State of Ageing in South Australia

A Summary of a Report to the South Australian Office for the Ageing

by Professor Graeme Hugo, Professor Mary Luszcz, Professor Edgar Carson, Dr Julia Hinsliff, Ms Penny Edwards, Dr Christopher Barton and Mr Peter King

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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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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.

Hon. Jennifer Rankine MP
Minister for Ageing
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*
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
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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.

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University of South Australia
This section is a synopsis of the key points contained in the full report of the State of Ageing in South Australia to give an indication of the depth of issues covered in the full report.

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’ (75 years and over) segment will grow faster than the ‘young-old’ (65–74 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 healthcare 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.

Chapter 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.
In 2006 the South Australian Minister for Ageing released *Improving with Age: Our Ageing Plan for South Australia*. This plan provided a blueprint for building on the contribution of older South Australians and improving their lives while responding to a rapidly growing older population. It identified several priority actions to achieve goals relating to these objectives. These were:

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

Areas of concern were identified within each of these priorities:

### Enabling choice and independence
- Housing
- Transport
- Income
- Health
- Physical activity

### Valuing and recognising contribution
- Work
- Volunteering
- Contribution to the family

### Providing safety 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
- Transition
- Rural issues
- Retirement income
- Social problems

It is critical to periodically assess these priority actions against desirable outcomes. This summary report is available on the South Australian Office for the Ageing website: www.ageing.sa.gov.au.
‘Over the next couple of decades nothing will impact OECD economies more profoundly than demographic trends and, chief among them, ageing.’

–Jean-Philippe Cotis, Chief Economist, OECD, March 2005

How many older South Australians?

Different age groups in the South Australian population are growing at different rates. Table 1 shows that during the past decade the population aged 65+ grew at three times the rate of the total population and the 75+ at six times. The fastest growing group, however, were those aged 55–64. This was because the group known as the baby boomers entered this age category during the decade. Figure 1 shows the age-sex composition of the South Australian population and reveals how the baby boomers—children born in the 1946–66 period—cause a significant bulge in the age pyramid. The two decades after World War II were a period of high fertility and large immigration; large numbers of today’s South Australians were born at that time. In 2006 baby boomers made up 28.3 percent of the total population and 59 percent of the labour force. The early baby boomers are now entering their 60s and will increase the numbers in the older age groups during the next quarter century.

Table 1
South Australia: growth of age groups, 1996–2006

Source: Australian Bureau of Statistics (ABS) 2006 Census Time Series

<table>
<thead>
<tr>
<th>Age group</th>
<th>1996 (No.)</th>
<th>2006 (No.)</th>
<th>% change 1996–2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–14</td>
<td>294,939</td>
<td>280,825</td>
<td>–4.79</td>
</tr>
<tr>
<td>15–24</td>
<td>195,975</td>
<td>200,865</td>
<td>2.50</td>
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<td>25–54</td>
<td>618,154</td>
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<td>0.57</td>
</tr>
<tr>
<td>55–64</td>
<td>125,545</td>
<td>177,824</td>
<td>41.64</td>
</tr>
<tr>
<td>65+</td>
<td>202,580</td>
<td>233,130</td>
<td>15.08</td>
</tr>
<tr>
<td>75+</td>
<td>86,067</td>
<td>118,034</td>
<td>37.14</td>
</tr>
<tr>
<td>Total</td>
<td>1,437,393</td>
<td>1,514,336</td>
<td>5.36</td>
</tr>
</tbody>
</table>
South Australia has succeeded in more than doubling its annual rate of population growth in the past five years as well as trebling the number of immigrants settling in the state. Despite this change, the outlook is for a continuation of rapid growth among the state’s older population.

Table 2 shows that during the next quarter century the 65+ population will grow three times as fast as the younger population. Figure 2, which shows the projected growth of single ages, is even more striking. Clearly almost all net growth in the population as it moves towards the state’s goal of reaching two million by 2036 will be in the older age groups.

<table>
<thead>
<tr>
<th>Year</th>
<th>0–14</th>
<th>15–64</th>
<th>65+</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>287,287</td>
<td>1,044,040</td>
<td>236,561</td>
<td>118,034</td>
</tr>
<tr>
<td>2011</td>
<td>292,543</td>
<td>1,091,780</td>
<td>265,039</td>
<td>128,076</td>
</tr>
<tr>
<td>2021</td>
<td>317,587</td>
<td>1,136,731</td>
<td>354,594</td>
<td>162,131</td>
</tr>
<tr>
<td>2031</td>
<td>328,880</td>
<td>1,182,150</td>
<td>442,074</td>
<td>229,155</td>
</tr>
</tbody>
</table>

**Annual growth rate (%)**

<table>
<thead>
<tr>
<th>Period</th>
<th>0–14</th>
<th>15–64</th>
<th>65+</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006–11</td>
<td>0.36</td>
<td>0.90</td>
<td>2.30</td>
<td>1.65</td>
</tr>
<tr>
<td>2011–21</td>
<td>0.82</td>
<td>0.40</td>
<td>2.95</td>
<td>2.39</td>
</tr>
<tr>
<td>2021–31</td>
<td>0.35</td>
<td>0.39</td>
<td>2.23</td>
<td>3.52</td>
</tr>
</tbody>
</table>
Why are we ageing?
The state’s population is ageing because our older population is growing faster than the rest of the population. Table 3 shows that the proportion of people aged 65+ is increasing.

What is responsible for the difference in growth?

- **We are living longer**
  One of the greatest achievements of the post-war period has been that an extra 13 years has been added to the average life span of South Australian women and more than 12 years to men. Even more important from the perspective of ageing is that since 1970 more than seven extra years to life have been added to South Australians aged 50. More and more South Australians are surviving not only to their 60s but also well into their 80s and 90s. This is a great triumph and has been due to medical breakthroughs such as bypass operations as well as improved lifestyle choices such as not smoking.

- **Reduced fertility**
  In South Australia the current total fertility rate, or average number of children that women are having these days, is 1.92. While this represents an increase from a low of 1.68 in 2004 it is less than half the level of fertility during the baby boom years. The lower fertility has resulted in an undercutting of the age pyramid (Figure 1).

- **Immigration**
  Immigrants are deliberately selected from young age groups so to a small extent they increase the proportion of young people in the population. For most of the period since 1970, however, levels of immigration to South Australia have been low. As a result the immigrants of the early post-war years have ‘aged in place’ and now 26.8 percent of the South Australian overseas-born population are aged 65+ while only 11.8 percent of the Australia-born are in that age group.

- **Interstate migration**
  South Australia has lost more migrants to other states and territories than it has received in most years during the past three decades. Moreover, the net loss has been concentrated in the young adult ages.
How does South Australia compare to other states?

South Australia has the oldest population in Australia; 15.4 percent of the population is aged 65+ compared with 13.3 percent nationally. Table 4 shows, however, that the older population in the state has been increasing at about the national average. During the next quarter century, South Australia will continue to have one of the oldest populations, but some other states will have a more rapidly growing older population.

Table 4
Australian states and territories: percentage of population aged 65+, 1971, 2006 and projected 2031
Source: ABS 1971 and 2006 Censuses and 2008 Population Projections

<table>
<thead>
<tr>
<th>States and territories</th>
<th>1971</th>
<th>2006</th>
<th>2031</th>
<th>% change p.a.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New South Wales</td>
<td>391,116</td>
<td>8.5</td>
<td>905,778</td>
<td>13.8</td>
</tr>
<tr>
<td>Victoria</td>
<td>294,961</td>
<td>8.6</td>
<td>674,906</td>
<td>13.7</td>
</tr>
<tr>
<td>Queensland</td>
<td>165,901</td>
<td>8.8</td>
<td>482,891</td>
<td>12.4</td>
</tr>
<tr>
<td>South Australia</td>
<td>99,600</td>
<td>8.5</td>
<td>233,127</td>
<td>15.4</td>
</tr>
<tr>
<td>Western Australia</td>
<td>76,184</td>
<td>7.4</td>
<td>235,556</td>
<td>12.0</td>
</tr>
<tr>
<td>Tasmania</td>
<td>31,037</td>
<td>8.1</td>
<td>71,141</td>
<td>14.9</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>2,139</td>
<td>2.1</td>
<td>9,284</td>
<td>4.8</td>
</tr>
<tr>
<td>ACT</td>
<td>4,057</td>
<td>2.7</td>
<td>31,560</td>
<td>9.7</td>
</tr>
<tr>
<td>Australia*</td>
<td>1,064,995</td>
<td>8.3</td>
<td>2,644,243</td>
<td>13.3</td>
</tr>
</tbody>
</table>

* Excludes other territories.

How does Australia compare to other countries?

Australia (and South Australia), like other high income countries, has experienced an extended period of low fertility, which has meant that the proportion of the older population in the total population has increased. Table 5 compares the situation with some Euro-American and Asian countries. It will be noted that the Australian population is considerably younger than European countries and Japan where fertility has been lower and immigration less. New Zealand and the United States of America have higher fertility than Australia and therefore have slightly smaller proportions of their population aged 60+. In Asia-Pacific nations, however, where fertility decline has come much later, the populations are much younger. Nevertheless it is interesting to note in Table 5 that the rate of growth of the older population is considerably greater in the Asia-Pacific countries than in higher income countries. The projected rate of growth of the older population in Australia is high by OECD standards.
Table 5
South Australia, Australia and selected countries: summary measures of population ageing, 2007
*Source: United Nations 2007*

<table>
<thead>
<tr>
<th></th>
<th>Aged 60+ (%)</th>
<th>Median age (years)</th>
<th>Total fertility rate (No.)</th>
<th>Life expectancy (years)</th>
<th>Growth rate 65+ 2000–05 (%)</th>
<th>Growth rate 65+ 2020–30 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>18.1</td>
<td>36.6</td>
<td>1.8</td>
<td>81</td>
<td>14.1</td>
<td>22.6</td>
</tr>
<tr>
<td>Canada</td>
<td>18.7</td>
<td>38.6</td>
<td>1.5</td>
<td>80.7</td>
<td>12.3</td>
<td>23.9</td>
</tr>
<tr>
<td>Greece</td>
<td>23.4</td>
<td>39.7</td>
<td>1.3</td>
<td>78.7</td>
<td>4.1</td>
<td>14.1</td>
</tr>
<tr>
<td>Indonesia</td>
<td>8.5</td>
<td>26.5</td>
<td>2.2</td>
<td>68.7</td>
<td>16.2</td>
<td>46.2</td>
</tr>
<tr>
<td>Italy</td>
<td>26.4</td>
<td>42.3</td>
<td>1.4</td>
<td>80.6</td>
<td>6.4</td>
<td>15.8</td>
</tr>
<tr>
<td>Japan</td>
<td>27.9</td>
<td>42.9</td>
<td>1.4</td>
<td>82.8</td>
<td>14.1</td>
<td>4.4</td>
</tr>
<tr>
<td>New Zealand</td>
<td>17.4</td>
<td>35.8</td>
<td>2</td>
<td>79.8</td>
<td>12.2</td>
<td>25.7</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>4</td>
<td>19.7</td>
<td>3.6</td>
<td>57.1</td>
<td>14.0</td>
<td>54.7</td>
</tr>
<tr>
<td>Philippines</td>
<td>6.3</td>
<td>22.2</td>
<td>2.8</td>
<td>71.6</td>
<td>20.2</td>
<td>46.5</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>21.8</td>
<td>39</td>
<td>1.7</td>
<td>79</td>
<td>4.8</td>
<td>17.6</td>
</tr>
<tr>
<td>United States of America</td>
<td>17.2</td>
<td>36.1</td>
<td>2</td>
<td>77.9</td>
<td>8.4</td>
<td>20.6</td>
</tr>
</tbody>
</table>

The important point here is that, demographically, Australia (and South Australia) is better placed than other high income countries to cope with the future ageing of its population, for two reasons. Firstly, the crunch with respect to the very rapid growth of the ‘old-old’ groups that make most demands on health and aged care services is still two decades away. This gives Australia time to put in place policies to cope with this change. Second, Australia’s relatively high fertility and substantial immigration has ensured that the imbalance between older dependents and working-age populations will not be as great as in countries such as Japan and Italy.
Each generation is unique because of different circumstances, events and sets of opportunities. Table 6 compares some key characteristics of the current generation of older South Australians with those following: the baby boomers and generation X. There are some distinctive differences, which have major implications for the types of needs and demands that generations make. In their older years, baby boomers will differ in many ways from the current generation of older South Australians, not only in their characteristics and attributes, but also in the types of housing and other services they will seek. Compared to baby boomers, the current generation of older South Australians have:

- a higher number of females—there are 78 men to every 100 women
- a higher proportion from non-English speaking origins—15.3 percent speak a language other than English at home and 38.6 percent were born outside of Australia
- fewer post-school qualifications—43.4 percent receive less than $250 a week
- double the number living alone—32.1 percent, and a higher percentage of home ownership.

