetes/high sugar levels (32 percent). In the 2004–05 NATSIHS, 7 percent of Indigenous people aged 55+ reported having kidney disease, a markedly higher rate than for non-Indigenous people in the same age group (less than 1 percent) (Figure 10.5).

**Figure 10.4**  
**Number of long-term health conditions by age, Indigenous people, 2004–05**

Source: *National Aboriginal and Torres Strait Islander Health Survey, 2004–05.*

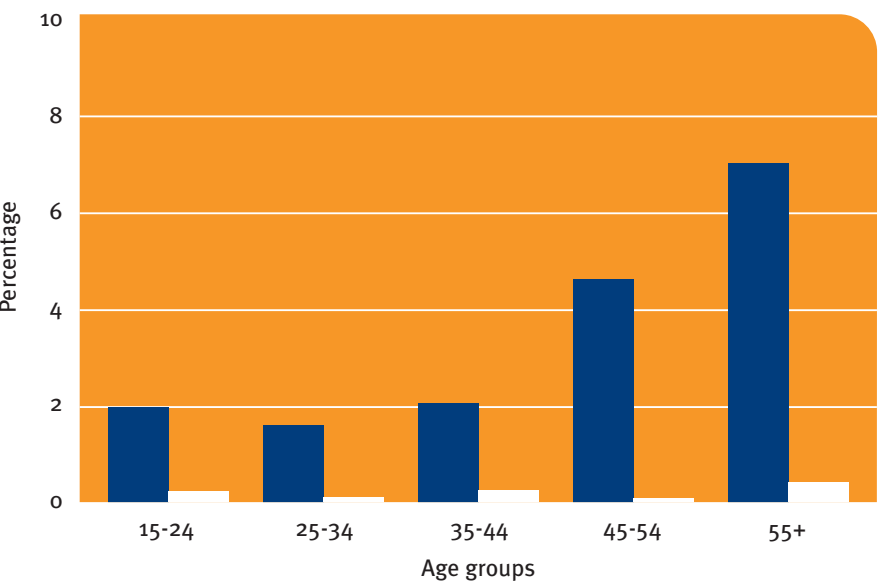
- One long-term condition
- Two long-term conditions
- Three or more long-term conditions



**Figure 10.5**  
**Australia: prevalence of kidney disease, by Indigenous status, 2004–05**

Source: *National Aboriginal and Torres Strait Islander Health Survey 2004–05 and National Health Survey 2004–05*

- Indigenous
- Non-Indigenous



### 10.2.3 Self-reported health status

The significant difference in health status between Indigenous and

non-Indigenous older people is evident in self-reported statistics (Table 10.3). Indigenous people

have generally poorer health status than other Australians.

## Table 10.3

**Australia: self-assessed health status, aged 55+, by Indigenous status**

*Source: ABS 2006 National Aboriginal and Torres Strait Islander Health Survey, 2004–05, cat. no. 4715.0, Table 7*

Self-assessed health status	Indigenous (%)	Non-Indigenous (%)
Excellent	5	12
Very good	13	24
Good	29	33
Fair	36	22
Poor	13	9

### 10.3 Care requirements

The lower health status of Indigenous elders translates

into higher rates of required assistance. Table 10.4 shows the need for assistance with

core activities for Indigenous and non-Indigenous older South Australians.

## Table 10.4

**South Australia: core activity need for assistance among older population by Indigenous status**

*Source: ABS 2006 Census*

	Age group (years)	Non-Indigenous (%)	Indigenous (%)
Males	45–54	3.5	7.6
	55–65	6.0	19.8
	65+	14.5	26.7
Females	45–54	3.2	10.4
	55–65	4.8	12.4
	65+	21.5	30.4
Total	45–54	3.3	9.1
	55–65	5.3	16.0
	65+	18.3	28.9

### 10.4 Home and community care services for Indigenous people in South Australia

the Home and Community Care (HACC) program provides low-level community care services to frail aged and younger people with a disability, and their carers.

The program is a joint Australian state and territory government initiative and aims to support these people to be more independent at home and in the community, and reduce the potential of

inappropriate need for admission to a residential care facility.

The Office for the Ageing supports and administers a range of programs to assist older South Australians, including the HACC program.

Indigenous people in South Australia can access HACC services from:

- an Indigenous specific service/organisation
- an Indigenous specific project

within a mainstream service/organisation

- a mainstream service/organisation.

Across South Australia, there are 29 separately HACC funded projects specifically for Indigenous people, with funding of more than \$5.381 million a year. The projects vary in size from the smallest funded project of \$24,000 to the largest of \$1.061 million, and cover remote, country and urban areas across the state.

## Table 10.5

### Indigenous agency providing Indigenous-specific HACC services

Source: Office for the Ageing 2009

Indigenous agency	Indigenous specific HACC service
Aboriginal Elders and Community Care Services Inc.	Aboriginal Elders Community Options Service
Aboriginal Elders and Community Care Services Inc.	Home Support Service – Aboriginal Community
Aged Care and Housing Group Incorporated	Wyatt Holiday Indigenous Program
Aged Rights Advocacy Service Inc.	Aboriginal HACC Consumers Project
Alzheimers Australia SA Inc.	Strengthening Dementia Care for Indigenous Communities (Aboriginal Liaison Officer)
Baptist Care SA Incorporated	Karpandi Elder Women's Program
Carers Association of South Australia Inc.	Indigenous Carer Support
Ceduna/Koonibba Aboriginal Health Service Inc.	Aboriginal Community Worker
Colebrook Community Centre Inc.	Home Help
Council of Aboriginal Elders of SA (Port Lincoln Regional Forum) Inc.	Port Lincoln Aboriginal Aged, Disability & Carers
Council of Aboriginal Elders of SA Inc.	Council of Aboriginal Elders of South Australia
Country Health SA Hospital Incorporated	Mid North Aboriginal HACC Program – Mid North
Country Health SA Hospital Incorporated	Riverland Aboriginal HACC Services
Country Health SA Hospital Incorporated	Aboriginal Home Help – South East
Country Health SA Hospital Incorporated	Aboriginal HACC Social Program – Wakefield
Country Health SA Hospital Incorporated	Pika Wiya Health Service – Northern & Far Western
Country Health SA Hospital Incorporated	Mai Meals Program – Northern & Far Western
Country Health SA Hospital Incorporated	Leigh Creek Aboriginal HACC Service
Country Health SA Hospital Incorporated	Hills Mallee Sthn Regional Aboriginal Aged Care Project
Dept for Families & Communities – Aboriginal & Torres Strait Islander Services Division	Aboriginal & Torres Strait Islander Services APY HACC Service
Dept for Families & Communities – Aboriginal & Torres Strait Islander Services Division	Community Care Coordination on the APY Lands
Dunjiba Community Council	Dunjiba HACC Service
Kura Yerlo Council Inc.	Western Region Elders Forum/Karrarendi Program
Marree Arabunna Peoples Committee Incorporated	Marree Aged Care Service
Ngaanyatjarra Pitjantjatjara Yankunytjatjara Womens Council Aboriginal Corporation	Ngaanyatjarra Pitjantjatjara Yankunytjatjara Aged Support
Ngaanyatjarra Pitjantjatjara Yankunytjatjara Womens Council Aboriginal Corporation	Tjilpi Pampa Tjatau Festival
Northern Carer's Network Inc.	Aboriginal Grandparents – Respite and Support
Tullawon Health Service Inc.	Yalata Frail Aged & Younger Disabled
Umoona Aged Care Aboriginal Corporation	Tjilpi Tjuta Kanyini

The Indigenous HACC projects also vary in auspicing arrangements, from Indigenous organisations (13 projects), Country Health SA Hospital Inc. (eight projects), Department for Families and Communities (two projects) and other mainstream organisations (six projects).

Most Indigenous HACC projects provide services in their local geographic area; however, the following funded projects have a statewide focus:

- Council of Aboriginal Elders of South Australia
- Aboriginal HACC Consumers Project—Aged Rights Advocacy Service Inc.
- Wyatt Holiday Indigenous Program—Aged Care and Housing Group Incorporated
- Strengthening Dementia Care for Indigenous Communities—Alzheimer's Australia SA Inc.

These statewide projects provide specific services that

are in addition to the basic HACC services, which include meals, transport and social support.

The number of Indigenous people accessing HACC services across South Australia in 2007–08 was 2,117.

Table 10.6, Figure 10.6 and Figure 10.7 show the number of Indigenous people accessing HACC services in South Australia and the types of services used.

## Table 10.6

**Proportion of Aboriginal and Torres Strait Islander HACC clients accessing HACC services<sup>a</sup>, 2006–07 and 2007–08**

*Source: Office for the Ageing 2009*

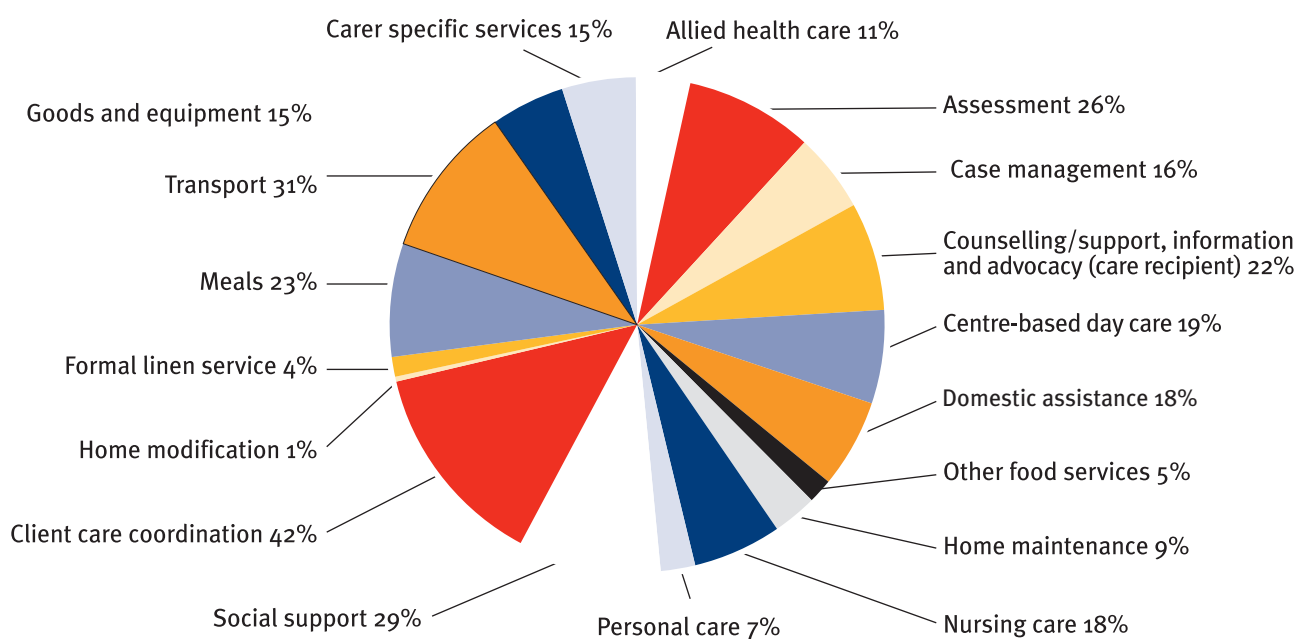
	2006–07		2007–08	
	Total ATSI	Proportion (%)	Total ATSI	Proportion (%)
Allied health care	186	11	221	10
Assessment	459	26	517	24
Case management	273	16	407	19
Counselling/support, information and advocacy (care recipient)	376	22	449	21
Centre-based day care	331	19	311	15
Domestic assistance	318	18	364	17
Other food services	84	5	64	3
Home maintenance	153	9	199	9
Nursing care	310	18	324	15
Personal care	119	7	105	5
Social support	511	29	648	31
Client care coordination	737	42	793	37
Home modification	20	1	29	1
Formal linen service	62	4	45	2
Meals	402	23	464	22
Transport	541	31	727	34
Goods and equipment	255	15	216	10
Carer specific services	259	15	453	21
Total occasions of service	5,396	310	6,336	299
Total unique ATSI clients	1,739	100	2,117	100

<sup>a</sup> Client numbers appear higher. Clients may receive more than one service and therefore counted once for each assistance type received

**Figure 10.6**

**Proportion of Aboriginal and Torres Strait Islander HACC clients accessing HACC services, 2006–07**

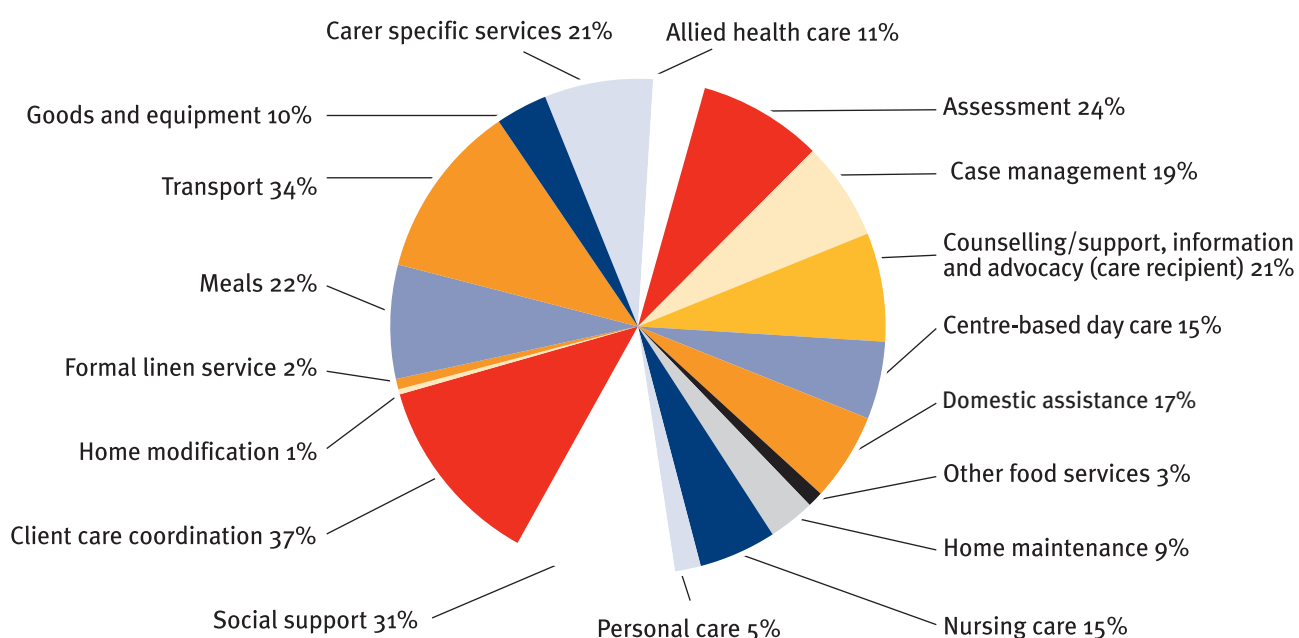
*Source: Office for the Ageing 2009*



**Figure 10.7**

**Proportion of Aboriginal and Torres Strait Islander HACC clients accessing HACC services, 2007–08**

*Source: Office for the Ageing 2009*



The increased numbers of Indigenous HACC clients between 2006–07 (1,739 clients) and 2007–08 (2,117 clients) can be attributed to increased funding to meet increased demand and better data collection processes. The HACC program nationally has been implementing strategies to improve HACC data collection and integrity.

The HACC MDS data also indicates that the main services used by Indigenous people tend to be basic HACC services, such as transport, meals, social support and centre-based day care activities.

The HACC workforce is an important factor in the delivery of culturally appropriate HACC services to Indigenous elders across the state, and the HACC program provides employment to Indigenous people involved with

the 29 Indigenous specific HACC projects.

Indigenous employment is particularly important in the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands, where HACC kitchens in the major communities provide a gateway of employment for young Indigenous people. The HACC program provides Indigenous elders with other benefits, including opportunities to meet and socialise with other elders.

HACC also introduces Indigenous elders into the care system where they are more likely to progress into higher level care services such as packaged care and residential care. It should also be noted that HACC services are available at all the locations where packaged care and residential care services are provided.

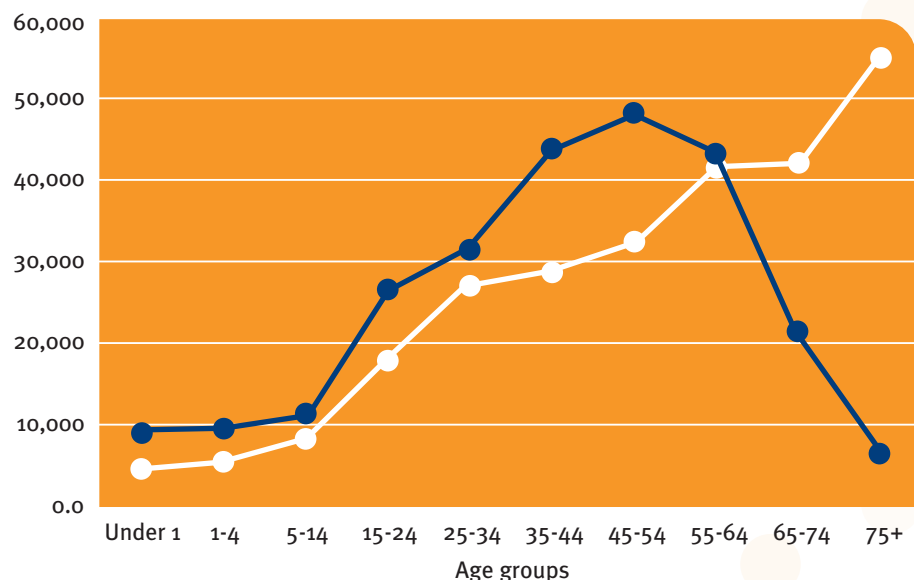
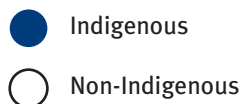
## 10.5 Health service utilisation among the Indigenous community

across Australia, Indigenous Australian's have proportionally more hospital separations than other Australians. The hospital separation rate for South Australia's Indigenous population in South Australia is 2.7 times greater than for other South Australians.

Interestingly, the raw number of hospital separations for the Indigenous population, unlike other Australians, does not continue to increase beyond 55 years of age (Figure 10.8). For other Australians, the raw number of hospital separations continues to increase into the 75+ age group. This most likely reflects increased mortality in the Indigenous population in the younger age groups compared with other Australians.

**Figure 10.8**  
Number of hospital separations by Indigenous status and age

Source: AIHW data cube  
<<http://www.aihw.gov.au/publications/index.cfm/title/10587>>





## Table 10.7

### Hospital separations by Indigenous status, by state/territory

Source: AIHW data cube <<http://www.aihw.gov.au/publications/index.cfm/title/10587>>

Hospital separation rate	NSW	Vic	Qld	WA	SA	NT	Subtotal
Indigenous Australians (per 1,000)	545.3	657.2	816.2	1,101.1	962.6	1,584.8	868.3
Other Australians (per 1,000)	318.8	391.0	365.6	345.7	361.2	233.0	352.6
Rate ratio	1.7	1.7	2.2	3.2	2.7	6.8	2.5

The increased hospital separation rate per 1,000 people among Indigenous Australians may reflect differences in availability and access to primary health care (especially in regional and remote areas of the state) or a greater need for tertiary care (for example, more complex health issues or greater severity of illness).

#### 10.6 Indigenous aged care services

as a result of poorer health status, more Indigenous people access aged care programs at younger ages, on average, than non-Indigenous people. Table 10.8 shows the usage rates of permanent residential care for Indigenous and non-Indigenous

people in Australia. Indigenous people have much higher usage rates in the 65–69 year age group than non-Indigenous Australians. This trend continues up to 74 years. In the 75+ cohorts, non-Indigenous females have a higher usage rate of aged care than Indigenous women.

## Table 10.8

### Age and sex specific usage rates for permanent residential care, by Indigenous status, Australia, 2007 (per 1,000 population)

Source: AIHW 2008 p.26

Age (years)	Indigenous			Non-Indigenous		
	Females	Males	People	Females	Males	People
0–49	0.1	0.2	0.1	0.1	0.1	0.1
50–54	1.8	2.2	2.0	0.5	0.7	0.6
55–59	5.5	5.2	5.3	1.2	1.4	1.3
60–64	7.1	11.6	9.3	2.5	2.8	2.6
65–69	17.1	13.7	15.5	5.7	6.2	5.9
70–74	22.4	27.2	24.5	13.3	12.3	12.8
75+	112.4	93.2	104.7	129.4	63.2	102.1
<b>Total</b>	<b>2.0</b>	<b>1.5</b>	<b>1.8</b>	<b>10.6</b>	<b>4.3</b>	<b>7.4</b>

In South Australia, there are currently eight residential aged care facilities that give priority to or are exclusively available for Indigenous people (Table

10.9). These facilities aim to offer culturally appropriate care and most are located close to Aboriginal lands.