### Table 6

<table>
<thead>
<tr>
<th></th>
<th>Generation X 35–49</th>
<th>Baby boomers 50–64</th>
<th>Older South Australians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex ratio (males per 100 females)</td>
<td>98.0</td>
<td>97.1</td>
<td>78.6</td>
</tr>
<tr>
<td>% Speak language other than English at home</td>
<td>13.3</td>
<td>10.0</td>
<td>15.3</td>
</tr>
<tr>
<td>% Overseas-born</td>
<td>23.1</td>
<td>29.9</td>
<td>38.6</td>
</tr>
<tr>
<td>% Speak English not well/at all</td>
<td>11.9</td>
<td>17.0</td>
<td>31.9</td>
</tr>
<tr>
<td>% With post-school qualifications</td>
<td>50.9</td>
<td>45.1</td>
<td>26.9</td>
</tr>
<tr>
<td>% Income &lt;$250 per week</td>
<td>19.3</td>
<td>28.7</td>
<td>43.4</td>
</tr>
<tr>
<td>% Income &gt;$2,000 per week</td>
<td>4.6</td>
<td>4.0</td>
<td>1.1</td>
</tr>
<tr>
<td>% Provide unpaid assistance to a person with a disability</td>
<td>12.3</td>
<td>18.6</td>
<td>11.5</td>
</tr>
<tr>
<td>% Employed</td>
<td>96.8</td>
<td>96.6</td>
<td>98.6</td>
</tr>
<tr>
<td>% Unemployed</td>
<td>3.2</td>
<td>3.4</td>
<td>1.4</td>
</tr>
<tr>
<td>Participation rate</td>
<td>83.0</td>
<td>64.2</td>
<td>6.9</td>
</tr>
<tr>
<td>% Living alone</td>
<td>11.6</td>
<td>16.7</td>
<td>32.1</td>
</tr>
<tr>
<td>% Living with children less than 15 years</td>
<td>61.8</td>
<td>8.6</td>
<td>1.2</td>
</tr>
<tr>
<td>% Own home</td>
<td>20.7</td>
<td>51.9</td>
<td>73.2</td>
</tr>
</tbody>
</table>
One distinctive feature of the current generation of older South Australians is the high proportion who have a culturally and linguistically diverse (CALD) background. These were immigrants who arrived in Australia in the high migration years from the 1950s to the early 1970s.

Table 7 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, overwhelmingly the overseas-born aged are 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. 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 Vietnam (746). The relatively small numbers, however, do not mean that they may well have unique requirements; indeed, they may contribute to a limited supportive social networks or an inability to access aged care services. The older populations of CALD origin have grown three times as fast as the older population with English speaking backgrounds and five times faster than the Australia-born 65+ population.

Table 7
South Australia: birthplaces of older age groups, 2006
Source: ABS 2006 Census

<table>
<thead>
<tr>
<th>Birthplace</th>
<th>55–64 (No.)</th>
<th>65+ (No.)</th>
<th>Percent growth 1996–2006</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mainly English speaking countries:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>111,280</td>
<td>131,815</td>
<td>6.7</td>
</tr>
<tr>
<td>Canada</td>
<td>199</td>
<td>172</td>
<td>3.6</td>
</tr>
<tr>
<td>Ireland</td>
<td>683</td>
<td>1,071</td>
<td>13.8</td>
</tr>
<tr>
<td>New Zealand</td>
<td>1,489</td>
<td>949</td>
<td>61.4</td>
</tr>
<tr>
<td>South Africa</td>
<td>414</td>
<td>352</td>
<td>42.5</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>25,064</td>
<td>36,034</td>
<td>26.5</td>
</tr>
<tr>
<td>United States of America</td>
<td>504</td>
<td>304</td>
<td>42.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>139,633</td>
<td>170,697</td>
<td>10.8</td>
</tr>
<tr>
<td><strong>Other countries:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>China (excl. SARs and Taiwan Province)</td>
<td>529</td>
<td>653</td>
<td>42.3</td>
</tr>
<tr>
<td>Croatia</td>
<td>753</td>
<td>1,211</td>
<td>132.9</td>
</tr>
<tr>
<td>Germany</td>
<td>3,850</td>
<td>4,688</td>
<td>22.5</td>
</tr>
<tr>
<td>Greece</td>
<td>2,735</td>
<td>5,494</td>
<td>81.7</td>
</tr>
<tr>
<td>Hong Kong (SAR of China)</td>
<td>182</td>
<td>102</td>
<td>131.8</td>
</tr>
<tr>
<td>Hungary</td>
<td>316</td>
<td>902</td>
<td>11.0</td>
</tr>
<tr>
<td>India</td>
<td>600</td>
<td>836</td>
<td>33.3</td>
</tr>
<tr>
<td>Italy</td>
<td>5,610</td>
<td>12,447</td>
<td>44.4</td>
</tr>
<tr>
<td>Lebanon</td>
<td>255</td>
<td>257</td>
<td>40.4</td>
</tr>
<tr>
<td>Malaysia</td>
<td>661</td>
<td>331</td>
<td>125.2</td>
</tr>
<tr>
<td>Malta</td>
<td>571</td>
<td>598</td>
<td>42.4</td>
</tr>
<tr>
<td>Netherlands</td>
<td>2,775</td>
<td>2,786</td>
<td>20.1</td>
</tr>
<tr>
<td>Philippines</td>
<td>559</td>
<td>290</td>
<td>79.0</td>
</tr>
<tr>
<td>Poland</td>
<td>913</td>
<td>2,290</td>
<td>-24.0</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>985</td>
<td>746</td>
<td>51.0</td>
</tr>
<tr>
<td>Other</td>
<td>6,476</td>
<td>9,841</td>
<td>13.1</td>
</tr>
<tr>
<td><strong>Total NES (non-English speaking)</strong></td>
<td>27,770</td>
<td>43,472</td>
<td>30.2</td>
</tr>
<tr>
<td><strong>Not stated</strong></td>
<td>10,420</td>
<td>18,963</td>
<td>105.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>177,823</td>
<td>233,132</td>
<td>18.0</td>
</tr>
</tbody>
</table>
Another group of major significance is the elderly Indigenous population in South Australia. Figure 3 shows the increase in the Aboriginal and Torres Strait Islander (ATSI) population aged 65+ during the past 10 years. It has nearly doubled since 2001, a testament to the slow improvements in health care and subsequent life expectancy for Indigenous Australians although there are still gaps of 10 years in female life expectancy and 11.8 years for males between the Aboriginal and non-Aboriginal populations.

Another way in which the older population is dynamic is in where they live. Where older people live can mean more to them than for many younger people. This is because they often have limited mobility and are restricted to the local area for much of their lives. They also rely more on locally provided services and the local area is usually the basis for their social networks. It is important then to understand the changes occurring in their distribution.

Although the proportion of older South Australians who live in Adelaide is 69 percent, this is changing. In the past the proportion of older people living in Adelaide was greater than that for younger ones but this is no longer the case. In 2006, 73.1 percent of South Australians aged less than 65 lived in Adelaide. The state’s aged population has decentralised and as a result its growth has been faster in regional cities and country towns (2.98 percent a year) and even in rural areas (2.09) than in metropolitan Adelaide (1.92). This is a result of the increasing numbers of South Australians who are deciding to retire to non-metropolitan locations, especially those in coastal areas and in other favoured ecological niches such as along the River Murray.

Moreover, and importantly, the distribution of older people within Adelaide is undergoing change. Table 8 shows that in 1971, 30 percent of older people in Adelaide lived in the inner suburbs but by 2006 this was reduced to 12.9 percent and their numbers declined slightly. On the other hand, the outer suburbs had only 12.4 percent of older Adelaideans in 1971 but 38.7 percent in 2006. This decentralisation of the elderly has come about not because they have moved recently, but because they have ‘aged in place’ after moving into these areas as young families. The largest numbers of older people lived in Adelaide’s middle suburbs until 2001 but they have since been overtaken by the outer suburbs. Figure 4 shows that it is in the middle and coastal suburbs that the highest percentage (over 15 percent) of the total population is older. A quite different pattern, however, is evident in Figure 5, which shows the rate at which the older population is growing. Clearly, growth is fastest in the city’s outer ring of suburbs.
### Table 8

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

*Source: ABS 1971 and 2006 Censuses*

<table>
<thead>
<tr>
<th>Suburban sector</th>
<th>No.</th>
<th>1971 % of sector total</th>
<th>% of total</th>
<th>No.</th>
<th>2006 % of sector total</th>
<th>% of total</th>
<th>Percent change 1971–2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inner</td>
<td>22,467</td>
<td>15.4</td>
<td>30.0</td>
<td>21,796*</td>
<td>16.0</td>
<td>12.9</td>
<td>-3.1</td>
</tr>
<tr>
<td>Coastal</td>
<td>10,870</td>
<td>11.7</td>
<td>14.5</td>
<td>21,940</td>
<td>18.9</td>
<td>12.9</td>
<td>+101.8</td>
</tr>
<tr>
<td>Middle</td>
<td>32,389</td>
<td>8.8</td>
<td>42.2</td>
<td>60,095</td>
<td>18.1</td>
<td>35.5</td>
<td>+85.5</td>
</tr>
<tr>
<td>Outer</td>
<td>9,267</td>
<td>3.9</td>
<td>12.4</td>
<td>65,460</td>
<td>12.5</td>
<td>38.7</td>
<td>+606.4</td>
</tr>
<tr>
<td>Total</td>
<td>74,993</td>
<td>8.9</td>
<td>100.0</td>
<td>169,291</td>
<td>15.3</td>
<td>100.0</td>
<td>+125.7</td>
</tr>
</tbody>
</table>
Figure 4
Adelaide statistical division: percent aged 65+ by SLA, 2006
Source: ABS 2006 Census

- Less than 10
- 10–14.9
- 15–19.9
- 20+

Source: ABS 2006 Census

kilometres
The shift in the distribution of Adelaide’s older population has important implications because outer suburbs can be less conducive to the needs of older people than inner and middle suburbs. These outer, and newer, suburbs tend to be of lower density with a less intensive public transport network and more concentrated provision of services in shopping centres. Moreover, many of the special services for older people are concentrated in the inner and middle suburbs, where earlier generations of older South Australians have lived. This is evident in Figure 6, which shows the distribution of specialised aged accommodation in 1997. Figure 7, however, shows that the subsequent 10 years has seen a shift in the provision of aged accommodation towards the outer suburbs, which is more in line with where they will be needed. So while there may not be residential facilities in an outer area, there may be other forms of appropriate support. There has been a shift in the provision of care, with a significant growth in the community care sector, for example Commonwealth-funded Community Aged Care Packages (CACP) and the introduction of Extended Aged Care and Home (EACH) packages and EACH Dementia packages, which are high level and funded at the same rate as the highest care level in residential care.
Figure 6

Low care facilities, number of beds, 1997

Source: ABS and Commonwealth Department of Health and Aged Care

- 1–24
- 25–49
- 50–74
- 75–99
- 100–160
Almost a third of older South Australians live outside of Adelaide. Table 9 shows the largest older populations in non-metropolitan South Australia, as well as those that are the fastest growing. There are some common trends apparent in both lists. There are both large numbers and rapid growth in the coastal resort retirement areas that have become known as ‘sea change’ communities, especially in the areas near Adelaide and also Victor Harbor, Alexandrina–Coastal SLA (Goolwa), Yorke Peninsula and Robe. There also has been strong growth associated with somewhat similar development along the River Murray and in picturesque areas of the Adelaide Hills. It is noticeable, too, that major regional centres have both large numbers, and rapid growth, of older residents.
Table 9
Rest of South Australia: fastest growing and largest 75+ population, 2001–06