## Table 10.9

### Residential aged care facilities catering for Indigenous people in South Australia

Source: South Australian Carelink website <[www.carelinksa.asn.au](http://www.carelinksa.asn.au)>

Residential aged care facility	Location	Total no. of places
Aboriginal Elders Village	Davoren Park	32
Regency Green Multicultural Aged Care	Regency Park	80
Wami Kata	Port Augusta	28
Coober Pedy Hospital and Health Services Inc. – Aged Care	Coober Pedy	9 (6 of which are Indigenous specific)
Flinders House Home for the Aged	Quorn	21
Seaview Village	Thevenard	15
Umoona Aged Care – High Care	Coober Pedy	13
Umoona Aged Care – Low Care	Coober Pedy	7

In addition, 24 HACC and 17 Community and Aged Care Packages (CACP) providers in

South Australia provide packages to Aboriginal people (Table 10.10 and Table 10.11).

## Table 10.10

### South Australian Aboriginal HACC program providers

Source: Council of Aboriginal Elders of South Australia Inc., South Australian Aboriginal Aged Care Services directory, June 2008

Provider	Location	Provider	Location
City of Tea Tree Gully	Modbury	South Coast District Hospital	Victor Harbor
Port Lincoln Aboriginal Aged Care	Port Lincoln	South East Regional Health Service	Mount Gambier
Nganampa Health Council	Alice Springs	Umoona Aged Care	Coober Pedy
Pika Wiya Health Service	Port Augusta	Karpendi Elder Women's Program	Adelaide
Pika Wiya Health Service – Nunyara Wellbeing Centre	Whyalla	Colebrook Community Centre	Quorn
Ceduna Koonibba Health Service	Ceduna	Ngaanyatjatjarra Pitjantjatjara Yankunytjatjara Women's Council	Alice Springs
Aboriginal Home Care	Brompton	Aged Care and Housing Inc. Aboriginal Wyatt Holidays	Adelaide
Dunjiba Community Council	Oodnadatta	Aged Rights Advocacy Service – Aboriginal HACC Consumer project	Adelaide
Tullawon Health Service	Yalata	Carers Association of SA – Indigenous Carer Support Group	Port Augusta West
KuraYerlo Council	Largs Bay	Domiciliary Care SA	Parkholme
Mid North Regional Health Service	Port Pirie		
Maree Arabunna Centre	Maree		
Wakefield Country Health Service	Maitland		
Riverland Country Health Service	Barmera		

## Table 10.11

### Aboriginal Community Aged Care Packages (CACP) service providers

Source: Council of Aboriginal Elders of South Australia Inc., South Australian Aboriginal Aged Care Services directory, June 2008

Provider	Location	Provider	Location
Tumake Yande	Victor Harbor	Riverland Country Health Service	Barmera
South East Regional Community Health Service	Naracoorte	Yorke Peninsula Health Service Inc	Maitland
Riverland Community Aged Care Program	Barmera	Helping Hand Aged Care	Port Pirie
Tumpinyeri	Murray Bridge	Calvary Home Care Services – Adelaide	Fullarton
Uniting Care – Wesley House	Semaphore	Calvary Home Care Services – Flinders and Far North	Port Augusta
Aboriginal Home Care	Bowden	Tullawon Health Service	Yalata
Domiciliary Care SA	Norwood	Oak Valley Aged Care	Ceduna
Resthaven Murray Bridge and Hills	Murray Bridge	South East Regional Health Service	Mount Gambier
Tullawon Health Service	Yalata	Baondik Lodge	Mount Gambier
KuraYerlo Council	Largs Bay	Eyre Regional Health Service	Port Lincoln
Mid North Regional Health Service	Port Pirie	Domicilliary Care SA	Parkholme
Maree Arabunna Centre	Maree		
Wakefield Country Health Service	Maitland		

As at 30 June 2007, 3.6 percent of CACP recipients in Australia were identified as Indigenous and 4 percent were aged less than 50, compared to 0.3 percent for non-Indigenous recipients (AIHW 2008). At the same time, 39 out of

2,999 EACH recipients in Australia were Indigenous. This very low number reflects EACH packages in remote and very remote parts of Australia. About 54 percent of Indigenous EACH recipients were aged less than 70, compared to

15 percent for non-Indigenous recipients (AIHW 2008). South Australia has a slightly lower percentage of Indigenous HACC clients than the national average (Table 10.12).

## Table 10.12

### HACC clients, by Indigenous status; South Australia and Australia, 2006–07

Source: Commonwealth Department of Health and Ageing 2008

	South Australia		Australia	
	(No.)	(%)	(No.)	(%)
Indigenous	1,616	1.8	18,248	2.3
Non-Indigenous	68,386	75.2	668,339	83.4
Not stated	20,963	23.0	114,703	14.3
<b>Total</b>	<b>90,965</b>	<b>100.0</b>	<b>801,290</b>	<b>100.0</b>

Recent research in the Northern Territory by Lindeman and Pedler (2008) has found that HACC providers who work predominantly with Indigenous communities are faced with very different cultural and environmental contexts when delivering services in remote communities. In addition, there is an inadequate knowledge base for HACC coordinators/assessors to draw on when making assessment and care planning decisions in remote/Indigenous contexts. These issues combine to make the delivery of HACC services in an equitable and consistent way very difficult.

10.7 Indigenous carers

Ranzijn and Bin Sallick’s (2001) study of Aboriginal elders in Adelaide identified that older Aboriginal people generally prefer to be looked after by Aboriginal health and aged care workers. They found that language difficulties, including the use of medical jargon and the rapport

with the wider community are barriers to participation in the community and mainstream services. Cultural differences between Aboriginal elders and non-Indigenous carers often cause difficulties due to the need for many Aboriginal people to establish trust and a relationship with a carer before any assistance can be accepted, and the opposing needs of carers to be very business-like and task-oriented due to their time allocations and funding arrangements. There may be other issues for Aboriginal carers, however, with some Aboriginal elders concerned about confidentiality and not wanting the entire community to know their business. Many Aboriginal carers, because they are part of the community, are caring for their family members, ‘not just clients that they can forget about when they knock off at the end of the day’ (Ranzijn and Bin Sallick 2001). Many Aboriginal workers talk about being ‘on duty’ all the time

because they are worried about their relatives and spend many additional hours outside their allocated funding assisting them.

The 2006 Census identified about 32,600 Aboriginal and Torres Strait Islander (Indigenous) carers aged 15+ in Australia (ABS 2006). The carer rate for Indigenous Australians was 13 percent. In South Australia, 13.3 percent of Indigenous people provided unpaid care to a person with a disability in 2006. The breakdown of carers by remoteness areas is provided in Table 10.13. Nationally, one-third of Indigenous carers lived in major cities, 42 percent in inner and outer regional areas, and 25 percent in remote and very remote areas of Australia.

Nationally, the rate for both female and male Indigenous carers increased with age, peaking in the 45–54 age group (20 percent for women and 13 percent for men), after which the rate declined (Figure 10.9).

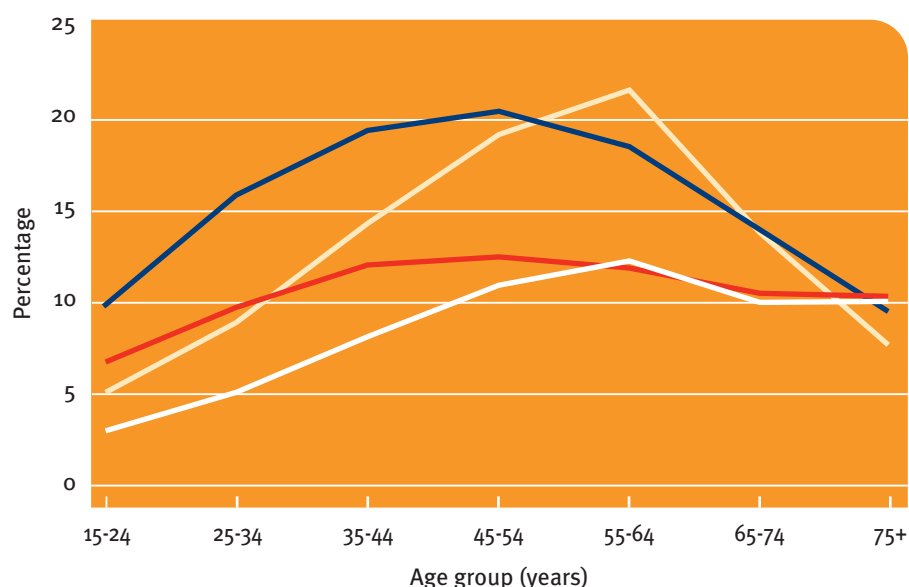
**Table 10.13**  
**South Australia: carers by Indigenous status by remoteness areas**  
*Source: ABS 2006 Census*

	Indigenous	Non-Indigenous
Major cities	13.6	12.0
Inner regional	12.9	12.4
Outer regional	12.7	12.0
Remote	11.9	11.1
Very remote	14.1	9.8
Total	13.3	12.0

**Figure 10.9**  
**Indigenous carers by age and sex, Australia, 2006**

Source: ABS 2006 Census

- Male Indigenous
- Female Indigenous
- Male non-Indigenous
- Female non-Indigenous



In 2006, Indigenous Australians aged 15–34 were about 1.8 times more likely to be carers than non-Indigenous Australians in the same age group. Similarly, Indigenous Australians aged 35–44 years were 1.4 times more likely to be carers than non-Indigenous Australians in the same age group. This may be related to the earlier onset of long-term health conditions such as diabetes and cardiovascular disease in the Indigenous population compared with the non-Indigenous population. The carer rate after 65 years was similar for both Indigenous and non-Indigenous Australians.

### 10.8 Grandparents as carers

There are an increasing number of grandparents assuming primary care of their grandchildren in Australia and around the world. For Indigenous communities, the rates may be even higher than in the non-Indigenous population. Indigenous families can experience the promulgation of Aboriginal child placement principles, which have evolved after the history of the Stolen Generation. Grandparents may take on the primary care role when parent(s) are considered (formally and informally) to be either permanently or temporarily unable to provide care or are absent from parenting responsibilities. The reasons are extensive and often include a combination of severe illness, disability, incarceration, drug and alcohol impairment, and neglect and abuse of a child. In many cases, grandparent carers are also dealing with the associated issues of poverty and deprivation.

The impacts on grandparents who are caring for their grandchildren are numerous, and range from financial burdens on already low-income households to legal and health issues. Currently a research team at the University of Sydney is undertaking a study of grandparent carers that includes a particular focus on Indigenous carers. It is hoped that this research will shed more light on this important issue in terms of the extent and implications it has for children and older people, and the community.

Support services for grandparent carers are growing. In particular, the development of ‘grannies groups’, which support grandmothers caring for grandchildren, have been reported as very successful, not only in providing support to each other but also in the wider community (Sullivan et al. 2007).

## Box 10.1

### The Grannies Group

The Grannies Group is a peer support network for grandparents and the community that was established in November 1999. It meets regularly at The Parks Community Centre in the City of Port Adelaide Enfield. The group advocates on behalf of issues affecting its members' children, grandchildren and community. It aims to:

- establish network and support systems in the group and the community
- reduce drug-related deaths in its Nunga community
- create an awareness of drug issues and offer support and encouragement for a community approach to resolving issues
- ensure grandmothers and grandfathers access financial assistance when caring for their grandchildren

- ensure that Aboriginal organisations that receive funding to service the Aboriginal community are accountable
- inform others within and outside the community about its purpose and hopes of achievement.

The Grannies Group meetings are focused on discussing drug issues and their effect on the whole community; providing support; discussing issues with relevant representatives from government and other organisations; providing opportunities for people to access outreach support; and working cooperatively with key stakeholders in providing direction on issues influencing the Aboriginal community.

## Box 10.2

### Northern Carers Network: Indigenous grandparents respite and support project

In 2005 the Northern Carers Network consulted with the community regarding the needs and services of Indigenous grandparents who were looking after their grandchildren on a full-time basis in the northern suburbs.

The Northern Carers Network developed a proposal for the Indigenous grandparents respite and support project and in 2006 received one-off funding to continue to develop and establish the project.

An independent evaluation included several recommendations, including that the project should be funded on a recurrent basis.

As a result of the success of, and outcomes being achieved by, the project, recurrent funding was approved in 2007. It is currently providing

support and services to more than 35 Indigenous grandparents.

One of the project's strengths is the Northern Carers Network's ability to access other services and programs and incorporate, for example, programs for the grandchildren.

The Northern Carers Network also works in collaboration with a wide range of other service providers and programs to obtain additional information and support for the grandparents.

Due to the project's success and the model developed by the Northern Carers Network, plans are underway to expand the project and also duplicate the model in other parts of South Australia.

## 10.9 Housing

### 10.9.1 Tenure

As discussed earlier, the rate of home ownership among older Indigenous people is much lower than in the non-Indigenous

population. The 2006 Census data shows that in South Australia, only 9.9 percent of households with Indigenous people were fully owned compared to 36.2 percent of non-Indigenous households (Table 10.14).

**Table 10.14**

**South Australia: tenure type by Indigenous status of household, 2006**

*Source: ABS 2006 Census*

	Households with Indigenous people (%)	Other households (%)
Fully owned	9.9	36.2
Being purchased	26.0	36.0
Rented	63.3	26.4
Other	0.8	1.3

Nearly half of all Indigenous households in rental accommodation are renting

from Housing SA (Table 10.15), compared with only one-quarter of non-Indigenous households.

**Table 10.15**

**South Australia: landlord type by Indigenous household status, 2006**

*Source: ABS 2006 Census*

	Households with Indigenous people (%)	Other households (%)
Real estate agent	20.9	33.8
State or territory housing authority (Housing SA and Aboriginal Housing)	49.3	26.1
Person not in same household	14.3	31.0
Housing cooperative/ community/church group	11.1	4.0
Other landlord type	4.5	5.1

### 10.9.2 Overcrowding

Indigenous households are generally more likely to be overcrowded, due to housing stress associated with low incomes and cultural preferences for living in extended family situations. While nationally the

rate of overcrowding among the total population (households that required one or more extra bedrooms to meet an officially accepted occupancy standard) was 2.8 percent, the rates among the Indigenous population were much higher (Table 10.16). Overcrowding

can be a significant determinant of health and wellbeing, and while cultural preferences must be considered, overcrowding among the Indigenous population is a cause for concern.



## Table 10.16

**Overcrowded Indigenous households, by tenure type, South Australia and Australia**

*Source: AIHW 2008, cat. no. 4704.0, p.42*

	South Australia		Australia	
	(No.)	(%)	(No.)	(%)
Home owner/purchaser	194	6.1	3,687	6.9
Private and other renter	210	9.3	5,570	11.6
Renter state/territory housing authority	390	14.5	4,970	15.9
Renter Indigenous/mainstream community housing	223	36.9	5,567	39.6
Other	31	14.6	752	18.1
<b>Total</b>	<b>1,064</b>	<b>11.8</b>	<b>20,734</b>	<b>13.6</b>

### 10.10 Income

The financial situation for older Indigenous South Australians is very different from many other older people due to a lifetime of low income that has not enabled them to save for their later years. As a result, weekly median incomes reported in the 2006 Census for older Indigenous

South Australians (aged 45+) were more than \$100 less than non-Indigenous people (Table 10.17). For the same age group, more than 40 percent of Indigenous South Australians had a gross weekly income of less than \$250 (Table 10.18) compared to 27 percent of the non-Indigenous population.

## Table 10.17

**South Australia: weekly median income by Indigenous status and age, 2006**

*Source: ABS 2006 Census*

Age group	Indigenous	Non-Indigenous
15–24	189	211
25–44	349	629
45+	286	390

## Table 10.18

**South Australia: gross weekly individual income, older people by Indigenous status, 2006**

*Source: ABS 2006*

Income	Indigenous	Non-Indigenous
Negative/nil	3.9	3.8
Less than \$249	41.5	27.8
\$250–599	31.1	34.3
\$600–999	14.4	17.9
More than \$1000	9.3	16.2

### 10.11 Labour force

The labour force participation rates of older Indigenous South Australians are also lower than the non-Indigenous population. Table 10.19 shows that Indigenous males

aged 55–64 had a participation rate 20 percent lower than the non-Indigenous population, and that Indigenous females were ten percent lower.

## Table 10.19

**South Australia: labour force participation rate, selected ages by Indigenous status, 2006**

*Source: ABS 2006 Census*

Age group	Indigenous (%)	Non-Indigenous (%)
<b>55–64</b>		
Male	45.3	65.9
Female	36.3	47.8
<b>65+</b>		
Male	16.5	11.6
Female	7.6	4.6

### 10.12 Transport issues

The lower health and socio-economic status of older Indigenous people in South Australia means this group has a greater need for transport services. In the development of this report it was identified that transport issues are significant for many Aboriginal elders. Anecdotal evidence suggests that the provision of transport through the current HACC arrangements needs to be reviewed so as to improve access for elderly Aboriginal people.

### 10.13 'Living Links' and custodians of culture

There is very little published research on the social and cultural roles of older Indigenous people in Australia. In undertaking a review of the limited literature, Warburton and Chambers (2007) emphasise the need to understand the roles of older Indigenous people against a backdrop of life experience of violence, loss of human rights, removal and loss of children, and attempted eradication of Indigenous cultures and languages. The lifetimes of

'struggles' in turn emphasise the survival and resilience of older Indigenous people: traits they can be encouraged to pass on to their communities.

Warburton and Chambers (2007) identified some specific roles in their review that have adapted over time. The extended family focus is a key element of Indigenous society. Kinship ties act as a support network through which individuals are aided through kinship roles that provide links between people in duty and care relationships. Traditional kinship ties and conceptions of support have been significantly influenced by Western ideas that are more focused on the individual and nuclear family networks. Older Indigenous people, however, continue to play a key role in kin networks, many investing large amounts of time and energy in their communities as part of the kin responsibilities. In a modern society these kin-related activities can range from sitting on boards to visiting prisons, hospitals and schools.

Another key role older Indigenous people have is passing on cultural knowledge. Language, kinship systems, law, and customs and knowledge of sacred places and objects are often passed on orally and among gender lines. Older Indigenous women have a key role in managing cultural practices and influencing younger people's lives. Providing positive role models is critical for the younger generation, especially in situations where the grandparents are the primary caregivers.

Shared identity, through common language and knowledge of Dreaming stories, is facilitated by the older generation, which has a crucial role in preventing cultural loss, particularly in communities affected by alcohol, drugs and crime.

Older Indigenous people are the 'living link' to the knowledge of their elders, and are 'integral to Indigenous communities as they provide extensive knowledge of identity and kinship-based connections to land' (Warburton and Chambers 2007, p.6).

As a result, older people have traditionally been highly respected members of their communities. Today, however, this respect may be waning and there is a

continued need to emphasise respect for the role of older people in contemporary society.

Table 10.20 provides some indicators of cultural links across

the generations. Older Indigenous people generally have higher rates of language use and cultural ties than younger community members.

### Table 10.20

**Australia: selected indicators of culture and language, Indigenous population, 2002**

*Source: ABS 2007*

	Age group						Total 15+
	15-24	25-34	35-44	45-54	15-54	55+	
	(%)						
Speaks an Indigenous language	18.2	22.3	21.8	19.5	20.4	26.1	21.1
Indigenous language is main language spoken at home	11.1	13.0	11.7	10.7	11.7	14.7	12.0
Recognises homelands	61.6	70.9	74.3	71.1	68.6	76.9	69.6
Lives on homelands	18.1	22.5	23.1	23.7	21.4	25.7	21.9
Identifies with clan, tribal or language group	46.7	54.5	60.4	55.2	53.4	60.0	54.1
Attended cultural event in the past 12 months	65.6	68.9	72.6	65.1	68.1	67.9	68.1
Indigenous people	82.7	71.1	57.8	38.4	250.0	32.2	282.2

Given the range and importance of issues facing older Indigenous South Australians, the establishment of a Council of Elders has been an important step in developing an avenue for consultation and advocacy. The

Council has recently published a directory of Aboriginal Aged Care Services and has a section on its website that enables regional service providers to be located via a clickable map.

## Box 10.3

### Council of Aboriginal Elders of South Australia Inc.

The Council of Aboriginal Elders of South Australia is a statewide peak advocacy and information service that provides the vital link between aged care service providers and the Aboriginal community. Established in 1989, the council's main roles are to ensure the effective delivery of services to frail and older Aboriginal people in South Australia, to identify gaps in the provision of services and, where necessary, to recommend changes to the relevant parties. The council works closely with all aged care services and provides a centrally located coordination access point for advice, advocacy, referrals and information.

The council comprises 18 members—all in a voluntary capacity—from its 15 regions throughout the state. Members to council are

nominated annually by their local regional forum members. Full council meets twice a year and varies the location for meetings throughout the state. Executive committee meetings are held quarterly. The role of each member is to bring issues from the local regional level to state meetings and vice versa.

All Elders aged 60+ are full members of the Association of the Council of Aboriginal Elders of South Australia, unless they are from a traditional Aboriginal community, in which case no age limit applies. Currently there are about 700 full members enrolled. Associate membership is encouraged from Aboriginal people aged 45–59 and there are about 200 enrolments in this category.

#### 10.14 Policy implications

The policy implications related to the Indigenous older population in the state are clearly linked to the issues of significant premature ageing among this group. The much lower life expectancy of Indigenous Australians, coupled with poorer health status and social issues, have contributed to Indigenous Australians experiencing the effects of 'old age' much earlier than the non-Indigenous population. In these circumstances it is recommended that services which cater for the non-Indigenous aged population be opened up to Indigenous people at a younger age. There may need to be a shift in thinking by service providers and the community in the way Indigenous people and age are considered to

ensure this vulnerable group of people is adequately supported. One aspect of this support should be focused on providing relief for Indigenous carers, both of children and disabled/ill adults, in order for them to undertake their important roles in the community—of keeping cultural practices alive and providing strong role models for the younger generation.

The transport needs of this group are significant, with lower levels of private transport, a more dispersed population and higher rates of health issues. The strict funding guidelines for transport provision must be revised and in particular the availability of transport for important community events such as funerals must be improved.

#### 10.15 Conclusion

The older Indigenous population has been shown to have significant needs in terms of health care and service provision due to the premature ageing of the population along with higher levels of chronic health conditions and social issues. Housing and transport issues are causing significant issues for some older Indigenous people. The wellbeing of this small and vulnerable group of older people reflects significantly on the ability of the state to support our older population and assist the wider Indigenous community. There is a clear need for a review of some services, including transport and HACC funded assistance, for Aboriginal elders.

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## Older South Australians from culturally and linguistically diverse (CALD) backgrounds

**South Australia's population is highly diverse, with many different cultural groups represented.**

It is difficult to generalise the experiences and challenges associated with these groups because of their heterogeneity; however, language and cultural barriers, together with geographical location and the circumstances of migration and settlement can significantly influence the ageing process for migrants. This chapter examines some of the specific needs and services that are relevant to older South Australians from culturally and linguistically diverse (CALD) communities.

### **11.1 The size and distribution of CALD groups of older people in South Australia**

International migration has greatly shaped the ethnic composition of the state's population. The fact that the state received more than its proportionate share of migrant settlers from 1947 to 1971, but then received a substantially lower proportionate share until quite recently, has meant that groups dominant in the early post-war national intake (for example, British, Greeks, Italians, Poles and Dutch) are over-represented in the contemporary population, while those that have dominated more recent flows (New Zealanders, Malaysians, Chinese, Filipinos, Indians and Hong Kong born) are substantially under-represented (Table 11.1).

**Table 11.1**

**South Australia: major birthplace groups and their representation in South Australia compared with all Australia and Adelaide**

Source: ABS 2006

Birthplace	2006 (No.)	Growth 2001–06 (%)	Percentage of national total (%)	Percentage in Adelaide (%)
Australia	1,120,082	+2.17	7.96 <sup>a</sup>	69.77 <sup>b</sup>
United Kingdom	121,049	−3.20	11.66 <sup>a</sup>	80.15
Italy	22,485	−9.98	11.29 <sup>a</sup>	92.85
Germany	11,970	−6.00	11.24 <sup>a</sup>	78.91
New Zealand	11,366	+5.43	2.92	74.92
Greece	10,782	−7.63	9.80 <sup>a</sup>	91.09
Viet Nam	10,547	+1.12	6.60	97.90
China	8,076	+126.09	3.91	94.60
Netherlands	7,797	−6.45	9.88 <sup>a</sup>	71.76 <sup>b</sup>
India	6,828	+85.90	4.64	89.97
Poland	6,236	−10.03	11.93 <sup>a</sup>	93.97
Philippines	5,441	+21.29	4.51	86.11
Malaysia	5,343	+29.06	5.79	95.43
South Africa	4,489	+45.28	4.31	82.94
Croatia	3,466	−3.08	6.80	86.61
United States of America	3,440	+16.33	5.57	83.26
Hong Kong	2,370	+32.25	3.30	97.38
Korea	1,984	+121.43	3.76	92.59
Canada	1,877	+19.33	5.94	81.19
Singapore	1,765	+28.64	4.42	94.22
Thailand	1,694	+28.72	5.55	88.72
Malta	1,629	−9.25	3.73	90.42
Lebanon	1,533	+4.21	2.05	95.56

a Higher than overall South Australian percentage of national population (7.63 percent)

b Below average proportion of state population in Adelaide statistical division (73.0 percent)

Table 11.2 shows the number of people aged 55–64 and 65+ in the major birthplace categories in the state.



 **Table 11.2**
**South Australia: birthplaces of older age groups, 2006***Source: ABS 2006 Census*

Birthplace	Age group					
	55-64 (No.)	(%)	65+ (No.)	(%)	Total (No.)	(%)
<i>Australia</i>	111,280	66.5	131,815	61.5	1,120,082	78.4
<b>Mainly English speaking countries</b>						
Canada	199	0.1	172	0.1	1,878	0.1
Ireland	683	0.4	1,071	0.5	3,194	0.2
New Zealand	1,489	0.9	949	0.4	11,365	0.8
South Africa	414	0.2	352	0.2	4,489	0.3
United Kingdom	25,064	15.0	36,034	16.8	121,049	8.5
United States of America	504	0.3	304	0.1	3,440	0.2
<b>Total</b>	28,353	16.9	38,882	18.2	145,415	10.2
<b>Other countries</b>						
China	529	0.3	653	0.3	8,077	0.6
Croatia	753	0.4	1,211	0.6	3,466	0.2
Germany	3,850	2.3	4,688	2.2	11,970	0.8
Greece	2,735	1.6	5,494	2.6	10,781	0.8
Hong Kong	182	0.1	102	0.0	2,370	0.2
Hungary	316	0.2	902	0.4	1,569	0.1
India	600	0.4	836	0.4	6,827	0.5
Italy	5,610	3.4	12,447	5.8	22,486	1.6
Lebanon	255	0.2	257	0.1	1,532	0.1
Malaysia	661	0.4	331	0.2	5,341	0.4
Malta	571	0.3	598	0.3	1,628	0.1
Netherlands	2,775	1.7	2,786	1.3	7,798	0.5
Philippines	559	0.3	290	0.1	5,441	0.4
Poland	913	0.5	2,290	1.1	6,237	0.4
Viet Nam	985	0.6	746	0.3	10,546	0.7
Other	6,476	3.9	9,841	4.6	56,203	3.9
<b>Total</b>	27,770	16.6	43,472	20.3	162,272	11.4
Country of birth not stated	10,420		18,963		86,574	
<b>Total</b>	<b>177,823</b>	<b>100.0</b>	<b>233,132</b>	<b>100.0</b>	<b>1,514,343</b>	<b>100.0</b>

People born overseas have become a successively older population in the state: a population that is now older than the Australian born. Table 11.3 shows that in 1971 only 7.1 percent of the overseas-born population were aged 65+, compared to 8.9 percent of the Australian born. By 2006, however, these figures had altered significantly, with the proportion of the older overseas-born population (26.8 percent) twice as large as the Australian-born population (11.8 percent).

The growth rates are also interesting, with a slowing down of growth of the overseas-born population evident after 1991. The growth rate, however, is still twice as high as that of the Australian-born population, despite the increase from 2001 (0.3 percent) to 2006 (0.9 percent). Growth of the non-English speaking (NES) background population has slowed since 2001, although the mainly English speaking (MES) population has maintained its growth rate at 2.4 percent.

## Table 11.3

**South Australia: population aged 65+ by birthplace, 1971–96**

*Source: ABS 1971–2006 Censuses*

Year	Australia-born			Overseas-born			Non-English speaking born			Mainly English speaking born			Aged 65+ overseas-born
	(No.)	(%)	(% growth)	(No.)	(%)	(% growth)	(No.)	(%)	(% growth)	(No.)	(%)	(% growth)	(%)
1971	79,711	8.9		19,889	7.1		6,570	5.1		13,319	8.8		19.7
1976	87,859	9.2	2	25,527	8.7	5.1	n.a.			n.a.			22.5
1981	99,816	10.2	2.6	32,854	11.2	5.2	13,382	10.2	7.4	19,472	11.9	3.9	24.8
1986	110,963	10.5	2.1	40,820	13.6	4.4	17,801	12.9	5.9	23,019	14.3	3.4	26.9
1991	119,469	11.2	1.5	53,594	17.1	5.6	26,025	17.3	7.9	27,569	17	3.7	31
1996	124,035	11.5	0.8	63,980	21.1	3.6	33,382	22.1	5.1	30,598	21.2	2.1	34
2001	126,026	11.5	0.3	73,720	24.9	2.9	39,928	26.1	3.6	34,492	23.6	2.4	34.8
2006	131,815	11.8	0.9	82,354	26.8	2.2	43,472	26.8	1.7	38,882	26.7	2.4	38.5

By 2006, 26.8 percent of the overseas-born population was aged 65+. The proportion of older non-English speaking background and older mainly English speaking background migrants is now almost equal. The increase in non-English speaking background older people has been significant during the past three decades, with only 5.1 percent of

NES migrants aged 65+ in 1971, compared to 26.8 percent in 2006. This is of crucial importance as Table 11.4 shows that a large proportion of this group is unable to communicate effectively in English. Given that more than one-quarter of our aged are now born in a NES country, this is a substantial and growing group in the community.

**Table 11.4**  
**South Australia: percentage of population born overseas in a non-English speaking country who are not able to speak English well or at all**  
*Source: ABS 2006 Census*

Age group	Males (%)	Females (%)	Total (%)
15-24	7.4	8.9	8.1
25-34	7.2	12.5	9.9
35-44	12.3	16.4	14.5
45-54	12.6	15.7	14.2
55-64	10.6	14.0	12.3
65-74	17.6	27.8	22.8
75+	25.6	34.5	30.4
Total	13.6	18.8	16.3

Figure 11.1 shows the spatial distribution of older people with low proficiency in English. There is a concentration in the north-western suburbs, the Riverland

and in the APY lands in the far north of the state. Some of these people will belong to remote Aboriginal communities.

## Figure 11.1

**South Australia: population aged 65+ who do not speak English well or at all, 2006**

*Source: ABS 2006 Census*

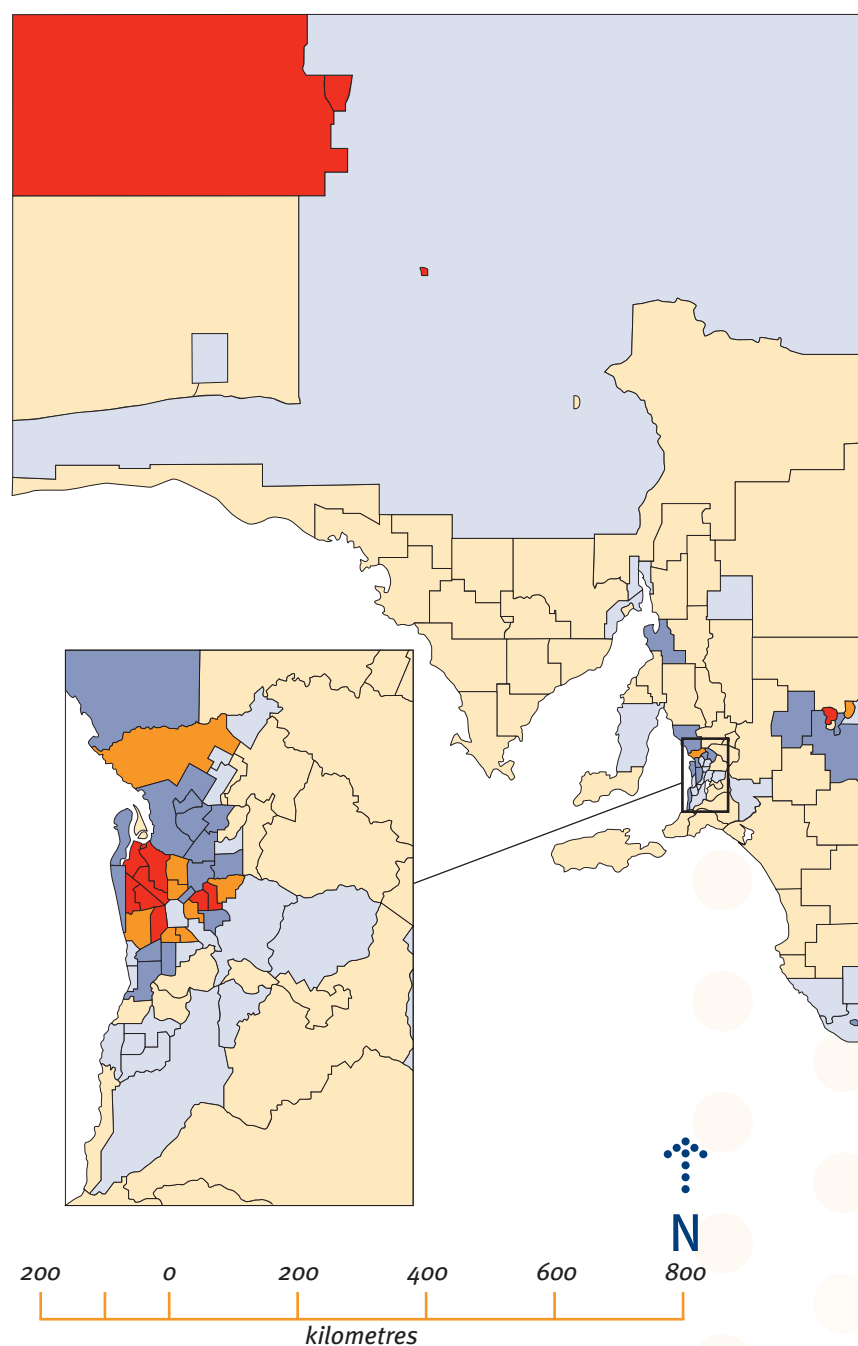


Table 11.5 demonstrates the greater tendency for the ethnic aged to concentrate in metropolitan Adelaide rather than in other parts of the state. In fact, in all the major birthplace groups there is a greater proportion of their older population in Adelaide than is the case for the Australian-born. This is especially marked

among the Southern European immigrant groups. As a result, the current representation of the latter groups among the non-metropolitan aged population is relatively small, with the maximum group size being just 1,002 older people (German born) living outside the metropolitan area.

## Table 11.5

**South Australia: distribution of population aged 65+ by birthplaces between metropolitan and non-metropolitan sections of state, 2006**

*Source: ABS 2006 Census*

	Adelaide statistical division			Non-metropolitan				
	(No.)	65+ (%)	ASD (%)	(No.)	65+ (%)	Non-metropolitan (%)	Total (No.)	Total (%)
Australia	86,704	65.8	51.2	45,111	34.2	70.7	131,815	56.5
New Zealand	716	75.4	0.4	233	24.6	0.4	949	4.1
UK and Ireland	29,531	79.6	17.4	7,574	20.4	11.9	37,105	15.9
Germany	3,686	78.6	2.2	1,002	21.4	1.6	4,688	2.0
Greece	5,005	91.1	3.0	489	8.9	0.8	5,494	2.4
Italy	11,524	92.6	6.8	923	7.4	1.4	12,447	5.3
Lebanon	252	98.1	0.1	5	1.9	0.0	257	0.1
Malta	550	92.0	0.3	48	8.0	0.1	598	2.6
Netherlands	2,060	73.9	1.2	726	26.1	1.1	2,786	1.2
Poland	2,093	91.4	1.2	197	8.6	0.3	2,290	1.0
Croatia	1,013	83.6	0.6	198	16.4	0.3	1,211	0.5
Viet Nam	738	98.9	0.4	8	1.1	0.0	746	0.3
Other	25,466	77.8	15.0	7,280	22.2	11.4	32,746	14.0
<b>Total</b>	<b>169,338</b>	<b>72.6</b>		<b>63,794</b>	<b>27.4</b>		<b>233,132</b>	

With the overwhelming proportion of the ethnic aged living in Adelaide, it is important to examine their spatial distribution in the metropolitan area. Figure

11.2 shows the distribution of people aged 65+ and born in NES countries, and various specific country of birth groups.

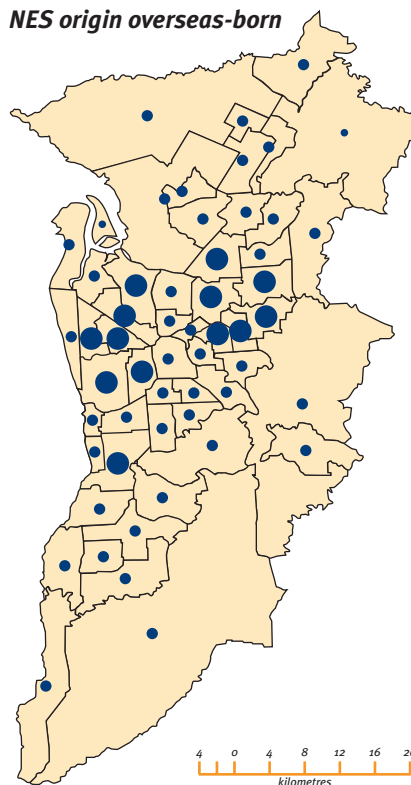
## Figure 11.2

**Adelaide statistical division:  
distribution of overseas-born  
(selected countries of birth)  
aged 65+ by SLA, 2006**

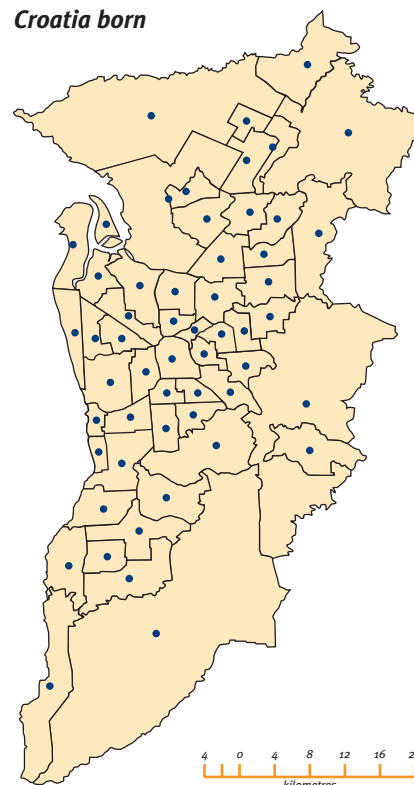
*Source: ABS 2006 Census*

- 0–100
- 101–1000
- 1001–5000
- 5001–10,000

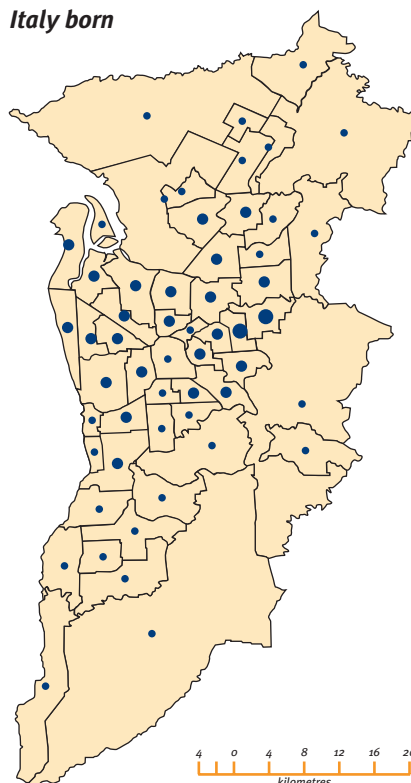
**NES origin overseas-born**



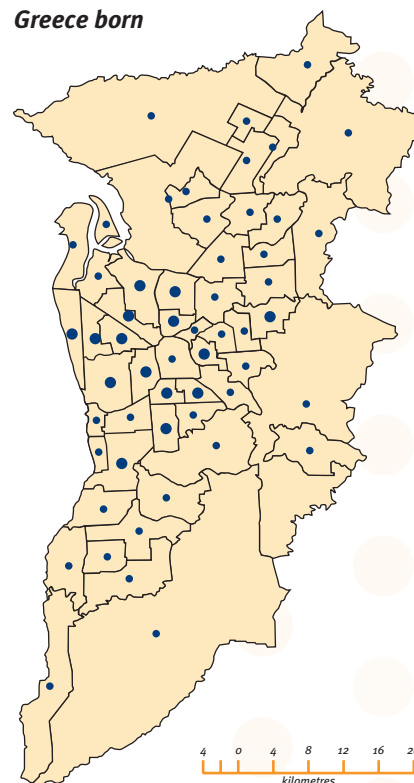
**Croatia born**



**Italy born**



**Greece born**

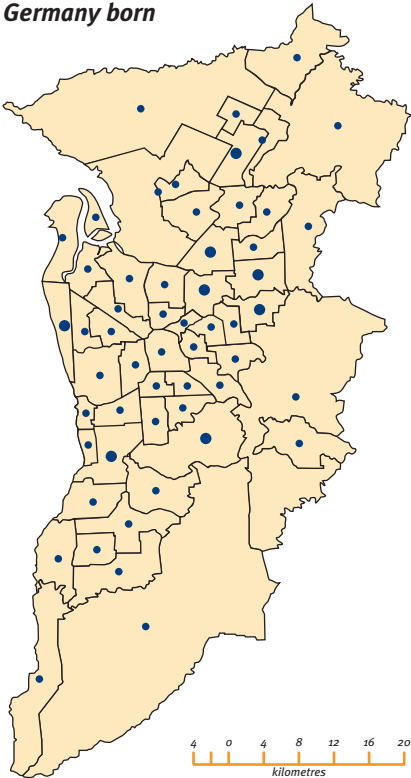


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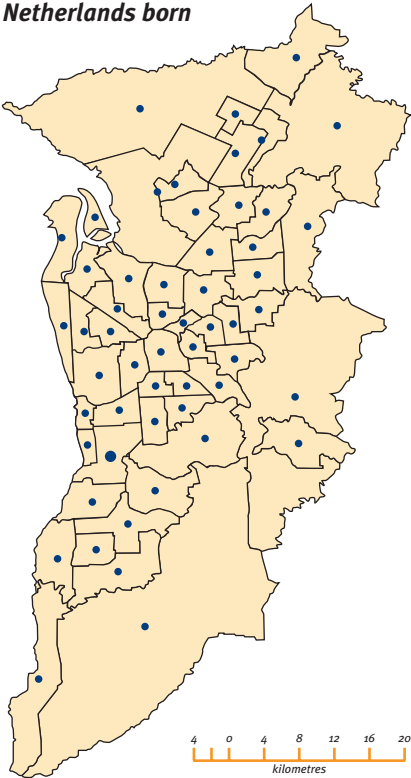
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- 0–100
- 101–1000
- 1001–5000
- 5001–10,000