Source: ABS 2001 and 2006 Censuses

<table>
<thead>
<tr>
<th>SLA</th>
<th>Fastest growing</th>
<th>Largest number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average annual growth rate 2001–06 (%)</td>
<td>SLA</td>
</tr>
<tr>
<td>Roxby Downs</td>
<td>16.1</td>
<td>Victor Harbor</td>
</tr>
<tr>
<td>Yankalilla</td>
<td>9.2</td>
<td>Mount Gambier</td>
</tr>
<tr>
<td>Robe</td>
<td>9.1</td>
<td>Murray Bridge</td>
</tr>
<tr>
<td>Alexandrina–Coastal (Goolwa)</td>
<td>8.4</td>
<td>Whyalla</td>
</tr>
<tr>
<td>Flinders Ranges</td>
<td>7.4</td>
<td>Copper Coast</td>
</tr>
<tr>
<td>Mount Barker–Central</td>
<td>7.0</td>
<td>Alexandrina–Coastal (Goolwa)</td>
</tr>
<tr>
<td>Mallala</td>
<td>6.7</td>
<td>Port Pirie–City</td>
</tr>
<tr>
<td>Cleve</td>
<td>6.4</td>
<td>Mount Barker–Balance</td>
</tr>
<tr>
<td>Peterborough</td>
<td>6.2</td>
<td>Port Lincoln</td>
</tr>
<tr>
<td>Unincorporated West Coast</td>
<td>5.9</td>
<td>Yorke Peninsula–North</td>
</tr>
<tr>
<td>Le Hunte</td>
<td>5.4</td>
<td>Port Augusta</td>
</tr>
<tr>
<td>Karoonda East Murray</td>
<td>5.3</td>
<td>Barossa–Angaston</td>
</tr>
<tr>
<td>Victor Harbor</td>
<td>5.2</td>
<td>Clare and Gilbert valleys</td>
</tr>
<tr>
<td>Renmark Paringa–Paringa</td>
<td>4.9</td>
<td>Wattle Range–West</td>
</tr>
<tr>
<td>Alexandrina–Strathalbyn</td>
<td>4.8</td>
<td>Renmark Paringa–Renmark</td>
</tr>
<tr>
<td>Yorke Peninsula–North</td>
<td>4.3</td>
<td>Loxton Waikerie–East</td>
</tr>
<tr>
<td>Adelaide Hills–North</td>
<td>4.2</td>
<td>Mid-Murray</td>
</tr>
<tr>
<td>Port Pirie–Balance</td>
<td>3.9</td>
<td>Wakefield</td>
</tr>
<tr>
<td>Port Lincoln</td>
<td>3.9</td>
<td>Naracoorte–Lucindale</td>
</tr>
<tr>
<td>Adelaide Hills–Balance</td>
<td>3.9</td>
<td>Adelaide Hills–Balance</td>
</tr>
<tr>
<td>Port Pirie–City</td>
<td>3.9</td>
<td>Light</td>
</tr>
<tr>
<td>Murray Bridge</td>
<td>3.8</td>
<td></td>
</tr>
<tr>
<td>Berri–Barmera–Berri</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>Mount Gambier</td>
<td>3.5</td>
<td></td>
</tr>
</tbody>
</table>
There is enormous variation between South Australian communities, not only in the size of their older populations but also especially in the pace at which they are growing. The size of the older population can change much more rapidly at the local level than for the total state. This is of crucial importance because so many of the services needed by older people are provided at the local level. Locally, changes in the older population are a result of two processes:

- **Ageing in place**—people ‘staying put’ but ageing into older age categories
- **Migration**—older people moving into or out of a community

Of these two processes, ageing in place is by far the most important element in the growth of local older populations. While migration can be an important factor in particular areas it is important to stress that older people change house and move less frequently than any other age group. In Australia the rate at which people move declines from a peak in the 20–24 year age group, when 60.1 percent of the population had moved in the previous five years, to a low in the 75–79 age group of 19.6 percent (Table 10). Forced moves, such as into aged care institutions or to be close to family, increase the proportion of older age groups that move.

### Table 10

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>55–59</td>
<td>20.6</td>
<td>26.6</td>
<td>28.0</td>
</tr>
<tr>
<td>60–64</td>
<td>20.7</td>
<td>24.5</td>
<td>25.5</td>
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<tr>
<td>65–69</td>
<td>20.8</td>
<td>22.3</td>
<td>23.0</td>
</tr>
<tr>
<td>70–74</td>
<td>19.8</td>
<td>19.7</td>
<td>20.2</td>
</tr>
<tr>
<td>75–79</td>
<td>18.3</td>
<td>20.2</td>
<td>19.6</td>
</tr>
<tr>
<td>80–84</td>
<td>20.6</td>
<td>23.2</td>
<td>19.8</td>
</tr>
<tr>
<td>85+</td>
<td>24.2</td>
<td>28.6</td>
<td>30.0</td>
</tr>
<tr>
<td>Total</td>
<td>36.5</td>
<td>43.1</td>
<td>42.3</td>
</tr>
</tbody>
</table>

There has been particular recent interest in the young-old group given the evidence that more people are moving house in the pre-retirement or early retirement years. The proportion of Australians aged 55–59 who had moved in the past five years increased from 20.6 percent in 1971–76 to 28 percent in 2001–06; aged 60–64 from 20.7 to 25.5; and aged 65–69 from 20.8 to 23. Key questions relate to how the baby boomers will behave. Will they show a greater propensity to move in the years around retirement? If so, what policy and planning implications will this new tendency have?

The shifting levels of internal migration among older South Australians are the complex result of a tension between forces working to increase mobility and those operating to constrain movement. Forces encouraging migration among retirees include an improved economic situation, greater ownership of holiday homes, development of specialised retirement housing, greater dispersal of children and changed attitudes. Those working against an increase in migration, especially among the old-old, are government policies to keep people ‘at home not in a home’, high rates of home ownership and increasing grey nomadism (grey nomads are those who tour, not move), whereby older people substitute extended touring for a sea change shift of residence.

In South Australia the major interstate and intrastate movements of older people are:

- There is a small net migration loss of South Australians aged 55–64 (336 people), 65–74 (274) and 75+ (175), mainly to Queensland, but this represents only 10.3 percent of the total net migration loss recorded by the state. These figures, however, are only the tip of the iceberg of much larger flows between South
Australia and other states and territories. There is a pattern, for example, of South Australians moving to Queensland or northern New South Wales around retirement age and subsequently returning when they lose their partner or the onset of disability encourages them to return home.

- In recent years there has been an increase in the number of older South Australians who move from Adelaide to non-metropolitan parts of the state, especially sea change areas. Between 2001 and 2006, the number of people aged 55–64 years who moved from Adelaide to non-metropolitan parts of the state was 2,010 more than the number of people who moved in the other direction. This is double the number of a decade ago. It is interesting to note that among the 65+ population, 23 percent more males moved out of Adelaide than moved in, while for women 24 percent more moved to Adelaide than moved in the opposite direction. This reflects a pattern of migration to sea change areas among the young-old but a return among the old-old.

### Table 11

<table>
<thead>
<tr>
<th>LGA</th>
<th>55–64</th>
<th>65–74</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adelaide</td>
<td>41</td>
<td>27</td>
<td>13</td>
</tr>
<tr>
<td>Burnside</td>
<td>-138</td>
<td>-62</td>
<td>-35</td>
</tr>
<tr>
<td>Campbelltown</td>
<td>-134</td>
<td>-84</td>
<td>-8</td>
</tr>
<tr>
<td>Charles Sturt</td>
<td>-178</td>
<td>-107</td>
<td>-224</td>
</tr>
<tr>
<td>Gawler</td>
<td>80</td>
<td>132</td>
<td>42</td>
</tr>
<tr>
<td>Holdfast Bay</td>
<td>179</td>
<td>89</td>
<td>-42</td>
</tr>
<tr>
<td>Marion</td>
<td>-106</td>
<td>-162</td>
<td>-396</td>
</tr>
<tr>
<td>Mitcham</td>
<td>-439</td>
<td>-110</td>
<td>-67</td>
</tr>
<tr>
<td>Norwood, Payneham and St Peters</td>
<td>-3</td>
<td>176</td>
<td>207</td>
</tr>
<tr>
<td>Onkaparinga</td>
<td>-312</td>
<td>-16</td>
<td>236</td>
</tr>
<tr>
<td>Playford</td>
<td>12</td>
<td>-8</td>
<td>-28</td>
</tr>
<tr>
<td>Port Adelaide Enfield</td>
<td>-67</td>
<td>-153</td>
<td>-323</td>
</tr>
<tr>
<td>Prospect</td>
<td>-99</td>
<td>-18</td>
<td>-59</td>
</tr>
<tr>
<td>Salisbury</td>
<td>-285</td>
<td>80</td>
<td>212</td>
</tr>
<tr>
<td>Tea Tree Gully</td>
<td>-798</td>
<td>-199</td>
<td>28</td>
</tr>
<tr>
<td>Unley</td>
<td>-159</td>
<td>5</td>
<td>298</td>
</tr>
<tr>
<td>Walkerville</td>
<td>9</td>
<td>-34</td>
<td>37</td>
</tr>
<tr>
<td>West Torrens</td>
<td>-41</td>
<td>-45</td>
<td>-2</td>
</tr>
</tbody>
</table>
In all migration of older South Australians the inflows are similar in size to outflows. This especially applies to migration within Adelaide. Some clear patterns are evident in the net migration for local government areas (Table 11). In the 55–64 pre-retirement ages most LGAs experienced more outward rather than inward migration. The loss was heaviest in Tea Tree Gully, Mitcham, Onkaparinga and Salisbury. Much of this outward movement is directed to sea change areas elsewhere in the state or interstate; however, some is also associated with the downsizing of housing and movement to inner suburban and coastal locations in Adelaide, most likely accounting for the gains in Adelaide, Walkerville and Holdfast Bay. Among the 75+ group the main net gains are in suburbs with substantial numbers of aged care institutions.

The growth of older populations in coastal communities is an increasingly important phenomenon in South Australia. Table 12 shows the patterns of migration into and out of these communities for the key 55–64 age group, which includes the first wave of baby boomers. Heavy inward migrations are countered by moves in the other direction.

Table 12
South Australian non-metropolitan coastal retirement communities: in, out and net migration of persons aged 55–64, 2001–06
Source: ABS 2006 Census

<table>
<thead>
<tr>
<th>LGA</th>
<th>In 65–75</th>
<th>Out 65–75</th>
<th>Net 65–75</th>
<th>Net 75+</th>
<th>Net 75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexandrina</td>
<td>969</td>
<td>371</td>
<td>598</td>
<td>276</td>
<td>41</td>
</tr>
<tr>
<td>Victor Harbor</td>
<td>733</td>
<td>199</td>
<td>534</td>
<td>257</td>
<td>60</td>
</tr>
<tr>
<td>Copper Coast</td>
<td>494</td>
<td>204</td>
<td>290</td>
<td>80</td>
<td>18</td>
</tr>
<tr>
<td>Yorke Peninsula</td>
<td>455</td>
<td>245</td>
<td>210</td>
<td>1</td>
<td>–36</td>
</tr>
<tr>
<td>Tumby Bay</td>
<td>93</td>
<td>45</td>
<td>48</td>
<td>18</td>
<td>–1</td>
</tr>
<tr>
<td>Coorong</td>
<td>146</td>
<td>109</td>
<td>37</td>
<td>–42</td>
<td>–27</td>
</tr>
<tr>
<td>Kangaroo Island</td>
<td>127</td>
<td>89</td>
<td>28</td>
<td>–15</td>
<td>8</td>
</tr>
<tr>
<td>Franklin Harbor</td>
<td>47</td>
<td>33</td>
<td>14</td>
<td>–3</td>
<td>–1</td>
</tr>
<tr>
<td>Robe</td>
<td>54</td>
<td>34</td>
<td>20</td>
<td>–11</td>
<td>–14</td>
</tr>
<tr>
<td>Kingston (SE)</td>
<td>80</td>
<td>34</td>
<td>16</td>
<td>28</td>
<td>–9</td>
</tr>
</tbody>
</table>
Living arrangements and housing are crucial elements in the wellbeing of all groups, but they assume special significance among older South Australians. Because many older people have restricted mobility they spend more time at home than other groups. Moreover, home may have many valued memories for older people. Living arrangements, too, can be a significant influence in the extent to which older people are isolated and lonely and have the opportunity for social interaction and access to social and other support.

Most older South Australians enter retirement with a partner. Table 13 shows that 77.3 percent of all males aged 65–74 are currently married, although this proportion falls to 52.5 percent among those aged 85+. The reduction reflects the increased chances of losing a partner with increasing age. A striking feature of the table is the fact that the proportions married in each age group are much lower, reflecting the fact that the life expectancy of women at age 65 in South Australia is 3.3 years longer than that of men. Moreover, most women are significantly younger than their partners, so the chances that they will out-survive them are doubly increased. Hence, while most South Australian men and women enter their older years with a partner, most women will spend some time as a widow while most men live all of their older years with a partner. This has important implications for policy.

Another important finding shown in Table 13 is the higher proportion of divorced or separated people in the young-old age group. This reflects the fact that divorce and separation have increased substantially since the mid-1970s when divorce laws were reformed. This has important consequences as recent research has shown that there are negative economic and social impacts of divorce and separation and these become exacerbated in older ages.

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Married</th>
<th>Divorced</th>
<th>Separated</th>
<th>Widowed</th>
<th>Never married</th>
<th>Total (%)</th>
<th>Total (No.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Males</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65–74</td>
<td>77.3</td>
<td>2.7</td>
<td>9.5</td>
<td>5.7</td>
<td>4.8</td>
<td>100</td>
<td>55,148</td>
</tr>
<tr>
<td>75–84</td>
<td>71.7</td>
<td>1.9</td>
<td>5.5</td>
<td>16.3</td>
<td>4.6</td>
<td>100</td>
<td>37,481</td>
</tr>
<tr>
<td>85+</td>
<td>52.5</td>
<td>1.3</td>
<td>3.0</td>
<td>38.9</td>
<td>4.3</td>
<td>100</td>
<td>9,858</td>
</tr>
<tr>
<td><strong>Females</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65–74</td>
<td>61.6</td>
<td>2.1</td>
<td>10.3</td>
<td>23.1</td>
<td>2.8</td>
<td>100</td>
<td>59,946</td>
</tr>
<tr>
<td>75–84</td>
<td>37.8</td>
<td>1.1</td>
<td>5.5</td>
<td>52.5</td>
<td>3.1</td>
<td>100</td>
<td>49,954</td>
</tr>
<tr>
<td>85+</td>
<td>13.2</td>
<td>0.4</td>
<td>2.7</td>
<td>79.3</td>
<td>4.4</td>
<td>100</td>
<td>20,740</td>
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<tr>
<td><strong>People</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65–74</td>
<td>69.2</td>
<td>2.4</td>
<td>9.9</td>
<td>14.8</td>
<td>3.8</td>
<td>100</td>
<td>115,094</td>
</tr>
<tr>
<td>75–84</td>
<td>52.3</td>
<td>1.5</td>
<td>5.5</td>
<td>37.0</td>
<td>3.7</td>
<td>100</td>
<td>87,435</td>
</tr>
<tr>
<td>85+</td>
<td>25.9</td>
<td>0.7</td>
<td>2.8</td>
<td>66.2</td>
<td>4.4</td>
<td>100</td>
<td>30,598</td>
</tr>
</tbody>
</table>
These patterns in marital status are reflected in the living arrangements of older South Australians. Figure 8 shows that with increasing age it is less likely that they will be living with a partner and more likely they are living alone or with other family. It is also important to note that there has been an increasing proportion of old people living alone during the past decade. The proportion of South Australians aged 65+ who were living alone increased from 28 percent in 1996 to 31 percent in 2006 and for those aged 75+ the increase was from 35.1 to 40.4 percent. Moreover, there are important gender differences as Figure 9 demonstrates; older South Australian men are much more likely to spend their final years in the warmth of a couple relationship than are women.

Housing is an important element in the wellbeing of older South Australians and wellbeing can vary with the tenure of housing. In South Australia, 83.6 percent of people aged 65+ own their home (about five percent still had a mortgage). Some 10.1 percent are in private rental and 4.1 percent in South Australian Housing Trust (SAHT) rental properties. The proportion owning their own home is lower than all states except Queensland. The type of housing occupied varies with increasing age. Figure 10 shows how the likelihood of being in SAHT rental, a retirement village or special housing increases with age.

---

**Figure 8**
South Australia: living arrangements of older people in private dwellings, 2006
*Source: ABS 2006 Census*

- Couple family
- Other family
- Group
- Lone people

**Figure 9**
South Australia: percent of older people living alone, by sex
*Source: ABS 2006 Census*

- Males living alone
- Females living alone
Faulkner (2007) has shown that although a high proportion (78 percent) of baby boomers own their own home, a significant minority are not well positioned with respect to housing because of retrenchment, unemployment, divorce or other circumstances. As well, the number of 65+ populations living in low-income rental accommodation is projected to double between 2001 and 2026. It also should not be assumed that just because an older South Australian is a home owner, he or she will not be subject to housing stress, as high maintenance, utility and other costs can render housing situations unaffordable. Housing stress may be greater for older people living in rural and regional areas. Older households living in private rental are at greatest risk because on average they spend a third of their gross income on housing—a higher proportion than any other age group.

The real issue regarding housing for older South Australians relates to providing them with a satisfactory choice of housing to meet their needs and maintain their wellbeing. At present, though, the Household Income and Labour Dynamics in Australia (HILDA) Survey has shown that 94 percent of South Australians aged 65 or older are satisfied with their home, 87 percent are satisfied with their safety, 81 percent felt part of their local community, 92 percent were satisfied with their neighbourhood and 87 percent indicated they wanted to keep living in the same area.

In considering the mixture of housing types for older South Australians, Faulkner, Beer and Hutson (2006) identify three types. They are:

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

Older South Australians have indicated a strong preference for the first of these and the desire to stay in their homes and ‘age in place’. To facilitate this, however, there is a need for innovations in home modification and home-based care. Retirement villages are of increasing significance in the second category, with 450 operating throughout South Australia in 2007. While they currently only house about five percent of the older population, they are expected to be especially appealing to baby boomers (Faulkner and Beer 2008). It is also expected that the next generation of retirees will seek a wider range of lifestyle and housing options than the previous one. Faulkner and Beer (2008) have found that people in retirement villages want:

- low maintenance, spacious and secure housing with a high degree of privacy and accessibility
- a location close to their former dwelling and circle of friends
- property and garden maintenance, access to health services and availability of a community centre.

The federal government’s ‘at home not in a home’ policy has resulted in the proportion of Australians aged 75+ living in aged care declining from 13.5 percent to 11 percent between 1981 and 2006. South Australia’s older population is reflected in the fact that 11.5 percent of the 75+ population live in aged care.

The Home and Community Care (HACC) Program, established in 1985, is a key element in keeping
older South Australians at home.
The number of HACC clients, or places, in South Australia increased substantially between 2002–03 and 2006–07 as shown in Figure 11.

**Figure 11**

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

*SA Department for Families and Communities, Office for the Ageing
HACC Business Report 2006–07
Summary, 2008: 4*
As is the case for housing, the immediate living environment can be more relevant to older people than to the rest of the population because they are more restricted in mobility, rely more on the local environment to provide for their needs and spend more time locally. Older people are found in all types of living contexts in South Australia from inner city to remote Aboriginal communities, and the suitability (or otherwise) of the living environment is an important contributor to their level of wellbeing. Moreover, as was shown earlier, the distribution of older South Australians between different parts of the state is changing.

Non-metropolitan areas

In country South Australia the older population is growing faster than the young and they live in a wide range of living environments, including:

- rapidly growing sea change coastal communities
- ‘tree change’ communities in the Adelaide Hills or along the River Murray
- regional cities such as Whyalla, Mount Gambier, Port Lincoln, Port Augusta and Port Pirie
- country towns of varying size
- isolated rural properties in farming areas
- remote parts of the state.

Each of these environments presents challenges and opportunities for older people. While most want to ‘age in place’ this can prove difficult in providing support services and a shortage of locally available appropriate housing. On the other hand, local social capital and social networks in these communities often are strong and important, making the prospect of outward migration distressing and alienating among older frail people. Developing a services structure that is sensitive to the particular needs of older people in lightly settled areas is a challenge.

Two issues loom particularly large among older South Australians in country areas—health care and transport. Providing older people who have declining health status access to services in their local area are compounding as health costs and a shortage of health professionals escalate. Access to not only health services but also shops, other services, social events and family and friends depend on the availability of transport—the key issue to successful ageing in country South Australia. For those still driving, rising fuel costs and longer distances to services, which tend to be increasingly concentrated in the larger cities and towns, are an increasing hurdle to accessing services, maintaining social networks and remaining active in the community. For those who do not drive, or who have lost their driving licences, the consequences can often be more significant than for their counterparts in Adelaide. Many rural areas limited regular, reliable and affordable public transport system means older people rely on family and friends for their transport needs.

An important development has been the Community Passenger Transport Networks (CPNs), which are jointly funded and supported by HACC, local government and the Office of Public Transport. They are a transport brokerage, information and, as a last resort for the transport disadvantaged, provision service. They provide a supportive role to existing services—such as arranging bookings. They provide essential transport where there are no public transport options through panels of volunteer drivers, community purchasing and maintaining of vehicles; however, as Figure 12 shows, not all of rural South Australia is covered by CPNs. Areas not covered include several, with growing and substantial ageing populations. In some cases (for example, Yankalilla) local governments have developed their own community bus services. Growing numbers of older people living in country South Australia, however, will put increasing pressure on these limited resources and new models need to be considered.
Metropolitan Adelaide

The greater density of population in the city can facilitate provision of services but different parts of Adelaide vary in their response to the needs of older people. This concept includes such issues as pavements free of obstruction; provision of public seating; accessibility to buildings for the disabled; well located, clean, accessible public toilets; special provision for older people in transport and public places; and pedestrian safety. These will need to be considered for some communities where the numbers of older people have been small but now are growing rapidly due to age in place. Neil Coffee, of the University of Adelaide, has classified Adelaide suburbs in terms of their accessibility by walking (walkability). Figure 13 compares the walkability of suburbs and the number of people aged 75+. A high score on walkability indicates an area is ‘walk friendly’. An important point to note is that the more established inner suburbs are quite walk friendly while many of the outer suburbs are not because they have been designed for families with cars and not for pedestrians. Large streets and cul-de-sacs, limited footpaths, concentration of services into widely spaced centres and hilly terrain can mitigate against older people moving about their suburb.
Figure 13
Adelaide: walkability of suburbs
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

kilometres
Figure 14
Adelaide: population aged 75+
Source: Coffee 2008 and ABS 2006 Census
For many older people, access to a car is crucial to be able to obtain services and interact socially and the loss of a drivers licence can abruptly change their lives. After age 70 South Australians are required to provide evidence of fitness to drive each year. Figure 15 shows that the proportion of people with a drivers licence falls away with age, especially for women. Many of the oldest women have never driven but for baby boomers and younger groups there is no difference between the proportions of men and women who are able to drive. During the past decade, however, the proportion of older South Australian males and females who have drivers licences has increased.