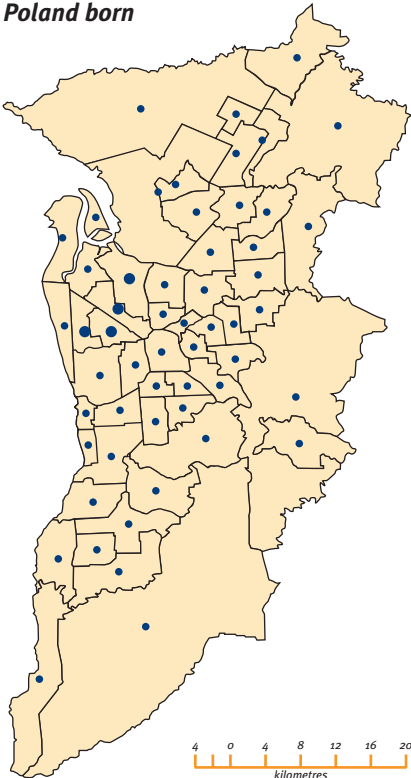
Germany born



Netherlands born



Poland born



Hungary born

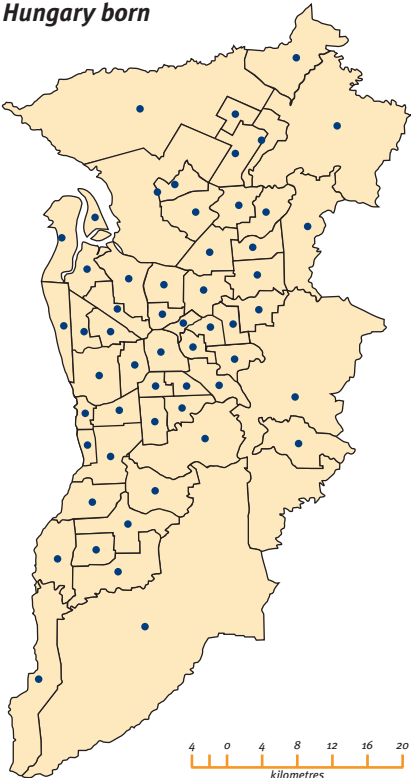


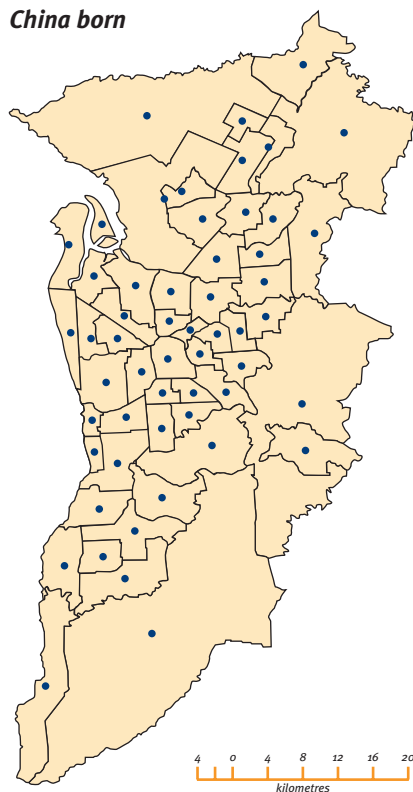
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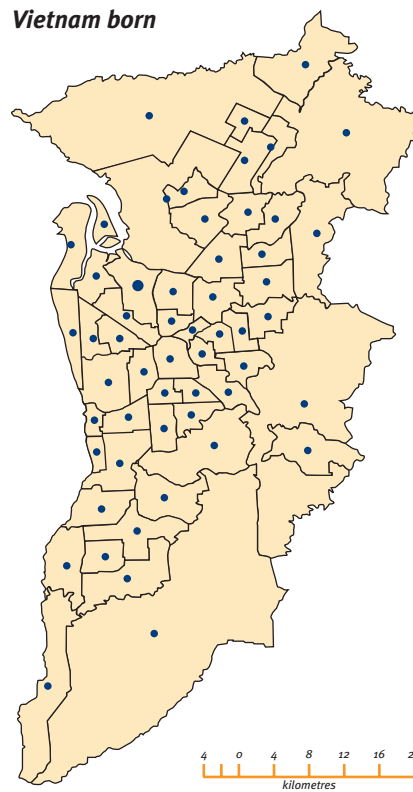
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- 0–100
- 101–1000
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- 5001–10,000

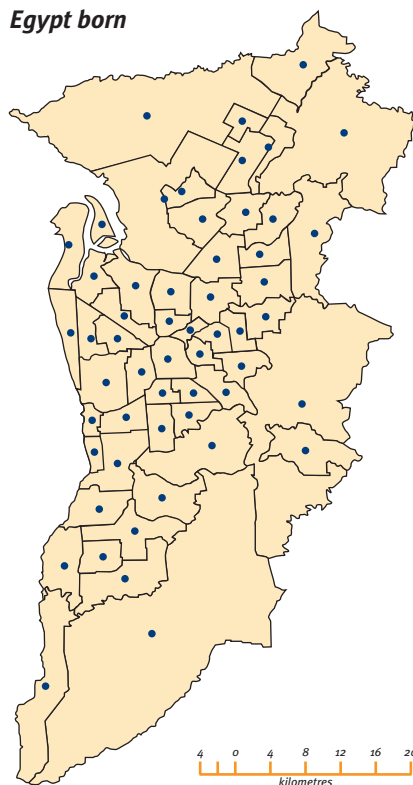
**China born**



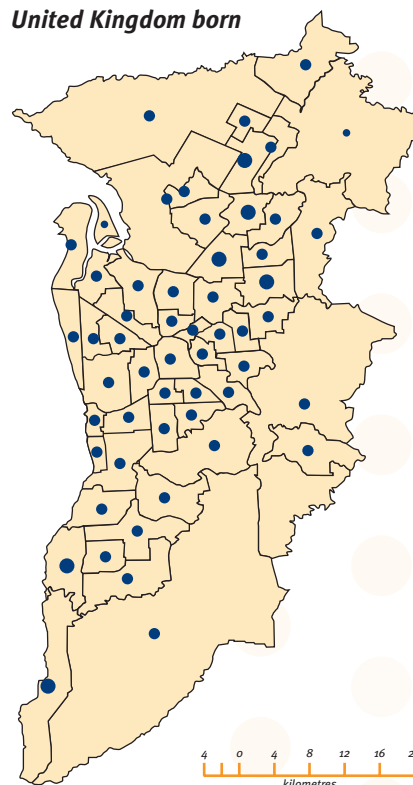
**Vietnam born**



**Egypt born**



**United Kingdom born**



Overwhelmingly then, the ethnic aged are distributed in the middle suburbs that were predominantly settled in the two decades following World War II. The major demand for services for this group is therefore concentrated in those areas—especially in the northern and western ‘middle’ suburbs. The local government areas of

Salisbury, Charles Sturt and Playford account for 44 percent of the older NES born population in Adelaide (Table 11.6). Charles Sturt alone has 18.1 percent of the ethnic aged population, with especially significant numbers of older people born in Italy (2,477), Greece (1,130) and Poland (447). Other major concentrations

of Italians can be found in Campbelltown (2,205) and Norwood, Payneham and St Peters (1,353). Major concentrations of older Greeks are in West Torrens (1,003), Port Adelaide Enfield (473) and Unley (428). The distribution of other ethnic groups is provided in the Appendix 14.4.

## Table 11.6

**Adelaide local government areas: people aged 65+ born in NES countries, 2006**

*Source: ABS 2006 Census*

Local government area	People aged 65+ born in NES countries	
	(No.)	(%)
Adelaide	292	0.8
Adelaide Hills	1,501	4.1
Burnside	292	0.8
Campbelltown	417	1.1
Charles Sturt	6,562	18.1
Gawler	301	0.8
Holdfast Bay	879	2.4
Marion	1,329	3.7
Mitcham	666	1.8
Norwood, Payneham and St Peters	1,370	3.8
Onkaparinga	2,835	7.8
Playford	3,934	10.8
Port Adelaide Enfield	2,089	5.8
Prospect	879	2.4
Salisbury	5,628	15.5
Tea Tree Gully	3,158	8.7
Unley	360	1.0
Walkerville	232	0.6
West Torrens	3,559	9.8
<b>Adelaide metropolitan area total</b>	<b>36,283</b>	<b>100.0</b>

The numbers of overseas-born people living outside Adelaide are very small; however, they are concentrated in particular localities. The general pattern is one of even greater concentration than was the case in the metropolitan area. The Outer Adelaide and Murray Lands statistical divisions have among the largest numbers of overseas-born aged from NES countries outside Adelaide. The major concentrations tend to be either in provincial cities such as Whyalla and Port Pirie, or in intensive farming areas such as the irrigated lands associated with the River Murray and the market gardening areas near Adelaide. There are also significant numbers in the Northern statistical division, mostly in the mining communities, especially in Coober Pedy and Andamooka. In fact, the Northern region has the largest proportional representation of NES origin aged. The lowest numerical proportional representation is in the wheat-sheep belt of the Yorke Peninsula and the Lower North, Eyre Peninsula and the South-East.

The largest NES birthplace group outside Adelaide is the Italian-born, who are most strongly represented in provincial cities such as Mount Gambier, Murray Bridge and Port Pirie, and in the intensive farming areas of the Riverland and the Outer Adelaide statistical division. The German born are the second largest group and they, too, are mainly found in the major regional cities, especially those of the Iron Triangle, the Riverland and the areas adjoining Adelaide. Polish and other European groups have a similar pattern to the German born. Greeks are heavily concentrated in the Riverland. The small numbers of ethnic aged living in non-metropolitan areas may mean that they are more isolated from both formal and informal support networks than their urban counterparts. Unfortunately we have little knowledge of their particular issues and needs. Service provision for them may be difficult given their small numbers and often geographical isolation, but need further investigation to identify policy and programs to provide improved service delivery.

## 11.2 Issues influencing the successful ageing of older CALD people

### 11.2.1 Language and communication

Language and communication are the predominant issues for most migrants from NES countries. Recently arrived migrants who settle in a new country later in life typically have more difficulty learning a new language than younger migrants. Reasons for these difficulties include the longer period that older people have spent outside education systems and classroom environments, the likelihood of lower education levels than younger migrants and a general difficulty that many older people face in learning new skills at an older age. Thus for more recently arrived older migrants, language barriers present a significant issue for daily communication. Table 11.7 shows the proficiency rates of spoken English among recent arrivals and long-term residents born in NES countries. When compared to the national figures, South Australia's more established migrants have slightly better English skills than the Australian average, but the most recent arrivals have slightly lower rates of English proficiency.

**Table 11.7**

**Proficiency in spoken English by period of arrival, South Australia and Australia**

*Source: ABS 2006 Census*

	South Australia		Australia	
	Arrived before July 2001 (%)	Arrived 2001–06 (%)	Arrived before July 2001 (%)	Arrived 2001–06 (%)
Very well	26.1	11.0	25.0	16.5
Well	40.9	21.0	36.5	18.8
Not well	27.9	32.5	29.9	28.2
Not at all	5.1	35.5	8.6	36.5

Yet language barriers can also be an issue for long-standing older migrants. While most migrants from NES backgrounds tend to have less language difficulties as time in the new country passes, the same is not always true for migrants at older ages. Older migrants who may have developed a good level of English after arrival (in their younger years) may revert to their first language during later life, as a result of cognitive decline and/or dementia. Further, there is also a gender difference in language ability, with many women continuing to experience lower levels of English proficiency because they had stayed at home to raise families, while men had learnt English in their workplaces. Communication is critical for appropriate service provision and

assistance, yet language issues may be difficult to overcome when they are associated with complex cultural associations. For example, difficult situations can arise for health and aged care providers in relation to colloquial expressions. Andary et al. (2003) note that ‘...the English word “blue”, is sometimes used as a lay term for depression, in Vietnamese it means “hope” or a state of “calmness”. In Russian slang, “blue” means drunk, while in German “blue” can be used to refer to someone who is gay’.

### 11.3 Residential aged care

many migrants in Australia have come from cultures with a strong tradition of family care for the elderly. Migrants may come from countries where residential aged care facilities are not available,

or if they are available they are often of poor quality and badly managed, or are only used by people who have no family. These groups may be less likely to use residential aged care due to negative stereotypes and cultural practices in their community; however, due to the changes in family structure and the increase in numbers of women working, for many families it is very difficult to care for family members at home. Appropriate residential aged care for migrants is an issue of concern, particularly for those who have limited English language and specific cultural needs, including food and religion. In addition to appropriate services there is also a need to address the cultural hurdles that are limiting families in accessing these services.

## Box 11.1

### Marketing aged care services to CALD older people and their families—complementary care

Assisting CALD older people in the community is a complex issue. While there is a significant need to provide appropriate services, there is also a need to encourage older CALD people and their families to access services and identify additional services that may be needed. Among some families and communities there can be reluctance to access services for older people due to the values and expectation that the family will be the primary provider of care. A Victorian study into the health and wellbeing of older refugees (Refugee Health Research Centre

2005) recommended that related aged care services should be marketed to elderly migrants as ‘complementing’ rather than ‘replacing’ family care, as this would overcome some of the cultural barriers to using aged care services. Marketing material that displays photos of care workers and families together, along with information on how aged care services can improve the quality of life for those being cared for (and the carers), may be useful in changing the perception of aged care services among ethnic communities.

Twenty-three residential aged care facilities were identified as catering for ethnic groups in South Australia (Table 11.8). These facilities provide an important style of residential accommodation for some older ethnic people in Adelaide. Unfortunately, there is little data available on the need for such accommodation, although

there is likely to be an unmet need for culturally and linguistically appropriate residential aged care services. Additional research into this issue is strongly recommended, and research with a focus on future needs for planning would be particularly useful.

Table 11.9 shows the birthplaces of permanent aged care facility

residents as at 30 June 2007. European birthplaces dominate the NES group of residents, and reflect the higher proportion of this group in the older population generally. Table 11.10 shows the preferred language of residents. Again, the preferred languages reflect the dominant birthplace groups.

## Table 11.8

### Ethnic residential aged care facilities in Adelaide

Source: Carelink website <<http://www.carelinksa.asn.au>>

Residential aged care facility	Suburb	Ethnic group	High care	Low care	Total
Regency Green Multicultural Aged Care	Regency Park	Indigenous or multicultural Chinese, Vietnamese, Spanish-speaking, Maltese, Filipino and Cambodian	80		80
Aegean Village Hostel	Christie Downs	Greek		40	40
Baltic Communities Home Inc.	Paradise	Baltic States (Estonia, Latvia and Lithuania)		30	30
Campbelltown Residential Aged Care Facility	Campbelltown	Italian	39		39
Clayton Church Homes – The Villa	Norwood	Hungarian		5	5
Domus Operosa High Care	Burton	Italian	30	50	80
Italian Village High Care	St Agnes	Italian	33	86	119
John Paul II Village	Klemzig	Polish		40	40
Norwood Nursing Home	Oakden	Hungarian and Serbian	40		40
Pennington Village	Pennington	Serbian, Russian, Polish, Ukrainian, German and Austrian		40	40
Rembrandt Court	Oaklands Park	Dutch		36	36
Ridleyton Greek Home for the Aged	Ridleyton	Greek and Greek Cypriot	52	68	120
Seaton Aged Care	Seaton	Ukrainian and Croatian	52		52
St Anna's Residential Care Facility	Brompton	Croatian, Belarusian and Ukrainian		37	37
St Basil's Croydon Park	Croydon Park	Greek		10	10
St Basil's Home St Peters	St Peters	Greek	32		32
St Hilarion Aged Care Findon	Findon	Italian	52		52
St Hilarion Aged Care Lockleys	Lockleys	Italian	50	5	55
St Teresa Aged Care	West Croydon	Polish	46		46
Villa St Hilarion – Fulham	Fulham	Italian	56		56
Warrina Court	Campbelltown	Dutch and Italian		35	35
Warrina Park	Paradise	Dutch and Italian		45	45
Wesley House – High Care	Semaphore Park	Russian	46		46

## Table 11.9

### South Australia: birthplace of permanent residential aged care facility residents, 2007

Source: AIHW 2008, *Residential Aged Care in Australia 2006–07*

Birthplace	Females	Males	Total
Australia	7,995	2,728	10,723
Other Oceania/New Zealand/Antarctica	41	14	55
UK and Ireland	1,448	590	2,038
North/West Europe	379	146	525
South/East Europe	900	515	1,415
North Africa/Middle East	31	20	51
Sub-Saharan Africa/South Africa	19	11	30
Southeast Asia	35	15	50
Northeast Asia	18	8	26
Southern Asia/Central Asia	51	18	69
North America	22	19	41
Other America/Caribbean	7	1	8
Other	0	1	1
<b>Total</b>	<b>10,946</b>	<b>4,086</b>	<b>15,032</b>

## Table 11.10

### South Australia: aged care residents preferred language, 30 June 2007

Source: IHW 2008

Preferred language	Females	Males	Total
English	9,990	3,599	13,589
Other Northern European	192	71	263
Southern European	427	244	671
Eastern European	311	160	471
Southwest Asian and North African	12	4	16
Southern Asian	10	2	12
Southeast Asian	12	8	20
Eastern Asian	15	6	21
African	0	0	0
Oceanic	0	0	0
Other	12	6	18
<b>Total</b>	<b>10,981</b>	<b>4,101</b>	<b>15,082</b>
Other	0	1	1
<b>Total</b>	<b>10,946</b>	<b>4,086</b>	<b>15,032</b>

#### 11.4 Home and community care packages

table 11.11 shows the distribution of HACC packages in South Australia by birthplace and Table 11.12 shows the distribution by

preferred language. As is the case with residential aged care, community care packages are also less likely to be used by NES migrants.

### Table 11.11

#### South Australia: HACC packages by birthplace groups, 2007

Source: IHW 2007, *Aged Care Packages in the Community 2006–07*

Birthplace	CACP	EACH	EACH Dementia
Australia	2,080	169	47
Other Oceania/New Zealand/Antarctica	8	2	0
UK and Ireland	442	43	10
North/West Europe	116	11	2
South/East Europe	381	37	8
North Africa/Middle East	23	1	2
Sub-Saharan Africa/South Africa	8	0	1
Southeast Asia	29	3	0
Northeast Asia	11	1	0
Southern Asia/Central Asia	13	0	2
North America	7	1	1
Other America/Caribbean	4	0	0
Other	0	0	0
<b>Total</b>	<b>3,122</b>	<b>268</b>	<b>73</b>



## Table 11.12

### South Australia: HACC recipients by preferred language, 2007

Source: AIHW 2007, *Aged Care Packages in the Community 2006–07*

Preferred language	CACP	EACH	EACH Dementia
Australian Indigenous	4	0	0
English	2,726	226	66
Other Northern European	56	2	1
Southern European	211	27	4
Eastern European	92	8	1
Southwest Asian and North African	7	1	1
Southern Asian	2	0	0
Southeast Asian	13	3	0
Eastern Asian	9	0	0
African	0	0	0
Oceanic	2	0	0
Other	5	0	0
<b>Total</b>	<b>3,127</b>	<b>167</b>	<b>73</b>

In South Australia, 17 language groups currently receive HACC funding for aged care services. Table 11.13 shows the range of

services provided, from meals services to transport and social support.