**Figure 15**

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

*DTEI 2008 and ABS 2008*

Public transport can be a critical issue for older people as it can help them sustain social networks and enable them to remain independent. Older people are key users of Adelaide’s public transport system and they are entitled to concessions. Different parts of the city, however, differ in the degree of access to public transport. Figure 16 shows areas with large numbers of older people who have good access to public transport but there are also areas without good access, such as several seaside suburbs (for example, south of Seaford) and the area southwest of the airport. Although a subsidised Access Taxi service is available to people who cannot use regular public transport, transport remains a key issue throughout the state.
State of Ageing in South Australia

Figure 16
Adelaide statistical division: difference between public transport metro accessibility remoteness index of Australia (ARIA) and proportion of population aged 65+

-3
-2
-1
Similar level of public transport and 65+

darker shading: less public transport, more 65+
lighter shading: more public transport, less 65+

Source: Neil Coffee (The University of Adelaide) 2008 and ABS 2006 Census Australia

N

kilometres

4 0 4 8 12 16 20
Information technology

The rapid development of information technology in recent years has opened up many opportunities for older South Australians to access internet based social interaction and services through information technology. There is a concern, however, that a digital divide is opening up between an older computer illiterate generation and younger computer literate groups. This means not only do older people miss out on the advantages of connection, but also that they will be increasingly alienated from IT-driven modes of communication, education, service provision, information dissemination and governance. Figure 17 shows the decrease in home internet use among the state’s 65+ population. This may diminish as initiatives such as Broadband for Seniors become established in the community. Research shows that although the internet is not a ‘silver bullet’ to compensate for the social losses of old age, it does generate and sustain social capital. It also has the potential to improve service provision. Figure 18 suggests that there are significant variations between different parts of the state in the numbers of older South Australians without an internet connection.

**Figure 17**

**South Australia and Australia: internet use at home by age group, 2005–06**

*Source: ABS 2007 (SA Stats May 2007)*

- South Australia
- Australia
Figure 18
Households with residents aged 65+ with no internet connection by SLA, 2006
Source: ABS 2006 Census
Crime

Security is one of the most important dimensions of wellbeing. Research by the Australian Institute of Criminology has consistently shown that older people in Australia are overwhelmingly less at risk of criminal victimisation than other age groups. In 2006, only 1.8 percent of victims of crime reported by SA Police were aged 65+ while Figure 19 shows that only in the ‘break and enter’ area is the rate for the 65+ population as high as for the total population. Despite this, older people tend to have a higher fear of crime than the general population. In small rural communities older people are most likely to report feeling safe all or most of the time. Figure 19 shows there is evidence that consumer fraud is relatively more of an issue for older people.

Figure 19

Selected crime victimisation rates for people aged 65+, compared with total population

Source: Australian Institute of Criminology 2001

Elder abuse is an issue of increasing concern and is under-researched and often hidden. It involves physical abuse, psychological and emotional abuse, financial or material abuse, sexual abuse or neglect. It often involves someone who is in a position of trust, such as a family member or carer. Much abuse goes unreported but South Australia is a leader in tackling elder abuse in Australia and the State Government has developed an elder abuse action plan, Our Actions to prevent the abuse of older South Australians.
In addition to an overall ageing of the workforce, there have been some massive changes in the patterns of labour force participation of older South Australians during the past decade. In 1997, only 9.2 percent of the workforce of the state was aged between 55 and 69, but a decade later it had increased to 15.4 percent. A key issue has been changes in the rate at which older South Australians participate in the workforce outside the home. Table 14 shows that there was a substantial decline in male participation rates between 1978 and 1999 in the 55–59 and 60–64 age groups. Early retirement had become much more common so that only a little over a third of males aged 60–64 remained in the workforce in 1999. Early retirement is often seen as a lifestyle choice but research indicates that much of it is involuntary and caused by the onset of health issues or retrenchment. It is clear, however, that since 1999 there has been a major change. By 2007 male participation had risen to 70.2 percent in the 55–59 group and 54.8 percent in the 60–64 ages. Clearly the initiatives of government to encourage workers to stay in the workforce longer have been effective. Moreover, the relatively full employment situation has created shortages of workers in some geographical and skills areas. The onset of the global financial crisis in late 2008 may, however, change this. It is interesting that the level of participation of the 65+ age group has remained fairly stable during the past three decades with about one in 10 men continuing to work.

<table>
<thead>
<tr>
<th>Age group</th>
<th>February 1978</th>
<th>June 1999</th>
<th>July 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>Females</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>55–59</td>
<td>82.6</td>
<td>25.9</td>
<td>65.8</td>
</tr>
<tr>
<td>60–64</td>
<td>54.6</td>
<td>11.7</td>
<td>37.0</td>
</tr>
<tr>
<td>65+</td>
<td>11.3</td>
<td>2.5</td>
<td>11.7</td>
</tr>
</tbody>
</table>

The pattern is quite different for women. In all older age groups in Table 14 there has been an increase in the participation rates during the past three decades. There was a trebling in the participation rate for women aged 60–64 so that more than a third of South Australian women in that age group are employed. For the 55–59 age group there was a larger increase in participation between 1997 and 2007 for women (from 39 percent to 56 percent) than for males (66 to 70). Figure 20 shows that from 1997 to 2007 the strongest growth was in full-time female employment among the 55–69 age group. In fact, the proportion increased from 9 percent to 20 percent while females employed part-time increased from 13 percent to 19 percent. There was also strong growth in the proportion of males in full- and part-time employment.
The future of work for older South Australians is uncertain and will be strongly influenced by the changing economic situation. While there has been 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 re-training of older workers, through regionally specific programs in both metropolitan and non-metropolitan areas.

Older South Australian workers are more likely to be employed in clerical and professional occupations, and these are jobs where cognitive skills and experience are more valuable than physical capacity (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 higher levels of such skills, obtained from experience, than younger workers, although lower levels of formal education. With the exception of manufacturing, employment of South Australian workers aged 55+ is concentrated in strongly or moderately growing industries, including health and community services, property and business services, education and retail trade. Strong labour demand in the industries in which baby boomers are concentrated bodes well for their bargaining strength to delay retirement and/or phase down their employment hours or level of responsibility.

The ability of South Australians to work longer also depends on them maintaining good levels of health, in employers making the cultural change to accept older workers, and modification of working conditions to facilitate transitioning out of the workforce. This is an opportunity for South Australia to become a global model for maintaining older workers in the workforce.
Economic security is of fundamental significance in the wellbeing of all South Australians; however, it is of particular importance among older people. As people age and are restricted in their ability to engage in the paid workforce they become vulnerable. Since the 1970s several innovations in superannuation, pegging of pension to a proportion of average weekly earnings and granting access to health and other services have greatly reduced the number of South Australians for whom the transition from the workforce to retirement is a transition into poverty. While there is just as much variation in the older population as other age groups, in general, older Australian households:

- report higher levels of prosperity and lower levels of financial stress than other groups
- have higher rates of home ownership
- are, on average, wealthier than other households
- have lower levels of debt than other households.

Such averages, however, can hide the fact that many older households are vulnerable to economic stress, illustrated by the fact that:

- Seventy-six percent of older households in Australia live on a weekly income of less than $400
- Older households’ disposable incomes are about half those of all households
- Three-quarters of older Australians receive a full or part age or veterans pension.

Measuring the economic situation of older South Australians is difficult because there are many who are ‘asset rich but income poor’, so traditional income measures are often not an accurate indication of the degree of economic wellbeing. Wealth estimates are often more indicative. Figure 21 presents estimates of the wealth of South Australians and Australians by the age of the reference person in the household. There is an interesting pattern of the level of wealth among South Australians being lower than the Australian average in each group except for the older baby boomer age group (55–64 years old in 2006). Older South Australian households have 29 percent less wealth than the Australian average and slightly less than the state average.

The family home is the most significant asset held by the average family but it is not easy to convert this into liquid assets. Moreover, average figures for wealth can be misleading because the distribution is skewed and a small number of very wealthy households can mask the significant number that have low levels of wealth.

Table 15 compares the incomes of South Australian older households with those of Australia and all households. It shows that South Australians aged 65+ receive about half the income of all households in the state and slightly more than the 65+ in Australia as a whole. This compares with a significantly lower income for all South Australian households than for Australia as a whole. Table 16 shows that South Australians aged 65+ derive less of their income from superannuation and more from wages and pensions. At the time of the 2006 Census, 76 percent of South Australians aged 65+ had incomes of less than $400 per week but there are substantial numbers earning $150–399. Half of South Australia’s retirees are in the bottom 20 percent of income earners and 80 percent are in the bottom 40 percent of income earners.
Figure 21
South Australia and Australia: distribution of mean household net worth ($m) by age group of household reference person, 2005–06

Table 15
Australia and South Australia: various measures of weekly household income by age group of reference person, 2005–06
Table 16
Australia and South Australia: sources of weekly income (% of total) by age group of household reference person, 2005–06

<table>
<thead>
<tr>
<th>Principal source of income (%)</th>
<th>Australia</th>
<th>South Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>55–64 years</td>
<td>65+ years</td>
</tr>
<tr>
<td>Wages and salaries</td>
<td>54.0</td>
<td>5.8</td>
</tr>
<tr>
<td>Retirement pensions</td>
<td>4.9</td>
<td>62.5</td>
</tr>
<tr>
<td>Other govt pensions</td>
<td>19.6</td>
<td>8.2</td>
</tr>
<tr>
<td>Superannuation income</td>
<td>5.6</td>
<td>13.0</td>
</tr>
<tr>
<td>Other income</td>
<td>15.9</td>
<td>10.5</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Although there is a significant incidence of poverty among older South Australians, Figure 22 shows that 87 percent of South Australians aged 65+ are free of debt—the highest proportion of all age groups. It is important, however, to also look at the perceptions of older people themselves with respect to their financial position. In the Household Income and Labour Dynamics in Australia (HILDA) Survey, of the 65+ group:

- only 0.2 percent reported being very poor and 1.6 percent poor
- 25.1 percent described themselves as ‘just getting along’
- most (58.1 percent) classified themselves as being reasonably comfortable and 12.4 percent very comfortable
- 18 percent said they didn’t have sufficient money to have an annual holiday away from home
- 16.5 percent said they didn’t have the money to have a night out each week.
As was indicated earlier, the life expectancy of Australians is high and increasing. Table 17 shows that at age 50, South Australian men and women can expect to live on average an additional 31.1 and 35.1 years, respectively. At age 65 males can expect to live another 18.3 years and females another 21.6 years. The ABS has projected that life expectancy will continue to increase but in the United States it has been suggested that the increasing incidence of obesity may see a halting of life expectancy improvement and even a small decline. Figure 23 shows that obesity in Australia peaks among baby boomers, which suggests that if these levels are maintained into older ages there will be an increase in chronic disease and disability and perhaps a dampening of improvements in life expectancy.

### Table 17

South Australia and Australia: expectation of life at birth, age 50, 65 and 85 years

<table>
<thead>
<tr>
<th>Exact age (years)</th>
<th>South Australia</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 (birth)</td>
<td>78.6</td>
<td>83.6</td>
</tr>
<tr>
<td>50</td>
<td>31.1</td>
<td>35.0</td>
</tr>
<tr>
<td>65</td>
<td>18.3</td>
<td>21.5</td>
</tr>
<tr>
<td>85</td>
<td>5.9</td>
<td>7.1</td>
</tr>
</tbody>
</table>

*Source: ABS Life Tables*

### Figure 23

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

*Source: ABS 2008*
Older South Australians assess their health in a similar way to other older Australians, with 36.8 percent assessing it excellent or very good, 30 percent good and 30 percent fair to poor. This compares with 57.1, 29 and 13.9 percent for the population aged less than 65. The proportion rating their health as excellent or very good declines from 45.3 percent of 65–69 year olds to 34.4 percent of 80–84 year olds. Satisfaction with health is a very important part of wellbeing.

### Table 18

<table>
<thead>
<tr>
<th>Condition</th>
<th>&lt;65</th>
<th>65–84</th>
<th>85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any activity limitation due to health?</td>
<td>17.5</td>
<td>33.6</td>
<td>48.9</td>
</tr>
<tr>
<td>Arthritis</td>
<td>14.1</td>
<td>49.7</td>
<td>53.4</td>
</tr>
<tr>
<td>≥1 fall/trip in past year</td>
<td>12.5</td>
<td>31.6</td>
<td>43.8</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>3.2</td>
<td>27.0</td>
<td>37.0</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>1.8</td>
<td>13.6</td>
<td>17.3</td>
</tr>
<tr>
<td>Diabetes</td>
<td>4.3</td>
<td>16.4</td>
<td>12.9</td>
</tr>
<tr>
<td>Respiratory illness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- current asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- COPD (chronic obstructive pulmonary disease)</td>
<td>14.3</td>
<td>12.1</td>
<td>8.8</td>
</tr>
<tr>
<td>- current asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- COPD (chronic obstructive pulmonary disease)</td>
<td>4.6</td>
<td>7.6</td>
<td>5.7</td>
</tr>
</tbody>
</table>

The prevalence of self-reported doctor diagnosed illnesses for older South Australians is presented in Table 18. This shows that a third of South Australians aged 65–84 have a health issue that limits their activities and that arthritis is the most common, with falls, cardiovascular disease, osteoporosis, diabetes, respiratory illness and asthma also being important.

The top 10 disabling conditions among people aged 65+ are:
- Alzheimer’s disease /dementia 14.7 percent
- Arthritis 14.7 percent
- Hypertension 6.4 percent
- Stroke 6.2 percent
- Heart disease 5.4 percent
- Respiratory problem 5.2 percent
- Back problem 3.9 percent
- Diabetes 2.9 percent
- Parkinson’s disease 2.6 percent
- Depression 2.3 percent

Too often health considerations are restricted to the physical, but mental health is also a crucial element of wellbeing. Figure 24 shows that using a standard measure of psychological stress (the Kessler 10 Scale), older South Australians report lower levels of psychological distress than their younger counterparts. South Australians generally experience low levels of psychological distress. A similar pattern applies to self-reporting of mental health issues, with older South Australians being less likely to report, and men less likely than women. Suicidal ideation is lower among older than younger South Australians but is still of significant concern for a small percentage of older people.
Dementia, of which Alzheimer’s disease is the most common, is a major health issue among older South Australians. Table 19 shows the prevalence increases quite sharply with age. In 2006, the prevalence in females ranged from 0.6 percent for women aged 60–64 years to 40.3 percent of women aged 95+ years. For men, the respective proportions were 1.2 percent and 38.1 percent. Dementia is a major source of disability among older South Australians.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Female (% of population)</th>
<th>Male (% of population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–59</td>
<td>0.01</td>
<td>0.01</td>
</tr>
<tr>
<td>60–64</td>
<td>0.6</td>
<td>1.2</td>
</tr>
<tr>
<td>65–69</td>
<td>1.3</td>
<td>1.7</td>
</tr>
<tr>
<td>70–74</td>
<td>3.3</td>
<td>3.5</td>
</tr>
<tr>
<td>75–79</td>
<td>6.3</td>
<td>5.8</td>
</tr>
<tr>
<td>80–84</td>
<td>12.6</td>
<td>11.8</td>
</tr>
<tr>
<td>85–89</td>
<td>21.5</td>
<td>18.6</td>
</tr>
<tr>
<td>90–94</td>
<td>33.3</td>
<td>31.1</td>
</tr>
<tr>
<td>95+</td>
<td>40.3</td>
<td>38.1</td>
</tr>
</tbody>
</table>

The South Australian Government has recently released South Australia’s Dementia Action Plan 2009–2012: Facing the Challenges Together, which aims to ensure that timely and accessible dementia services related to information, support and care are available for dementia patients, their carers and families.

With the increasing incidence of health issues with the aged there is an increasing use of health services. Table 20 shows that this applies across the full range of health services. Older South Australians account for 38.7 percent of hospital separations—more than twice their proportion in the total population.
Table 20

Proportion of South Australians reporting the use of a health service in the past four weeks

Source: South Australian Monitoring and Surveillance Survey 2005

<table>
<thead>
<tr>
<th>Age group (%)</th>
<th>&lt;65</th>
<th>65–84</th>
<th>85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community/district nurse</td>
<td>1.1</td>
<td>3.1</td>
<td>10.4</td>
</tr>
<tr>
<td>General practice</td>
<td>33.0</td>
<td>56.6</td>
<td>59.3</td>
</tr>
<tr>
<td>Specialist</td>
<td>8.8</td>
<td>13.8</td>
<td>13.5</td>
</tr>
<tr>
<td>Hospital (outpatient) clinic</td>
<td>6.2</td>
<td>10.6</td>
<td>9.3</td>
</tr>
<tr>
<td>Accident and emergency</td>
<td>2.2</td>
<td>2.5</td>
<td>2.8</td>
</tr>
<tr>
<td>Hospital admission</td>
<td>2.2</td>
<td>4.2</td>
<td>5.5</td>
</tr>
</tbody>
</table>

Data from the Australian Longitudinal Study on Ageing (ALSA) show how spending on medical and pharmaceutical benefits increases with age, as does the expenditure on hospitalisation. Table 21 shows that although medical benefits schedule (MBS) and pharmaceutical benefits schedule (PBS) expenditure on males is less than that for females, hospitalisation costs are higher. Men have a lower use of preventative medicines and therapies.

Table 21

Average medical benefits schedule (MBS), pharmaceutical benefits schedule (PBS), and hospital bed day expenditure (constant 2002–03 prices) per person year by age and sex

Source: ALSA Report

<table>
<thead>
<tr>
<th>Age group</th>
<th>PBS expenditure per person year ($)</th>
<th>MBS expenditure per person year ($)</th>
<th>Hospital expenditure per person year* ($)</th>
<th>Total expenditure per person year ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75–79</td>
<td>349</td>
<td>567</td>
<td>2,149</td>
<td>3,065</td>
</tr>
<tr>
<td>80–84</td>
<td>425</td>
<td>747</td>
<td>2,200</td>
<td>3,371</td>
</tr>
<tr>
<td>85–89</td>
<td>525</td>
<td>971</td>
<td>3,224</td>
<td>4,720</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75–79</td>
<td>1,022</td>
<td>917</td>
<td>1,781</td>
<td>3,721</td>
</tr>
<tr>
<td>80–84</td>
<td>821</td>
<td>1,013</td>
<td>2,022</td>
<td>3,856</td>
</tr>
<tr>
<td>85–89</td>
<td>970</td>
<td>1,090</td>
<td>2,064</td>
<td>4,124</td>
</tr>
</tbody>
</table>

* 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 Australian Institute of Health and Welfare (AIHW) 2004.
There is overwhelming evidence that lifestyle behaviours—smoking, poor nutrition, excess alcohol consumption and sedentary lifestyle—play a crucial role in the health of all groups and the older population is no exception. The National Health Survey shows that smoking decreases with age. Only 7.5 percent of South Australians aged 65+ are a current smoker (within this group, 10.3 percent of people aged 65–69 are smokers, compared with 2.8 percent among those aged 85+). Further, 43 percent of the 65+ group are ex-regular smokers. The incidence of smoking is slightly greater among males than females. Only 2.4 percent of South Australians aged 65–84 (and one percent of the 85+) experience food insecurity in the sense that at some time in the last year the food they bought just didn’t last and they didn’t have the money to get more. This compares with six percent for younger South Australians. Only a tenth of older South Australians eat the recommended five serves of vegetables each day, while half eat the recommended two serves of fruit; however, this is higher than for the younger population.

The body mass index (BMI) is also an important indicator of nutritional status. Figure 25 shows that, with age, the proportion of people classified as having normal weight increases, underweight increases slightly, and overweight and obese declines. The latter probably reflects the higher mortality in those groups. Light or moderate alcohol consumption can decrease the total burden of disease but excessive consumption increases it. Figure 26 shows that more than a third of males and about a fifth of females are in the risky category of alcohol consumption.
Physical activity is associated with several health benefits. Figure 27 shows that half of South Australians aged 85+ reported having no physical activity, compared with less than a third of those aged 65–84. Research on the ALSA group shows clearly the benefits and importance of regular exercise for the old-old as well as the young-old. The low level of physical activity among older South Australians is a matter of serious concern and health promotion activity will need to continue.
Caring in South Australia has been predominantly an unpaid and family role. The majority of care given to older people, children and people with a disability has been provided by the family. It is estimated that one in eight South Australians provide informal care. In 2003, 227,700 people were involved in a caring role—18 percent of them as the primary caregiver. The proportion of the state’s population who were primary caregivers increased from 3.4 percent in 1994 to 5.9 percent in 2004. Among primary carers:

- 71 percent are women
- 44 percent have a disability themselves
- 46 percent were employed.

Figure 28 shows that in 2006 peak numbers of carers were in the 45–64 age groups, and that there were 39,500 carers aged 65+ in South Australia, of which 9,900 were primary carers. South Australia has a higher proportion in each age group who are carers than Australia as a whole. As a group, carers are at greater risk of morbidity, disability and mortality than non-carers. Carers can experience a loss of income as well as suffer physical, mental, emotional and social harm. Balancing work, family and caring duties can put great strain on carers, especially women.

Figure 28

South Australia: unpaid caring for person with a disability, 2006

Source: ABS 2006 Census
It is difficult to establish the precise size of the aged care paid workforce in South Australia. At the 2006 Census, 7,828 older South Australians reported working as paid carers of people with a disability. Residential care and supported accommodation accounts for 30 percent of employment in the sector and employs an estimated 6,704 people. About 80 percent of the care workforce is female. There is a need to clearly and accurately identify the paid carer workforce in standard occupational and industry classifications.

A significant change in recent years has been in the increasing number of grandparents providing childcare to their grandchildren. 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. Figure 29 shows that substantial numbers of people aged 45–74 provide childcare to children other than their own and these are overwhelmingly grandparents.

Several Australian studies of grandparents have found that the most important thing for many of the grandparents was that caring for grandchildren gave them a central role in the family (Australian Institute of Family Studies 2006) and for many grandparents the sense of connectedness within the family seemed more important than social contacts outside the family network. The negative aspects of caring for grandchildren included feeling tired, and feeling that they needed more time for themselves and more time with people of a similar age. Although most of these grandparents (mostly grandmothers) were not paid, they often received payment in kind; household bills were paid, food was bought or the grandparents were given a treat. There have always been some grandparents who have raised grandchildren because of the death of the children’s parents, or parental physical or mental illness or abandonment. In recent years, however, increased abuse of drugs and alcohol has swelled the numbers.

Figure 29
South Australia: caring for own/other children by carer age groups, 2006
Source: ABS 2006 Census

<table>
<thead>
<tr>
<th>Age group</th>
<th>Own child only</th>
<th>Other children only</th>
<th>Own and other children</th>
</tr>
</thead>
<tbody>
<tr>
<td>15–19</td>
<td>1,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20–24</td>
<td>1,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25–34</td>
<td>3,000</td>
<td>2,000</td>
<td>0</td>
</tr>
<tr>
<td>35–44</td>
<td>9,000</td>
<td>7,000</td>
<td>2,000</td>
</tr>
<tr>
<td>45–54</td>
<td>5,000</td>
<td>4,000</td>
<td>1,000</td>
</tr>
<tr>
<td>55–64</td>
<td>3,000</td>
<td>2,000</td>
<td>1,000</td>
</tr>
<tr>
<td>65–74</td>
<td>1,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>75–84</td>
<td>1,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>85+</td>
<td>1,000</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Figure 29
South Australia: caring for own/other children by carer age groups, 2006
Source: ABS 2006 Census
The increased concern with social exclusion in Australia and elsewhere has largely ignored older people. Of course, an effective strategy of social inclusion would emphasise overcoming social exclusion much earlier in the life cycle. Nevertheless it remains that a significant number of older people in South Australia experience loneliness, isolation and exclusion. The HILDA study has shown that about one-third of elderly respondents felt lonely through not being visited as often as they would like, not having someone to cheer them up when they were low, and needing help of various kinds but not being able to get it.

Social integration is a major element in wellbeing and strongly influences other aspects of life such as health. Older people are disproportionately affected by certain kinds of losses or restrictions relating to income, health or reduced social ties that can be expected to affect their social relationships. Research in the United Kingdom has shown that increasing age has been found to have a strong relationship with exclusion from social ties, service provision and material consumption.

It was shown earlier that most of older South Australians are married and Figure 30 shows that most are satisfied with the important relationship with their spouse; however, the number of older South Australians without a spouse is increasing and there is a need to consider their social needs. The relationships they maintain with other family are a very important source of emotional and instrumental social support. Some 93 percent of older South Australians have had children, with a median of three for all people aged 65+. Only 2.7 percent of older people have at least one child living with them. Of those with non-resident children only 41.5 percent have a child living within nine kilometres and only a third have children living within five kilometres. Fewer than half (40.1 percent) of older people see new members of extended family often or very often, while 18 percent see them sometimes and 41.8 percent see them occasionally, rarely or never.