 **Table 11.13**
**South Australian CALD HACC funded programs***Source: Adapted from Office for the Ageing documentation*

<b>Group</b>	<b>Agency</b>	<b>Funded program</b>
<b>CALD – general</b>	Uniting Care Wesley Adelaide	Multicultural Community Services
	Uniting Care Wesley Port Adelaide	Ethnic Link Services
	Multicultural Communities Council of SA Inc.	Multicultural Communities Council Transport Service
	Multicultural Aged Care Inc.	Support for HACC sector
<b>South East Regional</b>	Association of Italo-Australian Pensioners and Elderly Inc.	South East Regional
<b>Arabic</b>	City of Salisbury and BASMA	Arabic Speaking HACC
	SALWA	Monthly Lunch Service
<b>Cambodian</b>	Aged Care and Housing Inc. and Cambodian Association	Cambodian Daily Care Centre (Northern)
<b>Chinese</b>	Overseas Chinese Association of SA Inc.	One Stop Respite Care Day Centre
	Chinese Welfare Association	Be A Friend
<b>Croatian</b>	Croatian Care for the Aged	Croatian Volunteer Home Visiting Service
<b>Filipino</b>	Goodwood Community Services Inc.	Day Program and Home Help
<b>German</b>	SA German Association	Welfare Centre for German Speaking Seniors
<b>Greek</b>	Goodwood Community Services Inc.	Day Program and Home Help
	Greek Orthodox Archdiocese of Australia	Greek Meals Service for the Aged, Community Services Coordination,
	Greek Orthodox Community of SA	Filoxenia, Greek Community Dementia Respite Service – Limani, Greek Pensioners of Thebarton
	St Basils Home for the Aged in SA (Vasileias)	Plateia
<b>Hungarian</b>	Association of the Hungarian Aged and Invalid People SA	Volunteer project
	Hungarian Caritaas Society	Volunteer expenses and meals service
<b>Italian</b>	Associazione Nazionale Famiglie Degli Emigrati Inc.	Day program and social support programs
	Co.As.It (SA) Italian Assistance Association Ltd.	Project officer
	Coordinating Italian Committee Inc.	Mensa Day Program, Day Care (Eastern Respite Care Service), APAIA Tiramisu Program and Nostra Casa
	Italian Benevolent Foundation SA	Healthy Lifestyle Dementia Respite Program, Pasa Tempo
	Italian Cultural Centre	Volunteer services
	Italian Home Delivered Meals and Services	PISA
<b>Jewish</b>	Jewish Community Services Inc.	Home and Community Care Program
<b>Latvian</b>	Latvian Association of SA Inc.	ALB Laima – support services
	Latvian Relief Society of Adelaide	Volunteer services
<b>Maltese</b>	Maltese Aged Care Association (SA) Inc.	ISMA Mal HACC – meals, transport
	Maltese Guild of SA Inc.	Volunteer Services – meals and transport
<b>Netherlands</b>	Netherlands Australian Aged Services Association Inc.	Dutch Community Services
<b>Polish</b>	Federation of Polish Organisation SA	Social support services
	Polish Link	Volunteer services
<b>Serbian</b>	Community Centre – Serbia and Montenegro SA Inc.	Volunteer services
	Serbian Australian Senior Citizens Club	Volunteer service
<b>Ukrainian</b>	Ukrainian Women's Association Inc.	Volunteer services
	Association of Ukrainians in South Australia	Home visiting service
<b>Vietnamese</b>	Vietnamese Community in Australia/SA Chapter Inc.	Vietnamese Carer Support Group and Respite Program
	Vietnamese Women's Association	Identify services

## Box 11.2

### Ethnic Link Services

Ethnic Link Services (ELS) was created in response to the needs of older people of CALD background and focuses on the frail aged Home and Community Care (HACC) target group. The services work across the greater metropolitan Adelaide area and parts of the state where there are clusters of older people of CALD background, such as the Riverland and Whyalla. ELS is ethno-specific, in that it is provided by bi-cultural, bilingual workers who speak the language of the client and are from the client's community. Bilingual workers differ from interpreters in that they have a much broader role and direct service involvement with clients. ELS has 45 staff who are fluent in more than 30 languages spoken in established and new and emerging communities. Clients include CALD elderly people from 60 different cultural backgrounds, including people from the larger communities as well as those

from the very small communities that have no specific funded aged service.

The program's aim is to ensure that people of CALD backgrounds have access to support and services that will enable them to remain living in their own homes. It does this by linking clients to a range of services through language assistance and personal advocacy. ELS works with other agencies to ensure CALD clients' needs are understood and that clients are not disadvantaged by their limited English language skills. The other agencies include community organisations, such as ethnic communities and others, non-government and government agencies, health services including allied health and mental health, disability services, respite services and a range of HACC funded aged care services.

### 11.5 Recently arrived older migrants

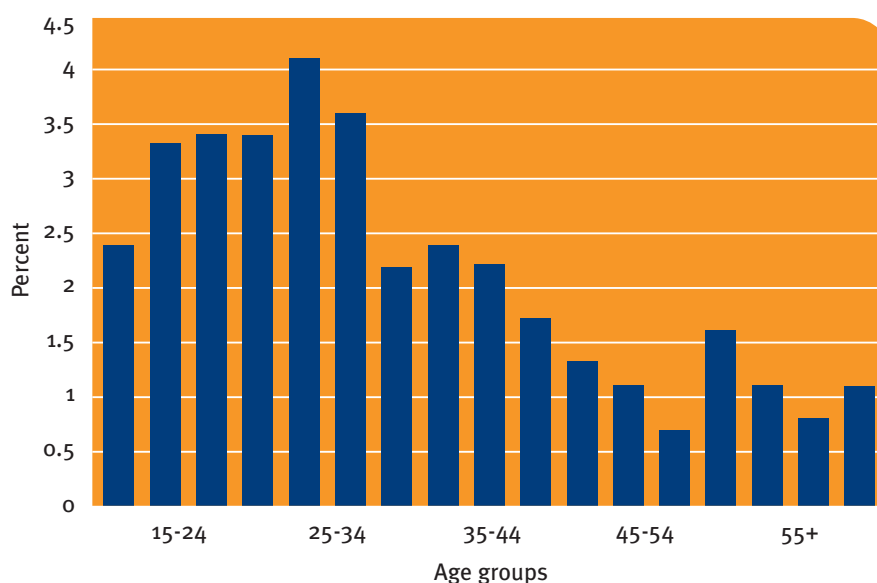
while the majority of older people from CALD countries of birth arrived as young migrants many years ago, there are a significant proportion of older people who arrived at older ages. Figure 11.3 shows the proportion of migrants who were 65+ on arrival, for the period 1991–92 to 2007–08. A significant decline in the proportion of migrants who

are older can be seen from the mid-1990s onwards. This reflects the reduction in family reunion settler arrivals, and the increasing emphasis on skilled migration by the federal government. In addition to settler arrivals, older people may come to Australia on short- or long-term visas, and some may change categories after arrival and become permanent settlers later.

### Figure 11.3

**South Australia: percent of all settler arrivals aged 65+, 1991–92 to 2007–08**

*Source: Commonwealth Department of Immigration and Citizenship (DIAC) unpublished data*



The English proficiency levels among recently arrived older migrants are much lower than long-standing migrants (Table 11.7). This is in part a reflection of the visa type on which older migrants enter Australia, with fewer older migrants coming on visas related to employment (which have English proficiency conditions attached). Many older people may not be eligible for permanent visas and come to Australia on long-term (not permanent) visas. Some of these long-term arrivals may later transfer to permanent visas. Visa type can be a significant issue for older people as some visas exclude people from accessing government support such as the aged pension and Medicare. Table 11.14 shows that South Australia receives a considerable number of people aged 65+ as settler arrivals and long- and short-term visitors. Table 11.15 shows the distribution of different family migration visas for older people. An increase in parent visas in the past five years

can be seen. Changes to the parent visa system occurred in 2003 and the Contributory Aged Parent visas were introduced. This visa requires sponsors in Australia to pay a significant amount of money to the government in recognition of the anticipated higher costs, especially in health costs, in bringing an older person to Australia.

Family reunion issues that arise with the arrival of older parents have been discussed in the literature. The migration of people later in life sees people launched into a new culture at an age when they are coming to grips with their own old age, and are less flexible and less motivated to adjust (Thomas 2003). Thomas argues that, on the surface, reuniting elderly parents with their adult children in Australia seems an 'attractive proposition'. It facilitates the filial duties of the young, as well as the desires of the older generation to be close to and contribute to the

family. Unfortunately, outcomes can be radically different from expectations. For example, in many NES countries, extended family situations mean that most married adult children live in their parents' house. On migration, this situation is reversed and parents come to live in their children's home. Under these circumstances, the structure of authority and the flow of support are inverted. In addition, 'culture clash', language barriers, financial dependence and social isolation issues can contribute to difficult reunions. Despite this, the benefits of having extended family in Australia for migrants must also be recognised. Many grandparents provide much-needed support for migrant families, especially in terms of childcare and household assistance. Members of the older generation are also important 'culture keepers' and play an integral role in the maintenance of language and traditions in Australia.

## Table 11.14

South Australia: category of traveller, aged 65+, 2001–02 to 2005–06

Source: DIAC unpublished data

	Females	Males	Total
<b>Settler arrival</b>	139	176	1,373
Long-term resident return	386	352	2,903
Long-term visitor arrival	240	218	1,876
Short-term resident return	34,989	32,951	274,967
Short-term visitor arrival	23,526	24,845	163,242
Resident permanent departure	220	267	1,986
Long-term resident departure	239	188	2,825
Long-term visitor departure	271	328	1,658
Short-term resident departure	35,854	29,578	279,991
Short-term visitor departure	22,658	25,952	174,202

## Table 11.15

Australia: settler arrivals, family migration visa by age, 2003–04 to 2007–08

Source: DIAC unpublished data

Year	Visa type	Age group			
		50–54	55–59	60–64	65+
2003–04	Spouse and fiancées	442	238	134	136
	Parent	299	509	592	892
	Other family	90	46	36	62
	Family migration total	831	793	762	1,090
2004–05	Spouse and fiancées	485	254	121	129
	Parent	611	973	992	1,802
	Other family	68	62	43	56
	Family migration total	1,164	1,289	1,156	1,987
2005–06	Spouse and fiancées	558	275	151	155
	Parent	500	818	766	1,298
	Other family	78	39	30	79
	Family migration total	1,136	1,132	947	1,532
2006–07	Spouse and fiancées	599	308	176	147
	Parent	441	680	715	1,383
	Other family	89	57	46	90
	Family migration total	1,129	1,045	937	1,620
2007–08	Spouse and fiancées	564	354	183	185
	Parent	538	830	926	1,431
	Other family	98	79	43	128
	Family migration total	1,200	1,263	1,152	1,744

### 11.6 Older refugees

Finally, special mention must be made of a particularly vulnerable group of older migrants. South Australia has received 29 refugees aged 65+ in the past five years (DIAC unpublished data). While this is a relatively small group of people, older refugees, whether they have recently arrived or have been living in Australia for a longer period, may have additional service needs related to their migration experience. Old age can bring psychopathology and distress to the migrants who entered Australia as refugees or asylum seekers and have experienced significant trauma due to war, violence, hardship in refugee camps, death or disappearance of loved ones, and family separation. Refugees may come from societies in which the elders are seen as the source of experience and wisdom. Such

societies tend to belong to an era where life was short and harsh, so that the inhabitants reached the end of their lives before they reached the end of their faculties. In these situations, the ‘elders’ were, chronologically, what we in Australia refer to as middle aged. Refugees may be surprised to learn that they are not old by the new country’s standards and that they are expected to work and study in their country of settlement, where they would have been supported and cared for in their home country. Further, a growing awareness of mortality can contribute to post-traumatic stress symptoms and chronic illnesses may be more significant among this older population. Under these circumstances, and with South Australia’s increased proportional share of refugee settlers, it is noted that this group must be effectively supported in the ageing process.

### 11.7 Needs and services associated with religious diversity

another aspect of the multicultural nature of the ageing population is the diversity of religious beliefs. Along with language needs, older migrants often have significant religious customs that they want to continue observing. Table 11.16 shows the range of religions reported in the 2006 Census by older people in South Australia. At older ages, religion may increase in importance for many people and religious preferences should be accommodated in residential aged care facilities and by service providers wherever possible. Religious groups often provide much needed support for older migrants.

 **Table 11.16**
**Religious affiliation by selected age groups, South Australia, 2006***Source: ABS 2006 Census*

<b>Religious affiliation</b>	<b>65-74</b>	<b>75-84</b>	<b>85+</b>	<b>Total 65+ (No.)</b>	<b>Total 65+ (%)</b>
<i>Buddhism</i>	681	401	129	1,211	0.6
<i>Christianity:</i>					
Anglican	24,965	20,224	7,599	52,788	25.2
Baptist	2,411	1,902	781	5,094	2.4
Brethren	87	41	18	146	0.1
Catholic	25,095	17,989	4,878	47,962	22.9
Churches of Christ	1,061	939	385	2,385	1.1
Eastern Orthodox	5,108	2,710	541	8,359	4.0
Jehovah's Witnesses	616	391	119	1,126	0.5
Latter Day Saints	246	144	35	425	0.2
Lutheran	5,892	5,111	1,693	12,696	6.1
Oriental Orthodox	16	19	5	40	0.0
Other Protestant	250	200	138	588	0.3
Pentecostal	1,223	586	138	1,947	0.9
Presbyterian and Reformed	3,132	2,564	916	6,612	3.2
Salvation Army	664	551	215	1,430	0.7
Seventh-day Adventist	240	205	81	526	0.3
Uniting Church	17,471	15,526	6,678	39,675	18.9
Christian – not further defined	1,206	669	223	2,098	1.0
Other Christian	358	223	124	705	0.3
<i>Total</i>	<i>90,041</i>	<i>69,994</i>	<i>24,567</i>	<i>184,602</i>	<i>88.0</i>
<b>Hinduism</b>	<b>110</b>	<b>43</b>	<b>11</b>	<b>164</b>	<b>0.1</b>
<b>Islam</b>	<b>215</b>	<b>72</b>	<b>18</b>	<b>305</b>	<b>0.1</b>
<b>Judaism</b>	<b>77</b>	<b>78</b>	<b>41</b>	<b>196</b>	<b>0.9</b>
<i>Other religions:</i>					
Australian Aboriginal traditional religions	6	0	0	6	0.0
Other religious groups	338	187	59	584	0.3
<i>Total</i>	<i>344</i>	<i>187</i>	<i>59</i>	<i>590</i>	<i>0.3</i>
<i>No religion</i>	<i>12,387</i>	<i>7,574</i>	<i>2,291</i>	<i>22,252</i>	<i>10.6</i>
<i>Other religious affiliation</i>	<i>219</i>	<i>143</i>	<i>41</i>	<i>403</i>	<i>0.2</i>



In recognising the specific needs of older people from culturally and linguistically different backgrounds, innovative approaches to services and support are needed. As the groups

requiring aged care services are going to alter dramatically during the next few decades, flexible approaches that enable tailored support to specific communities will be needed. In addition,

ongoing scoping of ethnic groups' needs will be required to ensure emerging communities are included in the programs and funding available.

## Box 11.3

### LACE project—relieving social isolation

The LACE (Language and Cultural Exchange) project takes a novel approach to alleviating social isolation for older people from non-English speaking backgrounds. It links language students to clients with the same language for communication, thereby relieving the isolation

of clients and enabling students to practise their study language. In 2006–07, funding was provided to enable 20 frail aged CALD people to receive visits from mature aged language students.

### 11.8 Policy implications

For the CALD communities in South Australia, it is the small, emerging and regional communities that require some additional consideration in planning and service provision. It is recommended, due to the changing nature of demand among older CALD communities, and anticipating that different communities will require aged support at different times in the coming decades, that flexible and long-term strategies of service provision are considered. Fortunately, these communities are already present in South Australia and there is demographic data available to assist in developing these plans.

What is still relatively unknown is the type of services that will be required by future cohorts of CALD elders. Further research into the expectations and needs of these groups is therefore recommended to assist these communities and service providers in planning.

Specific recommendations for the aged care sector would include further promotion of the use of appropriate interpreters as language barriers continue to be a concern for many CALD older people. CALD specific programs that aim to reduce loneliness and isolation should also be promoted and extended as they can be a critical link between the community and older people.

### 11.9 Conclusion

Older migrants from culturally and linguistically diverse countries also have specific needs related to their lower levels of English proficiency and cultural backgrounds. This chapter has demonstrated the importance of older people within these communities. Older people in ethnic communities are often the 'culture keepers' and play an integral role in the survival of languages and cultural traditions. South Australia will continue to experience increases in the ethnic aged population and must continue to improve the flexibility and appropriateness of services that are available to encourage these elders to participate fully in their own communities and in wider social settings.



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# 12 : Conclusion

**There has been a growing recognition in South Australia that as a society we are ageing, in the sense that an increasing share of our population is in the older age groups. This recognition, however, has not been accompanied by a full appreciation of what opportunities, as well as challenges, this change presents to the state.**

*Improving with Age: Our Ageing Plan for South Australia*, developed by the Office for the Ageing, provides a blueprint for not only achieving such an understanding, but also for taking actions to ensure the wellbeing of older South Australians and to capitalise on the potential benefits of ageing. Too often ageing is seen as something to be ‘coped with’ and as a cost for, rather than a contribution to, the wider society and economy. At one level there is a need for a cultural shift in South Australia—and Australia—away from seeing ageing only as a challenge towards also appreciating and capitalising on the opportunities that it presents.

In this concluding chapter we first examine the latest ABS projections of the likely growth of the South Australian older population during the next few decades. Second, there is a brief summary of some of the challenges that the state faces as a result of ageing, as well as some of the opportunities that it presents. Finally we present some recommendations arising from the various chapters of the study.

## 12.1 The future South Australian older population

Four major changes will occur in the South Australian older population during the next quarter century. Firstly the number of people aged 65+ will almost double, as is indicated in Table 12.1. It also indicates that the numbers aged 75+ will more than double. The sheer growth of the older population of the state will place a considerable burden on resources. In this respect the growth of the 75+ age group, which uses health and aged care services more intensely, presents particular challenges. New and more efficient and effective ways of providing these services are required, especially if current levels of obesity and high risk of chronic diseases are maintained by baby boomers.

**Table 12.1**  
**South Australia: population projections—selected years and age groups**

*Source: ABS Population Projections 2008, series B*

	Population aged 65+		Population aged 75+	
	(No.)	(%)	(No.)	(%)
2006	236,561	15.1	118,727	7.6
2011	265,039	16.1	128,076	7.8
2021	354,594	19.6	162,131	9.0
2031	442,074	22.6	229,155	11.7
2051	529,313	24.5	303,715	14.1

The second major change will be in the ratio of the older population to the working-age population. Much will depend on the patterns of fertility and international migration in South Australia over this period. Figure 12.1 shows the pattern of change in the state's age structure that was projected by the ABS after the release of the 2001 Census results. At this time, South Australia's population was very low and the ABS was predicting that the state's population would begin to decline before 2020. The

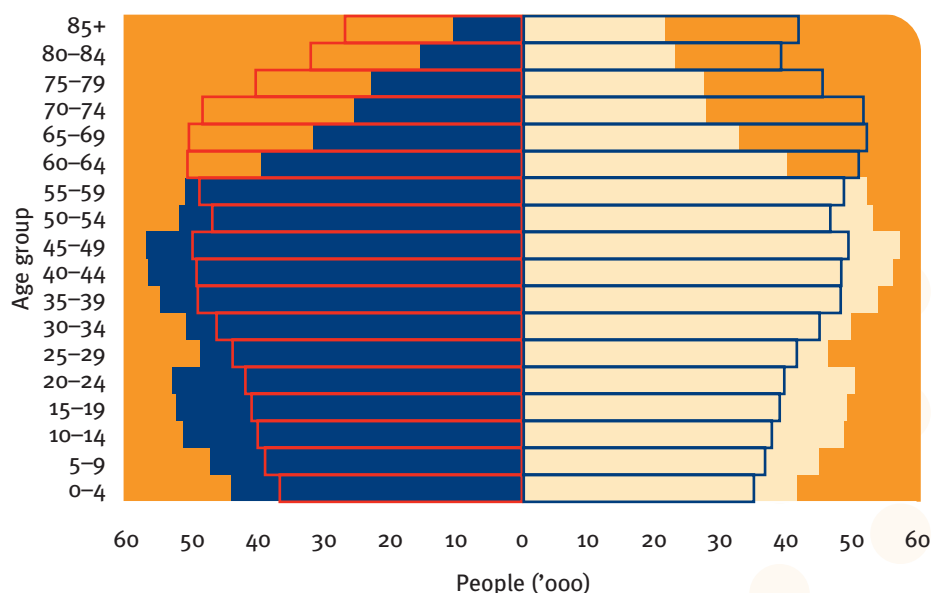
age pyramid shows that under that scenario almost all of the anticipated population growth to 2031 would be in the older age groups. The ratio of people aged 65+ to those aged 15–64 would increase from 25.2 in 2006 to 51.8 in 2031. Subsequently, however, there has been a significant recovery of population growth in South Australia and the ABS has released a new set of projections based on the 2006 Census that assumes continued population growth. Hence Figure 12.2 shows that while there is a similar level

of growth of the older population, as in the earlier projections, there is now anticipated growth in the younger ages. Accordingly the increase in the ratio of people aged 65+ to those aged 15–64 is considerably less—from 22.9 to 42.7. The substantial difference between the two scenarios is of relevance. It influences the extent to which intergenerational transfers are available to support the older population and the extent to which baby boomers leaving the workforce due to retirement will be replaced.

**Figure 12.1**  
South Australia: projected age and sex distribution of the population, 2006 and 2031

Source: ABS 2003

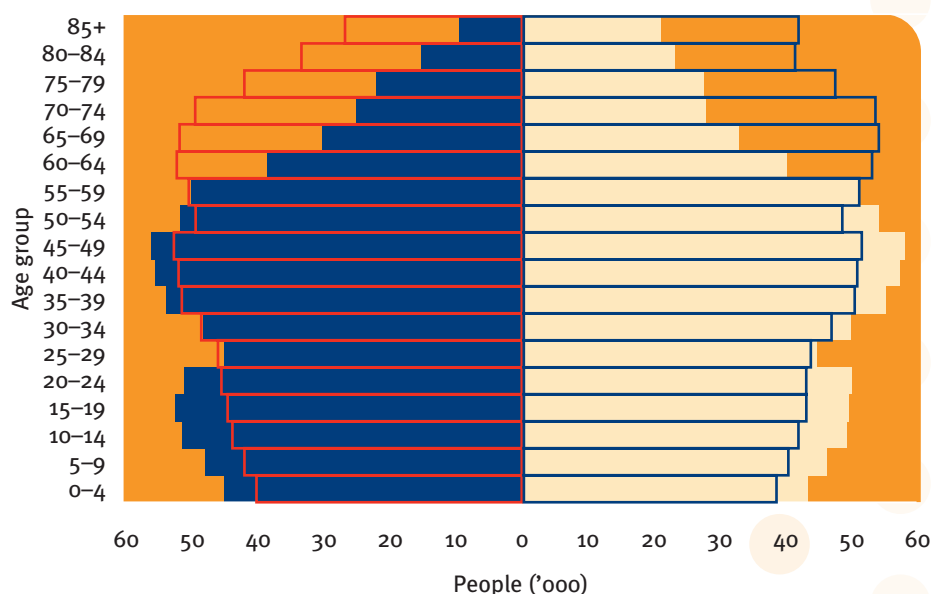
- 2006 Males
- 2006 Females
- 2031 Males
- 2031 Females



**Figure 12.2**  
South Australia: age and sex distribution of the population in 2006 and projected 2031

Source: ABS 2006 Estimated Resident Population data and 2008 Population Projections, Series B

- 2006 Males
- 2006 Females
- 2031 Males
- 2031 Females



The third way in which the South Australian older population will change during the next quarter century is with respect to its composition. As older people, the baby boomers will be different to the current generation of older South Australians. While they will be similar in that the incidence of chronic disease will increase and most will not be in the paid workforce, their characteristics, attitudes and expectations will be different. The baby boomers have had different levels of opportunity from the current generation of older South Australians and have lived through a different range of events. Their attitudes are different: they are likely to differ in terms of the extent to which they remain in the family home, the extent to which they will move temporarily and permanently, and the extent to which they will volunteer. Some key ways in which they are different is that they have a smaller number of children than the previous generation and their children are more likely to live outside South Australia. They are more likely to be without a partner than earlier generations. They are more likely to have travelled or lived outside Australia. They are better off on entering old age than the earlier generation. All of these things will shape their ability to achieve successful ageing and what type of things they do during their latter years. The challenge here is finding the ways in which they are different and how services should be adjusted to deal with those differences.

One example of a characteristic of baby boomers that is going to influence their experience in older age is the fact that baby boomers have a significantly higher incidence of overweight and obesity than earlier generations

entering the older ages. It has been shown (Adams et al. 2008) that if these levels are maintained into older ages they will have substantially higher levels of chronic disease, such as diabetes, and disability. This would mean that the health system would be hit by a ‘double whammy’—double the number of older people and a higher per capita incidence of chronic disease among them. Hence, reducing obesity and overweight among this group must be a priority.

The fourth way in which the next generation of older South Australians will differ from their predecessors is in where they will live. To a much greater extent they will be living in low-density outer suburban areas with concentrated service provision and low density of public transport coverage. These areas are currently not conducive to the needs of older people and successful ageing.

South Australia’s Strategic Plan has set targets to guide policy and planning; however, it is largely devoid of targets focused on the older population. This is a significant gap, since they are already a substantial proportion of the population and will be close to a third of the population in a quarter of a century’s time. It is important that ageing issues are given due recognition in the next revision of the Strategic Plan. This not only applies to maintaining the wellbeing of older South Australians, but also should include targets that relate to the positive role that older people can play in the state’s movement towards greater prosperity and sustainability.

## 12.2 Opportunities

As indicated earlier, ageing is too often seen in terms of ‘problems’. It is one of the themes of this report that ageing presents this state with opportunities that if taken up, can contribute to the state’s broader social and economic goals. To do this, however, there needs to be a conceptual shift in the wider South Australian community that appreciates the contribution older people can make provided they are given the opportunity. This conceptual change, especially among key groups including policy workers and employers, is a fundamental prerequisite if the state is to capitalise on these opportunities. It is one of the findings of this report that South Australia is in an excellent position to become a world leader in positive ageing. All high-income nations are being confronted with a similar demographic situation to Australia, with the aged becoming numerically and proportionately more important. This state is potentially able to develop mechanisms of best practice in providing services to older populations in more effective, equitable and efficient ways, engaging the older population effectively in the workforce and making full use of the ideals of this group. Not only can this be a model for other jurisdictions, but also the state’s ‘ageing industry’ can be a contribution to the economy.

An important strategy to cope with demographic ageing is to prolong the time that older people can remain in the workforce. Developing effective mechanisms to facilitate this provides a significant opportunity for developing transitions between

retirement and work, retraining, improving the health of older workers, facilitating knowledge transfer to younger workers, developing industrial systems that encourage older workers to remain in the workforce, and identifying areas where older workers can make a contribution. These are all areas where best practice can be developed.

**To what extent can older workers be used to meet the demands that will be needed for services by the rapidly increasing old-old population?**

Moreover, this focus should not be confined to the paid workforce.

**To what extent can the young-old be a new force of volunteers who will be needed to care for the old-old population?**

For example, a universal issue of significance among older South Australians is transport. Public transport is an obstacle to both metropolitan and non-metropolitan based older people engaging in social interaction and accessing services. Can young-old volunteers meet a part of this need?

There is also considerable scope for social innovation in developing better ways to deliver housing, health services and aged care services to older people using information technology, the array of young-old workers and volunteers, and the social and economic resources of older people themselves. South Australia was the first jurisdiction in Australia to initiate a Social Inclusion Unit to overcome social exclusion. Older people are at risk of social exclusion by virtue of their limited mobility and the fact that there is a higher proportion of them living alone than any other age group. Moreover, high

exclusion risk characteristics such as poverty, inability to speak English and poor housing become more significant in older age. Developing social inclusion initiatives designed to improve the situation of excluded older South Australians is important not only for the wellbeing of the elderly in this state but also for developing models for use elsewhere.

It has been shown that older people are among the best off in the community; hence they represent an important economic asset of spenders. Felmingham and Jackson (2002) have shown how the older population can be an economic asset to communities by virtue of their own wealth and the Commonwealth and state money that they attract. Especially in country areas the older population can be the basis, or a driver, for economic development. Too often local government sees older people as 'non-spenders' and consumers of community services and do not appreciate their role in economic management.

The role that older people can play in moving towards a more sustainable society has not been explored. It is clear that behaviours across a range of areas influencing the environment need to change in Australia if the national good of sustainability can be appreciated. Can older people play a special role for example in achieving higher levels of environmental stewardship?

### 12.3 Policy implications

Although each of the chapters in this study has drawn out the policy implications of its findings, some of these are reiterated here.

We observed that there are limiting factors on indefinite growth in older workers' employment, including health constraints. Nevertheless, as discussed in detail in chapter 5, there are policy implications associated with the imperative for baby boomers to delay retirement. These include, but are not limited to:

- enhanced incentives to remain in work longer
- reduced incentives to retire early
- improved information available about future entitlements from superannuation
- increased awareness of anti-age discrimination legislation.

In the meantime, of more immediate concern for many current retirees and baby boomers contemplating retirement is the realisation that the current global financial crisis is responsible for massive devaluation of assets including superannuation savings. Some retirees with significant investments have been caught in a bind of collapsing asset values while still being unable to claim an age pension. This change requires recognition by Commonwealth and state governments, and this is being done. Recently announced changes include protecting bank deposits and reducing deeming when assessing income from financial investments for social security pensions and allowance purposes. The Commonwealth move to reduce the rate from 4 percent to 3 percent on the first \$41,000 for a single pensioner and \$68,200 for a pensioner couple from mid-November 2008 is a first



step in recognition of this major change in assets valuations, and it is likely that further adjustments will be made in the near future.

Retirement is increasingly a phased process rather than an event, delayed for many people by the recent crisis, but more generally social norms about retirement as well as individual circumstances interact in complex ways. As a consequence, in coming years the idea of 'years to retirement' rather than chronological age may be a critical variable that needs to be given increased emphasis in the development of interventions and strategies to promote increased labour force participation and assist with more precise planning for transition to retirement.

When older unemployed jobseekers find it harder to get jobs than their younger counterparts it might reflect age discrimination by employers who cite a skills mismatch as justification. But it could also be insufficient help or inadequate brokerage from Job Network providers and vocational training providers, because we know that the incidence of training in Australia declines significantly with age. We observed that there are obviously limiting factors on indefinite growth in older workers' employment, including health constraints. Nevertheless, relative to other OECD countries, a high proportion of older Australians who are not in the labour force are on disability benefits and only a fraction of these receives vocational rehabilitation (OECD 2005). These constitute a mixture of policy implications that straddles Commonwealth, state and local government policy jurisdictions, but nevertheless

this warrants concerted effort by all levels of government. Factors that offer opportunities to further improve the employability of older workers, in addition to those mentioned above, could include:

- monitoring of disability benefits and rehabilitation more closely than in the past
- broadened eligibility for the Workplace Modifications Scheme
- opening up job-search assistance to older jobseekers who do not receive assistance from either Centrelink or Job Network providers
- improved arrangements for the recognition of prior learning (RPL).

Taylor (2006) identifies a range of things that managers and public policy planners can do to meet the baby boomer intentions for later retirement and to reap employer/employee mutual rewards in terms of higher productivity and avoidance of skill shortages. These include:

- changing attitudes to ageing workers within organisations, including raising awareness of the benefits of retaining older workers and addressing ageism
- tailoring training to the needs of older workers and ensuring training opportunities are available throughout workers' entire working life
- facilitating promotion and internal job changes
- offering flexible working practices (hours of work), such as ensuring workers maintain some control over start and finish times
- attending to workplace design and health promotion, such as ergonomics and designing jobs and workplaces to prevent or

address a functional decline of workers

- developing specific programs to facilitate employment exit and the transition to retirement, including the timing and nature of retirement, and gradual or phased retirement.

As suggested earlier, retirement is becoming a phased process rather than an event which occurs at a particular age. Therefore, the idea of 'years to retirement', rather than chronological age, may be given increased emphasis in promoting increased labour force participation. Policy responses that distinguish between the various causes and ameliorations of an ageing labour force can highlight options for retaining, valuing and benefiting from older workers. South Australians have little reason to be alarmed about population ageing of the labour force in the foreseeable future.

The ageing population has the following health implications:

- Efforts need to be made to ensure older men make appropriate use of preventive medicines that may lessen the need for acute services in future. Increased education of elderly men, their carers/spouses and GPs about the importance of preventive health care should be a priority. At the same time, South Australia's Ageing Plan continues to support the Quality Use of Medicines Program that is reducing overuse and inappropriate use of medicines.
- Data from ALSA has been used to track changes in functional status and activity patterns. It is clear from the research looking at health transitions over time that ageing does not consist of a progressive and

inevitable decline in function and health, but rather moves in a much less linear fashion, in which a temporary decline may be offset by substantial or complete recovery. We need to identify the characteristics that define individuals or groups who are able to reverse apparent deteriorations in function and health status. An understanding of these characteristics may ultimately lead to the development of intervention strategies for the prevention and minimisation of disability and its consequences.

- The National Strategy for an Older Australia (2002, p.121) states that ‘the leading causes of ill health and disability in the Australian population are chronic non-communicable, preventable diseases that relate to the known common risk factors of smoking, nutrition, alcohol consumption, physical inactivity, high blood pressure and high cholesterol’. The health of future generations of older people will be influenced by their health before reaching old age. There is a need to be aware of conditions that may be increasing in incidence.
- The plan for South Australia is to have a health system that is easy for people to use and to focus on health promotion, illness prevention and early intervention to improve the health and wellbeing of older people. The plan aims to continue to demonstrate the benefits of activity on good mental health, disease prevention and social connection.

There were also several policy implications relating to social support:

- Social networks provide opportunities for social support, social influence, social engagement, interpersonal contact and access to financial and health care resources. Strategies to promote the establishment and maintenance of such relationships in later life deserve further attention.
- Local government has a pivotal role to play in the provision of services that support people to live independently in their own homes and remain connected to their neighbourhood and local community. The South Australian Government’s social inclusion agenda is tackling the issues for those who are at risk of becoming isolated.
- Investment needs to be made in identifying and developing strategies that enable older people to establish and maintain new or existing relationships with friends. These could range from environmental factors such as ensuring access to good public transport (to visit friends once they move) to more proximal factors (for example, programs run by GPs or local councils that promote to the elderly the importance of maintaining friendships for good health; ensuring GPs are aware of the importance of friendship networks and that changes to these networks could signal declines in health and functioning).
- Maintenance of family ties can assist in relieving the negative consequences of disability. Policies should ensure that mechanisms that enable those with disabilities to remain in the

community do not transfer the burden of care to adult children, particularly in light of the increasing pressure on them to remain in the workforce.

- Attention needs to be drawn to the fact that changes to social networks could signal declines in health outcomes and functioning. Assessment of need (for example, for residential or community care or assistance with disabilities) should include consideration of the availability and continuity of different types of social networks.
- Older people should be encouraged and supported in using information technology. They should be made aware that this technology can support their ongoing participation in society by giving them the ability to communicate with people all over the world, the potential for further learning and access to health information and services that assist with ‘ageing in place’. We must ensure this technology is accessible to older people. The South Australian Government has recommended the support of community libraries as an important resource for older people, not only for the provision of information technology, but also information about local services and activities
- Government strategies that actively promote volunteerism are important because volunteering can increase older people’s contribution to the social and economic wellbeing of the state and it can fit into a broader strategy of planning for a healthy ageing population, as it can increase the life choices of older people and improve their health if the option is taken up.

- Older people tend to be motivated to volunteer because of community obligation factors and a desire to provide a social service. This has implications for how to direct recruitment campaigns for volunteer-involving organisations. Where governments are interested in promoting volunteering by people who will form the post-retirement cohort in years to come, programs may target the baby boomers aged 45+.
- Triggers for first-time volunteering include transition periods such as retirement or when a spouse dies; however, some advocates suggest that waiting for baby boomers to retire before recruiting them to volunteering may be too late.

South Australia, like all jurisdictions in high income countries, is experiencing ageing of its population. Moreover, it is on the verge of an unprecedented increase in the number of older people and in the proportion they make up of the total population. This represents a significant challenge to the state's community and government; however, it also represents a major opportunity. The state has a strong history of social innovation and it has the opportunity to build on these foundations to lead the world in developing innovative policies and programs that will not only protect and enhance the wellbeing of older people in South Australia, but also contribute to achieving a more sustainable,

equitable and prosperous overall society. Innovation in maintaining older people in the workforce, making full use of their skills and experience, harnessing information technology to enhance older people's lives and access to services, achieving greater social inclusiveness of older people and improving equity and efficiency in housing, service provision and health outcomes for older people are among the areas where best practice will not only enhance the lives of older South Australians, but also be an example, and export, to similarly ageing communities across the world.

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# 14 : Appendices

**Table 14.1**

**Population change in Adelaide statistical division, statistical local areas in the 55–64, 65–74 and 75+ age groups between the 2001 and 2006 Censuses**

*source: ABS 2001 and 2006 Censuses*

SLA	2001	2006	2001	2006	2001	2006	Av. An. growth rate 2001–06			Difference 2001–06		
	55–64	65–74	75+	55–64	65–74	75+	55–64	65–74	75+	55–64	65–74	75+
<b>Gawler (T)</b>	1,616	1,938	1,478	1,568	1,276	1,563	3.70	1.19	4.14	322	90	287
<b>Playford (C)</b>												
East Central	1,155	1,480	791	919	431	726	5.08	3.05	10.99	325	128	295
Elizabeth	2,286	2,350	2,540	2,240	1,820	2,097	0.55	–2.48	2.87	64	–300	277
Hills	280	391	123	163	60	93	6.91	5.79	9.16	111	40	33
West	720	950	563	643	221	322	5.70	2.69	7.82	230	80	101
West Central	986	1,116	710	742	343	490	2.51	0.89	7.39	130	32	147
<b>Port Adel. Enfield (C)</b>												
East	2,670	3,300	2,501	2,412	2,016	2,433	4.33	–0.72	3.83	630	–89	417
Inner	1,573	1,674	1,768	1,375	2,098	2,179	1.25	–4.90	0.76	101	–393	81
<b>Salisbury (C)</b>												
Central	2,311	2,797	1,568	1,851	1,251	1,572	3.89	3.37	4.67	486	283	321
Inner North	1,517	2,003	857	972	432	638	5.72	2.55	8.11	486	115	206
North–East	2,122	2,508	1,365	1,588	743	1,160	3.40	3.07	9.32	386	223	417
South–East	3,537	4,466	2,176	2,543	1,362	1,841	4.77	3.17	6.21	929	367	479
Balance	360	742	221	350	81	271	15.56	9.63	27.32	382	129	190
<b>Tea Tree Gully (C)</b>												
Central	2,328	3,003	1,382	1,540	877	1,108	5.22	2.19	4.79	675	158	231
Hills	1,624	1,840	684	892	411	443	2.53	5.45	1.51	216	208	32
North	1,694	2,407	1,035	1,203	429	681	7.28	3.05	9.68	713	168	252
South	3,631	4,356	2,301	2,509	2,045	2,664	3.71	1.75	5.43	725	208	619
<b>Charles Sturt (C)</b>												
Coastal	3,479	4,365	2,685	2,563	2,791	3,084	4.64	–0.93	2.02	886	–122	293
Inner East	1,920	1,983	2,099	1,837	2,102	2,295	0.65	–2.63	1.77	63	–262	193
Inner West	2,673	2,827	2,402	2,384	2,091	2,447	1.13	–0.15	3.19	154	–18	356
North–East	1,998	2,345	1,860	1,716	2,127	2,329	3.25	–1.60	1.83	347	–144	202
<b>Port Adel. Enfield (C)</b>												
Coast	2,528	3,150	2,111	1,972	2,101	2,279	4.50	–1.35	1.64	622	–139	178
Park	1,238	1,402	1,301	1,097	1,366	1,420	2.52	–3.35	0.78	164	–204	54
Port	894	1,097	790	728	831	847	4.18	–1.62	0.38	203	–62	16
<b>West Torrens (C)</b>												
East	1,848	2,041	1,864	1,661	2,089	2,242	2.01	–2.28	1.42	193	–203	153
West	2,893	2,951	2,829	2,619	3,159	3,427	0.40	–1.53	1.64	58	–210	268