---

**Figure 30**

How satisfied South Australians aged 65+ are with the relationship with their spouse/partner

*Source: HILDA Survey*
In the HILDA survey one in three older South Australians disagreed with the statement ‘I have a lot of friends’, 23.5 percent felt they didn’t have anyone to confide in and 19.3 percent felt they had no one to lean on in times of trouble. A quarter of older South Australians reported feeling very lonely but nearly all (95.9 percent) enjoyed the time they spend with people who are important to them. Figure 31 shows that nine out of 10 older South Australians have daily or weekly telephone, email or mail contact with family or friends. In addition nearly all older South Australians believed they could get support in times of crisis. Figure 32 indicates that most support was from family and less so from neighbours and friends.

Figure 31
Frequency of face-to-face contact with family or friends, older South Australians only

Source: Data from General Social Survey – weighted to the ERP 2001

Figure 32
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 concil or other government
G  Health, legal or financial professional
H  Other
I  No support

< 65 years
65+ years
While most South Australians feel well supported by family and friends, there is a large group of older South Australians who do not have positive social relationships. For example, more than a third (36.5 percent) of older South Australians do not feel as though people visit them as often as they would like, while 22.2 percent of older South Australians report that there is no one who can cheer them up when they are down and a quarter indicate feeling very lonely. These figures suggest that there is a group of older South Australians who are socially isolated and who may be at risk of negative health and wellbeing outcomes.

There is evidence from the ALSA that strong social networks ensure longer survival, and protect against disability, moving into residential care and ill health due to psychosocial and physical stress.

Commonly, participation is an important element in the wellbeing of older South Australians. Some 81 percent feel a part of their community and are mostly satisfied with their neighbourhoods with 87 percent having a preference for remaining in their current area. These strong attachments to their locality, however, make them vulnerable to change associated with population turnover, economic decline, poor urban infrastructure and security in those areas. Figure 33 shows the views of older South Australians about their neighbourhoods and their neighbours. There is a strong positive focus. There is a significant minority, however, for whom views are not positive, indicating that more needs to be done to engage those groups in the community. For example, more than 40 percent of elderly respondents asserted that neighbours never, or rarely, or not commonly, helped each other out. Nearly 70 percent stated neighbours never, or rarely, or not commonly, did things together. Similarly, about 14 percent of elderly people aged 65+ regarded vandalism in their neighbourhood as fairly common or common, and about 17 percent thought that burglary and theft was fairly common or very common in their neighbourhood.

About 44.4 percent of older South Australians are currently an active member of a sporting or hobby based community organisation—a lower rate than in other states except Western Australia. In the past year, 91.5 percent attended a cultural event and 29 percent a sporting event, less than younger South Australians (91.8 and 59.8 percent respectively). Further, a third (34.7 percent) regularly attend services at a place of worship and 37.8 percent report sometimes attending events such as fêtes, festivals and other community events.

Libraries, cinemas and botanical gardens were the most popular cultural venues for older South Australians. Figure 34 shows that older South Australians attended cultural events to a lesser extent than their younger counterparts.
**Figure 33**

What South Australians aged 65+ think of the neighbourhoods they live in and the relationships with their neighbours

- 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 People are willing to help their neighbours
- G People in neighbourhood can be trusted
- H People in neighbourhood generally get along
- I People in neighbourhood share the same values

**Figure 34**

Proportion of South Australians attending selected cultural events in the past 12 months

*Source: General Social Survey 2006*
An important element in the successful ageing of older South Australians is having access to existing educational opportunities. Attending classes can reduce social isolation and loneliness, stave off cognitive decline and further personal development. Moreover, increasing pressure for older people to stay in the workforce longer means education will be necessary to ensure mature workers adapt to rapidly changing workplaces. Education can also be important for volunteering work and managing one’s own affairs. Older adults do not show any real decline in the capacity to learn until age 75 and even then are able to compensate for any decline.

The numbers of older South Australians attending vocational education and training (VET) programs is increasing and the 2006 Census indicated there were more than 900 people aged 65+ attending secondary or tertiary education institutions in South Australia. Beyond the formal sectors informal educational opportunities are increasingly significant. Of particular relevance is the University of the Third Age, which has established branches throughout Adelaide and regional South Australia. South Australia and Adelaide in particular, has been promoted as a national and international educational hub and given the ageing of the population it is vital that educational opportunities for older people are an integral element in this.

Volunteering

Volunteering is a tangible and powerful manifestation of participation in the community but it is also the mechanism through which support is given to older South Australians. In recent years there has been an increase in formal volunteering. In South Australia employed men give 2.2 hours a week on average to volunteering work, unemployed men 3.4 hours and retired men 5.9 hours. Women retirees gave 3.5 hours compared to women not in the workforce (2.4), working part-time (2.3), full-time (2.1) or unemployed (2). Unlike other states, volunteer rates in South Australia fell between 2000 and 2006, from 38 to 32 percent. Volunteer rates are greater in regional South Australia than in Adelaide. Figure 35 shows the distribution of volunteers in South Australia; the largest numbers are clearly in the 35–64 age groups with women being significantly greater in number than men.

Figure 35
Volunteers by sex and age, South Australia
Source: ABS 2006b
Some different patterns are evident in the rates of volunteering. Figure 36 shows that the rates are greater in South Australia than for Australia as a whole in all ages. Of particular interest, however, are the very high rates of volunteering in the pre- and post-retirement age groups of 55–64 and 65–74 (25 percent).

Figure 36
Volunteers by percentage of age group, South Australia and Australia
Source: ABS 2006b

There are two views among researchers regarding volunteering. One group suggests that it is dictated by life cycle considerations as family and work time commitments change. Others suggest different generations vary in their propensity to volunteer. Regardless of this, volunteering has an important role to play as South Australia’s older population increases, both in terms of social inclusion of the volunteers and in terms of providing support services in an effective way.

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.
A key characteristic of South Australia’s older population is its heterogeneity and this means that all policy and program interventions need to take this diversity fully into account if they are to be effective. This is especially relevant for the Aboriginal community, as their older members face particular and pressing issues that need to be addressed. All policy development and program formulation must be culturally sensitive and flexible.

One of the most striking reflections of the disadvantaged situation of the Aboriginal population is the stark difference in life expectancy shown in Table 22. Despite societal improvements in medical technology and practice, diet and lifestyle there is still a life expectancy gap of 11.8 years for males and 10 years for females. 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, the term ‘old’ may be applied to a person of just 45 years.

### Table 22

<table>
<thead>
<tr>
<th></th>
<th>Aboriginal and Torres Strait Islander</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>66.9</td>
<td>78.7</td>
</tr>
<tr>
<td>Females</td>
<td>72.6</td>
<td>82.6</td>
</tr>
</tbody>
</table>

Premature ageing among the Indigenous community needs to be addressed as a national issue and recognised in policy and planning. Figure 37 shows that the incidence of multiple long-term health conditions increases with age and almost 80 percent of older Indigenous Australians have three or more long-term health conditions.

### Figure 37

*Number of long-term health condition by age, Indigenous persons, 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
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 2004–05, seven percent of Indigenous people aged 55+ reported having kidney disease, compared to less than one percent among the total population. The poorer health among the Aboriginal population is reflected in their own assessment of their health status. Table 23 shows significant differences between the non-Indigenous and Indigenous populations’ self-assessment of their health.

Table 23

<table>
<thead>
<tr>
<th>Self-assessed health status</th>
<th>Indigenous (%)</th>
<th>Non-Indigenous (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Very good</td>
<td>13</td>
<td>24</td>
</tr>
<tr>
<td>Good</td>
<td>29</td>
<td>33</td>
</tr>
<tr>
<td>Fair</td>
<td>36</td>
<td>22</td>
</tr>
<tr>
<td>Poor</td>
<td>13</td>
<td>9</td>
</tr>
</tbody>
</table>

The high mortality among the South Australian Aboriginal and Torres Strait Islander population (and slightly higher fertility) has meant that their population is much younger than the total population as Figure 38 indicates. At the 2006 Census there were 25,555 South Australians who identified themselves as being of Aboriginal origin. Of these only 907 (3.6 percent) were aged 65+ compared to 15.4 percent of the total population. The median age of the Indigenous population was 21 years compared to 39 for the total population. The youthfulness of the population may have resulted in more policy attention being paid to the young than the older population. 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 in order 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 24. While this list is a generalisation for both groups, it is useful as a starting point for discussing the background to the 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. 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 some decline in their status as social and economic pressures have changed the relationships between community members.
Figure 38

South Australia: age and sex distribution of the Indigenous and non-Indigenous population, 2006

Source: ABS 2006 Census

Table 24

Life events for Indigenous and non-Indigenous South Australians

Source: Adapted from Ranzijn and Bin-Sallick, 2001

<table>
<thead>
<tr>
<th>Major life events and issues</th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racism</td>
<td></td>
<td>Great Depression</td>
</tr>
<tr>
<td>Prejudice</td>
<td></td>
<td>World War II</td>
</tr>
<tr>
<td>Stolen Generation</td>
<td></td>
<td>Post-war prosperity</td>
</tr>
<tr>
<td>Deaths in custody</td>
<td></td>
<td>Comfortable and secure retirement</td>
</tr>
<tr>
<td>Youth suicide</td>
<td></td>
<td>‘Grey Nomads’</td>
</tr>
<tr>
<td>Land rights</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Working lives</th>
<th>Drugs and petrol sniffing</th>
<th>Full employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploitation</td>
<td></td>
<td>Retirement about 65 years</td>
</tr>
<tr>
<td>Low wages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High unemployment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income and financial security</th>
<th>Below poverty level</th>
<th>Adequate income</th>
</tr>
</thead>
<tbody>
<tr>
<td>No savings</td>
<td></td>
<td>Money in the bank for ‘little luxuries’</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Citizenship</th>
<th>Denied vote until 1967 Marginalisation and exclusion</th>
<th>Active role in society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elder abuse</td>
<td>'Elders without status'</td>
<td>Respect for elders</td>
</tr>
</tbody>
</table>
Figure 39
Adelaide statistical division: number of Aboriginal and Torres Strait Islander people aged 50+ years by SLA, 2006
Source: ABS, CDATA 2006

Number Aboriginal & TSI
- 0–19
- 20–39
- 40–59
- 60–78

Source: ABS 2006
One of the major differences between the Aboriginal and non-Aboriginal older populations is in their spatial distribution. Figure 39 shows that there is a marked concentration of the older Aboriginal population in the northern and north-western suburbs of Adelaide; the largest numbers are in the local government areas of Port Adelaide-Enfield (260 people), Charles Sturt (185), Salisbury (181 persons) and Playford (154). There is, however, a smaller but still significant grouping in the southern suburbs of Onkaparinga (141) and Marion (96). This is a quite concentrated population and differs from that of the non-Aboriginal population in that there are few living in the eastern and south-eastern suburbs of the city.

A fundamental difference in the distribution of the Aboriginal and non-Aboriginal older population relates to the difference in the proportions living in metropolitan Adelaide. In 2006, there were 1,175 Aboriginals aged 50+ living in Adelaide in 2006, which represented 37.5 percent of the state Aboriginal population. This compares with 72.6 percent of the total state population aged 65+ living in Adelaide. A key point then is that the older Aboriginal population is a much more non-metropolitan one than their non-Aboriginal counterparts. Since service provision can be more difficult in rural areas there are some important challenges to overcome.

Figure 40 shows the distribution of older Aboriginals in non-metropolitan South Australia. This presents quite a different picture to the distribution of the total non-metropolitan older population which is strongly concentrated in the outer Adelaide statistical division, in large regional centres such as Mount Gambier and in coastal sea change communities. The largest non-metropolitan older Aboriginal community is in Port Augusta (286 people), which is also the largest single local government area population, followed by Anangu Pitjantjatjara in the far north-west of the state. The next largest communities are in Ceduna (87), Murray Bridge and Whyalla (both 81), Port Lincoln (76), Yorke Peninsula (55), Port Pirie (54) and the Coorong (53).
Table 25
South Australia: core activity need for assistance among older population by Indigenous status
Source: ABS 2006 Census

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>Non-Indigenous (%)</th>
<th>Indigenous (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45–54</td>
<td>3.5</td>
<td>7.6</td>
</tr>
<tr>
<td>55–65</td>
<td>6.0</td>
<td>19.8</td>
</tr>
<tr>
<td>65+</td>
<td>14.5</td>
<td>26.7</td>
</tr>
<tr>
<td>Females</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45–54</td>
<td>3.2</td>
<td>10.4</td>
</tr>
<tr>
<td>55–65</td>
<td>4.8</td>
<td>12.4</td>
</tr>
<tr>
<td>65+</td>
<td>21.5</td>
<td>30.4</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45–54</td>
<td>3.3</td>
<td>9.1</td>
</tr>
<tr>
<td>55–65</td>
<td>5.3</td>
<td>16.0</td>
</tr>
<tr>
<td>65+</td>
<td>18.3</td>
<td>28.9</td>
</tr>
</tbody>
</table>

The lower health status of Indigenous elders translates into higher rates of required assistance. Table 25 shows the markedly higher need for assistance with core activities among older Indigenous South Australians, compared with non-Indigenous. In consequence a higher proportion of Indigenous older people live in permanent residential care situations. There are currently eight residential aged care facilities that give priority, or are available exclusively, to Indigenous people. Two are in Adelaide, three in Coober Pedy and one each in Port Augusta, Quorn and Thevenard. In 2007–08, 2.3 percent (2,117) of South Australian home and community care (HACC) clients identified as Aboriginal or Torres Strait Islander (ATSI), compared with 1.7 percent of the South Australian population identifying as ATSI, showing higher HACC coverage for this group. Twenty-four HACC providers and 17 CALD (culturally and linguistically diverse) providers supply packages to Aboriginal people. The HACC providers are faced with very different cultural and environmental contexts in which to provide services. In addition, HACC coordinators/assessors have an inadequate knowledge base to draw on when making assessment and care planning decisions in remote/Indigenous contexts. One study of Aboriginal elders has found that they prefer to be looked after by Aboriginal health and aged care workers.

In South Australia, 13.3 percent of Indigenous people aged 15+ provide unpaid care to a person with a disability—a slightly higher rate than among non-Indigenous adults. Rates of caring are highest in the most remote areas and major cities. 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/or 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 caring for their grandchildren are numerous and range from financial burdens on already low-income households to legal and health issues.

Housing is an important issue for Aboriginal elders; home ownership rates are less than a third those of the total population. About one-third live in state housing, and their housing conditions are often overcrowded. The financial situation of older Indigenous South Australians is very different to 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. For the same age group, more
than 40 percent of Indigenous South Australians had a gross weekly income of less than $250 compared with 27 percent of the non-Indigenous population. Similarly, Indigenous South Australians aged 55–64 years have labour force participation rates 20 percent lower than for the total population. The cultural and social role of Aboriginal elders as the custodians and transmitters of cultural knowledge, language, customs, and sacred places, for example, to younger generations is an important one taken very seriously by them.

Another important element in the diversity of South Australia’s older population are groups with an immigrant background, in particular those from countries with non-Anglo Saxon cultures. While situations vary greatly between groups and individuals, language and cultural barriers, together with geographical location and circumstances of migration and settlement, can significantly influence the ageing process for migrants. South Australia has received a disproportionately smaller share of international migration since the high post-war levels, and therefore the dominant groups in the early period (including Germans, Dutch, Italians, Greeks and Poles) are now over-represented among the older population. Moreover, by 2006 the proportion of the overseas-born population aged 65+ (38.5 percent) was three times that for the Australia-born (11.8 percent). The overseas-born older population is currently growing twice as fast as the Australia-born. It is of significance that a quarter of older South Australians are from a culturally and linguistically diverse background. While they are very diverse in their backgrounds and experience it is important to note that their background often can influence their ability to age successfully. At the 2006 Census 22.5 percent of those older South Australians born in a non-English speaking country were not able to speak English well or were not able to speak it at all; and for those aged 75+, the proportion was 30.4 percent. The rates were higher for females (27.8 percent and 34.5 percent) than for males (17.6 and 25.6). This can be an important barrier to accessing services and interacting socially. The barrier can be strengthened in later years because of the loss of a spouse and the onset of disability restricting the ability to communicate with friends and family speaking the same language.

Older people from CALD backgrounds often have a distinctive spatial distribution. They are more likely to live in Adelaide than the Australia-born older population. Some 65.8 percent of the Australia-born population aged 65+ live in Adelaide but the proportions are higher for all overseas-born groups. They are lowest for those born in the Netherlands (73.9 percent), UK-Ireland (77.6), Germany (78.6) and New Zealand (75.4) and highest for Vietnam (98.9), Lebanon (98.1), Italy (92.6) and Greece (91.1). Moreover, those living in Adelaide tend to be concentrated in particular parts of the city, which has implications for service provision. While there are some variations between individual groups, Figure 41 shows there is a concentration in the middle northern suburbs. The local government areas of Salisbury, Charles Sturt and Playford have 44 percent of Adelaide’s older CALD population. Outside Adelaide the numbers are quite small but concentrated in the Riverland, Mount Gambier, Whyalla, Port Lincoln, Coober Pedy, mining communities and areas near Adelaide.
Figure 41
Adelaide statistical division: distribution of overseas-born in non-English speaking countries aged 65+, by SLA, 2006

Source: ABS 2006 Census

Additional Data sources:
Australian Bureau of Statistics

Number of persons
- 0–100
- 101–1,000
- 1,001–5,000
- 5,001–10,000

NES origin overseas-born
Many of the issues confronting older South Australians from culturally and linguistically diverse backgrounds are the same as those facing their counterparts from other backgrounds but they may be exacerbated by language and communication barriers. Some argue that often CALD background older people can more readily call on family support in older age than other groups because of a strong tradition of family care. These differences, however, are often exaggerated and older immigrants can suffer because part of their family remains in their origin country or because their children have moved away. Moreover, as is the case in other families, the increasing proportion of women working outside the house and other family structure changes may also mean families are not able to care for their older members the same way that they have in the past. CALD groups may be less accustomed to residential aged care and they may have negative stereotypes concerning it but there is increasing demand for residential care among them. Accordingly in South Australia there are 23 residential aged care facilities catering specifically for ethnic groups. These institutions are important because a non-English speaking resident can be isolated and alienated if there are no fellow speakers of their language in homes. In 2007–08, 17.2 percent (15,826) of South Australian home and community care (HACC) clients spoke a language other than English at home, compared with 12.2 percent of the South Australian CALD population, which shows a higher than average HACC coverage for this group. South Australian HACC funding for ethno-specific services has increased from $2.6 million per annum in 2001-02 to more than $7.7 million in 2008-09, representing a 200% increase in funding for ethno-specific services. The number of ethnic community organisations funded has increased from 23 in 2001–02 to 40 in 2008–09. Communities receiving ongoing funding include the Cambodian, Chinese, Croatian, Dutch, Filipino, German, Greek, Hungarian, Italian, Jewish, Latvian, Lebanese, Maltese, Polish, Serbian, Ukrainian and Vietnamese. An emerging needs study is being funded in 2009 to identify service needs for older people from a range of other emerging CALD communities.

### Conclusion

There has been a growing recognition in South Australia that as a society we are ageing, in the sense that there is an increasing share of our population 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, rather than a contribution, to the wider society and economy. At one level there is a need for a cultural shift towards appreciating and capitalising on the opportunities which ageing 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 out of the various chapters of the study.

#### 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 and the number aged 75+ will more than double as indicated in Table 26. This will place a considerable burden on resources. In this respect the growth of the 75+ group, who are more intensive users of health and aged care services, presents particular challenges. New, 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.
The second major change will be in the ratio of the older population to the working-age population. Much will depend here on the patterns of fertility and international migration in South Australia over this period. Figure 42 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, with the result that 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 43 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 in 2006 to 42.7 in 2031. The substantial difference between the two scenarios is relevant because it influences the extent to which intergenerational transfers are available to support the older population, and the ease with which baby boomers leaving the workforce due to retirement will be replaced.
The third way in which the South Australian older population will change during the next quarter century is in its composition. The baby boomers will be similar to the current generation of older South Australians in terms of their incidence of chronic disease, and most will not be in the workforce. Many of their characteristics, attitudes and expectations, however, will be significantly different from the current older generation. The baby boomers have had different levels of opportunity from the previous generation and have lived through a different range of events. As a result, their attitudes are different, and are therefore 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 of baby boomers and their children are more likely to live outside South Australia. They are more likely to be without a partner, have travelled or lived outside of Australia and are better off on entering old age than the earlier generation. All of these things will shape their ability to achieve successful ageing during their latter years. The challenge here is finding the ways in which they are different and how we adjust our services to deal with those differences.

One characteristic of baby boomers that will influence their experience in older age is the fact that they 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 twice 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. This will therefore need to be considered in future planning decisions.

**Opportunities**

As indicated earlier too often ageing is seen in terms of ‘problems’. It is one of the themes of this report that ageing presents this state with opportunities which, if taken up, can contribute to the state’s broader social and economic goals. In order to do this, however, there needs to be a conceptual shift in the wider South Australian community that appreciates the contribution that older people can make provided they are given the opportunity. This conceptual change, especially among key groups such as policy workers and employers, is a fundamental prerequisite if we are to capitalise on these opportunities. One of the findings of this report is that South Australia is in an excellent position to become a world leader in positive ageing. All high income...
Can young-old volunteers meet a part of this need?

There is scope for social innovation in developing better ways to deliver housing, health and aged care services to older people using modern information technology. Also young-old workers and volunteers, and the social and economic resources of older people themselves can be further harnessed. South

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. Best practice can be developed for all these areas. To what extent can older workers contribute to meeting 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 issue for both metropolitan and non-metropolitan based older people engaging in social interaction and accessing services.

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 contribute to the economy. A

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.

Policy Implications

Although each of the chapters in this study has drawn out the policy implications of their findings, some of these will be reiterated here.

We observed that there are limiting factors on indefinite growth in older workers’ employment, including health constraints. Nevertheless, 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

...older people are among the best off in the community; hence they represent an important economic asset of spenders.

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, for example, older people play a special role in achieving higher levels of environmental stewardship?

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. The older population can be the basis, or a driver, for economic development, especially in country areas.
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 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, 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 by way of justification. But it could also be insufficient help or inadequate brokerage from Job Network providers and vocational training providers, since we know that the incidence of training in Australia declines significantly with age. We have 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 receive vocational rehabilitation (OECD 2005). These constitute a mixture of policy implications that straddles Commonwealth, state and local government policy jurisdictions, but, nevertheless, warrants a concerted effort by all levels of government. Opportunities to further improve the employability of older workers, in addition to those mentioned above, could include:

- closer monitoring of disability benefits and rehabilitation
- broadening eligibility for the Workplace Modifications Scheme
- 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, including the timing and nature of retirement, and gradual or phased retirement.

South Australians have little reason to be alarmed about population ageing of the labour force into the foreseeable future.

- opening up job-search assistance to older job seekers who do not receive assistance from either Centrelink or Job Network providers
- improving 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 in organisations, such as raising awareness of the benefits of retaining older workers and addressing ageism
- As suggested earlier, retirement is becoming a phased process rather than an event that occurs at a particular age. Therefore, the idea of 'years to retirement', rather than chronological age, may be emphasized more 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 benefitting from older workers. South Australians have little reason to be alarmed about population ageing of the labour force into the foreseeable future.

Population ageing 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 years. 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, the state ageing plan, Improving with Age, continues to support the Quality Use of Medicines Program, which is reducing overuse and inappropriate use of medicines.

• Data from the Australian Longitudinal Study of Ageing (ALSA) have 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 in the community.

• It is essential for South Australia to have a health system that is easy for all South Australians, including older people, to use. This system should focus on health provision, illness prevention and early intervention to improve the health and wellbeing of older people.

The state has a strong history of social innovation and it has the opportunity to build on these foundations to lead the world...

This report also identifies 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.

• 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 other 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 responsibility 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 for 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 the years to come, programs may target the baby boomers aged 45+.

- Triggers for first-time volunteering include transition periods such as on 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 as well as a major opportunity to the state's community and government.

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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