SLA	2001	2006	2001	2006	2001	2006	Av. An. growth rate 2001–06			Difference 2001–06		
	55–64	65–74	75+	55–64	65–74	75+	55–64	65–74	75+	55–64	65–74	75+
<b>Unincorporated Western</b>	6	0	0	0	0	0				–6	0	0
<b>Adelaide (C)</b>	1,660	2,374	1,031	1,131	1,327	1,358	7.42	1.87	0.46	714	100	31
<b>Adelaide Hills (DC)</b>												
Central	1,226	1,785	647	737	538	602	7.80	2.64	2.27	559	90	64
Ranges	1,092	1,455	490	585	313	358	5.91	3.61	2.72	363	95	45
<b>Burnside (C)</b>												
North–East	2,282	2,699	1,767	1,713	2,003	2,095	3.41	–0.62	0.90	417	–54	92
South–West	2,169	2,807	1,622	1,603	2,253	2,320	5.29	–0.24	0.59	638	–19	67
<b>Campbelltown (C)</b>												
East	3,169	3,220	1,994	2,394	1,500	1,799	0.32	3.72	3.70	51	400	299
West	1,961	1,966	2,048	1,938	1,948	2,218	0.05	–1.10	2.63	5	–110	270
<b>Norw. P'ham St Ptrs (C)</b>												
East	1,471	1,517	1,478	1,420	2,014	2,072	0.62	–0.80	0.57	46	–58	58
West	1,406	1,910	1,142	1,098	1,563	1,545	6.32	–0.78	–0.23	504	–44	–18
<b>Prospect (C)</b>	1,346	1,712	1,179	1,080	1,443	1,418	4.93	–1.74	–0.35	366	–99	–25
<b>Unley (C)</b>												
East	1,484	2,012	1,237	1,170	2,082	2,180	6.28	–1.11	0.92	528	–67	98
West	1,409	1,783	988	929	1,382	1,400	4.82	–1.22	0.26	374	–59	18
<b>Walkerville (M)</b>	767	909	659	639	794	849	3.46	–0.61	1.35	142	–20	55
<b>Holdfast Bay (C)</b>												
North	1,769	2,427	1,598	1,442	2,750	2,590	6.53	–2.03	–1.19	658	–156	–160
South	1,353	1,810	1,388	1,218	1,901	2,005	5.99	–2.58	1.07	457	–170	104
<b>Marion (C)</b>												
Central	3,524	3,862	3,483	3,022	3,000	3,471	1.85	–2.80	2.96	338	–461	471
North	2,157	2,438	2,410	1,916	3,157	3,232	2.48	–4.48	0.47	281	–494	75
South	1,233	1,987	791	854	384	562	10.01	1.54	7.91	754	63	178
<b>Mitcham (C)</b>												
Hills	2,894	3,446	1,581	1,865	1,620	1,890	3.55	3.36	3.13	552	284	270
North–East	1,437	1,871	1,177	1,018	1,721	1,611	5.42	–2.86	–1.31	434	–159	–110
West	1,824	2,166	1,734	1,633	2,506	2,586	3.50	–1.19	0.63	342	–101	80
<b>Onkaparinga (C)</b>												
Hackham	1,136	1,613	631	732	442	606	7.26	3.01	6.51	477	101	164
Hills	1,154	1,504	708	798	648	727	5.44	2.42	2.33	350	90	79
Morphett	2,173	2,984	1,300	1,461	1,229	1,350	6.55	2.36	1.90	811	161	121
North Coast	1,842	2,158	1,487	1,444	1,346	1,566	3.22	–0.59	3.07	316	–43	220
Reservoir	1,880	2,793	1,007	1,124	764	996	8.24	2.22	5.45	913	117	232
South Coast	1,953	2,616	1,560	1,586	1,008	1,317	6.02	0.33	5.49	663	26	309
Woodcroft	2,516	3,724	1,484	1,856	1,202	1,740	8.16	4.58	7.68	1208	372	538

**Table 14.2**

**Population change in South Australia's non-metropolitan statistical local areas in the 55–64, 65–74 and 75+ age groups at the 2001 and 2006 Censuses**

*source: ABS 2001 and 2006 Censuses*

SLA	2001	2006	2001	2006	2001	2006	Av. An. growth rate 2001–06			Difference 2001–06		
	55–64	65–74	75+	55–64	65–74	75+	55–64	65–74	75+	55–64	65–74	75+
<b>Barossa (DC)</b>												
Angaston	712	889	601	633	583	658	4.54	1.04	2.45	177	32	75
Barossa	767	993	471	527	294	349	5.30	2.27	3.49	226	56	55
Tanunda	376	519	348	353	451	477	6.66	0.29	1.13	143	5	26
<b>Light (RegC)</b>	958	1,247	610	735	473	520	5.41	3.80	1.91	289	125	47
<b>Mallala (DC)</b>	636	877	347	427	198	274	6.64	4.24	6.71	241	80	76
<b>Kangaroo Island (DC)</b>	454	648	294	315	278	294	7.38	1.39	1.13	194	21	16
<b>Adelaide Hills (DC)</b>												
North	683	845	312	406	217	267	4.35	5.41	4.23	162	94	50
Balance	783	1,001	517	560	442	534	5.04	1.61	3.85	218	43	92
<b>Mount Barker (DC)</b>												
Central	1,104	1,785	845	915	771	1,079	10.09	1.60	6.95	681	70	308
Balance	815	1,089	394	429	217	249	5.97	1.72	2.79	274	35	32
<b>Alexandrina (DC)</b>												
Coastal	1,302	1,759	1,175	1,508	784	1,175	6.20	5.12	8.43	457	333	391
Strathalbyn	900	1,311	609	739	487	615	7.81	3.95	4.78	411	130	128
<b>Victor Harbor (C)</b>	1,435	1,865	1,625	1,721	1,506	1,941	5.38	1.15	5.21	430	96	435
<b>Yankalilla (DC)</b>	524	678	377	452	232	360	5.29	3.70	9.18	154	75	128
<b>Barunga West (DC)</b>	302	421	289	251	237	278	6.87	–2.78	3.24	119	–38	41
<b>Copper Coast (DC)</b>	1,416	1,674	1,260	1,372	1,004	1,177	3.40	1.72	3.23	258	112	173
<b>Yorke Peninsula (DC)</b>												
North	1,082	1,170	877	908	661	816	1.58	0.70	4.30	88	31	155
South	535	713	511	543	351	394	5.91	1.22	2.34	178	32	43
<b>Unincorporated Yorke</b>	0	0	0	0	0	0				0	0	0
<b>Clare and Gilbert valleys (DC)</b>	905	1,141	656	698	604	658	4.74	1.25	1.73	236	42	54
<b>Goyder (DC)</b>	516	542	365	412	306	339	0.99	2.45	2.07	26	47	33
<b>Wakefield (DC)</b>	660	797	514	485	527	555	3.84	–1.15	1.04	137	–29	28
<b>Berri &amp; Barmera (DC)</b>												
Barmera	442	528	421	383	328	413	3.62	–1.87	4.72	86	–38	85
Berri	640	752	519	485	379	451	3.28	–1.35	3.54	112	–34	72
<b>Loxton Waikerie (DC)</b>												
East	738	890	499	557	546	581	3.82	2.22	1.25	152	58	35
West	487	601	333	364	358	418	4.30	1.80	3.15	114	31	60

SLA	2001	2006	2001	2006	2001	2006	Av. An. growth rate 2001–06			Difference 2001–06		
	55–64	65–74	75+	55–64	65–74	75+	55–64	65–74	75+	55–64	65–74	75+
<b>Mid Murray (DC)</b>	1,200	1,351	803	867	519	569	2.40	1.55	1.86	151	64	50
<b>Renmark Paringa (DC)</b> Paringa	220	282	129	140	66	84	5.09	1.65	4.94	62	11	18
Renmark	782	911	626	640	529	584	3.10	0.44	2.00	129	14	55
<b>Unincorporated Riverland</b>	16	24	0	10	0	5	8.45			8	10	5
<b>Karoonda East Murray (DC)</b>	123	145	106	99	74	96	3.35	–1.36	5.34	22	–7	22
<b>Murray Bridge (RC)</b>	1,722	2,073	1,267	1,466	1,092	1,317	3.78	2.96	3.82	351	199	225
<b>Southern Mallee (DC)</b>	205	282	151	149	169	174	6.59	–0.27	0.58	77	–2	5
<b>The Coorong (DC)</b>	690	810	439	460	326	361	3.26	0.94	2.06	120	21	35
<b>Unincorporated Murray Mallee</b>	0	0	0	0	0	0				0	0	0
<b>Kingston (DC)</b>	246	309	199	225	156	173	4.67	2.49	2.09	63	26	17
<b>Naracoorte and Lucindale (DC)</b>	683	791	493	514	517	552	2.98	0.84	1.32	108	21	35
<b>Robe (DC)</b>	169	228	149	162	94	145	6.17	1.69	9.06	59	13	51
<b>Tatiara (DC)</b>	646	739	419	451	383	452	2.73	1.48	3.37	93	32	69
<b>Grant (DC)</b>	754	926	457	458	264	327	4.20	0.04	4.37	172	1	63
<b>Mount Gambier (C)</b>	1,840	2,290	1,512	1,567	1,365	1,622	4.47	0.72	3.51	450	55	257
<b>Wattle Range (DC)</b> East	311	353	201	203	196	194	2.57	0.20	–0.20	42	2	–2
West	805	956	601	649	543	618	3.50	1.55	2.62	151	48	75
<b>Cleve (DC)</b>	203	347	139	195	135	184	11.32	7.00	6.39	144	56	49
<b>Elliston (DC)</b>	152	153	85	107	46	52	0.13	4.71	2.48	1	22	6
<b>Franklin Harbour (DC)</b>	158	274	94	119	109	125	11.64	4.83	2.78	116	25	16
<b>Kimba (DC)</b>	105	133	104	110	91	114	4.84	1.13	4.61	28	6	23
<b>Le Hunte (DC)</b>	113	169	109	97	89	116	8.38	–2.31	5.44	56	–12	27
<b>Lower Eyre Peninsula (DC)</b>	438	598	277	312	225	235	6.43	2.41	0.87	160	35	10
<b>Port Lincoln (C)</b>	1,160	1,398	894	916	826	999	3.80	0.49	3.88	238	22	173
<b>Tumby Bay (DC)</b>	310	397	254	277	240	235	5.07	1.75	–0.42	87	23	–5
<b>Unincorporated Lincoln</b>	0	0	0	3	0	0				0	3	0
<b>Ceduna (DC)</b>	399	481	235	236	152	178	3.81	0.08	3.21	82	1	26
<b>Streaky Bay (DC)</b>	217	292	162	136	135	147	6.12	–3.44	1.72	75	–26	12
<b>Unincorporated West Coast</b>	83	91	50	30	3	4	1.86	–9.71	5.92	8	–20	1
<b>Whyalla (C)</b>	2,234	2,410	1,525	1,652	1,039	1,193	1.53	1.61	2.80	176	127	154

SLA	2001	2006	2001	2006	2001	2006	Av. An. growth rate 2001–06			Difference 2001–06		
	55–64		65–74		75+		55–64	65–74	75+	55–64	65–74	75+
<b>Unincorporated Whyalla</b>	41	44	22	31	15	15	1.42	7.10	0.00	3	9	0
<b>Northern Areas (DC)</b>	513	605	421	409	391	441	3.35	−0.58	2.44	92	−12	50
<b>Orroroo/Carrieton (DC)</b>	100	126	96	80	108	128	4.73	−3.58	3.46	26	−16	20
<b>Peterborough (DC)</b>	287	295	208	233	139	188	0.55	2.30	6.23	8	25	49
<b>Port Pirie C Dists (M)</b>												
City	1,483	1,626	1,128	1,263	966	1,167	1.86	2.29	3.85	143	135	201
Bal	393	445	299	276	225	273	2.52	−1.59	3.94	52	−23	48
<b>Unincorporated Pirie</b>	22	51	9	21	6	3	18.31	18.47	−12.94	29	12	−3
<b>Flinders Ranges (DC)</b>	233	290	199	183	107	153	4.47	−1.66	7.41	57	−16	46
<b>Mount Remarkable (DC)</b>	430	442	276	307	214	239	0.55	2.15	2.23	12	31	25
<b>Port Augusta (C)</b>	1,385	1,676	919	1,014	655	726	3.89	1.99	2.08	291	95	71
<b>Unincorporated Flinders Ranges</b>	216	263	113	99	32	27	4.02	−2.61	−3.34	47	−14	−5
<b>Anangu Pitjantjatjara (AC)</b>	190	158	83	88	42	33	−3.62	1.18	−4.71	−32	5	−9
<b>Cooper Pedy (DC)</b>	514	484	238	285	69	75	−1.20	3.67	1.68	−30	47	6
<b>Maralinga Tjarutja (AC)</b>	6	6	9	8	0	4	0.00	−2.33		0	−1	4
<b>Roxby Downs (M)</b>	124	248	38	35	9	19	14.87	−1.63	16.12	124	−3	10
<b>Unincorporated Far North</b>	496	511	241	228	63	66	0.60	−1.10	0.93	15	−13	3
<b>Off-shore areas and migratory</b>	125	19	83	34	63	12						

 **Table 14.3**

Projections of 60–64, 65–69, 70–79, 80+ population by SLA, 2006–21

Source: ABS SLA Projections

SLA	Census 2006				Projections 2011				Projections 2016				Projections 2021			
	60–64	65–69	70–79	80+	60–64	65–69	70–79	80+	60–64	65–69	70–79	80+	60–64	65–69	70–79	80+
<b>Adelaide</b>	722	535	679	636	1,051	741	889	685	1,046	1,023	1,194	754	1,149	1,022	1,627	906
<b>Adel Hills C</b>	711	434	595	363	1,023	633	695	441	912	937	890	484	916	849	1,268	546
N	367	264	279	159	534	323	359	178	575	448	470	214	611	494	624	260
Ranges	639	371	421	201	879	612	581	283	794	831	840	337	788	758	1,203	442
Balance	474	339	494	326	628	443	576	444	684	576	739	493	753	624	967	576
<b>Alexan Coastal</b>	995	912	1,286	603	1,006	918	1,195	706	1,126	1,087	1,439	792	1,241	1,202	1,761	913
Strathalbyn	587	435	615	355	810	500	642	479	827	742	788	558	955	745	1,112	652
<b>Barossa Angaston</b>	392	320	612	392	515	404	589	514	563	497	686	570	657	535	855	628
Barossa	447	331	387	201	651	425	491	221	712	588	627	256	786	643	851	326
Tanunda	216	188	346	320	339	239	328	301	388	329	380	315	414	377	509	325
<b>Barunga W</b>	201	125	245	180	240	201	267	229	236	228	323	253	252	231	404	266
<b>Berri &amp; Barm Barm</b>	226	197	373	253	301	218	308	229	338	283	341	231	334	319	441	232
Berri	280	249	447	232	412	269	420	302	424	373	463	323	429	388	587	349
<b>Burnside NE</b>	1,269	975	1,705	1,298	1,564	1,253	1,750	1,544	1,509	1,525	2,070	1,544	1,590	1,484	2,530	1,665
South–W	1,203	870	1,609	1,534	1,720	1,256	1,816	1,770	1,662	1,705	2,297	1,827	1,798	1,685	2,998	2,057
<b>Campbelltown E</b>	1,569	1,476	1,862	1,011	1,794	1,530	2,296	1,385	1,638	1,721	2,614	1,607	1,801	1,604	2,901	1,969
W	972	979	1,948	1,317	1,098	1,020	1,893	1,680	1,096	1,159	1,978	1,796	1,210	1,153	2,187	1,931
<b>Ceduna</b>	187	121	174	94	228	169	193	118	248	211	255	131	256	226	331	140
<b>Charles Sturt Coastal</b>	1,911	1,418	2,578	1,907	2,519	1,838	2,564	2,122	2,343	2,380	2,986	2,174	2,340	2,238	3,796	2,302
In E	885	936	1,866	1,276	1,106	949	1,659	1,334	1,124	1,104	1,658	1,275	1,327	1,121	1,834	1,263
In W	1,354	1,312	2,271	1,393	1,572	1,336	2,280	1,690	1,489	1,572	2,402	1,757	1,559	1,498	2,726	1,876
NE	989	911	1,743	1,448	1,485	1,040	1,625	1,588	1,598	1,434	1,795	1,572	1,748	1,528	2,282	1,651
<b>Clare &amp; Gilbert val</b>	561	386	610	389	651	511	656	479	682	617	795	515	767	652	981	566
Cleve	112	81	136	90	157	117	121	117	159	136	159	120	160	138	202	131
<b>Coober Pedy</b>	193	140	111	20	156	150	179	58	149	143	206	87	137	135	220	116
<b>Copper Coast</b>	878	821	1,172	647	998	875	1,336	689	998	1,054	1,513	757	1,021	1,068	1,748	889
<b>Elliston</b>	60	50	58	24	50	53	68	25	65	46	75	29	74	59	72	31
<b>Flinders Ranges</b>	125	89	161	84	126	91	142	82	128	112	154	91	119	117	184	92



SLA	Census 2006				Projections 2011				Projections 2016				Projections 2021			
	60 –64	65 –69	70 –79	80 +	60 –64	65 –69	70– 79	80 +	60 –64	65 –69	70 –79	80 +	60 –64	65 –69	70 –79	80 +
Franklin Harbour	118	50	82	73	110	113	113	73	106	122	154	66	107	119	185	82
Gawler	907	849	1,495	869	1,254	972	1,493	1,164	1,429	1,287	1,707	1,290	1,603	1,442	2,174	1,445
Goyder	258	228	321	212	292	221	346	203	318	259	368	225	309	289	400	248
Grant	393	320	358	160	525	386	435	238	568	476	535	256	598	510	666	302
Holdfast Bay N	1,010	765	1,590	1,817	1,466	1,117	1,698	1,941	1,456	1,452	2,078	1,915	1,575	1,454	2,666	2,022
S	799	609	1,448	1,289	1,075	872	1,319	1,346	1,059	1,081	1,535	1,312	1,090	1,076	1,922	1,331
Kangaroo Isl&	269	181	244	182	348	221	282	167	356	309	326	181	379	317	429	204
Karoonda E Murray	59	50	102	53	105	61	93	58	97	89	98	72	93	84	132	74
Kimba	53	61	99	59	73	49	114	73	71	70	109	77	76	69	116	95
Lacepede	159	124	210	99	177	140	161	127	210	165	170	138	184	197	216	140
Le Hunte	52	43	93	61	93	53	78	85	75	81	87	83	84	69	113	86
Light	585	435	545	293	854	620	787	481	974	831	1,029	594	1,066	939	1,367	744
Lower Eyre Peninsula	268	193	249	122	280	234	294	171	294	291	358	191	338	307	451	236
Loxton Waikerie E	392	336	453	362	495	374	450	377	500	445	553	356	567	448	671	386
W	277	183	334	240	302	217	298	239	298	261	337	247	281	262	400	262
Mallala	372	266	282	161	530	343	375	199	583	483	476	246	681	528	652	295
Marion C	1,860	1,609	3,200	1,987	2,240	1,863	2,979	2,756	2,152	2,161	3,182	2,881	2,260	2,078	3,727	2,960
N	1,078	988	2,238	2,111	1,511	1,214	2,147	2,317	1,604	1,536	2,347	2,210	1,686	1,619	2,835	2,245
S	737	537	700	256	1,429	759	943	452	1,749	1,350	1,238	560	1,901	1,634	1,918	708
Mid Murray	630	541	603	293	837	656	729	432	790	799	897	478	850	767	1,110	569
Mitcham Hills	1,620	1,125	1,490	1,047	1,917	1,507	1,819	1,372	1,717	1,765	2,388	1,537	1,711	1,609	2,972	1,826
NE	814	529	1,103	1,097	1,083	705	1,029	1,236	1,046	946	1,193	1,206	1,096	922	1,534	1,246
W	969	833	1,696	1,624	1,183	978	1,449	1,702	1,147	1,183	1,589	1,647	1,192	1,155	1,905	1,665
Mt Barker C	770	541	908	646	1,149	849	1,030	831	1,333	1,199	1,413	962	1,485	1,386	1,985	1,145
Balance	465	276	314	118	683	415	403	199	707	613	551	225	817	640	814	282
Mt Gambier	1,059	887	1,524	922	1,465	1,108	1,600	1,168	1,587	1,431	1,886	1,267	1,664	1,540	2,378	1,387
Mt Remarkable	215	172	233	130	201	203	284	142	213	195	328	163	211	209	342	191
Murray Bridge	1,031	849	1,277	773	1,214	1,085	1,438	998	1,242	1,235	1,751	1,153	1,363	1,271	2,111	1,342
Narac & Lucindale	386	310	467	339	491	376	558	398	533	463	663	435	610	496	801	494

SLA	Census 2006				Projections 2011				Projections 2016				Projections 2021			
	60-64	65-69	70-79	80+	60-64	65-69	70-79	80+	60-64	65-69	70-79	80+	60-64	65-69	70-79	80+
<b>Northern Areas</b>	295	226	357	289	317	270	368	286	286	310	429	299	293	283	506	321
<b>Norw P'ha StPtrs E</b>	723	743	1,472	1,373	980	795	1,431	1,469	1,015	981	1,535	1,511	1,064	1,019	1,833	1,580
W	777	576	1,114	1,008	1,092	764	1,119	1,067	1,103	1,028	1,341	1,105	1,184	1,043	1,720	1,203
<b>Onk Hackham</b>	680	442	588	328	885	564	616	357	861	765	788	367	826	755	1,054	409
Hills	702	500	673	437	876	629	677	559	894	793	877	603	973	812	1,168	673
Morphett	1,344	873	1,240	782	1,559	1,117	1,441	1,111	1,458	1,413	1,798	1,183	1,352	1,333	2,273	1,312
Coast	980	806	1,370	920	1,268	994	1,421	1,120	1,171	1,261	1,639	1,181	1,151	1,171	2,022	1,279
Reservoir	1,096	724	934	582	1,773	1,116	1,216	855	1,822	1,685	1,669	997	1,944	1,743	2,457	1,226
S Coast	1,183	934	1,441	706	1,685	1,249	1,736	1,004	1,822	1,739	2,149	1,160	2,075	1,881	2,856	1,396
Woodcroft	1,524	1,083	1,671	1,040	2,278	1,561	2,085	1,158	2,279	2,244	2,747	1,418	2,401	2,266	3,785	1,730
<b>Orroroo/ Carrieton</b>	69	41	104	72	58	53	73	68	71	55	83	68	61	65	95	68
<b>Peterborough</b>	128	128	178	100	176	134	180	97	164	172	199	92	168	162	237	104
<b>Playford E C</b>	612	555	758	392	926	775	1,027	539	1,068	1,004	1,327	695	1,325	1,154	1,726	900
Elizabeth	1,103	1,106	2,177	1,085	1,219	1,095	2,268	1,438	1,126	1,261	2,212	1,584	1,206	1,168	2,377	1,667
Hills	168	112	101	36	211	135	154	74	219	200	218	90	245	208	298	134
W	427	359	510	131	495	372	571	243	539	464	619	350	622	506	762	395
W C	503	415	632	236	621	511	668	203	598	633	761	237	678	605	919	287
<b>Port Adel. Enf Coast</b>	1,358	1,094	1,914	1,348	1,741	1,249	1,944	1,466	1,717	1,632	2,135	1,480	1,784	1,623	2,635	1,544
E	1,508	1,274	2,297	1,342	1,804	1,367	2,199	1,734	1,841	1,748	2,376	1,879	2,148	1,800	2,931	2,028
In	731	691	1,556	1,352	1,079	790	1,366	1,375	1,162	1,022	1,404	1,276	1,283	1,088	1,724	1,219
Port	1,037	936	1,819	1,408	1,448	1,112	1,815	1,294	1,456	1,425	1,972	1,194	1,615	1,433	2,384	1,214
<b>Port Augusta</b>	710	554	763	346	828	584	754	473	808	751	859	482	814	734	1,067	526
<b>Port Lincoln</b>	656	523	881	557	968	703	882	742	1,051	919	1,131	798	1,208	1,001	1,491	881
<b>Pt Pirie C Dists City</b>	769	690	1,136	659	971	806	1,074	781	921	918	1,247	812	890	882	1,469	866
Bal	221	159	260	142	220	182	254	196	225	208	293	205	212	207	346	222
<b>Prospect</b>	701	540	1,096	910	1,014	706	1,079	991	1,075	941	1,227	1,001	1,201	1,001	1,571	1,046
<b>Renma Parin Parin</b>	108	92	94	41	129	86	112	43	122	110	135	43	110	105	161	55
Renma	361	353	544	327	482	367	624	423	482	470	691	470	528	467	808	541
<b>Robe</b>	102	98	144	73	115	84	122	69	121	111	129	72	136	115	162	82
<b>Roxby Downs</b>	38	15	0	3	61	22	23	8	79	32	31	12	113	39	43	14
<b>Salisbury C</b>	1,161	1,019	1,542	953	1,742	1,241	1,592	1,010	1,829	1,701	1,888	1,109	1,972	1,786	2,466	1,269

SLA	Census 2006				Projections 2011				Projections 2016				Projections 2021			
	60-64	65-69	70-79	80+	60-64	65-69	70-79	80+	60-64	65-69	70-79	80+	60-64	65-69	70-79	80+
In N	877	569	751	295	1,394	942	959	401	1,636	1,321	1,343	475	1,769	1,531	1,904	606
NE	1,146	920	1,332	567	1,346	1,075	1,414	747	1,280	1,294	1,672	866	1,267	1,240	2,013	1,032
SE	2,025	1,492	2,053	964	2,652	2,104	2,689	1,213	2,335	2,705	3,507	1,481	2,578	2,477	4,533	1,881
Balance	316	186	252	185	367	222	364	94	474	346	430	197	541	432	641	251
<b>Southern Mallee</b>	128	89	145	119	125	108	159	118	111	117	183	123	111	105	211	135
<b>Streaky Bay</b>	116	82	116	85	130	119	103	89	145	124	150	78	181	135	180	89
<b>Tatiara</b>	322	266	390	257	436	371	471	293	416	445	588	331	413	420	720	402
<b>Tea Tree Gully C</b>	1,235	924	1,245	585	1,686	1,132	1,509	922	1,549	1,508	1,777	1,088	1,442	1,389	2,269	1,254
Hills	906	597	567	238	958	785	881	361	750	874	1,152	445	706	688	1,380	584
N	935	720	945	309	1,582	1,049	1,452	498	1,885	1,550	1,893	663	2,231	1,813	2,633	879
S	2,116	1,463	2,326	1,591	2,239	1,919	2,637	1,827	1,926	2,149	3,270	2,041	1,910	1,874	3,845	2,373
The Coorong	396	302	375	193	438	343	407	256	406	388	490	280	397	367	594	304
Tumby Bay	189	169	235	144	229	181	228	175	237	213	257	180	245	228	305	188
<b>Unincorporated Far N</b>	105	64	67	22	296	184	191	131	354	256	252	152	392	306	341	184
<b>Unincorporated Flinders Rang</b>	52	18	20	8	76	41	34	16	82	60	56	15	69	62	87	19
<b>Unincorporated Lincoln</b>	0	3	0	0	1	0	0	2	1	0	0	2	1	0	0	2
<b>Unincorporated Murray Mallee</b>	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Unincorporated Pirie</b>	21	6	13	3	9	9	9	4	9	9	9	4	9	9	9	4
<b>Unincorporated Riverl&amp;</b>	3	0	0	7	9	1	2	2	9	1	2	2	9	1	2	2
<b>Unincorporated W Coast</b>	16	10	3	0	11	14	5	4	11	14	5	4	11	14	5	4
<b>Unincorporated Whyalla</b>	25	17	12	9	20	17	19	10	20	17	19	10	20	17	19	10
<b>Unincorporated Yorke</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Unley E</b>	816	631	1,179	1,532	1,148	864	1,201	1,470	1,141	1,159	1,434	1,480	1,184	1,153	1,866	1,564
W	737	514	910	951	1,115	792	953	1,028	1,102	1,030	1,188	1,027	1,125	1,011	1,568	1,073
<b>Victor Harbor</b>	1,045	975	1,789	1,118	1,121	1,050	1,889	1,529	1,206	1,265	2,148	1,747	1,296	1,347	2,517	1,986
<b>Wakefield</b>	374	290	435	349	455	329	443	403	455	397	477	411	454	396	591	408
<b>Walkerville</b>	404	349	628	516	537	400	609	497	503	515	688	495	542	496	844	536

SLA	Census 2006				Projections 2011				Projections 2016				Projections 2021			
	60 -64	65 -69	70 -79	80 +	60 -64	65 -69	70- 79	80 +	60 -64	65 -69	70 -79	80 +	60 -64	65 -69	70 -79	80 +
<b>Wattle Range</b>																
E	165	124	176	112	230	152	178	152	190	196	221	149	194	166	292	157
W	451	393	597	354	592	439	575	426	599	557	676	417	589	554	832	458
<b>West Torrens</b>																
E	924	817	1,712	1,375	1,254	1,061	1,579	1,368	1,337	1,257	1,714	1,379	1,420	1,337	2,060	1,389
W	1,468	1,380	2,758	2,128	1,746	1,582	2,587	2,571	1,748	1,771	2,791	2,620	1,924	1,780	3,121	2,769
<b>Whyalla</b>	1,088	985	1,314	620	1,332	1,075	1,526	822	1,175	1,224	1,716	920	1,237	1,063	1,916	1,075
<b>Yankalilla</b>	381	306	379	212	395	315	414	216	400	389	480	261	409	399	595	293
<b>Yorke Peninsula</b>																
N	637	545	838	458	637	578	788	497	670	618	875	526	670	642	980	567
S	341	285	430	194	379	301	475	304	371	352	506	339	374	347	593	358
<b>Total</b>	<b>77,665</b>	<b>62,307</b>	<b>101,802</b>	<b>68,626</b>	<b>100,961</b>	<b>76,812</b>	<b>108,303</b>	<b>81,337</b>	<b>101,645</b>	<b>97,556</b>	<b>127,361</b>	<b>86,816</b>	<b>108,371</b>	<b>98,583</b>	<b>159,005</b>	<b>96,139</b>

**Table 14.4**

Distribution of the older migrants aged 65+ in the Adelaide metropolitan area

Metropolitan LGA	NESB	China	Croatia	Egypt	Germany	Greece	Hungary	Italy	Netherlands	Poland	UK	Viet Nam
Adelaide	292	3	3	9	27	45	13	33	18	17	209	0
Adelaide Hills	417	3	9	3	88	11	21	76	60	15	396	3
Burnside	1,506	39	15	20	111	128	61	444	53	61	710	7
Campbelltown	3,559	53	22	15	203	189	66	2,205	110	92	790	7
Charles Sturt	6,562	93	281	45	320	1,130	64	2,377	123	447	1,451	136
Gawler	301	3	0	0	58	21	3	82	27	15	878	0
Holdfast Bay	666	9	28	26	110	39	9	63	82	38	1,076	3
Marion	2,201	37	68	51	284	217	43	309	226	135	1,935	25
Mitcham	1,741	33	40	28	249	303	44	239	104	87	1,234	0
Norwood, Payneham and St Peters	2,243	36	26	14	81	218	57	1,353	39	65	517	9
Onkaparinga	2,265	21	61	33	487	108	57	210	363	105	5,232	9
Playford	1,135	0	42	3	194	96	30	223	152	34	3,622	19
Port Adelaide Enfield	4,723	156	146	9	426	473	128	997	147	482	1,947	326
Prospect	879	6	17	4	39	231	21	314	12	44	194	12
Salisbury	3,140	40	108	29	357	245	64	750	233	177	3,766	143
Tea Tree Gully	2,089	38	67	11	410	82	44	484	186	110	3,343	11
Unley	1,329	27	25	13	63	428	24	331	37	48	427	0
Walkerville	232	7	3	0	21	30	4	65	23	12	171	0
West Torrens	3,158	51	52	31	120	1,003	37	983	57	118	735	25
<b>Total Adelaide metropolitan LGAs</b>	<b>38,438</b>	<b>655</b>	<b>1,013</b>	<b>344</b>	<b>3,648</b>	<b>4,997</b>	<b>790</b>	<b>11,538</b>	<b>2,052</b>	<b>2,102</b>	<b>28,633</b>	<b>735</b>

## 14.5 Data—technical issues and discussion

In a report such as this, the range and depth of data required has been extensive. Here we provide an extended discussion on the data sets used in the preparation of this report and some of the technical issues related to their use.

### 14.5.1 Australian census of population and housing

This enumeration covered the total population and is one of the most accurate censuses in the world. It is completed quinquennially and has a range of questions about the social and economic characteristics of individuals, families and households (ABS 2006b). The Australian Bureau of Statistics makes the Census statistics available in a range of formats and has, for the first time, released the 2006 Census Data free to the public in an online format—CDATA. This report has made use of this data release and the authors have been impressed with the ‘useability’ of the online interface. CDATA has, however, presented some challenges for the researchers in the way that certain data is segregated by ‘place of usual residence’ and ‘location on Census night’. By dividing the data by topics into these two categories, CDATA prevents cross tabulations being made between variables related to people (such as age, sex or education level) and variables related to dwellings (such as tenure type or number of motor vehicles per dwelling). This has limited the analysis able to be conducted using CDATA. Also, another structural issue within the CDATA system is the grouping by the ABS of related variables into specific ‘modules’. Variables deemed to be related (in a specific module) can be cross

tabulated, but other variables outside the module can not. For the purposes of this research, age was a standard variable that we wanted to use in all cross tabulations; however, it was not included in all ‘modules’ and thus prevented some analysis being undertaken within the CDATA system. Alternative methods of running specific data analysis queries on the Census data were therefore used, including analysis from the 1 percent sample CURF (Confidentialised Unit Record File) as well as purchasing customised data analysis from the ABS.

### 14.5.2 Additional Australian Bureau of Statistics data

In addition to the Census of Population and Housing, other ABS sources have been used. These are of two types. The first is from the ABS program of household surveys conducted regularly on a sample of the total population. The most important of these are the Australian Labour Force Survey conducted quarterly on 0.45 percent of the national population (ABS 2008a) and the General Social Survey (ABS 2006c). The second set of sources is administrative information that is collected by the ABS from a range of private and public sector municipalities.

There are differences between the counts from the Census and the estimates compiled by the ABS using the monthly Labour Force Survey, the latter having been used extensively throughout chapter 5. Differences relate to sampling variability of the labour force estimates as well as the period they relate to: the Census count relating to a particular day in the month of June and the labour force estimates relating to an average of the 12 months

of the 2006 financial year. The major differences, however, relate to possible under-enumeration of the Census counts due to self-enumeration of the Census forms. The monthly Labour Force Survey, on the other hand, is claimed to have virtually zero under-enumeration due to the fact that the ABS invests heavily in personal interviewing techniques and follow-up procedures conducted by highly trained interviewers. For example, the estimate of South Australia’s labour force in 2006 from the Labour Force Survey was 792,800. The Census count was 728,074. The Census results also show that there were 63,625 people who did not provide a usable response to this data item on the Census form, which is roughly the difference between the two aggregates. There is no reason to believe that the rate of non response varies with the study variables under consideration.

### 14.5.3 ABS publications

While the ABS collects a wide variety of information, much of the information it publishes in reports was found to be limited in its usefulness for this report. The authors found it difficult to find published reports that broke down data by adequate age groups and by state. Thus in some areas of the report it has not been possible to present data for South Australia alone, and federal data has been used. Further, data that uses an upper age group of ‘65+ years’ was often insufficient for detailed analysis, but was all that was available.



#### **14.5.4 Australian Longitudinal Study of Ageing (ALSA)**

This is the first such survey undertaken in Australia and involved an initial interview with 2,087 respondents in South Australia, aged 70+ in 1992. There have been eight subsequent waves of interviews (Centre for Ageing Studies 2006). The cross-disciplinary nature of the study, which has combined health-related information on a panel of older people with a full range of epidemiological, behavioural, functional, psychological, socioeconomic, life style, biological and other dimensions, has enabled the examination of older people in a variety of circumstances and contexts.

#### **14.5.5 SA Health Omnibus Survey**

The South Australian Health Omnibus Survey has been conducted annually since 1991 and involves 4,400 people of which 19 percent are aged 65+ (Harrison Health Research 2006, p.4).

#### **14.5.6 North West Adelaide Health Survey**

The North West Adelaide Health Survey involves interviews with 4,000 respondents in the LGAs of Charles Sturt, Port Adelaide Enfield, Salisbury and Playford, and follow-up medical examinations of respondents (North West Adelaide Health Study website 2008).

#### **14.5.7 SAMSS**

The South Australian Monitoring and Surveillance System data is collected monthly from about 600 telephone interviews with South Australians of all ages. It was established in 2002 and is designed to monitor trends in state and national risk factors and chronic diseases (SA Department of Health website 2008).

#### **14.5.8 Household, Income and Labour Dynamics in Australia survey (HILDA)**

The HILDA household-based panel survey has been operating since 2001 and includes data on economic and subjective wellbeing, labour market dynamics and family dynamics. The wave 1 panel consisted of 782 households and 19,914 individuals. Six interview waves have been conducted to date (HILDA website 2008).

#### **14.5.9 Australian Institute of Health and Welfare**

The AIHW holds a large amount of information related to ageing issues. The authors accessed residential aged care and HACC data from reports published by the AIHW.

#### **14.5.10 State government data**

Given the breadth of topics covered in this report, additional data was sought from the following departments:

- Department for Transport, Energy and Infrastructure—drivers licence statistics
- Office of Crime Statistics and Research—offender and victim statistics
- Office for the Ageing—data on HACC programs
- Department for Families and Communities—Inner City Homeless Count data.

#### **14.5.11 Data presentation**

Much of the assessment of aspects of wellbeing of South Australia's elderly in this report is made at the state level, usually with a separation of the pattern in the Adelaide statistical division and the remainder of the state. It must be appreciated, however, that patterns will vary between different subgroups and different

communities in the state. Where there are such differences some analysis at the substate level will be included.

The report has sought to map many of the key issues related to an ageing population. Where possible, data has been presented in disaggregated age groups to enable detailed analysis of the older population. As discussed below, this is not always possible, given the collection and reporting methods currently in place.

#### **14.5.12 Ageism in data collection and analysis**

One issue that emerged is the ageism which is practised in some data collections in Australia. Often separate data is not available for the older population. Detailed information is provided for child and workforce ages but for the older population, if it is available at all, it is lumped into an amorphous 65+ category, which does not allow the differentiation in the older population to be established. This category can be the result of choices made at the time of survey construction, or at a later stage of data analysis. Age is often a sensitive topic and many surveys make specific decisions about age categories in attempts to minimise discomfort for the respondent. However, the open-ended age category of 65+ is argued to be less informative than in the past, given the likely increase in labour force participation rates among this age group as well as the higher proportion of the population living longer. Further, the recoding practice for much analysis tends to combine age groups into a '65+' category even when the data has been collected in narrower categories, severely limiting examination of the aged



population. It must be recognised that the older population is just as diverse and differentiated as the younger population and with an increasing proportion of Australians falling in the older age categories it is crucially important to recognise the differentiation. Failing to do so will result in a failure to allocate scarce resources to where they are needed most.

#### **14.5.13 Indigenous data**

Given the significantly poorer health status that contributes to the premature ageing of the Australian Indigenous population, the need for timely and detailed data is critical. We have found it difficult to locate data sources that specifically identify the Indigenous population. While the ABS surveys have been useful, as has some health data (particularly from AIHW), the analysis has been hampered by the volume of state level data available for appropriate age categories. In addition, comparison between the Indigenous and non-Indigenous population strictly by age category is inappropriate given the premature ageing issue. It is felt that more consideration of appropriate comparisons is required when discussing ageing of the Indigenous population.

#### **14.5.14 Residential aged care data**

During the research phase of this report it was identified that there is no centralised list that shows levels of demand (for example, a centralised waiting list) and availability of residential aged care places in South Australia. While there is a waiting list for the ACAT assessments that are required before entry into residential aged care, people must apply individually to separate aged care facilities. This situation meant we could not ascertain the

current supply of residential aged care places in South Australia.

#### **14.5.15 Elder abuse**

This report has used statistics collected by the Aged Rights Advocacy Service, which are recorded when people access their service. It is very likely that the incidence of elder abuse in the community is significantly higher than the statistics; however, given the nature of the abuse (often perpetrated by the family or carers and affecting socially isolated older people) it is difficult to estimate the possible undercount. International literature on elder abuse indicates this is a very difficult topic to collect data on; however, more innovative approaches to identifying and reporting abuse may be possible.

#### **14.5.16 Inner city homeless count**

This report has used the Inner City Homeless Count data collected by the Department for Families and Communities. While the count is clearly described as a 'snapshot', it has provided some information on the small number of rough sleepers and marginally housed people in the inner city area. As the counts have only surveyed the inner city area, people in housing crisis in the suburbs and non-metropolitan areas have not been identified (including people in caravan parks). Thus the results are likely to be a considerable 'undercount' and care should be taken when interpreting them.

#### **14.5.17 Drivers licence statistics**

The Department for Transport, Energy and Infrastructure provided drivers licence statistics for this report. It must be noted that the data is for licence holders only. It is not possible to know if those older drivers still holding a licence are actively driving. Anecdotal evidence and literature related

to older people and mobility indicate that older drivers tend to voluntarily stop driving before their licences are revoked due to poor health. As such, the statistics may present an inflated rate of older drivers.

#### **14.5.18 Carers survey data**

Data on carers in this report is drawn mainly from the 2006 Census (ABS 2006) and the ABS Survey of Disability, Ageing and Carers, Australia (2003) [SDAC]. Supplementary data from AIHW and NATSEM is reported where appropriate. Census data has the potential to under-represent the incidence of caring responsibilities when compared to data from specific disability and caring surveys such as the ABS SDAC because the Census involves self-reporting by each household member (in response to a single question about unpaid caring activity 'in the last two weeks', while the SDAC survey involves detailed personal interviews of care recipients about caring activity ongoing or likely to be ongoing for at least six months, which means it can identify people who would not self-identify as carers). Nevertheless, there is no reason to expect that state relativities are affected by this discrepancy between data sets.



